



Recommendations for Paediatric Dentistry during COVID-19 pandemic

2020

1. Scope of document

This document provides advice and guidance for the triage, assessment and provision of urgent dental care for children and young people (<16 years of age) during the COVID-19 pandemic and is intended for use by dental teams working in England.

2. General Principles

- » No routine dentistry should be provided for children during this pandemic¹. Routine dentistry should be deferred to minimise risk to patients, staff and the public.
- » COVID-19 is thought to be transmitted via droplet, contact and airborne mechanisms. Aerosol generating procedures (AGP) present a higher risk of transmission of the virus and should therefore only be undertaken to provide urgent care where no other reasonable option is available.
- » Any patient requesting urgent care should first be triaged by telephone, using clinical images sent to a secure nhs.net email or an online video-link by a dentist to assess the clinical urgency, establish their COVID-19 risk and that of their immediate family/carers, offer any interim self-care advice and make an appointment for a face-to-face assessment if required.
- » Where possible, it is advisable to have two clinicians involved in the decision-making process as there may be a need to deviate from 'normal' treatment decisions and protocols.
- » A specific concern relating to dental care provision for children is the uncertainty of their infection status: the majority of children who are infected with COVID-19 appear to only have mild or no symptoms, thus a clinical history may not be as suggestive of infection as it is in adults. This document assumes that, at this stage in the pandemic, all children and their parents/carers are potentially infective.
- » Some groups of children (see section 3 below) are at increased risk from COVID-19 according to the Royal College of Paediatrics and Child Health² and should follow stringent shielding measures.

3. Definition of urgent dental care

The following presenting conditions require urgent paediatric dental care:

- » Presence of a swelling likely to or compromising swallowing and/or breathing, causing trismus or extending to the eye or a significant oral/facial swelling with associated pyrexia.
- » Traumatic dental injuries resulting in a complex injury to the permanent dentition: avulsion of a permanent tooth; severe luxation (tooth displaced, mobile, and/or interfering with occlusion), crown root fracture (coronal portion displaced, mobile and/or interfering with occlusion), complicated crown fracture (pulp exposed).

- » Traumatic dental injuries to the primary dentition resulting in: pulp exposure or severe luxation such that tooth mobility constitutes a potential airway risk and/or is severely interfering with occlusion/function.
- » Uncontrolled bleeding which has not responded to self-care measures.
- » Severe dental pain (irreversible pulpitis) which has not responded to over the counter analgesics and is impacting on eating and sleeping.

Priority should be given to:

- » children with underlying medical conditions which place them at greater risk of complications arising from any subsequent infection if the tooth is not treated (see 'red flag' list below).
- » children with additional needs such as those with learning disabilities or autism, where dental pain is having a severe impact on the child/family with evidence of adverse behaviours such as self-harming.

The list below, although not exhaustive, provides examples of potential 'red flag' conditions that may exacerbate/complicate a child's presenting dental condition and should be taken into consideration when justifying the need for urgent dental care:

- » Increased risk of bleeding from medications or conditions (eg chronic renal failure, liver disease, haematological malignancy, recent or current chemotherapy, idiopathic, inherited bleeding disorders including all types of haemophilia and von Willebrand's disease)
- » Increased risk of infection (eg any immunocompromised state, transplant patient, diabetic, child on immunosuppressants /steroids/chemotherapy)
- » At risk of infective endocarditis
- » Additional needs eg an infant or child with communication or behavioural needs (eg severe autism) that potentially place them and their families at greater impact from dental symptoms.

Additionally, there are children who are identified as being at significantly increased risk from COVID-19². These children should not attend a hospital or dental clinic environment unless the dental condition is considered 'life threatening.'

