



Royal College
of Surgeons
FACULTY OF DENTAL SURGERY

Recommendations for Orthodontics during the recovery phase of the COVID-19 pandemic

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

1. Scope of document

This document provides advice and guidance to support the delivery of Orthodontics during the COVID-19 recovery and is intended for use by dental teams working in England.

2. General principles

The decision to postpone routine dental care during the COVID-19 pandemic, will inevitably have created a considerable backlog of incompletely treated dental disease in the population as a whole.

Beginning a road to recovery will require a new way of thinking. This will not be a 'return to normal'. As part of this recovery, clinicians will need to re-evaluate how services are prioritised and delivered. Relieving pain must take priority over routine dental care services, especially where environmental issues and other considerations inevitably result in fewer patients being able to be treated in the same time frame.

As we move forwards during the recovery phase of the COVID-19 pandemic, our philosophy will be to:

- Continue to adhere to the accepted local and national (eg PHE) protocols for the triage of patients with regard to their risk or likelihood of having COVID-19 infection.
- Continue to adhere to the accepted local and national (eg PHE) protocols for the triage of patients with regard to the appropriate Personal Protection Equipment.¹
- Continue to adhere to the local and national (eg PHE) policies regarding protocols for patients and attending staff when there is likely to be an Aerosol Generating Procedure (AGP).
- Provide urgent dental care following an effective system of triage and prioritisation.
- Provide a gradual return to treatment of Orthodontic patients with priority given to those patients with damaged or broken appliances.
- Reduce footfall into clinics in order to maintain social distancing, thus protecting staff and patients.
- Increase our use of health technology to deliver remote consultations and to support self-care. Please see the British Orthodontic Society advice.²
- www.bos.org.uk/Portals/0/Public/docs/Advice%20Sheets/COVID19%20FACTSHEETS/Phase%202/IT.pdf
- Provide evidence-based, lower Aerosol Generating Procedure (AGP) oral health care in preference to higher AGP care, wherever possible.
- Ensure services are accessible to all, including those who may be shielded, socially vulnerable or have safeguarding concerns.

Recommendation

- Clinical urgency must take priority over referral to treat (RTT) times. Whilst the latter remains relevant, clinical teams must be able to prioritise care on the basis of clinical urgency.

3. Management of Orthodontics

During the recent closure of Dental Services due to the COVID-19 pandemic, Orthodontic Practitioners will have been providing a mixture of telephone advice and some video assessments. This will have allowed practitioners to triage patients and collate those with a more urgent need to be seen once restrictions are lifted.

Orthodontic practitioners are advised to categorise patients according to the following sub-groups:

Emergency; there are limited situations that would qualify as an Orthodontic emergency. This would include patients suffering Dental Trauma and would be managed in association with Paediatric/Restorative Dentists. Currently these patients are being seen in Urgent Dental Centres or Maxillofacial departments and are limited in number.

It would also include patients with dislodged fixed appliances that are causing interference with normal oral function, eg a partially displaced quadhelix appliance.

Urgent; this would include patients who have reported problems with their fixed Orthodontic appliances that is causing some pain and/or oral ulceration. This might include loose Orthodontic bands or brackets, or archwires that have skewed around causing trauma to soft tissues.

Routine; the majority of patients under active Orthodontic treatment with Fixed or removable appliances. This will include most patients under active treatment that have reported no problems during this period of closure of services.

Longer-term; Including patients under review of their Orthodontic retention, growth problems or issues of tooth eruption. There is potential within this group to develop the use of video calls to reduce footfall in Orthodontic departments/practices.

Please see the related advice produced by the British Orthodontic Society;^{3,4}

www.bos.org.uk/Portals/0/Public/docs/Advice%20Sheets/COVID19%20FACTSHEETS/Phase%202/Patient%20Communication.pdf

www.bos.org.uk/Portals/0/Public/docs/Advice%20Sheets/COVID19%20FACTSHEETS/Phase%202/Planning%20for%20re-opening.pdf

4. Treatment modality

Reduction of Aerosol Generating Procedures (AGP's)

Orthodontic Practitioners are advised to try and limit the use of procedures that would lead to production of an aerosol. This will help reduce the need for level 3 PPE, and also reduce the length of appointment times leading to an increased number of patients being seen in any given clinical session.

Orthodontic Practitioners are encouraged to avoid the use of Dental handpieces and the 3 in 1 air water syringe, which cause production of an aerosol.

The British Orthodontic Society have produced excellent advice of how to reduce the production of aerosols in Orthodontic Practice, in addition to a reference table of those procedures that are considered AGP's.^{5,6}

www.bos.org.uk/Portals/0/Public/docs/Advice%20Sheets/COVID19%20FACTSHEETS/Recovery%20Phase%20Advice/AGP/AGP%20BOS%20guide%20Version%20May-21-2020.pdf

www.bos.org.uk/Portals/0/Public/docs/Advice%20Sheets/COVID19%20FACTSHEETS/Recovery%20Phase%20Advice/AGP/Table%20of%20AGP-Non%20AGP%20v7.pdf

5. Safeguarding

Remember that our responsibilities to safeguard patients continue during the pandemic and its aftermath. Be aware that our patients may be exposed to increased risks of abuse, particularly domestic abuse. If you have concerns that a patient is being abused or do not hesitate to seek further advice from usual sources. Likewise if a patient's mental health has deteriorated as a result of the pandemic restrictions to their daily life then consideration should be given to prioritise an assessment for these patients.

6. Preparation of the patient prior to face-to-face contact

These questions are the same for all dental specialties.

- Ask a patient about a history of cough, and/or fever, self-isolation and loss of taste/smell. Non-urgent treatment for patients who are displaying COVID-19 symptoms should be delayed.
- It is recommended that patients do not have a person accompanying them unless an escort is essential for support.
- Consideration should be given to history taking via digital means prior to attendance to minimise face-to-face time required in the clinic.

The British Orthodontic Society have produced an example of a pre-attendance screening questionnaire;⁷

www.bos.org.uk/Portals/0/Public/docs/Advice%20Sheets/COVID19%20FACTSHEETS/Phase%202/Pre%20Attendance%20Screening%20Questionnaire.pdf

The NHS has several digital options available for remote Consultations. Attend anywhere is just one example.⁸

<https://england.nhs.attendanywhere.com/resourcecentre/Content/Home.htm>

7. Resources to support self-care

Patients should be encouraged to perform optimal self-care in order to manage problems caused by loose bands/brackets or prominent archwires. Patients can be directed to the excellent resources on the British Orthodontic website.⁹

www.bos.org.uk/COVID19-BOS-Advice/Patients-Advice

8. Workforce issues

Undoubtedly, in the recovery phase, there will be significant workforce issues that may challenge our capacity to provide Orthodontic treatment. These may include:

- temporary/permanent reductions in the overall availability of dental team members due to shielding, self-isolating, child-care demands, or mental health considerations;
- the need to change working patterns, such as extending the working day, to compensate for less 'efficient' clinic usage than previously possible;
- the impact on undergraduate and postgraduate clinical training which will have serious longer-term implications for the workforce.

Please see the relevant British Orthodontic Society advice sheet¹⁰

www.bos.org.uk/Portals/0/Public/docs/Advice%20Sheets/COVID19%20FACTSHEETS/Phase%202/Workforce.doc.pdf

References

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