

## **COVID-19 Dental FAQs: Updated 25th March 2020**

### **Professional Guidance**

**Q: The advice in regards to COVID-19 seems to be changing regularly. Where can I receive the most up to date guidance?**

A: Correspondence is sent to your HSCNI email accounts and uploaded to the BSO Dental COVID-19 webpage which is updated regularly at <http://www.hscbusiness.hscni.net/services/3111.htm>

**Q: What if I am absent from the practice and cannot access my HSCNI email?**

A: The HSCB cannot add personal email addresses to the global distribution list. Advice is published onto the [BSO Dental COVID webpage](#) which should be checked every day even if you are not working. Procedures should also be considered in regards to other staff accessing your HSCNI account on your behalf during any absence and forwarding any communication. The Business Continuity Plan is also requesting contact numbers for all GDPs.

### **COVID-19 Case Definition**

**Q: The advice in regards to self-isolation has changed. How does this impact the patients who can be seen in my practice?**

A: The most up to date advice for the public is available [here](#). These patients should not be seen in your practice.

**Q: Which patients can I see in my practice?**

A: Non-COVID patients but only in an emergency.

**Q: What about patients who have completed their 7 or 14 days of self-isolation?**

A: These patients can be seen if necessary in an emergency.

**Q: What about patients in vulnerable groups who have been advised to socially distance or shield themselves?**

A: These patients can be seen but only in an emergency.

**Q: What about patients who have travelled from an infected area?**

A: The previous advice in relation to people travelling no longer applies.

### **Care and Treatment**

**Q: What care and treatment can I provide in my practice?**

A: Urgent and emergency care to non-COVID patients.

**Q: What is urgent and emergency care and treatment?**

A: Emergency care and treatment includes treatment of dental trauma,

uncontrollable bleeding, spreading infection, and severe pain that has not responded to over-the-counter analgesics. Urgent care may include treatment that, in the opinion of the dental practitioner, is necessary to prevent a significant deterioration of the patient's oral condition. When providing urgent or emergency care, treatment should be restricted to that which is required to address the presenting complaint and **not include an AGP**.

**Q: What operative treatment can be provided?**

**A:** Treatment should be restricted to urgent and emergency care and treatment in non-COVID patients. Aerosol generating procedures should **NOT** be provided. (Please refer to the advice letter issued 19 March 2020 available on the [BSO Dental COVID webpage](#) for advice in relation to AGPs.) If possible, advice, care and treatment (for example prescribing analgesics or anti-microbials) should be provided over the phone with patients attending only when necessary.

**Q: What about non-urgent treatment?**

**A:** Where possible advice and care and treatment should be provided over the phone. Non-urgent and routine care and treatment should be postponed.

**Q: What about emergency care to COVID patients who cannot be treated over the phone?**

**A:** Treatment Centres are being established to provide emergency care to patients who are COVID positive and/or self-isolating. Please refer to the letter issued on 23 March available on the BSO Dental COVID webpage. Further details will be shared as soon as possible.

**Q: What about non-COVID patients who require an AGP?**

**A:** These patients will also be referred to the Treatment Centres.

**Q: What about domiciliary visits?**

**A:** Emergency care may be provided in a domiciliary visit if necessary. Standard cross-infection control procedures should be followed by both the dentist and the care home. Practical arrangements should be considered to reduce contact with other residents as per advice available for domiciliary care providers and nursing and residential care providers available at <https://www.publichealth.hscni.net/news/covid-19-coronavirus>

## **Practice Management**

**Q: Should I be triaging my patients prior to them attending?**

**A: Yes.** It is recommended that all patients are triaged by a dentist to assess their COVID status and if they require urgent and emergency care. A clinical record should be made of all triage decisions. As much treatment as possible should be provided over the phone with patients attending the practice only when necessary in an emergency.

