

# COVID-19 and Dental Practice:

## National Guidelines Review

### England (UK)

1. “Radically reduce the number of routine check-ups by cancelling patients from vulnerable groups (and offering cancellation to anyone else who wishes to do so) to reduce the need to travel and have close contact with others in waiting rooms and surgeries. This will also conserve supplies of PPE for urgent care and free up capacity for urgent and necessary care that cannot be delayed.
2. Consider the potential risk of asymptomatic cases attending in this delay phase and reduce exposure of staff and patients to infection by avoiding all aerosol generating procedures wherever possible
3. Use robust infection control procedures, wiping down surfaces between patients with extra vigilance to include door handles etc. and use standard PPE – We have set out new guidance on the use of full face visors as an alternative for certain situations to masks and eye protection” [1].

### Northern Ireland (UK)

“It is now apparent that a “business as normal” approach is no longer sustainable. As such practices should now consider:

- Review open courses of treatment for ALL patients to identify any urgent care and treatment that may be necessary or cannot be delayed
- Cancellation of non-urgent domiciliary visits
- Given the risk of asymptomatic cases attending in this delay phase it seems necessary and sensible to reduce exposure of staff and patients by avoiding aerosol generating procedures wherever possible. Therefore:
  - Restrict aerosol generating procedures to urgent and emergency care
  - Provide routine care to patients with no symptoms wherever possible but do not undertake aerosol generating procedures” [2].

### **Dental AGPs include:**

- Use of the high-speed handpiece
- Use of cavitron, piezosonic and other mechanised scalers
- High pressure 3-in-1 syringe
- (The risk of aerosols may be reduced when using a 3-in-1 if only the irrigant function is used, followed by low pressure air flow from the 3-in-1 and all performed with directed high-volume suction).

- Use of air-driven surgical handpieces

**Non-AGPs include:**

- Examinations and assessments
- Hand scaling with suction
- Non-surgical extractions
- (Surgical extractions with a speed reducing handpiece could be used for bone removal with cooling provided using saline dispensed via a syringe or similar along with high speed suction.)
- Removable denture stages

**Emergency Care Exceptions:**

- Opening teeth for drainage or management of irreversible pulpitis requires a high-speed handpiece. Rubber dam with high volume suction has been shown to considerably reduce aerosol production” [3].

**Scotland (UK)**

“Scottish Government is clear the NHS is on an ‘emergency footing’ during the current COVID-19 outbreak and that providing routine dentistry ‘as normal’ is no longer sustainable. We need to stop undertaking aerosol generating procedures (AGPs) are a frequent daily occurrence in routine daily care... Clinical care: Effective from 18<sup>th</sup> March 2020” [4].

**Wales (UK)**

“It is becoming clear that providing routine dentistry ‘as normal’ is no longer sustainable. Not least because aerosol generating procedures (AGPs) are frequent daily occurrences in routine daily care and should be avoided in this delay phase...”

The following advice is included in the Welsh CDO letter:

“Guidance for Health Care Workers: Healthcare workers should wear the appropriate protective equipment (aprons, gloves and a fluid repellent mask while assessing and treating patients; gowns, gloves and FFP3 masks and eye protection while performing aerosol generating procedures)” [5].

**FGDP (UK)**

Arising from the advice of the UK CDOs the Faculty of General Dental Practice (UK) has issued new guidance and support for the “delay” phase, noting that this “will bring a halt to much routine dentistry throughout the UK.

Definitions of routine, urgent and emergency care are provided in the NHS England commissioning standard for urgent dental care.

**Routine care includes treatment for:**

- Mild or moderate pain: that is, pain not associated with an urgent care condition and that responds to pain-relief measures
- Minor dental trauma
- Post-extraction bleeding that the patient is able to control using self-help measures
- Loose or displaced crowns, bridges or veneers
- Fractured or loose-fitting dentures and other appliances
- Fractured posts
- Fractured, loose or displaced fillings
- Treatments normally associated with routine dental care
- Bleeding gums

**Urgent care includes treatment for:**

- Dental and soft-tissue infections without a systemic effect
- Severe dental and facial pain: that is, pain that cannot be controlled by the patient following self-help advice
- Fractured teeth or tooth with pulpal exposure

**Dental emergencies include:**

- Trauma including facial/oral laceration and/or dentoalveolar injuries, for example avulsion of a permanent tooth
- Oro-facial swelling that is significant and worsening
- Post-extraction bleeding that the patient is not able to control with local measures
- Dental conditions that have resulted in acute systemic illness or raised temperature as a result of dental infection
- Severe trismus
- Oro-dental conditions that are likely to exacerbate systemic medical conditions such as diabetes (that is lead to acute decompensation of medical conditions such as diabetes)" [6].

