Recommendations for Special Care Dentistry during COVID-19 pandemic

2020

www.rcseng.ac.uk/dental-faculties/fds/coronavirus/

1. Scope of document

This document provides advice and guidance for the triage, assessment and provision of urgent dental care for those requiring special care dentistry during the COVID-19 pandemic and is intended for use by the NHS staff working in England.

The speciality of Special Care Dentistry is concerned with the improvement of the oral health of individuals and groups in society who have a physical, sensory, intellectual, mental, medical, emotional or social impairment or disability or, more often, a combination of these factors.

2. General Principles

- Non-urgent dental care should be deferred to minimise risk to patients, staff and the public.
- Aerosol generating procedures (AGP) present a higher risk of transmission of the virus and should only be undertaken to provide urgent care where no other option is available.
- Any patient requesting urgent care should first be triaged by telephone by a dentist to assess their clinical urgency, establish their COVID-19 risk, offer any interim self-care advice and make an appointment for face to face assessment if required.
- Where possible, it is advisable to have two clinicians involved in the decision making process in recognition of the fact that we will need to deviate from routine treatment planning protocols.

3. Definition of urgent dental care

The following dental diagnoses require urgent Special Care Dentistry:

- Orofacial infection, no evidence of spreading infection or systemic involvement but likely to exacerbate systemic medical conditions
- Orofacial swelling with no evidence of spreading infection or systemic involvement
- Severe pain, not responding to self-care and appropriate doses and timing of OTC pain relief
- Avulsed permanent tooth
- Dental trauma, fractured permanent tooth where a substantial portion (normally a third or more) of the tooth has been lost
- Dental trauma, mobile or displaced permanent tooth
- Fractured, loose or displaced restorations; crowns, post-crowns, bridges or veneers – severe pain, not responding to self-care and OTC pain relief

- Oromucosal ulceration (>2 weeks duration (or with suspicious symptoms))
- Uncontrolled bleeding which has not responded to self-care measures

This process is summarised by the amended SDCEP urgent care flowchart:

www.sdcep.org.uk/wp-content/uploads/2020/03/SDCEP-MADP-COVID-19-guide-300320.pdf

4. Access to treatment under general anaesthetic (GA)

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. Where possible, limited emergency provision should be maintained on a regional basis with access criteria agreed by Managed Clinical Networks in Special Care Dentistry and an established link to a specialist in Special Care Dentistry for advice, treatment planning decision making.

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.

Therefore, an established pathway for onward referral for Special Care patients must be formally established with the Medical Director of the trust, where the GA will be delivered.

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

- Patients who have had trauma to the permanent dentition which needs intervention and treatment under local anaesthetic or sedation is not possible
- Patients who have acute dental infection that is not responsive to antibiotics
- Patients who have intractable pain or discomfort which cannot be managed under local anaesthetic
- Patients who have facial swelling as a result of dental decay and treatment under local anaesthetic is not possible
- Patients whose poor dental health is impacting, or highly likely to impact, on their medical health eg people with diabetes, cardiac conditions, epilepsy and a decision is made that the benefits of surgery outweigh the potential risks of bringing a patient into the hospital during the Covid-19 pandemic
- Patients with additional needs such as those with learning disability or autism, where dental pain is resulting in self harm and treatment is not possible under local anaesthetic
- Patients who have a compromised swallow and are at risk of aspirating a tooth which cannot be removed under local anaesthetic

Maxillo-facial teams continue to be responsible for patients who sustain severe facial trauma or orofacial swelling worsening over a period of a few hours with: evidence of infection spreading towards the orbit or front of neck; or affecting the ability to swallow; or significant trismus; or with signs of systemic sepsis.

Special Care Dental teams need to confirm referral pathway arrangements for emergency dental care with their MCNs.

Consent forms should include risk of patient and/or carer contracting COVID-19 whilst in hospital and possible sequelae including death.

5. Recommendations for treatment with sedation (IV, inhalation and advance sedation techniques)

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.

6. 'Red flags'

Establish if patient is aged 70 or older or if they have an underlying health condition such as:

- chronic (long-term) respiratory diseases such as asthma, chronic obstructive pulmonary disease (COPD), emphysema or bronchitis
- chronic heart disease such as heart failure
- chronic kidney disease
- chronic liver disease, such as hepatitis
- chronic neurological conditions, such as Parkinson's disease, motor neurone disease, multiple sclerosis (MS), a learning disability or cerebral palsy
- diabetes
- problems with their spleen such as sickle cell disease or if they have their spleen removed
- a weakened immune system as the result of conditions such as HIV and AIDS, or medicines such as steroid tablets or chemotherapy
- seriously overweight ie a body mass index (BMI) of 40 or above
- pregnancy

7. Additional Consideration

- Consider domiciliary attendance to assess the patient, if patient attendance would necessitate multiple carers or the patient would exhibit significant challenging behaviour.
- For adults, who require support they should be accompanied by a carer or family member who can provide support and information including a current medical history, list of medications, exemption status regarding dental charges and an up-to-date pain history.
- For adults who lack capacity, as per the Mental Capacity Act, regarding the decision around the dental treatment best interests decision making processes will apply.
- Access to summary care record is essential.
- Two dentists should be present throughout the pathway to share decision making.
- Bariatric: The need for access to a bariatric dental chair may make it more appropriate to conduct the initial assessment on a domicillary basis.
- Relating to GA:
    - Assessments for GA in 'hubs' requires knowledge of the local pathway and availability of a clinician with the appropriate skills eg paediatric or special care or dentist with experience of GA special care/paediatric in absence of a specialist to enable treatment planning and completion of consent and access to the agreed GA pathway. The commissioning guidance makes reference that patients being admitted to hospital for SCD or paediatric dentistry should be admitted under the care of Specialist in the relevant speciality. Care may however, be provided by a clinician who is not a specialist.
    - Anaesthetic contact details to enable any pre-operative special tests or anaesthetic assessment and maxillofacial contact to access the onward pathway.
    - Contact details of individuals with access to GA list eg local hospital, oral surgery or maxillofacial team, each hospital has a COVID-19 information/coordination unit.
    - Consideration of who will complete the dental treatment under GA as this may require multidisciplinary team eg maxillofacial/ oral surgery to enable examination, treatment planning and comprehensive care can be completed in single episode.

The development and production of this guideline was led by Dr Vanita Brookes and Dr S Rafique on behalf of the British Society for Gerodontology, the British Society for Disability and Oral Health and the Faculty of Dental Surgery, Royal College of Surgeons of England.