

# Dental Care in General Dental Practice and Urgent Dental Care Centres during the COVID-19 Pandemic

1 May 2020

## **Introduction**

This guidance document aims to signpost practitioners to current best practice in the management of dental patients during the COVID-19 pandemic. It is recognised that during this rapidly developing situation there is a need to keep practitioners as up to date as possible. Therefore, where possible throughout this document live links have been provided to webpages with frequently updated official advice.

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## 1.0 MANAGEMENT OF DENTAL PATIENTS

The provision of dental care and treatment has been heavily impacted by the COVID-19 pandemic due to the nature of most dental treatments. As such to minimise the spread of the coronavirus and to protect dentists, their staff, patients and the general public, routine dental care and treatment has ceased.

A list of urgent dental treatment that should be seen in primary care (either within general dental practices or the Urgent Dental Care centres) and emergency dental conditions which should be referred to secondary care can be found in Appendix 1. The Dental Patient Pathway can be found in Appendix 2.

Primary care dental treatments may be undertaken within GDS practices or the Urgent Dental Care centres (UDCs) depending on the type of treatment required and the COVID status of the patient.

The key principles in the management of dental patients are:

- Avoid face to face contact where possible, in line with social distancing policy.
- All patients contacting the practice should initially receive a telephone consultation.
- Manage dental issues with advice, analgesics and antimicrobials (AAA) where possible
- Restrict face to face contact to urgent or emergency care in which AAA cannot address the presenting complaint
- Face to face contact to occur in appropriate settings following risk assessment of patient's COVID status and the operative treatment required:
  - Provide simple non-aerosol generating procedures for urgent dental issues locally within general practice
  - Referral to UDCs when the anticipated treatment has the potential to involve an aerosol generating procedure
  - Referral to UDCs when the patient is suspected or confirmed COVID positive in which AAA cannot address the presenting complaint.
- Limit all aerosol generating procedures where possible

The COVID-19 case definition is available at:

<https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance>

The transmission characteristics of COVID-19 are found in appendix 3 and includes lists of dental procedures that do and do not produce an aerosol.

## 2.0 TREATMENT PROVISION IN GENERAL DENTAL PRACTICES

General dental practices are the first point of contact for patients seeking dental care and advice. Dental practices must remain open during normal working hours of 9am-5pm through the week and at weekends to offer AAAs and provide face to face consultation and defined treatments if necessary. They must also triage and refer on to UDC centres and secondary care where appropriate.

### 2.1 Triage

Advice in relation to clinical triage and the management of dental problems during the pandemic is available at:

<http://www.sdcep.org.uk/published-guidance/acute-dental-problems-covid-19/>

<https://britishendodonticsociety.org.uk/>

<https://www.bos.org.uk/COVID19-BOS-Advice/COVID19-BOS-Advice>

<https://www.rcseng.ac.uk/-/media/files/rcs/fds/guidelines/orthodontics-covid19.pdf>

Clinical records should be maintained for all patients who are triaged.

### 2.2 Remote Prescribing

Patients may be prescribed analgesics and / or antimicrobials to avoid the need for face to face consultations and treatments.

Please refer to Appendix 4 in regards to practical advice for working with local community pharmacists.

Clinical advice in relation to remote prescribing is available at:

<https://www.fgdp.org.uk/news/covid-19-latest-guidance-and-resources-gdps#Remote-prescribing-and-advice>

<http://www.sdcep.org.uk/wp-content/uploads/2020/04/SDCEP-MADP-COVID-19-drug-supplement-080420.pdf>

<https://www.gdc-uk.org/docs/default-source/guidance-documents/high-level-principles-remote-consultations-and-prescribing.pdf>

<https://www.gdc-uk.org/information-standards-guidance/covid-19/covid-19-guidance-from-the-gdc>

### 2.3 Face to Face treatment

Dental treatments provided in dental practices MUST be non-aerosol generating (non-AGP) and should be addressing an urgent dental care need. No routine dental care should be provided. Only simple procedures which have a very low risk of becoming more complicated and / or have the potential to require AGP should be attempted. Lists of dental procedures that do and do not produce an aerosol are found in Appendix 3.

Patient expectations should be managed with a limited range of treatments available within dental practices. Dentists must use their clinical skills to decide the appropriate treatment, bearing in mind the need for effective care which can be completed in a single visit and minimise the risk of further pain and/or infection.

