

Impacts of COVID 19 on dental practices

Situation in European Countries

Italy

Since the adoption of the first Government Decree at the beginning of March, Italian dental practices have been closed, except for urgent cases. Lockdown restrictions in our country are in force until May 4th. After that date, depending on the Covid-19 contagion curve, the Government will have to decide for a further lockdown or for a phase 2 strategy. Italian dentists are getting ready for a future re-opening of their practices by working on specific risk management rules.

Denmark

Danish dental practices have – due to the Covid-19 situation – been closed for all non-urgent treatments until June 30th.

On 20 April 2020 Danish Government has allowed dental practices to operate again with immediate effect.

The Netherlands

All dental practices in the Netherlands have been closed until further notice. There is an exception for urgent treatments.

To treat non-infected patients with emergency complaints in your own practice is allowed, provided you follow all safety rules properly.

For COVID-19 patients, you are not allowed to treat them in your own practice but have to report them to the CAM (Corona Centre for Acute Oral Care).

From 22 April 2020, oral care practices in the Netherlands can resume regular oral care in a responsible and appropriate manner. This means that all oral care providers and oral care practices will follow the Corona Oral Care Guide.

Switzerland

Dental practices are prohibited from performing non-urgent examinations, treatments and therapies, until the federal ordinance is repealed.

Interventions that are notably considered as non-urgent are those:

- which can be carried out at a later date without the risk of the person concerned suffering other disadvantages than minor physical or psychological damage or disorder, or
- which are carried out, mainly or entirely, for aesthetic purposes or to improve performance or well-being.

The VKZS stresses in particular that dental hygiene and prophylaxis treatments, dental checks, caries care that do not present any imminent indication to intervene are not considered to be urgent treatments. In addition, prosthetic work and elective surgical procedures are not considered urgent and should be postponed. In the case of orthodontic treatments, only progress checks that cannot be postponed and orthodontic emergencies are allowed - active appliances are to be put in a passive and stable state.

The federal ordinance officially ends April 19 but will most likely be extended.

On 22 April 2020 the SSO (Swiss Dental Society) informed that dental practices are again open to patients from 27 April 2020 and that all dental treatments can be made. SSO -together with the Association of Cantonal Dentists of Switzerland (VKZS)- has drawn up a comprehensive protection concept that enables the resumption of clinical activities in dental practices.

Spain

The Government of Spain published Royal Decree Law 9/2020, of March 27, according to which "the centers, services and health establishments, determined by the Ministry of Health, are obliged to maintain their activity, being able to only reduce or suspend the same partially in the terms in which the competent authorities allow it".

And later, Order SND / 310/2020, of March 31, which lists the list of centers, services and health establishments that are determined to be essential, "among them are dental clinics, in emergency situations."

In accordance with these two laws, the Government has considered dental clinics to be essential services, although opening to the public is only mandatory in those cases in which the healthcare they provide is necessary to resolve those health problems that may have a unfavourable evolution if treatment is delayed. Otherwise, the opening to the public should be suspended.

The current situation is that many dental clinics remain closed and only offer emergency services.

UK

A detailed update for dentistry (NHS England) was published on 25.03.2020 - <https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/issue-3-preparedness-letter-for-primary-dental-care-25-march-2020.pdf> - which is currently being updated.

In summary, NHS England has issued updated advice for general dental practices and community dental services regarding the ongoing COVID-19 pandemic. The latest guidance more closely aligns the advice for England with that already issued to dental teams in Scotland, Wales and Northern Ireland. It states that for primary dental care services:

- 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 during usual working hours, and whenever possible treating with: Advice, Analgesia and Antimicrobial means where appropriate.
- Patients whose condition cannot be managed by these means will need to be referred to their Local Urgent Dental Care system.
- All community outreach activities such as oral health improvement programmes and dental surveys should be stopped until advised otherwise.

- The letter also sets out NHS England's arrangements for contracts and funding to provide financial support to dental practices. There are also measures in place to support the private element of dental practices, as, in reality, the majority of dental practices offer a varying mix of NHS and private treatment.

As a result of these measures demand for dental products has dropped very significantly, on a similar level to those seen across most of Europe.

Germany

The Chambers and Federations of the German Dentists (BZÄK and KZBV) in co-ordination with the federal Ministry of Health (BMG) have developed a joint package of measures to maintain dental care:

Package of measures by the dentists in Germany

Measures taken by the dental profession to maintain care

The National Association of Statutory Health Insurance Dentists (KZBV) and the Federal Chamber of Dentists (BZÄK) have developed a joint package of measures with the Statutory Health Insurance Dentist Associations of the federal states (KZVen), with which, even in times of increasing spread of SARS-CoV-2 / COVID-19, the provision of dental care in Germany is maintained. Protecting patients and practice teams from infections during dental treatment is a top priority. The aim of this package of measures is, among other things, to coordinate all measures at the federal and state levels, not least to ensure the same level of information and to avoid uncertainty among patients and practices.

The federal dental authorities agree all recommendations and measures in a joint crisis team. In addition, KZBV and BZÄK are in direct dialogue with the Federal Ministry of Health (BMG) and also in direct contact with Minister Spahn. The Chairman of the KZBV, Dr. Eßer and the President of the BZÄK, Dr. Engel is directly involved in the crisis team at the BMG and brings in the agreed recommendations and suggestions of the dentists.