**Q: Should I close my front door?**

**A:** Practices should remain open however only patients who have been triaged by the dentist should attend the practice. "Walk-ins" should be advised to contact the

practice by telephone. Therefore it is appropriate to close the door with appropriate posters/signage for patients. A poster to assist practices is available on the BSO Dental COVID webpage. Other posters are available at <https://www.publichealth.hscni.net/publications/advice-covid-19-coronavirus>

Practice communication including phone calls, answer machine messages, text alerts, social media etc should be updated to include the most up-to-date advice to prevent potentially infectious patients attending the practice.

**Q: Does the practice need to be open during normal working hours (9-5)?**

A: A dentist should be available to triage calls, provide treatment over the phone and examine and treat patients if necessary during normal working hours.

**Q: What about the out-of-hours Emergency Dental Clinics?**

A: Practices should not refer their in-hours emergencies to the out-of-hours EDCs which are working under the same constraints as the GDS.

**Q: Should patients still be signing forms in the surgery?**

A: Practitioners may wish to record patient consent in the clinical records as an alternative to signing the appropriate claim forms. Claims for payment should be submitted as normal.

### **Medical Emergencies**

**Q: When should I advise patients to contact NHS 111?**

A: NHS 111 is now the first point of contact for symptomatic patients in regards to COVID-19. Asymptomatic patients are advised to review the [PHA](#) or UK Government website.

**Q: What if the patient appears particularly unwell?**

A: The patient should be advised to return home and contact their GP. In an emergency the patient should phone 999 and inform them of their possible COVID-19 status. If necessary, the practice should isolate the patient and phone 999.

**Q: Should I advise patients to attend the Emergency Department?**

A: No. Please refer to the previous question.

**Q: What if I have a patient in the chair and realise they meet the COVID case definition?**

A: Select a suitable and safe point to halt any treatment underway, withdraw from the room, close the door and wash your hands thoroughly with soap and water. The patient should be advised to return home, self-isolate and contact NHS 111. The surgery, and if necessary, the waiting area, should undergo a deep clean prior to being used again.

**Q: What is the requirement for premises cleaning following a suspected case?**

A: Environmental cleaning guidance is detailed in the PHE primary care guidance <https://www.gov.uk/government/publications/wn-cov-guidance-for-primary->

[care](#) Please ensure you are familiar with this guidance in advance of a potential case, and have arrangements in place whereby you are able to comply with it.

**Q: What is an isolation room? What is necessary?**

A: The isolation room is simply a room, with a door that closes, that a potentially COVID-19 patient can wait in away from anyone else in the practice while arrangements are made for that patient. The room can be used as normal prior to any use to isolate a patient and then again as normal after a deep clean. Ideally a phone may be present in the room although other means of communication can be used if necessary. A toilet should be available for anyone being isolated which must not be used by anyone else after its use by an isolated patient until a deep clean has occurred. A “support pack” may include water, tissues etc

**Q: What are the recommendations for healthcare staff who have been in contact with a possible or confirmed case?**

A: Healthcare staff should follow the same advice as patients in regards to self-isolation available at <https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance>. Healthcare workers can return to work following 7 days of self-isolation as long as they are symptom free. They do not need to be tested for COVID-19 prior to returning to work.

There is currently no need for asymptomatic healthcare workers to self-isolate.

**Q: What about pregnant healthcare workers?**

A: Guidance is being developed and will be shared in due course.

**Treatment Centres**

The below should be viewed as interim guidance.

**Q: Will I be forced to work in the Treatment centre?**

A: The HSCB will be contacting GDPs soon to determine who may be appropriate to work in the Treatment Centres

**Q: Can I bring another dentist with me rather than a dental nurse?**

A: Yes

**Q What will be available at the treatment centres?**

A: Equipment, materials and PPE will be available at the treatment centres. It is currently planned that Trust staff will be available to assist in the running of the clinics and cross-infection and decontamination.

**Q: How will indemnity and AccessNI be processed?**

A: Crown Indemnity will be provided for treatment provided in the Treatment Centres. Advice is currently being sought in regards to AccessNI and will be shared in due course.

**Financial Mitigation Package**

The DH, HSCB and BSO have received a wide range of queries in relation to the financial package. These have been collated and arrangements will be confirmed in due course. Unfortunately we have no further detail at this stage.