Advice in relation to the management of dental problems during the pandemic is available at:

<http://www.sdcep.org.uk/published-guidance/acute-dental-problems-covid-19/>

<https://britishendodonticsociety.org.uk/>

### 2.4 Advice to Patients attending for dental treatment in dental practices and UDC centres

Patients who need to attend the dental practice should be given a carefully selected appointment time taking into account their own risks (shielded patients for instance should be seen first thing in the morning) and to avoid contacting other patients. The following advice should be given to patients prior to attending the practice and to patients who have been referred to the UDC:

- Attend the practice on their own
- One parent or carer may attend with their child or patient with special needs
- Do not eat or drink anything for 30 mins before the appointment
- Go to the toilet before attending
- Remain in car and phone to alert you of their arrival and only enter the building when advised to do so
- Patients to proceed directly to the surgery upon entering the building
- Patients to be aware that only limited dental treatment is available

A general patient information leaflet is available for all patients who have been referred to the UDCs.

Additional patient information leaflets are available for each UDC centre detailing how to find the centre and include instructions for patient to follow on arrival at the centre.

These leaflets were forwarded to dental practitioner's health service email accounts on 1 May 2020 and should be given to patients who have been referred to the UDCs prior to them attending. Consideration should be given to emailing the leaflets to patients where possible.

Please remember to allocate appointment times so that waiting and reception areas allow proper social distancing

The risk of transmission can be further reduced by:

- Reducing face to face contact time to the minimum by conducting as much of the consultation as possible by phone.
- Giving patients alcohol gel to use on their hands upon entering the building
- Patients using 2% peroxide mouth wash prior to the delivery of any treatment
- Keeping treatment time as short as possible
- Using high volume aspiration
- Using rubber dam where possible

## 2.5 Personal Protective Equipment

Appropriate PPE must be used within general dental practices for the given clinical and social situation to protect staff and limit the spread of infection. PPE should be donned prior to the patient entering the surgery. See appendix 5 for a summary of PPE requirements in the dental setting.

Given the restrictions on care and treatment within general dental practices, specifically the restrictions on the provision of AGPs, the necessary PPE includes gloves, eye protection, a fluid resistant mask<sup>1</sup> and a disposable apron. This is summarised in Table 4 in the additional advice linked to below. Practitioners should be bare below the elbow and include their forearms when performing hand washing.

Additional advice in relation to PPE and hand washing is available at:

<https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control>

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<sup>1</sup> Please note that most standard dental masks are fluid resistant. Practitioners should check their stock to ensure that their masks are "IIR Compliant."

<https://www.gov.uk/government/publications/covid-19-personal-protective-equipment-use-for-non-aerosol-generating-procedures>

## 2.6 Infection Control and Decontamination

Standard infection control procedures (SICP) as outlined in HTM 01-05 apply in dental practices. Careful adherence to these standard infection control procedures is essential. Existing practice based policies and procedures which are compliant with HTM 01-05 are sufficient within general dental practice provided AGPs are not provided.

Consideration should be given, as per section 6 of HTM 01-05 to carry out sessional and daily cleaning of surfaces after every patient during the pandemic.

Surgeries should be decluttered as much as possible to facilitate decontamination.

HTM 01-05 is available at

<https://www.gov.uk/government/publications/decontamination-in-primary-care-dental-practices>

## 2.7 Referral to Urgent Dental Care centres

Urgent dental care centres (UDC) are operating in each Local Commissioning Group area. (Please refer to Appendix 5.) Patients who are possible or confirmed COVID positive can ONLY be seen at one of the UDCs. Any patients who may need an aerosol generating procedure can ONLY be seen at one of the UDCs.

Referrals to the five UDCs are managed centrally by the regional triage centre at Dalriada Urgent Care. Referrals should be made by the GDP via telephone to 02825663512 (do not provide this number to patients). The following information is required:

- Patient details including name, date of birth and Health Care Number
- Patient or carer mobile number
- History of presenting complaint
- Treatment provided to date
- Updated medical history
- Radiographs to be forwarded upon request if available
- Interpreting services requirements if required

Referrals will normally only be accepted if face to face treatment is required that cannot be provided within dental practices as outlined above.

## 2.8 Referral to Secondary Care

Routine referrals to secondary care during the pandemic can be submitted through normal local arrangements.

Red Flag Referrals are being accepted and should be submitted through normal local arrangements.

Patients requiring emergency dental care must be referred to the local Oral and Maxillo-Facial Surgery or Oral Surgery Unit in your LCG area. Please refer to Appendices 1 and 2 for definitions of emergency dental care and urgent dental care as well as OMFS/OS contact details.

