



Recommendations for Restorative Dentistry, Prosthodontics, Endodontics and Periodontics during COVID-19 pandemic

2020

1. Scope of document

This document provides advice and guidance for the triage, assessment and provision of Restorative Dental Care for people during the COVID-19 pandemic and is intended for use by dental professionals working in England.

Relevant guidance from NHS England and NHS Improvement is available at:
www.england.nhs.uk/coronavirus/primary-care/

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 analgesia and antimicrobials where appropriate (www.england.nhs.uk/coronavirus/publication/preparedness-letters-for-dental-care/). The dentist carrying out the telephone triage should arrange an appointment for a face to face assessment if required. The assessment will take place in designated urgent care hubs.
- » 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 Restorative Dental care:

- » Oro-facial swelling that is significant or worsening and not responding to antibiotics
- » Severe dental pain (symptomatic irreversible pulpitis) not responding to self-care and appropriate use of OTC pain relief
- » Acute dental trauma resulting in avulsion, fracture involving the pulp, tooth mobility or displacement of a permanent tooth
- » Acute apical periodontitis, acute apical abscess, or lateral endodontic abscess not responding to antibiotics

- » Acute periodontal abscess not responding to antibiotics
- » Fractured, loose or displaced restorations including implant retained restorations associated with severe pain or traumatic ulceration that has not responded to self-care or OTC pain relief, or where there is a risk of inhalation.

The process is summarised by the amended SDCEP urgent care flow chart:

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

With any patient it is necessary to establish their medical history as any underlying medical conditions may exacerbate the situation. In these cases earlier review or attendance may be necessary compared with healthy individuals.

4. Additional Notes on Restorative Dental care

Many restorative interventions involve aerosol generations procedures (AGPs) and these should be avoided where at all possible.

Where an AGP is considered essential for the urgent care of a patient, for example in the management of an acute symptomatic irreversible pulpitis, the appropriate PPE and infection control protocols for COVID-19 must be observed. These are available on the following link:

www.england.nhs.uk/coronavirus/publication/preparedness-letters-for-dental-care/

More detailed advice on the management of urgent Endodontic conditions can be found on the following link:

<https://britishendodonticsociety.org.uk/>

The development and production of this guideline was led by Dr Sophie Watkins on behalf of The British Society for Restorative Dentistry; Dr Sanjeev Bhandari on behalf of the British Endodontic Society; Dr M Garrett on behalf of the Faculty of Dental Surgery at the Royal College of Surgeons of England; and Martin Ashley, Chairman, RD-UK.