COMMENT

Letters to the editor

Send your letters to the Editor, *British Dental Journal*, 64 Wimpole Street, London, W1G 8YS. Email bdj@bda.org.
Priority will be given to letters less than 500 words long. Authors must sign the letter, which may be edited for reasons of space.

Coronavirus

Students' return to clinic

Sir, the return to clinical dental education has posed many challenges to dental schools and their associated NHS partners as most clinical teaching facilities are open plan with varying degrees of separation between individual dental chairs. This poses obvious challenges due to the risks of aerosol generating procedures (AGPs) in large open plan environments where students, staff and patients share space. Useful guidance has been produced by the Dental Schools Council and the Association of Dental Hospitals in order to manage risks and provide guidance for restoration of clinical dental education.[1]

We are writing to share our experiences at Peninsula Dental Social Enterprise CIC, the NHS clinical partner to the University of Plymouth, Peninsula Dental School. All of our students returned as normal at the start of term. We developed a phased return to clinics working to a defined standard operating procedure starting with a comprehensive clinic induction, progressing to clinical simulation and the return of face to face patient treatment from 18 September. AGPs are provided in dedicated pods with minimum ten air exchanges per hour and independent climate control. Alongside this we have optimised suction for high speed aspiration, introduced the use of speed increasing handpieces for recommended procedures, increased student supervision ratios and provided student-led remote triage for extremely clinically vulnerable patients.

To ensure careful monitoring of clinical activity and to ensure students are supported appropriately we produce a weekly situation report (Sitrep). Between 18 September and 30 November there have been 3,214 student appointments with a gradual rise in activity each week. Reassuringly, the number of failed appointments is slightly less than our normal rate at 7% with the number of patients cancelled following COVID-19 triage at 10%. Very few students have been absent due to COVID-19 or for a COVID-19-related reason (1.7% of absences). There are considerable operational challenges to returning students to clinical dental education that are shared across dental schools and partner Trusts. Our response has been positive in part due to a flexible and responsive working relationship that exists between the School and NHS partner which operates independently as a social enterprise.

R. Witton, E. McColl, C. Tredwin, Plymouth, UK

Reference

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Paediatric dentistry

Water bells for hydration

Sir, 'water bells' is a concept of making school children drink water at specific intervals by ringing the school bell thrice daily. In India children above three years spend most of their day at childcare or at school and the initiative is based on the UN guidelines that every child should have access to safe drinking water.

Studies show that children suffer from various diseases and conditions due to low water intake.[1] Water is considered as an essential nutrient that has an important role in overall functioning of the human body, but water intake in children is usually less than the recommendations.[2] Various studies show that drinking adequate amounts of water can improve students' level of cognitive functioning, limit excess weight gain and prevent dehydration, urinary tract infection etc.[3,4] Consuming water instead of beverages with added sugars can also prevent the occurrence of dental caries in children.[5]

The concept started in government schools in Kerala state, with bells at 11 am, 2 pm and 3.30 pm and is now embraced by other states including Karnataka, Telegana and Orissa. As a dental surgeon I feel the concept has to be initiated in all schools across India so that the oral cavity is cleared of food items and adequately hydrated and dental diseases are prevented.

F. C. Peedikayil, Kannur Kerala, India

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Not the full story

Sir, in response to J. Stuart Robson's letter, *Duty to extract*,[1] I wholly agree that clinicians have a duty of care to extract a child's tooth when appropriate. Many of us would do so. However, he has seemed to have missed the complete picture. Creating a positive dental experience for a young child is just as important as dealing with the underlying need for extraction. The last thing we want to do is create more dental phobics, particularly when managing the co-operation of a young child. Hence, local anaesthesia alone may