## 3.0 TREATMENT PROVISION IN URGENT DENTAL CARE CENTRES

### 3.1 Triage

The regional triage centre will review the referral with the referring dentist. Inappropriate referrals may be directed back to general practice.

### 3.2 Face to Face Treatment

The same general principles as outlined in the previous section apply to both general practice and the UDCs. Face to face treatment should be kept to a minimum. The aim even at the UDCs where AGPs are permissible is to limit AGPs. Such treatment should only be carried out after careful consideration with alternative treatment options considered.

### 3.3 Patient Discharge

Patients should be informed of the treatment they have received at the UDC and given any necessary post-operative instruction including any follow-up treatment that may be required in the future by their own dentist.

Patients should be informed that should they have any further problems that they should contact their own dentist in the first instance. Patients cannot attend the UDC without having been triaged and referred by their own dentist.

Patients who are not currently registered with a dentist should be encouraged to register with a local dentist.



### 3.4 Personal Protective Equipment

Appropriate PPE must be used within the UDCs for the given clinical and social situation to protect staff and limit the spread of infection. PPE should be donned prior to the patient entering the surgery and be appropriate for the planned treatment. See appendix 5 for a summary of PPE requirements in the dental setting.

For non-AGPs the necessary PPE includes gloves, eye protection, fluid resistant masks and a disposable apron. Practitioner should be bare below the elbow and include their forearms when performing hand washing.

If an AGP is required the necessary enhanced PPE includes gloves, eye protection, fit-tested FFP3 masks and a gown. UDCs staff must follow correct procedure for PPE use, and the donning and doffing of PPE. This is summarised in Table 4 in the additional advice linked to below.

FFP3 masks may be used on a sessional basis in certain clinical settings with a session ending when the healthcare worker leaves the care setting/exposure environment. However, due to the decontamination protocols as outlined in the next section it is necessary for practitioners to leave the care setting/exposure environment following an AGP. This will in turn require that PPE is removed and as such should be disposed of appropriately. As a result, within UDCs, FFP3 masks are single use.

A visual guide in relation to the selection of the appropriate PPE is also available at the link below:

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/878056/PHE\\_COVID-19\\_visual\\_guide\\_poster\\_PPE.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/878056/PHE_COVID-19_visual_guide_poster_PPE.pdf)

Additional advice in relation to PPE, including donning and doffing of enhanced PPE, and hand washing is available at:

<https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control>

<https://www.gov.uk/government/publications/covid-19-personal-protective-equipment-use-for-non-aerosol-generating-procedures>

<https://www.gov.uk/government/publications/covid-19-personal-protective-equipment-use-for-aerosol-generating-procedures>

### 3.5 Infection Control and Decontamination

Standard infection control procedures (SICP) as outlined in HTM 01-05 apply as a minimum in UDCs. Careful adherence to these standard infection control procedures is essential. Consideration should be given, as per section 6 of HTM 01-05 to carry out sessional and daily cleaning of surfaces after every patient during the pandemic.

When an AGP has been provided it is necessary to have additional infection control measures in place. These are referred to as Transmission Based Precautions (see appendix 3). After an AGP it is recommended that the room is left vacant with the door closed for 20 minutes in a negative pressure isolation room or one hour in a neutral pressure room before cleaning and decontamination.

HTM 01-05 is available at

<https://www.gov.uk/government/publications/decontamination-in-primary-care-dental-practices>

Additional advice in relation to infection and protection control is available at:

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/881489/COVID-19\\_infection\\_prevention\\_and\\_control\\_guidance\\_complete.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/881489/COVID-19_infection_prevention_and_control_guidance_complete.pdf)

### 3.6 Referral to Secondary Care

Emergency and Red Flag referrals can be submitted directly by the UDC as outlined in the Dental Patient Care Pathway (appendix 2).

## **Appendix 1**

URGENT DENTAL CARE – CONDITIONS THAT SHOULD BE MANAGED (AS APPROPRIATE) IN GENERAL DENTAL PRACTICE (NON-AGP, NON-COVID) OR UDC (AGP +/- COVID)

Simple trauma affecting adult tooth involving the dentine or pulp or luxation/avulsion of permanent tooth

