

Red Alert Phase

A dental red alert phase will be initiated at the point when social distancing measures need to be adhered to, when the spread of Coronavirus is increasing and/or widespread and routine dental services cannot be maintained due to risk or resources.

Aims:

The aim of this phase is the delivery of core urgent/emergency dental services only.

This will involve merging the available local resources to support emergency/urgent dental sites, working across conventional Health Board and CDS/GDS/HDS divides to:

- Stop the delivery of routine and non-essential dental care for patients;
- Deliver emergency/urgent care to patients with suspected or confirmed Coronavirus at designated emergency/urgent dental care treatment centres;
- Deliver advice, wherever possible remotely, to patients without Coronavirus at sites for non-infected patients i.e. open dental practice sites;
- Minimise transmission of Coronavirus for all dental procedures by stopping all routine activity, eliminating aerosol generating procedures in primary care other than in designated Urgent centres (and in the centres continue to try to avoid wherever possible);
- The use of recommended personal protective equipment and decontamination i.e. FFP3 is available to dental teams providing care in the Urgent/Emergency dental care centres.

Key points

Emergency/Urgent Dental Services

- Centres for emergency dental/urgent services should be in place in all Health Boards for non-infected and infected patients;
- Practices should stop providing all non-emergency/urgent dental treatment.
- Patients with emergency/urgent dental conditions should be telephone triaged and directed to treatment sites but only if absolutely necessary;
- Emergency/urgent dental patients with confirmed or suspected Coronavirus or who are required to self-isolate because of possible exposure (e.g. living with a suspected case) should be treated at designated Coronavirus emergency/urgent dental care site;
- Emergency/urgent dental patients without Coronavirus should be triaged and assessed at a site designated for non-infected patients i.e. dental practices open for urgent care if absolutely necessary;
- Emergency/urgent dental appointments should be made via a central booking system and designated numbers;

Action during Red Alert level

The following steps should be taken:

Dental Care

Stop all routine dental care.

Stop attendance at dental surgeries for non-emergency/non-urgent treatment.

Specific urgent dental conditions e.g. suspicious ulcers/lesions should be seen promptly, assessed and where necessary, referred via designated pathways.

Coronavirus patients with emergency/urgent dental conditions should be directed to access care at a designated Coronavirus dental centre.

Non-aerosol generating procedures should be used for emergency/urgent treatments in dental practices and clinics.

Where it is not possible to manage an emergency/ urgent dental treatment without aerosol the patient should be directed to a designated Urgent/Emergency Dental centre where FFP3, will be employed to minimise risk (appendix 2).

Measures to reduce circulating aerosol (high volume suction and time for air clearance), recommended PPE barriers and procedures for cross infection should be used for dental care.

Where there are resources to do so, dental teams may provide telephone/virtual consultations and advice for patients with non-emergency/urgent dental problems.

In cases where it is clinically appropriate, dental teams may provide telephone/virtual consultations advice and care for patients with more urgent dental problems, using clinical pathways for prescribing as required.

Dental practice teams will be asked to be available at the practice (or participate in a General Dental Practice or Health Board rota) to provide urgent/emergency dental care for patients without Coronavirus, and/or to provide telephone dental advice and if possible online consultations (for all patients) and/or to retrieve radiographs for dental emergencies seen at emergency sites.

Emergency/urgent patients who have severe conditions that cannot be treated in a primary care dental setting will need to be referred to secondary care team for care.

Dental Infection Control in the Designated Emergency/Urgent Centres

Enhanced infection control measures will be in place.

Appointments should be spaced and recommended decontamination must take place (in accordance with guidance and air clearance¹). Minimise person to person contact and ensure time allow for disinfection of surgeries and waiting areas.

Patient time in the dental surgery and should be minimised using telephone, video and remote consultations where ever possible (e.g. clinical history and consultation) in advance of being seen for care.

Where possible measures to maintain social distance and reduce contact in waiting areas should be employed e.g. patients waiting in the car and going straight into the surgery.

Ensure emergency/urgent appointments for people who are at higher risk from Coronavirus patients e.g. older people, people with health conditions that put them at risk, pregnant women

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https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/872745/Infection_prevention_and_control_guidance_for_pandemic_coronavirus.pdf

(this includes people living in institutions e.g. residential care and prisons) are spaced in time and use recommended disinfection processes before and after care as appropriate to minimise risk from aerosol.

