CECDO - Provision of Emergency Oral Health Care Survey and Workshop – November 2007

Introduction

During the May 2007 meeting in Jerusalem, CECDO members agreed the need for a survey to determine how emergency oral health care was provided in their countries. A questionnaire was drafted which asked CDOs to address the following aspects of the provision of emergency oral health care in their countries:

1. Please explain whether or not there is an organised national or regional system for treating patients with emergency dental problems.
2. Explain whether or not it is the same for all patients.
3. If there is a largely private system how do those people who do not have a "routine" dentist obtain emergency care?
4. Do medical doctors and /or nurses help e.g. by providing analgesics ?
5. Are there any guidelines to classify emergencies?
6. Does either the government or dental association/chambers/orders (at either a national, regional or local level) become involved in the provision of emergency oral health care.
7. Does the dental association, order or chamber offer guidance on how dental emergencies should be covered?

At the CECDO meeting in Lisbon in November 2007, responses to the questionnaire were discussed in a workshop and a number of suggested definitions were agreed.

Results

Prior to the Lisbon meeting, 19 countries responded to this survey. They were: Austria, Cyprus, England, Germany, Hungary, Ireland, Italy, Latvia, Lithuania, Malta, Netherlands, Norway, Poland, Portugal, Scotland, Slovakia, Spain, Switzerland (Zurich), Wales.

Respondents from the majority of countries reported:

1. A legislative obligation for the national / local government / health authorities / Primary Care Trusts to make arrangements for the provision emergency care fro life threatening conditions.
2. An ethical obligation for individual dentists to arrange/care for their current patients, according to their knowledge and equipment.
3. Classifications and definitions of cases requiring urgent oral health care.
4. A definition of unscheduled primary dental care
5. A definition of Out-of-Hours (OOH) dental care (services provided outside the scheduled opening hours of a particular surgery).
6. A definition of non urgent (improper) use of OOH and related costs.

Definition of an Oral – Medical Emergency

The following definition was agreed: *Patients who require emergency care are those requiring immediate attention in order to minimise the risk of serious medical complications or prevent long-term oral complications.* Their condition usually means that they present at or are referred to

- Hospital Accident & Emergency departments/Emergency dental clinic with one or more of the following symptoms:

- Dental haemorrhage after extractions and/or dental surgical procedures that they cannot control themselves.
- Rapidly increasing / worsening facial swelling.
- Significantly increasing swelling that is causing the patient to have difficulty with breathing and/or swallowing
- Trauma including facial/oral laceration and/or dento-alveolar injuries confined to the dental arches.
- Oro-dental conditions that are likely to seriously exacerbate systemic medical conditions or have occurred in medically compromised patients.

Urgent Conditions

These were defined as: those occurring in patients who require urgent care and treatment for:

- Severe dental and facial pain not controlled by advice, self-help and over-the-counter medication.
- Acute dental and soft tissue infection (acute odontogenic infection - acute pain arising from teeth, from pulpal or periapical or soft tissue infection, such as alveolar osteitis and pericoronitis) not having a serious systemic effect.

Non urgent conditions

These were defined as those occurring in individuals who are not in pain but who access care from OOH services and present for treatment of non-urgent problems. They may include:

• Patients not in pain
• Patients with aesthetic problems (dislodged crowns and bridges)
• Patients with broken dentures
• Patients with hospital referral letters who have presented to the wrong clinic.
• Patients requiring permanent restorations
• Patients with non-traumatic problems with orthodontic appliances
• Patients who have no significant pathology
• Patients requiring a second opinion
• Patients using emergency dental services for routine care and treatment
• Patients requiring surgical extractions (wisdom teeth) who are not in pain

Best practices

From the responses to the questionnaires and the workshop discussions, a number of best practices were identified. They included:

- Local arrangements between groups of dentists to ensure that at least one was available to cover emergencies at weekends and public holidays, either for fixed fees or, in some countries with public services, free of charge to under 18 year-olds and economically deprived adults.
- 24 hour emergency phone-lines for giving advice to patients and for ensuring that patients with medical emergencies and/or urgent case were referred for immediate treatment (medical emergencies) or within 24 hours (urgent cases).
- University clinics / hospitals with a dentist on call.

- 24 hour emergency cover provided by supervised dental students at the dental schools in Brescia, Cork and Dublin.
- Call handling / triage protocols in the UK.
- Call handling/triage protocols using an evidence-based approach in Scotland (see Figure 1).
- Level two triage for phone consultation with a dentist for reassurance and reducing the need for an appointment
- Agreement with a Dental Chamber/ Association/ Council over definitions of degrees of "emergency".