Oro-facial swelling

Post-extraction bleeding not controlled by measures at home

Severe dental pain that cannot be controlled by self help advice

Dental and soft tissue infections

Oro-dental conditions that are likely to exacerbate systemic medical conditions

Suspected oral cancer

EMERGENCY DENTAL CARE – CONDITIONS THAT SHOULD BE MANAGED IN THE SECONDARY CARE SETTING

Rapidly increasing oro-facial swelling

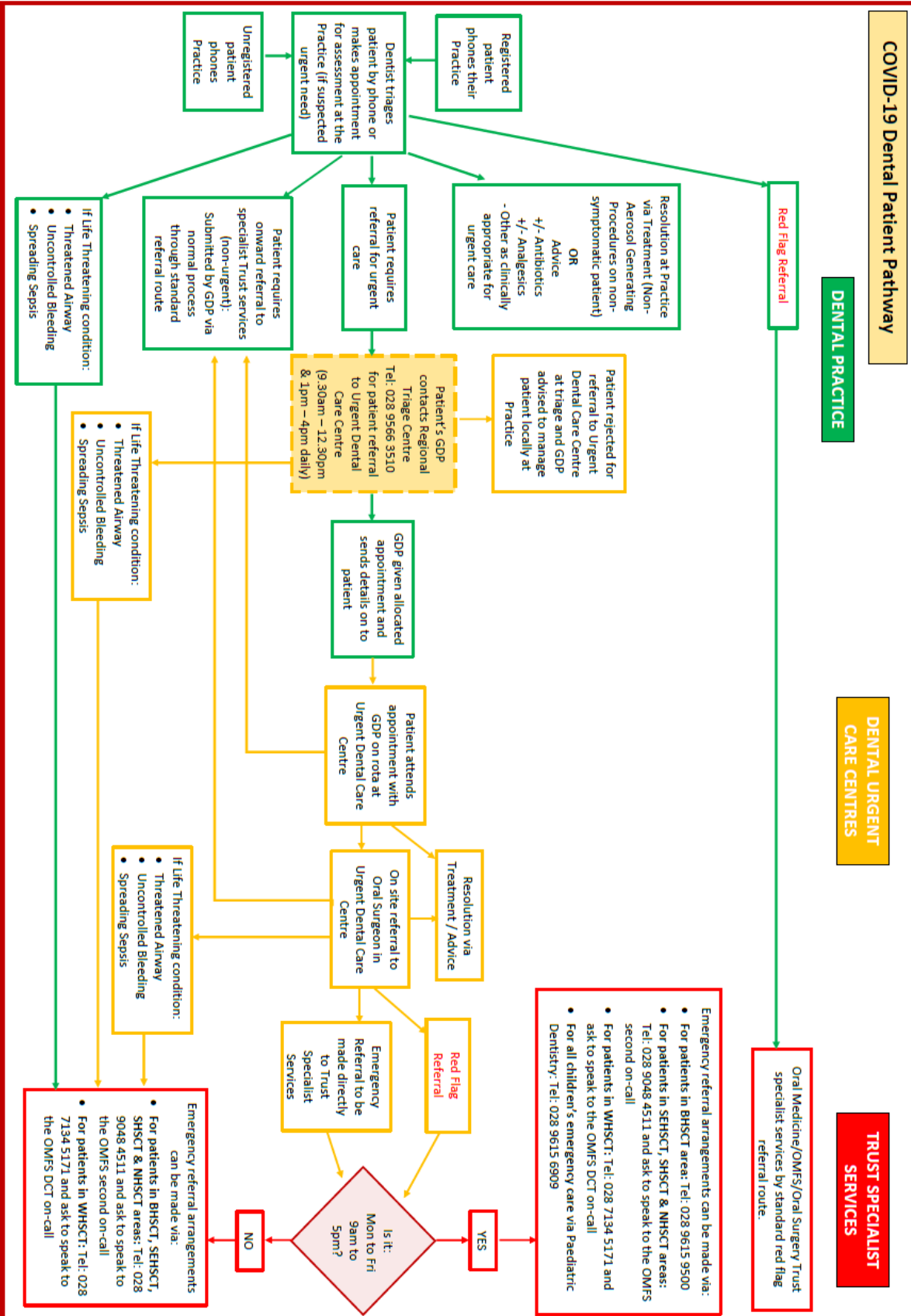
Swelling involving the eyelid, neck or affecting swallowing/breathing or causing trismus

Trauma involving facial bones

Uncontrolled post-extraction bleeding inpatient with coagulopathy or on anticoagulant medication.

# Appendix 2

## Dental Patient Pathway



### **Appendix 3 Transmission Characteristics of COVID-19**

The transmission of COVID-19 is thought to occur mainly through respiratory droplets generated by coughing or sneezing, and through contact with contaminated surfaces. The predominant modes of transmission are assumed to be droplet and contact.

