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## COVID-19 Contingency planning for containment, delay and mitigation phases For HSE Dental and Orthodontic Services

12 noon, 12<sup>th</sup> March 2020

Contingency planning for curtailment of Oral Health Services is necessary to help prevent the spread of Covid-19 and mitigate for unavailability of staff due to sickness or self-isolation and other restrictions on routine health services. The contingency planning is divided into three phases:

1. Containment phase
2. Delay phase
3. Mitigation phase

**As in all health care, patient safety and staff health and welfare are top priorities. All staff are reminded that it is essential to follow guidance on the effective use of PPE and strict adherence to infection prevention and control processes.**

**Staff are also advised to remain up to date on public health and occupational health guidance, and to report any illness by telephone to their line manager at the earliest opportunity.**

### 1. Containment phase

We are currently (12 noon, March 12<sup>th</sup>) in the containment phase of COVID-19 and the National Oral Health Office has already initiated contingency planning for early containment with updated guidance communicated to Principal Dental Surgeons, Consultant Orthodontists and appropriate Heads of Services on 6<sup>th</sup> March 2020. These measures include:

- Risk Assessment Pathway for all people attending clinics
- Guidance on Personal Protection Equipment
- Guidance for Infection Prevention and Control
- Preparedness for the possibility of a potential case/case of COVID-19 attending a clinic

#### **Guiding principles**

The guiding principles in organising and delivering services during containment are to reduce footfall, improve social distancing and to ensure the effective and efficient use of supplies of PPE.

In addition to measures contained in NOHO Guidance previously issued, the following curtailments to services should be considered as the containment phase continues:

#### **Organisational Measures**

- Confirm all appointments by phone in advance of attendance, to undertake NOHO Risk Assessment Pathway, (6<sup>th</sup> March) and give appropriate advice on attendance. Confirm all scheduled patients and their accompanying persons are well.

- Ask parents not to bring non appointed siblings. Suspend large volume assessment clinics such as orthodontic assessments and school screening examination clinics.
- Ensure all cancellations and deferrals are appropriately documented for follow-up.
- Consider emergency access by scheduled appointment only.
- Consider using patient's own transport for waiting where appropriate. Establish phone contact to manage attendance and check in.
- Reduce use of waiting areas and arrange for patients to attend the surgery directly at the appointed time.
- Create scheduled delays between appointments to reduce patient contacts and give increase time for cleaning and disinfection of the surgery between patients.
- Continue on-going monitoring of PPE supplies.

### **Clinical Measures**

- Continue strict adherence to the IPC Guideline for HSE Dental and Orthodontic Services, available here:  
<https://www.hse.ie/eng/about/who/healthwellbeing/our-priority-programmes/hcai/resources/dental/>
- Review all records of scheduled patients. Defer preventive and less urgent treatment items for all patients according to a treatment risk assessment based on specific needs of each patient versus the impact of deferral of operative care.
- Treatment risk assessment may be conducted by phone and/or reviewing patient records.
- Discontinue use of Cuspidors.
- Use high volume suction during all procedures to reduce aerosol.
- Where possible use absorbent materials to reduce the need of prolonged washing/rinsing as part of treatments.
- Ensure emergency drug supply is present and fully in date

### **Surgery Preparation**

- Remove non-essential items from surgeries and waiting areas.
- Ensure hand sanitiser is available.

## 2. Delay phase

### **Guiding principles**

The guiding principles in organising and delivering services during delay phase are to reduce footfall, improve social distancing and effective and efficient use of supplies of PPE. In addition in the delay phase, there is a clear emphasis on the deferral of non-urgent treatments and the minimisation of aerosol generating procedures.

In addition to the measures outlined in the containment phase the following measures are recommended in the delay phase:

### **Organisational Measures**

- Redeploy at-risk clinical staff to non-patient contact duties in line with Occupational Health Guidance. Check current Guidance.
- Defer all non-urgent treatment.
- Reduce scheduling of treatments to maximise social distancing.
- Minimise aerosol generation i.e. high speed drilling, use of ultrasonic scaler and three in one air syringe.
- Identify clinics that are suitable for the provision of emergency care in mitigation phase.
- Where supplies of PPE are restricted implement emergency only service.

## **Clinical Measures**

- Ensure supplies of dental materials and equipment required suitable for minimally invasive techniques such as temporisation and ART.
- Ensure supplies of dental materials and equipment required for management of the emergency presenting.
- Ensure emergency drug supply is present and fully in date

## **Preparing for mitigation phase**

- Emergency dental treatment for a known /suspected case of COVID-19 will be provided in a location which has the additional equipment required readily available in line with up to date public health guidance and in conjunction with their medical team.

## **Guidance on selection of location for case/suspected case of COVID-19 requiring emergency treatment:**

- This location will be restricted to the treatment of case/suspected case of COVID-19 patient.
- All non-COVID-19 dental emergencies must only be seen at other dental locations.
- The surgery should be readily accessible (ground floor, direct access if possible)
- The clinic should have one/two surgeries allocated to treatment of these patients.
- There must be a separate Local Decontamination Unit (LDU) present at the clinic. The LDU should ideally have a washer-disinfector in place.
- There should be adequate car parking facility at the clinic in case the patient has to wait in a car prior to being seen (minimise use of waiting areas).
- The location will have appropriate signage.

### **Additional equipment required for mitigation phase:**

- FFP2 Respirator masks and associated training
- Disposable surgical gown
- Ensure emergency drug supply is present and fully in date

### 3. Mitigation phase

#### **Guiding principles**

The mitigation phase is activated where containment is no longer effective in controlling the spread of Covid-19. The guiding principles in organising and delivering services during mitigation phase is only essential services required for the care and well-being of patients will be carried out. Following on from the approach taken in containment and delay, the clinical approach during mitigation phase should include the minimisation of clinical contact time, the avoidance of aerosol generation procedures and the deferral of non-emergency dental treatment.

In the case of oral health services and the high inherent risk posed by Covid-19, essential dental services will be defined as emergency care in the event of:

1. Trauma
2. Haemorrhage
3. Acute infection
4. Severe pain
5. Suspicious oral lesions and diseases (oral cancer)

**All routine oral health services care (dental examinations, routine orthodontics, recalls and non-essential treatments) will cease in the mitigation phase and the service will focus on providing emergency care and advice to patients.**

- The dental and orthodontic services will adopt an advanced triage of patients prior to their being scheduled for attendance for emergency operative intervention.
- Initial contact for the emergency service should be by telephone.
- Patients will be triaged by telephone against the above emergency care criteria by dentists to risk assess their specific dental needs and the impact of deferral of operative care.
- Only those patients who cannot be managed without operative care will attend the dental surgery.
- Where possible, dental emergencies with pain and/or infection should be dealt with through the optimal use of analgesia and antimicrobials. Follow-up contact will be maintained with those patients managed without operative care.
- Follow up contact should also be maintained with those patients managed with operative care.
- All contacts, conversations, prescriptions etc must be documented in the patient digital record.
- During mitigation phase the use of aerosol generating procedures must be avoided. If, in exceptional circumstances, it is essential to use aerosol generating procedures during treatment, details including clinical justification for the aerosol generating procedure must be documented.