

Questions & Answers

Q1 What advice was sought by the Department of Health and from whom?

The Department obtained expert advice on matters concerning the impact of the COVID-19 pandemic on dental practice. This involved direct contact with a number of individual experts and organisations, who were asked to consider the particular circumstances pertaining to the dental profession and the delivery of oral healthcare.

Health Protection Surveillance Centre

The Health Protection Surveillance Centre (HPSC) is Ireland's specialist agency for the surveillance of communicable diseases. The HPSC strives to protect and improve the health of the Irish population by providing timely information and independent advice, and by carrying out disease surveillance, epidemiological investigation and related research and training.

Infection Prevention and Control Guidance for COVID-19 is published on the HPSC website. All of these documents are under constant review in the context of a rapidly evolving events. Any recommendation of change will emanate from the Clinical Expert Advisory Group of the National Public Health Emergency Group (NPHEG).

The HPSC officer who advised the Department, a Consultant in Public Health, stressed that the most pertinent information for dental professionals is contained in the document "Interim guidance for healthcare professionals in relation to the management of individuals with suspected COVID-19 infection presenting to community health care settings other than general practice". This is highlighted in the letter to registrants, as requested by the HPSC. The other information available on the HPSC website on COVID-19 was not developed specifically for the practice of dentistry. In particular, the HSE Infection Prevention and Control Lead, provided comprehensive advice to ensure all guidance issued to registrants is correct, based on evidence and reflects best practice at this time.

On the recommendation of the HPSC an overall framework is issuing to dentists rather than prescriptive advice. The advice is issuing in this way to ensure that members of the dental team are directed to the latest national advice. They also need to consider the particular circumstances of their own practices, including staff welfare, premises and patients. In all circumstances the most important protection for patients and for staff is to implement effective processes to identify patients and staff with fever or new-onset respiratory symptoms before they attend the practice or as soon as possible thereafter. Staff with fever or new-onset respiratory symptoms should not attend for work. Dental care for those patients with new onset fever or new-onset respiratory symptoms should be deferred until they have fully recovered.

Expert Advisory Group of the National Public Health Emergency Group (NPHEG)

The Expert Advisory Group considered specific concerns raised concerning personal protection equipment, aerosol transmission and treating patients who do not show symptoms. The advice is as follows:

The current advice is that it is not necessary on public health grounds to suspend dental services. With appropriate precautions the risk providing dental services to patients who have neither a fever nor respiratory symptoms is low. Based on current scientific evidence Standard Precautions for Infection Prevention and Control in dental practice, including appropriate use of surgical face masks is expected to provide a high level of protection for patients and for healthcare workers caring for patients who have neither fever nor respiratory symptoms. Routine use of respiratory masks is not considered to provide a significant reduction in risk. This is consistent with the NPHEG's advice given to other healthcare professionals who perform aerosol generating procedures on patients without fever or symptoms of respiratory tract infection.

Dental Council

The Dental Council provided advice on pertinent regulatory matters.

Q2 Dental staff work in close proximity to patients for appointment lengths frequently greater than 15 minutes. Dentists provide a range of dental treatment, some elective, some driven by patient symptoms. Patients, staff and dentists may be identified as at risk from COVID-19 from current definitions. Dentists are conscious of the potential for the community transmission of COVID-19. What safety measures are recommended?.

All healthcare workers are at risk of exposure to COVID-19 both in relation to their work and their life outside of work. The risk of infection with COVID-19 associated with their work can be managed but cannot be entirely eliminated. Dentists and the dental team must adhere to the Dental Council's infection control guidance.

A key element in managing risk is to identify all patients with symptoms of respiratory illness (e.g. if a patient reports a cough, shortness of breath or fever) before they attend the practice (for example by telephone call or text) and to defer the appointment if at all possible and to point them towards appropriate medical care.

Signage at the entrance to the practice and a further check at reception can further reduce the risk of a symptomatic patient being cared for in an unplanned way. If these processes are applied the remaining risk is that associated with the possibility of infection while delivering care to an infectious but pre-symptomatic patient. This risk is low but it is not zero.

A great many of our colleagues in all domains of healthcare are very fearful for themselves and their families with respect to COVID-19 and many would like to achieve zero risk. There is no zero risk with COVID or any of the other risks of infection associated with dental practice. What we can do is advise reasonable measures to minimise risks based on current evidence.

As with all healthcare services there is also a risk to patients from staff working in the dental practice. A key element in managing this risk is to ensure that staff with fever or symptoms of respiratory tract infection do not attend for work. If this is applied the remaining risk is that associated with the possibility of infection from a staff member delivering care while infectious but pre-symptomatic. This risk is managed by good infection prevention and control practice.

One element of the risk of infection of other patients and staff from an infectious but pre-symptomatic patient is managed by the requirement to maintain social distancing in waiting rooms and in social interaction. If staff are identified as in an "at risk" group, it is a matter for the employer to put safeguards in place for their staff and take an employer risk assessment. The risk categories that are currently applicable are available on the HSE's website. www2.hse.ie/conditions/coronavirus/at-risk-groups.html.

The Department of Health, with our HSE colleagues, is putting in place advice and support to enable you to carry out dental practice risk assessments - contact JoeJ.Mullen@hse.ie

Q3 In the current COVID-19 situation, considering the HPSC/DoH guidance of social distancing and restrictions of movements in the best interests of the population, can you confirm that dental practices remain open considering the increased potential for community transmission associated with attendance for dental care?

