



BOS Guide to Orthodontic Emergency Centres

Overview

The advice from the home nations CDO's is clear:

- All routine, non-urgent dental care including orthodontics should be stopped and deferred until advised otherwise.
- All practices should establish (independently or by collaboration with others) a remote urgent care service, providing telephone triage for their patients with urgent needs
- If the patient's condition cannot be managed by these means, then they will need to be referred to the appropriate part of their Local Urgent Dental Care system.

It is clear that an essential step in reducing the worldwide impact of this COVID-19 pandemic is to reduce the spread of the virus to ensure that the acute medical services can effectively treat those severely affected.

It is clear that the risk to health of patients and the whole dental team is great and therefore, currently only essential emergency orthodontic treatment should be carried out.

If there is no structure to the triage and running of these clinics they will quickly cease to function effectively.

Suggestions to help local areas manage this new service effectively.

Local Urgent Orthodontic Care Facilities (LUOCF) should be set up dependent on the available resources. They may be combined with a Local Urgent Dental Care Facility or be independent depending on the local situation.

They could be sited in an existing

Dental Practices

Community clinics

Hospitals

- They should not be available as a walk-in Casualty Clinic for orthodontic emergencies
- All patients should have been in contact with their **Orthodontic Healthcare Provider (OHP)** initially for advice and home management. Only if their OHP deems it necessary should they refer to a LUOCF
- Initial contact should be by telephone to the LUOCF triage system (this is likely to be different for different LUOCF's)
- Only acute or urgent emergencies that cannot otherwise be managed by their OHP should be offered an appointment
- They will need to be pre-booked in strictly allocated appointment slots

While staffing capacity allows, appointments should be in 30-minute slots to allow for appropriate isolating, set-up, treatment and clean down to be undertaken.

Time should be left at the end of the session for the addition of unexpected emergency referrals

At the end of the session the surgery should be “deep cleaned”.

Guidelines for Triaging

- Triaging should be done from a central point by a senior OHP
- This can be done by telephone or videocalling as available
- The referral should be made by the patients OHP

The following information should be provided if possible

- The name DoB, address, telephone number and email address of the patient
- The presenting emergency
- A current medical history including the likely COVID19 status of the patient
- Photo's of the problem if possible ([Link to BOS Advice on Video/photos](#))

Guidelines if the patient is accepted for emergency care

- Patients should be advised to either attend alone or with a single escort
- They should also be advised that their escort will be asked to sit in the patient waiting area while they are having treatment, to reduce unnecessary individual numbers in the clean clinical environment
- The minimum treatment will be carried out to alleviate pain or risk of inhalation/ingestion of orthodontic components
- No Aerosol Generating Procedures (AGP) should be undertaken for orthodontic emergencies
- Once treatment has been provided the patient should leave the LUOCF as soon as they can
- Where possible an email outlining the treatment undertaken should be sent to the referrer