**Other jurisdictions have issued the following advice:****Denmark**

The Danish Dental Association have advised its members after the Danish National Health Board issued guidance on the management of COVID-19, 16<sup>th</sup> March 2020:

"The National Board of Health has issued a note: "Description of critical functions in the healthcare system under COVID-19", which sets new guidelines for the dental clinics.

The Dental Association has in recent days been in regular contact with the National Board of Health and other authorities to clarify how the dental clinics can best protect patients and staff.

The Dental Association was asked to continue the treatments, but follow National Protocol for Infection Control in Dental Offices and the NBH hygiene guidelines.

The rules will last from 17.03.20 up to and including June 2020.

This means that the dentist must stop offering non-critical functions in practice, but you can offer critical functions after further evaluation.

Non-critical functions in practice must, from the note, be considered to be, for example, the individual clinical examinations and dental cleaning.

A critical function in practice must be judged from the note to be, for example, toothache that requires ex or endo. Treatments that, if postponed, will make the patient less prognostic or aggravate the disease, can be completed, but new non-critical treatment must be discontinued” [7].

### Germany

In a joint statement, KZBV (National Association of Statutory Health Insurance Dentists) and BZÄK (German Dental Chamber) state that the protection of patients and practice teams is a top priority. The package of measures includes the provision of acute dental emergency treatment for infected and quarantined patients in specialist practices and treatment centres [8].

### Greece

Similarly, the Scientific Committees of the Hellenic Dental Association and the Regional Dental Society of Athens (OSA) advised their members on guidance provided by the Greek Health Authorities:

“Strictly emergencies such as pain or abscess related will be accepted by dentists all over the country, in their practice, to avoid unnecessary patient mobility and to limit the spread of coronavirus” [8].

### Portugal

- On 14 March, the Portuguese Dental Association issued a position recommending postponing all dental treatments and admitting only emergencies in the dental offices during the COVID-19 outbreak.
- On 16 March the Portuguese Ministry of Health adopted a regulation that orders the closure, for 15 days, of all dental practices in the country, admitting only emergency situations.
- Portuguese Dental Association issued a position defining the emergency situations [9].

### Spain

“..... the free movement of people has been significantly restricted, in terms of attendance at dental clinics, Order SND/232/2020, of March 15<sup>th</sup>, by which measures are adopted in terms of human resources and means to manage the health crisis situation caused by COVID-19, establishes the medical establishments will be available “to solve health problems that may have an unfavourable evolution if treatment is delayed”. This leads us to affirm that the Ministry of Health, to protect the health and safety of the citizens, contain the progression of the disease and strengthen the public health system, has determined that the normal operation of the Clinics be suspended, except in the case of urgency. In line with the above and on the same date, both the General Council of Dentists and the Official College of Dentists and Stomatologists of the First Region have issued recommendations for closing dental clinics, maintaining care exclusively for emergencies... [10].

## References

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- [2] M. Donaldson, "Health & Social Care Board: Further Practice Preparations for COVID-19 (Coronavirus)," *Directorate of Integrated Care*, 2020. [Online]. Available: <http://www.hscbusiness.hscni.net/services/3111.htm>. [Accessed: 18-Mar-2020].
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- [6] FGDP, "COVID-19: new guidance and support for the 'delay' phase," *Faculty of General Dental Practice (UK)*, 20<sup>th</sup> March 2020. [Online]. Available: <https://www.fgdp.org.uk/news/covid-19-new-guidance-and-support-'delay'-phase>.
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- [10] A. Montero Martinez, "Advice to dentists on SND/232/2020," *Ilus. Col. Odontólogos y Estomatólogos la Prim. Región*, 18<sup>th</sup> March 2020, 2020.