The requirement to maintain social distancing applies to waiting rooms and social interaction. Social distancing cannot be applied in the delivery of dental care in the surgery. The risk of infection in this setting is managed by good infection prevention and control practice including hand hygiene and appropriate use of Personal Protective Equipment.

The advice of the Health Protection Surveillance Centre (HPSC) is that there is no requirement on infection prevention and control grounds for dentists to suspend their services.

Dentists must maintain all required professional standards in line with the Dental Council codes of practice. If a patient is showing symptoms of COVID-19 [The main symptoms are cough; difficulty breathing; fever (greater than 38 degrees) or chills but patients may have other symptoms of a respiratory tract infection] or if the patient is in isolation or quarantine dentists should not undertake any dental treatment without appropriate medical advice.

The advice of the HPSC

(www.hpsc.ie/az/respiratory/coronavirus/novelcoronavirus/guidance/infectionpreventionandcontrolguidance) regarding environmental cleaning must be followed if there is concern that a possible COVID-19 patient attended the practice.

Q4 Should dentists limit provision of dental care to asymptomatic/non elective procedures?

The public health advice is that there is no need to limit treatment for patients who do not show medical symptoms, provided the risk of infection is managed with appropriate infection prevention and control practice including hand hygiene and appropriate use of Personal Protective Equipment.

Q5 Can you provide the definition of immunocompromised and what underlying illnesses are within the definitions for high risk in COVID-19?

Note that high risk in this context means that the patients are considered at high risk of developing severe disease if they become infected. It does not mean that they are more likely to be infected or more likely to be infectious.

With respect to the definition of immunocompromised, there is a useful discussion in chapter 3 of the National Immunisation Guidelines.

<https://www.hse.ie/eng/health/immunisation/hcpinfo/guidelines/>

The advice for people who are vulnerable if they contract COVID-19 is set out on the HSE website. (<https://www2.hse.ie/conditions/coronavirus/at-risk-groups.html>).

Q6 Should immunocompromised patients continue to attend for elective care at dental practices?

The public health advice is that routine dental care can be provided. As per above, high-risk relates to the risk to the patient and not to the risk they pose to others.

Q7 Can you advise at what time or for what risks dental practices should avoid certain procedures or close the practice?

Currently the public health advice is that dental practices need not be directed to avoid certain procedures or close the practice if measures to manage the risk of COVID-19 are implemented as outlined. Employers have to consider the individual risks of their own premises as well as their staff in line with the requirement to maintain social distancing. The Department of Health, with our HSE colleagues, is putting in place advice and support to enable you to carry out dental practice risk assessments. Dentists are not compelled to seek this advice or support but, if you wish to do so, please contact. JoeJ.Mullen@hse.ie

Q8 Dentists are aware of specific issues relating to the provision of dental care which are aerosol generating procedures, specifically the use of dental hand pieces (with or without water lines), ultrasonic cleaning units (associated water lines), three-in-one syringes (air and water), ultrasonic baths (small volume washing units with manual fill and drainage), and suction. Considering the

specific issues or aerosols relating to COVID-19, dentists are requesting specific advice relating to the use of these devices: Are there specific additional safety procedures to be undertaken?

The priority at present is to ensure that current best practice in managing the risk of infection in dental practice is fully adhered to. In that context, the other key measure is to identify patients with fever or symptoms of respiratory tract infection and to defer care for those patients if at all possible.

Ensuring adequate normal ventilation is important for aerosol use at all times. If a patient has no symptoms the risk of using aerosol equipment is likely to be low as long as they are adhering to the Dental Council codes of practice.

Q9 Should the use of these devices be limited at this point or at a later point of the COVID-19 management strategy?

Public health advice is that aerosol generating devices can be used as normal for all asymptomatic patients with the usual controls. Dentists will be informed if any further advice becomes available.

Q 10 Dentists are aware of the need to wear specific masks when interacting with COVID-19 patients. Anecdotal information from our medical colleagues indicates that they are using FFP2 and FFP3 masks when using suction. As many dental procedures require interaction with a patient at close distance (<1m), the issue of specification for masks used in dental practice during COVID-19 has been raised.

What type of mask should be used in dental procedures (using aerosols and without aerosols) for patients who are not currently symptomatic, as there is now presumed to be some level of asymptomatic patient vectors in the population and dentists are concerned about the potential for practices to act as spreading mechanisms?

The public health advice is that people with COVID-19 symptoms should not receive dental treatment without medical input. The HPSC recommends use of fit-tested and fit-checked FFP2 masks in association with other elements of good infection prevention and control practice when performing aerosol generating procedures such as intubation on patients with symptoms of respiratory tract infection including COVID-19. In patients who have no symptoms the HPSC recommends use of a surgical mask, (as usually used in dental practice) in association with other elements of good infection prevention and control practice when performing aerosol generating procedures such as intubation. The principles that apply in dental practice are the same.

Q 11 In the event that a decision is taken by HPSC/DoH that dental practices should no longer remain open, can you advise how this will be communicated to practices. Will advice be issued as to how dental emergencies will be managed?

The Department will continue to get advice from NPHEt to ensure that up to date guidance issues. Regularly updated information will continue to be provided on the websites of the Department of Health (www.health.gov.ie), the HPSC (www.hpsc.ie) and the HSE (www.hse.ie).

The Department of Health is developing a webpage for the dental profession on COVID-19 issues.