Recommended personal protective equipment should be worn appropriate to the setting/patient group (e.g. FFP3 or well-fitting fluid resistant mask, visor, gloves and outwear in accordance with guidance for care).

Sites managing infected patients should follow all recommended decontamination procedures (in accordance with guidance¹) and should make sure everyone is fit tested and trained.

Staff Well-being

Risk assess dental staff who are in “at risk” groups e.g. elderly, pregnant² and those with health conditions³ which put them at particular risk from COVID and redeploy at-risk staff to duties without patient contact.

Ensure staff inform the practice and follow guidance on self-isolation if they or a member of their household develop symptoms⁴.

Where possible, implement measures to support staff well-being.

Record Keeping and Communication

Keep a record of absences and work carried out.

All dental teams must, wherever possible, maintain contact between the practices and dental health board teams coordinating the response, keeping up to date with the latest advice.

Ensure all essential communication reach dental staff with all teams making sure information reaches everyone.

Keep the Health Boards updated (ideally daily) if the practice is unable to remain open so that they are able to plan services for dental emergencies/urgent and redeploy staff.

Practices should collate a list of staff transferrable skills for Health Boards so that dental team members can be redeployed to support essential services which may include supporting out of hours dental services, call handling or other appropriate duties to support the NHS.

If not already done, media and public notices should be used to discourage attendance at dental surgeries.

Health boards must ensure that 111 and telephone triage are fully operational and that all of the necessary bodies have the correct telephone numbers.

² Advice on pregnant healthcare workers 21.03.2020

<https://www.rcog.org.uk/globalassets/documents/guidelines/2020-03-21-covid19-pregnancy-guidance-2118.pdf>

³ any person aged 70 or older, aged under 70 with an underlying health condition (i.e. adults who should have seasonal flu vaccination because of medical conditions)

⁴ <https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance/stay-at-home-guidance-for-households-with-possible-coronavirus-covid-19-infection>

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Appendix 1 Definitions of Urgent and Emergency Dental Care

The terms urgent and emergency dental care refer to definitions developed by the Wales Emergency Dental Care Steering Group Urgent and Emergency Dental Care definitions V10.

	Emergency	Urgent (including acute dental conditions)	Routine
Definition	Conditions that could pose a significant threat to the patient's general health unless prompt treatment is provided	A condition resulting in severe or worsening pain which is unresponsive to analgesia, or a condition that could lead to significant deterioration in a patient's oral health	Conditions requiring dental treatment but not requiring emergency or urgent care
Recommended treatment location	Typically an Emergency Department ± Oral and Maxillofacial Surgery services	Dental clinic, dental practice, or urgent dental services	Dental clinic / practice

Condition		Emergency/ urgent/routine
Bleeding	Oral bleeding which patient/carer is unable to control with self-care measures	Emergency
	Oral bleeding which responds to self-care measures in a patient with a known coagulopathy or who is receiving anticoagulation therapy	Urgent
	Oral bleeding which patient/carer is able to control with self-care measures	Routine
	Gingival bleeding	Routine
Swelling and infection	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	Emergency *to be seen by Maxillofacial Surgery
	Orofacial infection, no evidence of spreading infection or systemic involvement but likely to exacerbate systemic medical conditions	Urgent
	Orofacial swelling with no evidence of spreading infection or systemic involvement	Urgent
Pain	Severe pain, not responding to self-care and appropriate doses and timing of OTC pain relief	Urgent
	Mild to moderate pain, responds to self-care and OTC pain relief	Routine

