



Guidance on what constitutes essential dental care during the COVID-19 pandemic

Following the Government announcement of 27th March 2020 that “**all non-essential surgery, health procedures and other non-essential health services are postponed**”, the HSE’s Dental and Orthodontic Services will provide essential (emergency and urgent care) services only. This guidance may change as the COVID-19 pandemic progresses. Dentists should use their professional judgment in determining each patient’s need for urgent or emergency care. During the COVID-19 emergency, Dentists should perform a risk assessment taking account of the expected benefit of the treatment to the patient, the likely consequences of delayed treatment for the patient and the risk of infection to patients and staff related to providing the service.

<p>Hospital dental emergencies are potentially life threatening and require immediate treatment to stop on-going tissue bleeding, alleviate severe pain or infection, and include:</p>	<ul style="list-style-type: none"> Uncontrolled bleeding – where conventional measures have failed to achieve haemostasis Cellulitis or a diffuse soft tissue bacterial infection with intra-oral or extra-oral swelling that potentially compromise the patient’s airway Trauma involving facial bones, potentially compromising the patient’s airway 	
<p>Urgent dental care focuses on the management of conditions that require immediate attention to relieve pain and/or risk of infection and to alleviate the burden on hospital emergency departments.</p> <p>These should be treated as minimally invasively as possible, including through an “advice, analgesia and antimicrobial” approach.</p> <p>The presenting conditions include:</p>	<p><u>Urgent dental care includes:</u></p> <ul style="list-style-type: none"> Uncontrolled bleeding Severe dental pain from pulpal inflammation Dental trauma with avulsion/luxation Biopsy of abnormal tissue Tooth fracture resulting in pain or causing soft tissue trauma Dental treatment required prior to critical medical procedures Pericoronitis or third-molar pain Surgical post-operative osteitis, dry socket dressing changes Abscess, or localized bacterial infection resulting in localized pain and swelling 	<p><u>Less urgent care may include:</u></p> <ul style="list-style-type: none"> Extensive dental caries or defective restorations causing pain <ul style="list-style-type: none"> ➢ Manage with interim restorative techniques when possible Suture removal Denture adjustment on radiation/ oncology patients Denture adjustments or repairs when function impeded Replacing temporary filling on endo access openings in patients experiencing pain Adjustment of an orthodontic wire or appliances piercing or ulcerating the oral mucosa

Access to routine or non-essential dental procedures is deferred

<p>Routine or non-essential dental procedures include but are not limited to:</p>	<ul style="list-style-type: none"> Initial or periodic oral examinations and recall visits, including routine radiographs Routine dental cleaning and preventive therapies, aesthetic dental procedures Orthodontic procedures other than those to address acute issues (e.g. pain, infection, trauma) Extraction of asymptomatic teeth, restorative dentistry including treatment of asymptomatic carious lesions
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