In addition to recommendations for ensuring dental care while taking infection protection into account, the package of measures taken by the dentists includes a proposal for the treatment of acute emergency dental treatment for infected and quarantined patients in specialist practices and treatment centers in clinics.

Ensuring (contractual) dental care for patients without corona problems

After clarification and exclusion of special infection risks on the part of the patient, the dentist should decide together with the patient whether a planned treatment under the prevailing circumstances is really necessary or can initially be postponed. Visiting care for particularly vulnerable groups of the population, such as the elderly or people with disabilities, particularly in stationary care but also in home care, should be strictly limited to acute and emergency treatment as long as the virus epidemic persists. Insofar as dental treatments are required, they should be carried out in the practice as well as in the context of acute and emergency treatments of the visiting care, with due attention to the necessary hygiene and protective measures for the patients and the treatment team.

Emergency treatment of infected and quarantined patients

For reasons of protection against infection and the maintenance of dental care for the general public, the treatment of infected or quarantined patients in the practices should be avoided as far as possible.

Emergency care for infected and quarantined patients is to be organized according to a proposal by the KZBV via specially named clinics as dental treatment centres. This measure is intended to prevent the virus from spreading as much as possible as part of dental treatment, to reduce the risk of infection for patients and practice staff, and thus to ensure long-term care.

The BMG has taken up our suggestion that infected and quarantined people in university dental clinics, clinics with an oral and maxillofacial surgery department and clinics with a dental specialist area should be treated as necessary and expressly supports this proposal. However, the BMG as the federal authority has no possibility of ordering these clinics. The decision-making competence lies rather with the state ministries. In a letter, the BMG asked the health ministers of the federal states to order our proposal that the hospitals mentioned should act as so-called treatment centres to provide emergency care in this regard.

In the event of a dental emergency, infected or quarantined patients should first contact their family dentist or the dental emergency service by telephone to clarify the treatment options (possible postponement of treatment measures through the initiation of drug therapy or the initiation of mandatory treatment (strictest indication) also with the help of telecommunication options).

In addition, a central telephone hotline at KZVen ("Corona Number") was activated at the country level as a contact point for advice to infected and quarantined patients who have an indispensable need for dental treatment and for practices that care for such a case, which serve exclusively for the advice of this risk group and through which a pilot function is to be performed for inquiring patients and medical practices. This number should be used by the country organizations e.g. to the 116/117 office, the emergency number 112, public health offices, ministries and other authorities, emergency service centres and all dental practices in the federal states so that patients who initially contacted the above numbers can be forwarded to the appropriate office. From here, the transfer and transport of these cases to a treatment centre specified in the respective federal state by the responsible ministries, for example university dental clinics, clinics with an oral and maxillofacial surgery department and clinics with a dental specialist department, should be organized.

As long as the route of acute emergency care for the risk groups concerned via the above Clinics cannot yet be treated, such cases must take place within the framework of an emergency care that is organized at the state level.

As a result of these measures and due to the general cautiousness of the patients the demand for dental care and directly related to that, the demand for dental products has declined significantly.

First results of the BZÄK survey on the effects of the corona crisis in dental practices in Germany

Around two weeks ago, the Federal Chamber of Dentists (BZÄK) started a survey among practice owners who can fill out a short online questionnaire on the current situation of dental practices (<https://www.bzaek.de/berufsausuebung/sars-cov-2covid-19/poll.html>). An initial evaluation of the survey is now available, which is based on 2,719 questionnaires that can be evaluated.

This first mood picture shows:

- The drop in workload in the dental practice is well over 50 percent. However, the extent depends heavily on the infection situation in the various federal states in Germany.

- The reduction in practice to emergency treatment varies widely and is between 22 and 72 percent depending on the federal state. A central reason is the respective legal stipulations or the recommendations of the professional organizations in the federal states.
- Short-time work is heavily used across all federal states - between 59 and 86 percent of the practices use this means.
- The opening times were partially reduced by almost half. Accessibility is nevertheless ensured for the patients.

These results can be seen as the first mood and do not claim to be representative - if only because of the different number of participants from the federal states. Statistically reliable data are currently collected through a representative survey of the approximately 3,000 participants in the GOZ analysis. Since the participating practices also provide anonymized GOZ billing data there, changes in the provision of services and sales can be easily identified and quantified. All participating practices will be interviewed several times over the next few months, depending on the development of the situation.

<https://www.bzaek.de/goz/goz-analyse.html>

France

Since March 16th, due to the Covid-19, dental practices have been closed for all non-urgent treatments until April 15th.

In accordance with Health Regional Agency, local orders of dental surgeons organized emergency planning.

National Order of Dental Surgeons in France explained that dentists are not enough protected because of the lack of FFP2 masks.

In France, only hospitals had FFP2 masks. Then, French government decided to import a huge quantity of masks from China.

Reopening of dental practices will also depend on virology tests.

M. Macron should speak yesterday so I was waiting to answer you but he postponed his speech.

National containment has been postponed after April 15th but we don't know the date.

24 April 2020

FIDE – European Dental Industry