- » Long term respiratory conditions, including: chronic lung disease of prematurity with oxygen dependency, cystic fibrosis with significant respiratory problems, childhood interstitial lung disease, severe asthma, respiratory complications of neurodisability
- » Immunocompromise (disease or treatment), including: treatment for malignancy, congenital immunodeficiency, immunosuppressive medication including long term (>28 consecutive days) of daily oral or IV steroids (not alternate day low dose steroid or hydrocortisone maintenance), post-transplant patients (solid organ or stem cell), asplenia (functional or surgical)
- » Haemodynamically significant and/or cyanotic heart disease
- » Chronic Kidney Disease stages 4, 5 or on dialysis

4. Access to urgent dental treatment under general anaesthetic

Access to general anaesthesia will be significantly reduced for the foreseeable future. Providers are cancelling all elective procedures, and this will include dental treatment under general anaesthesia (GA). Where possible, limited emergency provision should be maintained on a regional basis with access criteria agreed by Managed Clinical Networks in Paediatric Dentistry.

Failure to provide any access to general anaesthesia will result in an increased pressure on the wider system with increased calls to 111, attendances at A&E and calls to General Medical Practitioners.

For the foreseeable future the following children should be prioritised for urgent treatment under GA:

- » Children who have sustained trauma to the primary dentition where the child is symptomatic (pain not managed with analgesics, infection not managed with antibiotics or interference with eating), and treatment under local anaesthetic is not possible.
- » Children who have had trauma to the permanent dentition which needs intervention, and treatment under local anaesthetic or sedation is not possible.
- » Children who have acute dental infection that is not responsive to antibiotics.
- » Children who have intractable pain or discomfort which cannot be managed under local anaesthetic.
- » Children who have facial swelling as a result of dental disease, and treatment under local anaesthetic is not possible.
- » Children whose poor dental health is impacting on, or is highly likely to impact on, their medical health eg children with diabetes, cardiac conditions, epilepsy or inherited metabolic disorder – see 'red flag' list in section 3 and a decision is made that the benefits of surgery outweigh the risks of bringing a child into hospital during the COVID-19 pandemic.
- » Children and young people with additional needs such as those with learning disability or autism, where dental pain is resulting in self harm or other disruptive or detrimental behaviours.
- » Patients who have a compromised swallow and are at risk of aspirating a tooth which cannot be removed under local anaesthetic.

5. Additional notes on dental care for children

- » For avulsed teeth, clinicians should assess the likely prognosis of the tooth prior to replantation. The extra-oral dry time, total extra-oral time, degree of tooth maturity, patient co-operation and time until extirpation can be performed should be considered prior to replantation.
- » For replanted/repositioned permanent teeth some clinicians may be confident to place a bracket and wire type splint to minimise AGP at the time of splint removal. Otherwise, the use of self-etching adhesive, composite and wire would be standard procedure, with splint removal using a slow handpiece and further removal of composite following the pandemic.
- » An extraction may be the preferred treatment option for children with pulpal symptoms (excepting permanent anterior teeth) to reduce the need for AGPs.
- » For children with medical 'red flags', discussions with their paediatric team may help decision making and should be encouraged.
- » Inhalational sedation may be a suitable alternative to general anaesthetic for children requiring urgent dental care. If urgent dental treatment is to be provided with inhalational sedation, usual best practice should continue to apply, including changing of the tubing and thorough cleaning of the surgery and ventilation between patients.
- » It is recognised that it may not be possible to obtain valid consent from the parent/legal guardian at the child's emergency attendance due to COVID-19 related circumstances. During this pandemic, consent for urgent treatment may need to be taken verbally over the phone and should also include a discussion about the potential risks of the child and/or escort contracting COVID-19 during a subsequent hospital admission.
- » Remember that our responsibilities to safeguard children and young people continue during the pandemic. Be aware that our patients may be exposed to increased risks of abuse or neglect during lockdown, particularly of witnessing domestic abuse.

References

1. Scottish Dental Clinical Effectiveness Programme. *Management of Acute Dental Problems During COVID-19 Pandemic* 30 March 2020. www.sdcep.org.uk/wp-content/uploads/2020/03/SDCEP-MADP-COVID-19-guide-300320.pdf
2. Royal College of Paediatrics and Child Health. *COVID-19 Guidance for Paediatric Services* 28 April 2020. www.rcpch.ac.uk/resources/covid-19-guidance-paediatric-services#children-at-increased-risk-of-covid-19

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