The challenges of remote working

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The exhortation to stay at home to comply with the current legal requirement for social distancing has put the delivery of healthcare services in an unusual position.

The Healthcare Protection (Coronavirus Restrictions) Regulations 2020, resulted in the closure of restaurants and pubs along with the limitation on individuals leaving their homes except for exercise, medical reasons, food shopping and supporting vulnerable neighbours. Whilst anyone with a job was encouraged to work from home, key workers are still allowed to travel to their place of work.

The British public has been generally compliant with the requirement to stay at home and observing the exceptions such as seeking medical assistance including dental services (Schedule 2 part 3 para 37). But what could dentists do for them if they did come out? Certainly not routine treatment which had been stopped by the UK government across all four devolved regions by 25 March 2020.

Aerosols

Saliva contains a high viral load[1] of COVID-19 with up to 1·2 × 108 infective copies/ml, which makes any aerosol generating procedure (AGP) extremely high risk. AGP is an acronym that has become increasingly familiar to dentists even if the exact list of dental procedures has never really been nailed down to everyone's satisfaction. But it certainly includes the use of an air turbine and a water spray which means that the most versatile piece of dental equipment was now consigned to a locked cupboard; sterilised, oiled and ready for release sometime in the future.

Antibiotics

Just as the dental profession had managed to reduce their use of antibiotics, they were once more required to pick up their prescription pads and provide antibiotics for pain relief over the phone without even seeing the patient face-to-face, albeit guided by decision-making flow chart or algorithm.

There has been a shift from the individual autonomy of the patient to the collective well-being of the nation. The allocation of resources is now taking precedent over an individual's right to make an autonomous decision for themselves based on a full range of options.

The moral intuition of the clinician has temporarily been transformed by the exigencies of the pandemic, effectively limiting the available patient choices to advice, analgesics and antibiotics. What can a dentist do within such restrictive parameters?

Telephone triage

Telephone triaging should preferably be done by a dentist. They are better equipped to question patients about their pain other than using those in an algorithm. Dentists have been trained to carefully notice the patient's own words, listening for relevant information to establish signs and symptoms that can help paint a clinical picture and point to a potential diagnosis.

Remote prescribing

There are several recognised bodies of opinion providing guidelines for prescribing analgesics and antibiotics. It is important to ensure that detailed clinical notes are made for the entire telephone triage conversation along with the advice, analgesics and antibiotics prescribed. Your notes should be made contemporaneously and in full. So allow yourself sufficient time to write them up before taking another call.

Review

It is equally important that patients should be given an opportunity to re-engage with the practice after the telephone triage appointment. This can be a proactive call from the practice if analgesics or antibiotics have been prescribed to check on the patient's condition; scheduling a call back after 3 to 5 days might be appropriate. Often the reassurance that a dentist is looking after them provides adequate emotional support to help the patient cope with their pain.

Urgent care treatment centres

If the three A's approach fails to manage the patient's problem, referral to an Urgent Treatment Centre will be relevant. These centres have now been established across the UK in all four countries, largely using the same standard operating procedures.

If such a referral is thought necessary, either at the telephone triage stage or subsequently at review, or if the patient re-engages with the practice, detailed notes should be made on issues such as:

- What made the referral necessary
- What advice was given
- How feasible was it for the patient to access the service
- What review arrangements were discussed?

Duty of care

You might think that that once the decision has been made to refer the patient to an urgent treatment centre your duty of care had been fulfilled. That might have been the case before the pandemic, but in the current fast-paced environment this may not be the definitive action expected of a GDP.

If patient's are referred for Urgent Treatment Centre via NHS111 or submit to a further rigorous triage they may still not be able to access face-to-face dental care. They may be referred back to general practice particularly if they are unable to travel to access the service which may be some distance away. In such circumstances, you should be prepared to start up the triage process again in the patient's best interest.

Resources

The BDA website offers comprehensive advice on Coronavirus including a template suitable for telephone triage. Visit https://bda.org/advice/Coronavirus/Pages/default.aspx

Reference

1. To K K, Tsang O T, Chik-Yan Yip C, et al. Consistent detection of 2019 novel coronavirus in saliva. *Clin Infec Dis* 2020; **361:** 1319.

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