

CED Statement

Dentistry and patient safety during the ongoing COVID- 19 era

MAY 2022

I - INTRODUCTION

The Council of European Dentists (CED) is a European not-for-profit association which represents over 340,000 dentists across Europe. The association was established in 1961 and is now composed of 33 national dental associations from 31 European countries.

A key objective for the CED is contributing to the protection of public health and promoting high standards in dentistry and oral healthcare for European citizens. European dentists are committed to providing safe and high-quality oral care, as well as to mitigating any healthcare related risks to patients, members of the dental team and dentists themselves. The dental profession aims to minimise risks and establish an open culture of patient safety, in which practitioners can learn from their own and others' experiences.

II –IMPACT OF COVID-19 ON DENTISTRY

The global ongoing COVID-19 pandemic declared in March 2020 resulted in far-reaching implications for all sectors of our societies, including dentistry. During the early months of the pandemic, European governments introduced a range of containment measures, including local and national lockdowns, stay-at-home orders, quarantines, curfews and travel restrictions. In many EU Member States (MS), the provision of oral care was curtailed, (in some cases significantly) in the early spring of 2020 as most dentists were advised or mandated to provide emergency dental treatments only. As society and the health systems started adapting to the pandemic fluctuations and newly emerging variants, most dentists were allowed to return to normal provision of care, in some cases gradually and with some adjustments or exceptions; in most European countries this happened between mid-April and mid-May 2020 and has remained consistent ever since.

The ongoing COVID-19 pandemic is having a noticeable impact on dentistry, beyond the initial temporary suspension of routine care and prevention. Dentists are required to comply with both existing and new guidelines, and infection control protocols. This resulted in various adjustments to all aspects of their work, from triaging and scheduling patients to the use of additional personal protective equipment. There is also a requirement for more increased environmental hygiene and adequate ventilation of dental practice premises. While the safety of providing routine dental care under the conditions of COVID-19 pandemic was backed by concrete evidence (as indicated by the low number of reported cases of infections in dental offices, especially compared with other health professions), more scientific research on infection control related to dentistry is desirable for the oral health of Europeans.

During the initial stages of the pandemic the provision of oral care was severely restricted in some EU MS. This was arguably justified under the conditions of uncontrolled spread of the SARS-CoV-2 virus and the insufficient understanding about the manner of its transmission. It also created the incorrect impression that dentistry is not safe and that many dental treatments should be postponed until the end of the pandemic. Public fears were further fueled by incorrect media interpretation of national and international guidelines. The most prominent of these were the World Health Organization's (WHO) "Considerations for the provision of essential oral health services in the context of COVID-19"¹ which were reported by the media as recommending postponing routine oral healthcare in countries with community transmission of COVID-19. The media ignored the second part of the WHO advice which referred to official recommendations at national, sub-national or local level as the basis for the decision to postpone oral healthcare.

Similarly, an indiscriminate approach to aerosol generating medical procedures was also proving detrimental to reestablishing full provision of oral care. According to the WHO, aerosol generating medical procedures (AGPs) are associated with an increased risk of COVID-19 infection of the medical staffⁱⁱ. Depending on the infection situation, it was recommended to avoid these procedures if possible. However, the available statistics on the number of infected dentists appear to be significantly lower (along with the safety measures adopted by the dentists such as high vacuum aspiration, proper personal protective equipment, proper ventilation measures and strict triaging protocols) than in other health professions and indicate that AGPs in dentistry might need to be considered as fundamentally different from AGPs in medicine, contrary to the assumptions made in WHO and European Centre for Disease Prevention and Control (ECDC) reportsⁱⁱⁱ. Further research is needed on this issue, but infection control protocols and personal protective equipment routinely used by dentists already before the COVID-19 pandemic are likely to be a contributing factor.

III - CED POSITION

- Oral care, including not only urgent and essential dental treatment but also routine care such as oral health check-ups, dental cleanings and preventive treatments, should be considered as essential healthcare and should not be postponed based on COVID-19 pandemic fluctuations. Oral health is an integral part of general health and postponing oral care would have a severe negative impact on general health of our populations.
- Despite the new circumstances created by COVID-19, dentistry was proven to be safe for dental patients, members of the dental team and dentists themselves. Effective personal protective equipment (PPE) is applied to protect both the dental personnel and the patient, and appropriate disinfectants are used, to strengthen the effectiveness of the protocols followed. Particularly during the initial stages of the pandemic, dentists experienced shortages of PPE accompanied by higher prices, which still exist; efforts should be made to prevent this situation from repeating.
- The CED believes that regardless of the type and size of practice, whether private, public or university setting, the patient should receive the same standard of safe health care, especially during endemic or pandemic periods and in the process of exiting such periods. Actions aimed at improving the safety of the patients and the quality of the care provided, should be taken after considering the various medical conditions under which patients receive treatment. The risks affecting patients' safety as well as the most appropriate ways of minimizing them, may vary depending on the health conditions.
- European Dentists have always been committed to providing up-to-date, safe, high quality oral care, as well as minimizing risks related to oral care. In this perspective, a continuous upgrading of the level and strengthening the protocols related to patient safety and quality of care are a major concern of the dental profession. This is provided effectively. Additionally, a large number of dental administrative and therapeutic activities approaches have been updated and modified, in order to fully meet the required standards for safe dental services provision. These measures have increased the cost for PPE and hygiene protocols considerably for dental practices and clinics.
- To prevent transmission of COVID-19 while still providing a full range of treatments to their patients, dentists are encouraged to follow patient safety and infection prevention

clinical protocols, guidelines and recommendations at national, sub-national and local level, which take into account local epidemiological conditions, variant specificities and availability of PPE.

- Recent scientific evaluations of the European Medicines Agency (EMA) show that the benefits of the authorised vaccines are, in terms of protecting people against diseases, much greater than any potential risks of side effects which may be related to vaccines, just as to any other medicinal product. Bearing this in mind and as scientific developments in the area of combatting the pandemic keep moving forward, the testing and full vaccination of dental practice staff and patients is going to play a crucial role.
- Whereas the CED acknowledges that it is impossible to eliminate the risk posed by dental aerosols entirely, it is however possible to minimize it by the appropriate use of PPE, high volume suction and rubber dam, as well as with hygiene, disinfection, sterilization and ventilation measures.
- The CED believes that further research on AGPs in dentistry and transmission of COVID-19 is needed. This is particularly the case in the light of the evolving nature of the science and the need for dental professionals to keep up to date with the best available knowledge.
- The CED would like to stress that in order to provide a safe environment for patients and the dental team, the dental care professionals should not neglect the importance of their own good mental and physical health and self-care while working under the circumstances and protocols created by the COVID-19 pandemic, which can represent an additional burden on their mental health.
- The recommendations above are also applicable to similar public health threats.

Adopted at the CED General Meeting on 20 May 2022

ⁱWorld Health Organization (WHO), Considerations for the provision of essential oral health services in the context of COVID-19. Available here: <https://www.who.int/publications/i/item/who-2019-nCoV-oral-health-2020.1>

ⁱⁱWHO, Transmission of SARS-CoV-2: implications for infection prevention precautions. Available here: <https://www.who.int/publications/i/item/modes-of-transmission-of-virus-causing-covid-19-implications-for-ipc-precaution-recommendations>.

ⁱⁱⁱEuropean Centre for Disease Prevention and Control, COVID-19 infection prevention and control for primary care, including general practitioner practices, dental clinics and pharmacy settings. Available here <https://www.ecdc.europa.eu/en/publications-data/covid-19-infection-prevention-and-control-primary-care>.