Standard infection control precautions (SICPs) are necessary to reduce the risk of transmission with HTM 01-05 describing infection and prevention and control measures that should be used by all staff and for all patients in a dental setting.

In addition to SICPs, transmission-based precautions (TBPs) are applied when SICPs alone are insufficient to prevent cross-transmission of an infectious agent. TBPs are additional infection control precautions required when caring for a patient with a known or suspected infectious agent and are classified based on routes of transmission:

- Contact precautions: used to prevent and control infection transmission via direct contact or indirectly from the immediate care environment. This is the most common route of infection transmission.
- Droplet precautions: used to prevent and control infection transmission over short distances via droplets ( $>5\mu\text{m}$ ) from the patient to a mucosal surface or the conjunctivae of a dental team member. A distance of approximately 1 metre around the infected individual is the area of risk for droplet transmission which is why dental teams routinely wear surgical masks and eye protection for treating patients.
- Airborne precautions: used to prevent and control infection transmission via aerosols ( $\leq 5\mu\text{m}$ ) from the respiratory tract of the patient directly onto a mucosal surface or conjunctivae of one of the dental team without necessarily having close contact.

Interrupting transmission of COVID-19 requires contact, droplet and aerosol precautions, depending on the procedures undertaken.

During AGPs there is an increased risk of aerosol transmission (contact, droplet, or airborne), and airborne precautions must be implemented as outlined in this guidance. Below are lists of dental procedures that do and do not produce an aerosol.

#### **AEROSOL GENERATING PROCEDURES**

- 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
- Air abrasion and air polishing
- Slow speed polishing

## NON AEROSOL GENERATING PROCEDURES

- Examinations and assessments
- Hand scaling with suction
- Administration of local anaesthesia
- 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.)
- Removal of caries using hand excavation or slow handpiece
- Placement of temporary fillings
- Intra-oral radiographs
- Suction
- Soft tissue surgery (e.g. biopsy)
- Incision and drainage

A list of medical AGPs is available at:

<https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control/covid-19-personal-protective-equipment-ppe>

Please note that CPR is not deemed to be an AGP.

Further information and advice is available at:

<https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control>

<https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control/transmission-characteristics-and-principles-of-infection-prevention-and-control>

## Appendix 4

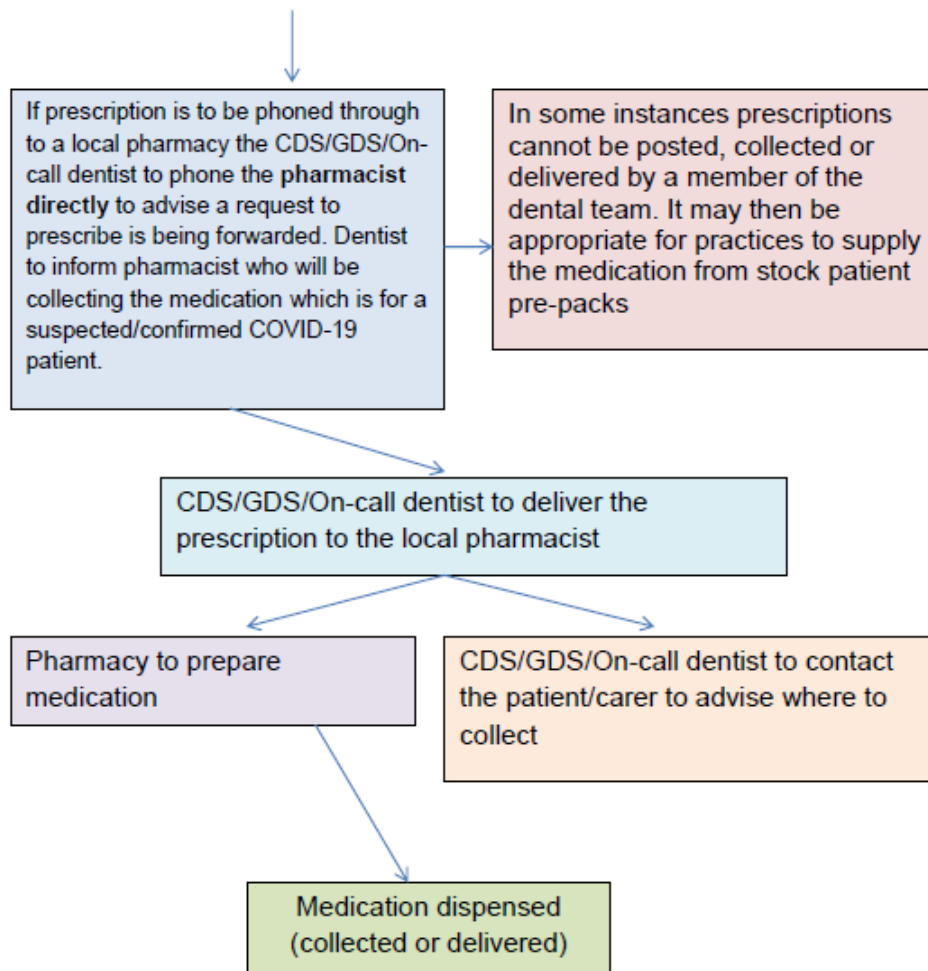
### Pathway for CDS/GDS/On-call dentist/pharmacy to use for patients who require medication and are Suspected/Confirmed COVID 19

