Guidance to Dentists on the Isle of Man – 21 May 2020

NHS Dental Contractors and the Department of Health and Social Care will continue emergency dentistry provision from 21st May 2020 at two sites; the Community Dental Service (CDS) and Hillside Dental Clinic (HDC). All other dental practices will remain closed. The following guidance needs to be followed by the two dental Practices who are open.

General Guidance

Social Distancing, workplace hygiene and good hygiene practices

Practices will be expected, within their Practice premises, to adhere to the strict social distancing guidelines put in place by IOM Government. Guidance can be found here https://covid19.gov.im/general-information/social-distancing-and-good-hygiene/

Providing Treatment to patients

HDC - Treatment should be provided on the basis of emergency treatment only using an AAA approach; Advice, Analgesia and Antibiotics. Face to face treatment should be kept to a minimum and no aerosol generating procedures should be carried out. Patients who require emergency treatment involving aerosol generating procedures will be referred to CDS.

CDS – can provide emergency aerosol generating treatment with the appropriate risk assessment and personal protection equipment (PPE) in place. Patients requiring aerosol generating procedures (AGPs) must be referred to this provision until such time that different decisions are made.

Risk Assessment

The Department will carry out and document their own risk assessments in line with their insurance and regulator guidance for all elements of the Practice.

PPE

Appropriate PPE will need to be used. Practices will be able to receive PPE from the Department as this continues during this time to be a Department led service.

Specific Guidance

Dental treatments should be managed largely through the use of telephone triage and advice, and the prescription of analgesia or antimicrobials and Practices need to adopt a strict no patient walk in service.

Where required, face to face consultations can be arranged with a strict guidance on access by the patient and spacing of any appointments to avoid more than one patient being in the practice at any one time, which includes an allowance of time inbetween patients to ensure the surgeries are appropriately decontaminated. The safety of both patients and staff should be of paramount importance to contain any further spread of the virus bearing in mind that patients, although asymptomatic for Covid-19 may still be infected or infectious. Face to face consultations can be offered for the following reasons:

- Swelling of the face, neck or mouth
- Dental trauma causing change in the position of teeth, soft tissue damage and/or significant pain
- Significant bleeding
- Difficulty opening the jaw and/or swallowing
- Referral from a specialist medical practitioner for assessment or management of a patient receiving urgent medical care for medically necessary dental care
- Dental pain causing loss of sleep
- Ulcers persisting for 3 + weeks

Where a patient requires emergency hospital treatment they can be referred to the Oral Surgery Department at Noble's Hospital.

The general principles for managing dental provision will be:

- ✓ Stop and defer all routine dental treatment and care
- ✓ Ensure all members of staff observe social distancing measures with regards to symptoms and/or in contact with those with symptoms
- ✓ Ensure any vulnerable and shielded members of staff are isolated and protected
- ✓ Observe social distancing measures by minimising face-to-face patient contact
- ✓ Provide remote triage for all patients to assess risk
- ✓ Provide urgent dental care, as appropriate, avoiding AGPs
- ✓ Observe stringent infection prevention and control measures

Triage and Referral

Management of all patients should initially be through remote triage, providing advice, prescription of analgesia and antimicrobials. Any emergency treatment can be provided at HDC or CDS if appropriate.

The Practice will be evaluated against the Quality Assurance declaration and the appropriate operating procedures will be put in place for the safe management of patients and staff with regard to appointment times, patient access and infection Control Standards (HTM01-05). Practices will:

1. Establish itself as a remote urgent dental care service – a no patient walk in service.
2. Adopt a full triage-first model that supports the management of patients with urgent dental needs remotely where possible. This should be the first point of access by all patients. In practice, this means using telephone, video and online consultation technology.
   For further information on remote triage see: BMJ article, Information Commissioner's guidance and GDC guidance
3. Undertake a **COVID-19 assessment** for all patients and provide self-isolation advice (https://covid19.gov.im/) to those with the following:

- a temperature of more than 37.8C (100F)
- OR, a new and persistent cough - this means coughing a lot for more than an hour, or 3 or more coughing episodes in 24 hours (if you usually have a cough, it may be worse than usual)
- OR, anosmia – this is the loss of or a change in your normal sense of smell. It can also affect your sense of taste as the two are closely linked

   a. Determine if patient is within vulnerable or shielded group or is self-isolating[1]
   b. Obtain relevant medical history
   c. Ask every patient if they are a smoker and advise that the Chief Medical Officer of England has highlighted that smokers are at increased risk from COVID-19, with the infection being more likely to last longer and be more severe.

4. During remote triage[2] and wherever possible, offer patients the following in the first instance:

[1] Should a patient be classed as vulnerable or shielding steps should be taken if the patient requires a face to face consultation to ensure consultations are at a time when patients will not cross paths with each other whilst at the practice – an appointment early in the day prior to other patients having accessed the practice

- Advice
- Analgesia
- Antimicrobial where appropriate (patient to designate pharmacy for collection)

5. Make safe arrangements for patients to collect any prescriptions, or assisting with getting medications to a patient if they are unable to collect their prescription themselves (or have someone collect it on their behalf).
6. Advise patients that treatment options are severely restricted at this time and to call back in 48-72 hours if their symptoms have not resolved.
7. Refer patients to the CDS if dental conditions cannot be managed by the patient and requires emergency or urgent dental care (other than non-AGPs such as tooth extractions).
8. Keep appropriate records of all patient contacts, including care management and onward referrals.
9. Ensure any onward referrals are made via the appropriate electronic referral template to CDS. This will require patient details, medical history, medications and COVID-19 status plus the presenting complaint, diagnosis and treatment request. Appropriate radiographs and photographs can also be added to the referral.
10. Ensure, if face to face consultations take place at the practice, that strict decontamination policies have been followed and adhered to, before and after every patient has attended.
11. Ensure all dentists and nurses are equipped with the appropriate and correct PPE if undertaking any face to face consultations.
12. Put a system in place to ensure, on arrival for a face to face consultation, patients are met at the practice entrance and led straight into the surgery. The patient should also be met on completion of their treatment and escorted out.
13. In addition, HTM01-05 and NICE guidance on infection prevention and control measures should be used by all staff, in all settings, always, for all patients.

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[2] Useful information regarding triaging can be found in **SDEP: Management of Acute Dental Problems During COVID-19 Pandemic (2020)**

Guidance produced 21st May 2020