- review. Am J Public Health 2015; DOI: 10.2105/AJPH.2015.302903.
- GDC. Standards for Education: Standards and requirements for providers. 2015. Available at https:// www.gdc-uk.org/docs/default-source/qualityassurance/standards-for-education-(revised-2015).pdf (accessed August 2020).
- Adeyinka A, Kondamudi N P. Cyanosis. 2019. Available online at https://www.ncbi.nlm.nih.gov/books/ NBK482247/ (accessed December 2020).
- Bhushan M, Ayer G. Dermatological disorders presenting in deeply pigmented skin. *Dermatol Nurs* 2011; 10: 12–17.
- Vivier D. A study of the spectrum of skin disease occurring in a black population in south-east London. Br I Dermatol 1999: 141: 512–517.
- 39. Neville B W, Damm D D, Allen C M, Bouquot J E. Oral and

- maxillofacial pathology. 2nd ed. Philadelphia: Saunders,
- 40. Gloster H M, Neal K. Skin cancer in skin of colour. *J Am Acad Dermatol* 2006; **55**: 741–760.
- American Cancer Society. Cancer Facts & Figures. 2020. Available at https://www.cancer.org/content/ dam/cancer-org/research/cancer-facts-and-statistics/ annual-cancer-facts-and-figures/2020/cancer-factsand-figures-2020.pdf (accessed August 2020).
- Bradford, Porcia T. Skin Cancer in Skin of Colour. Dermatol Nurs 2009: 21: 170–178.
- Sutter Jr R E, Turley P K. Soft tissue evaluation of contemporary Caucasian and African American female facial profiles. Angle Orthod 1998; 68: 487–496.
- 44. St George's University of London. Mind the Gap: A Handbook on Clinical Signs on Black and Brown Skin. 2020. Available at https://www.sgul.ac.uk/news/

- mind-the-gap-a-handbook-of-clinical-signs-on-black-and-brown-skin (accessed August 2020).
- 45. Gishen F, Lokugamage A. Diversifying the medical curriculum. *BMJ* 2019; DOI: 10.1136/bmj.l300.
- Adebowale V, Rao M. Racism in medicine: why equality matters to everyone. *BMJ* 2020; DOI: 10.1136/bmj. m530
- Advance HE. Race Equality Charter. Available online at https://www.advance-he.ac.uk/equality-charters/raceequality-charter (accessed August 2020).
- GDC. Standards for the Dental Team. 2013. Available at https://standards.gdc-uk.org/Assets/pdf/ Standards%20for%20the%20Dental%20Team.pdf (accessed August 2020).
- Bird K S, Pitman L. How diverse is your reading list? Exploring issues of representation and decolonisation in the UK. *Higher Educ* 2020; 79: 903–920.

## Correction to: SARS-CoV-2: characterisation and mitigation of risks associated with aerosol generating procedures in dental practices

The original article can be found online at https://doi.org/10.1038/s41415-020-2504-8.

## Author's correction note:

Research article *Br Dent J* 2021; DOI: 10.1038/s41415-020-2504-8.

When this article was originally published, the incorrect version of Figure 3 was displayed. The correct figure is presented here, in which the black lines continue down to T=21 minutes on the x-axis.

Additionally, a sentence was omitted from the first paragraph of the Discussion section. In the Discussion section, 'The use of either the HVS(IO), or the HVS(IO) combined with the ACS, was enough to reduce the fallow time to zero minutes' should have read 'The use of either the HVS(IO), or the HVS(IO) combined with the ACS, was enough to reduce the fallow time to zero minutes. Please refer to Figure 2 for fallow time and Figure 3 for zero fallow time, right of the superimposed black vertical 18–21-minute lines.'

The authors apologise for any inconvenience caused.

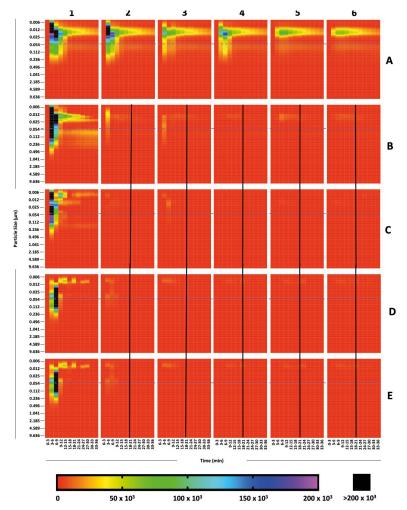


Fig. 3 Temporal, spatial and size characterisation of particles generated during AGPs (measured by HR-ELPI) for each location (1–6; Table 1) and intervention group (A–E; Table 2). Acquisition of air samples were performed during the baseline period (0–3 minutes), during the six procedures (3–21 minutes) and following cessation of procedures (21–36 minutes). Each data point represents the median particle concentration per size bin (# cm<sup>-3</sup>) derived from n = 3 replicates. The dotted lines indicate the lower reported size for a SARS-CoV-2 virus particle (50 nm diameter)