



## National Oral Health Office:

### Preparation for Essential HSE Dental and Orthodontic Clinics - COVID-19 pandemic

2<sup>nd</sup> April 2020

Following the Government announcement of 27th March that: “*all non-essential surgery, health procedures and other non-essential health services are postponed*”, the HSE will continue to provide essential Dental and Orthodontic Services. The purpose of this document is to assist Principal Dental Surgeons and Heads of Orthodontic Departments in their preparations for essential services.

The recommended approach is set out in the document ***NOHO Recommended Approach for Dental, Orthodontic Emergencies***, while the ***NOHO Essential Dental Care COVID-19 Guidance*** provides an outline of essential services.

The situation is changing rapidly in respect of the scientific knowledge of the virus, its transmission and the epidemiological information, therefore regular review of this document will be required.

#### **Guiding Principle**

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.

#### **General principles**

The general principles in organising and delivering essential services during the Covid-19 pandemic are to:

- i. reduce footfall
- ii. minimise workplace contacts
- iii. maximise and maintain social distancing
- iv. minimise clinical contact time
- v. ensure the effective and efficient use of supplies of PPE
- vi. have a clear emphasis on the deferral of non-urgent treatments
- vii. manage dental symptoms through minimal intervention
- viii. avoid the use of aerosol generating procedures.

#### **Current situation: Essential Dental Treatment – Urgent and Emergency Treatment**

Many people will require urgent or emergency dental interventions, including advice, examination, treatment and follow up. There is also a need to provide dental treatment and/or clinical reviews that are required as part of a treatment plan for a patient’s medical condition – e.g. cancer/cardiac care pathway. This document is intended to support the safe provision of essential treatment.

#### **Personal responsibility**

All HSE Dental staff are reminded that they must act to protect their patients, while also safeguarding their own health, and the health and wellbeing of colleagues. Also, all staff are advised to remain up to date on the Covid-19 public health and occupational health guidance, available from the Health Protection Surveillance Centre, and to seek medical advice by telephone at the earliest opportunity should they develop respiratory symptoms or fever.

### **Patient Safety and Occupational Health**

**As in all health care, patient safety and staff health and welfare are top priorities. All dental workers are reminded that it is essential to:**

- i. **observe strict adherence to infection prevention and control processes**
- ii. **follow guidance on the effective use of PPE, including donning and doffing PPE (video available on [www.hpsc.ie](http://www.hpsc.ie))**

### **Before providing or accessing dental treatment**

It is not possible to differentiate between Covid-19 and other common respiratory infections based on symptoms alone. At the present time Covid-19 should be considered as possible in anyone with new onset of fever, new onset of symptoms of respiratory tract infection or acute deterioration of existing respiratory disease.

A key element in managing the risk of exposure from staff to patients is that staff members with fever or symptoms of respiratory tract infection do not attend for work and remain off work until fully recovered for at least 48 hours. If the staff member is a suspected or confirmed COVID-19 case they will need to follow specific national guidance on exclusion from work.

In relation to the risk of transmission to patients from other patients (for example while waiting for treatment) key elements of managing that risk are addressed as follows:

- Identify all patients with new onset fever or symptoms of respiratory illness before they are due to attend the clinic (for example by telephone call or text) and defer appointments for symptomatic patients if possible. Such patients should be directed towards appropriate medical care.
- Place signage at the entrance to the clinic instructing patients to make initial contact with clinic by phone
- Ensure a further verbal check at reception to identify symptomatic patients
- Request and supervise all those attending undertaking hand hygiene

**Follow current HPSC advice to direct patients with respiratory symptoms to the appropriate medical care.**

**Environmental and administrative controls are paramount and all staff should be conscious that PPE is a last rather than first line of protection.**

### **Organisational Measures**

- For patients with dental symptoms, telephone based triage (this should be carried out by the dentist who will provide treatment if required), with a series of questions, leading to a decision for the patient to attend, or for symptoms to be managed without clinical treatment, but with follow up arranged.
- Ask parents not to bring non-appointed siblings or other people on to the premises.
- To avoid walk-in situations, use signage and answering machine messages to ensure emergency access is by scheduled appointment where possible.
- Promote hand hygiene, ensure hand sanitiser is available
- Promote respiratory hygiene and cough etiquette (signage, provide tissue and bins)
- Reduce use of waiting areas and arrange for patients to attend the surgery directly at the appointed time.
- Promote social distancing to the greatest extent possible while waiting for treatment
- Consider using the patient's own transport for waiting where appropriate.
- Ask the patient to establish phone contact on arrival to help manage attendance and check in.
- Create scheduled delays between appointments to reduce patient contacts and allow increased time for cleaning and disinfection of the surgery between patients.
- Minimise non-essential interaction (especially physical contact) between staff members and patients and between staff members.

**Continue on-going monitoring of PPE supplies.**

**Standard Precautions, in particular hand hygiene, apply to all patients at all times.**

### **Surgery Preparation**

- Keep the surgery well ventilated
- Remove non-essential items from surgeries and waiting areas
- Ensure hand sanitiser is available
- Ensure emergency drug supply is present and fully in date
- Ensure that an environmental cleaning protocol is available for cleaning and disinfection

## Clinical Measures

- Observe strict adherence to infection prevention and control standards, including dealing with clinical waste. For information, the HSE's IPC standard operating procedures are available here: <https://www.hse.ie/eng/about/who/healthwellbeing/our-priority-programmes/hcai/resources/dental>
- Review all records of scheduled patients. Consider deferral of preventive and non-urgent treatment items for patients using a treatment risk assessment based on the specific needs of each patient versus the impact of deferral of operative care.
- Minimise the time the patient is in the surgery
- Limit personnel in the treatment room to the minimum required and ensure that the door remains closed throughout
- Implement social distancing to the greatest extent possible for carers/parents, if this is expected to be difficult, the carer/parent should be given a mask to wear during treatment
- Non-essential personnel should not enter the treatment room during the procedure to address other issues.
- Discussion about treatment risk assessment should be conducted by phone and/or by reviewing patient records, before the patient enters the surgery
- Discontinue use of Cuspidors.
- In the event that it is not possible to avoid use of an aerosol generating procedure, minimise the aerosol by using rubber dam where possible and/or absorbent materials, e.g. cotton rolls, damp gauze
- Minimise prolonged washing/rinsing as part of treatments.
- Use high volume suction during all procedures to reduce aerosol.