CDS/GDS/On-call dentist to determine whether the patient clinically requires a prescription following telephone triage and how the patient can pick up a prescription:

- Sent to patient/local pharmacy through secure post (not advised due to time delay)
- Patient or nominee to collect from dental practice
- Delivery by practice to local pharmacy
- Faxing to local pharmacy (please refer to footnote)

*Emailing is not recommended*

Medication will only be delivered to those who are vulnerable and in self-isolation. This should be arranged between patient and community pharmacist.



Footnote: Advice in relation to the faxing of prescriptions

- If a prescription is phoned through to a pharmacy it is important that it is from professional to professional to avoid any error.
- Faxing of prescriptions is allowed, however, prior to faxing prescriptions the prescriber or their representative should phone the pharmacy first in order to:
  - Confirm the current phone number of the fax machine\*
  - Ensure the pharmacy is open and can receive the fax securely and safely. A fax should never be sent outside of normal working hours.
  - Ensure the fax machine is manned
  - Advise that the faxed prescription(s) is about to be sent.
- As a faxed prescription is not a legal document the **prescriber MUST** ensure that the original prescription is supplied to the pharmacy within 72 hours of faxing. Ideally the prescriptions should be delivered to the pharmacy.
- Once the original prescription has been received the pharmacist should shred the faxed copy.
- Prescriptions for Schedule 2 & 3 Controlled Drugs must not be faxed e.g. temazepam (schedule 3).

\*If the pharmacy does not have a fax machine then another method of prescription transfer must occur.



## **Appendix 5**

### Personal Protective Equipment in Dental Practices and UDCs

	Waiting room / reception	Dental surgery Non AGP treatment	Dental surgery Treatments involving AGPs
Good hand hygiene	Yes	Y	Y
Disposable gloves	No	Y	Y
Disposable plastic apron	No	Y	N
Disposable gown	No	N	Y*
Fluid resistant mask	Yes**	Y	N
Filtering face piece FFP3 respirator	No	N	Y***
Eye protection****	no	Y	Y

\* Fluid-resistant gowns must be worn during aerosol generating procedures (AGPs). If non-fluid-resistant gowns are used, a disposable plastic apron should be worn underneath.

\*\*Where working in reception/communal area with possible or confirmed case(s) and unable to maintain 2 metres social distance

\*\*\*If wearing a 'valved respirator' that is not fluid resistant, a full-face shield/ visor must be worn

\*\*\*\*Face / Eye protection ideally should be disposable. If non-disposable safety glasses/goggles or face visors are used they should be disinfected in line with manufacturer's guidance.

## **Appendix 6**

Urgent Dental Care Centres

Referrals to be made centrally to: 02825663512

Belfast LCG Area  
The Carlisle Centre  
40 Antrim Road,  
Belfast  
BT15 2AX

South-eastern LCG Area  
Lisburn Health Centre  
Linenhall Street,  
Lisburn  
BT28 1LU

Northern LCG Area  
Ballymena Health & Care Centre,  
86 Cushendall Road  
Ballymena  
BT43 6HB

Western LCG Area  
Omagh Primary Care Complex  
7 Donaghane Road  
Omagh, County Tyrone,  
BT79 0JJ

Southern LCG Area  
Brownlow Health Centre  
1 Legahory Centre  
Craigavon  
BT65 5BE

## Amendments

Date	Amendment
06/05/2020	Appendix 3: Addition of intra-oral radiographs, suction, soft tissue surgery and incision and drainage to the list of Non Aerosol Generating Procedures
13/05/2020	Re-wording of section 2.7 and 3.1