Condition		Emergency/ urgent/routine
Dental trauma	Dental trauma associated facial/oral lacerations or suspected bone fractures	Emergency *to be seen by Maxillofacial Surgery
	Avulsed permanent tooth (if they can locate tooth)#	Urgent (acute)*
	Dental trauma, fractured permanent teeth where a substantial portion (normally a third or more) of the tooth has been lost#	Urgent
	Dental trauma, mobile or displaced deciduous or permanent teeth	Urgent
	Avulsed deciduous tooth (generally children 4 years of age and under)#	Urgent
	Dental trauma, no fracture or only a small chip#	Routine
Fractured, loose or displaced restorations	Fractured, loose or displaced restorations; crowns, post-crown, bridges or veneers - severe pain, not responding to self-care and OTC pain relief	Urgent
	Fractured, loose or displaced crowns, post-crown, bridges or veneers - mild to moderate pain, responds to self-care and OTC pain relief	Routine
	Fractured, loose or displaced restorations, crowns, post-crown, bridges or veneers - no pain	Routine
Other	Dislocated lower jaw	Emergency *to be seen by Maxillofacial Surgery
	Oromucosal ulceration (>2 weeks duration (or with suspicious symptoms?))	Urgent
	Oromucosal ulceration (<2 weeks duration)	Routine
	Broken, fractured or loose fitting fixed orthodontic appliances causing soft tissue trauma or that could otherwise lead to deterioration in a patient's oral health that is not amenable to self-care measures	Urgent
	Fractured, loose fitting or lost dental appliances such as dentures or removable orthodontic appliance	Routine

Source: Wales Urgent and Emergency Dental Care Steering Group Urgent and Emergency Dental Care definitions V10 - *Dr Anwen Cope and Dr Nigel Monaghan*

Appendix 2: Useful information

Aerosols are generated in routine dental procedures and though patient behaviours (coughing and sneezing). Measures should be taken to reduce minimise the risks of transmission of Coronavirus associated with aerosols from all dental procedures.

Principles

- Avoid all aerosol generating procedures.
- Where aerosol generating procedures (AGPs) cannot be avoided take it is essential to take measures/ employ techniques to reduce amount, duration and contamination of aerosol
- It is essential to use recommended personal protective equipment PPE and ensure face protection (e.g. FFP3 mask and visor and appropriate outer garments) when generating aerosols⁵.
- Employ measures to remove aerosols which are generated, in particular four-handed dentistry and high-volume suction.
- Decontamination of the environment must be carried out following recommended decontamination procedures and timings (allowing time for air clearance)¹.

Aerosol Generating Procedures

- Handpieces (turbine);
- Air abrasion;
- Ultrasonic Scaler;
- Air polishing;
- Slow speed handpiece polishing and brushing;
- 3 in 1 syringe.

Some non-aerosol generating procedures may increase the risk of aerosol (e.g. stimulate gag reflexes, saliva, sneezing and coughing) and should be either undertaken with additional care or alternatives considered e.g. using extraoral instead of intraoral radiographs

Procedures that are not considered to be aerosol generating procedures⁶:

- Examinations;
- Handscaling with suction;
- Non-surgical extractions;
- Removal of caries using hand excavation or, if necessary, slow-speed handpiece.

⁵https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/874310/PHE_11606_When_to_use_face_mask_or_FFP3_02.pdf

⁶ <https://www.yumpu.com/en/document/read/63158133/aerosol-generating-procedures-v2>

Measures to reduce aerosols

Technique/ measure	Recommendation
High volume suction	Essential
Personal protection PPE: Face masks, visors, gloves and protective outwear in accordance with guidance ¹ .	Essential
Time and procedures for decontamination and air change between patients as per guidance ¹	Essential
Using 4 handed techniques for dentistry	Strongly recommended
Reduce any unnecessary use of and time spent on procedures that may generate aerosol	Strongly recommended
Dry field operating (rubber dam*, cotton wool rolls)	Recommended where clinically appropriate
Alternate procedures to reduce aerosol use via handpieces (e.g. ART. chemotherapeutic caries removal)	Recommended as an option where clinically appropriate
Resorbable sutures	Recommended as an option where clinically appropriate to reduce clinical contact
Extraoral radiographs	Recommended as an alternative to intraoral radiographs
Pre-procedural mouthrinse	Hydrogen peroxide mouth rise suggested to reduce amount of virus in aerosol (but evidence not clear the extent of this for COVID)

*Rubber Dam in combination with high volume saliva ejectors can significantly reduce the microbiological load in aerosol. Pre-treatment disinfection swabbing of isolated teeth isolated with rubber dam may also reduce the viral aerosol load.

Source: Rapid review of evidence of Aerosols in Dentistry

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