Specific protocols

It was agreed that specific protocols were needed to ensure that the following groups of patients could access emergency oral health care without experiencing difficulties in so doing:

• Children with dental trauma
• Medically compromised patients
• Patients who are hospitalised
• Patients with specific access problems e.g. homeless and ethnic minority groups
• Patients who require domiciliary care
• Patients with orthodontic appliance problems

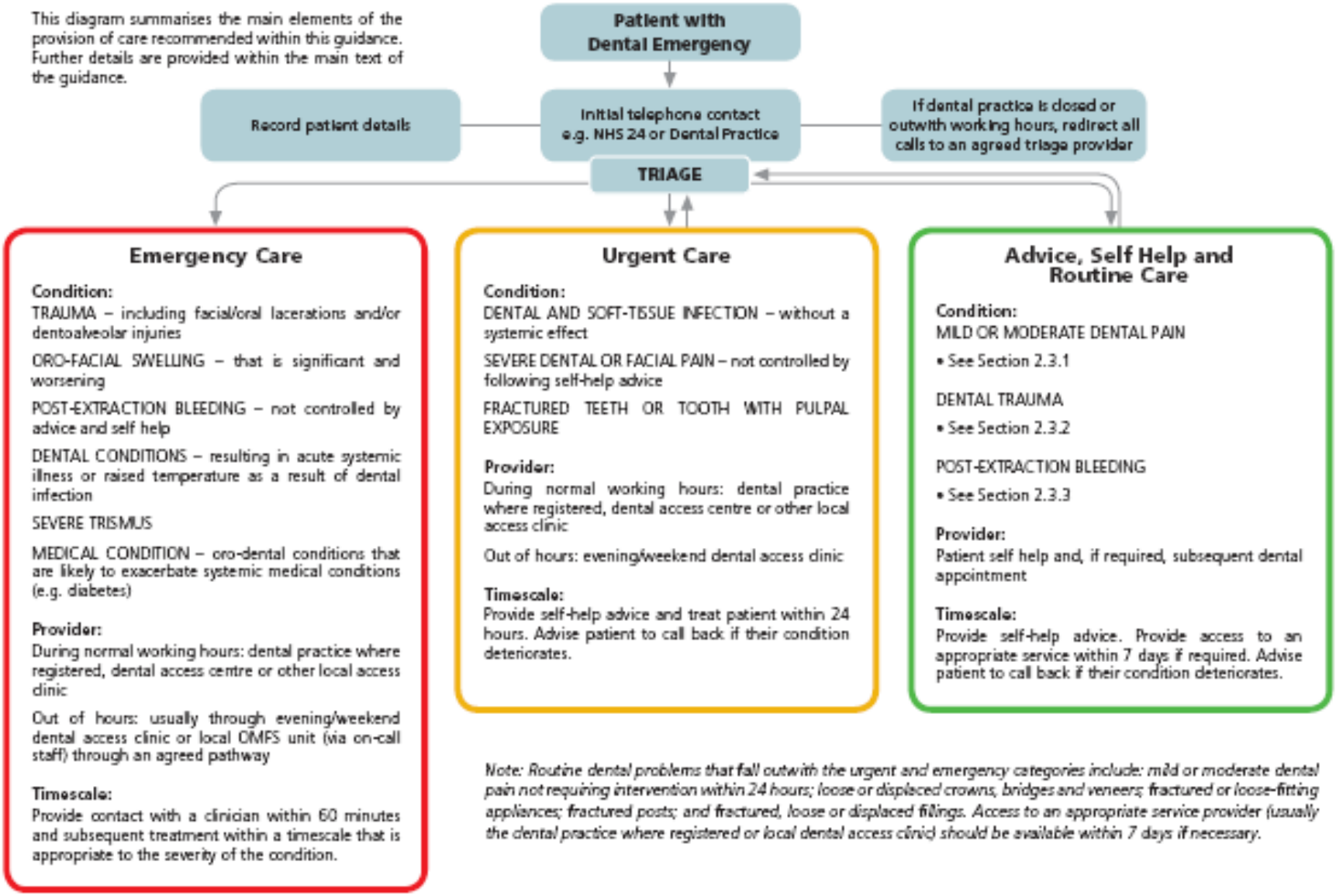
Scottish flow chart (Figure 1)

This can be viewed on the following page and is used by nurses who staff a 24 hour emergency telephone line (NHS 24) to triage patients who call.

Extracts from the Emergency Dental Care Guidelines and, in particular Figure 1, are included with the permission of the Scottish Dental Clinical Effectiveness Committee. The CECDO thank the committee for giving this permission and Margie Taylor for making the Council aware of the guidelines.

Emergency Dental Care – Overview

This diagram summarises the main elements of the provision of care recommended within this guidance. Further details are provided within the main text of the guidance.



Note: Routine dental problems that fall outwith the urgent and emergency categories include: mild or moderate dental pain not requiring intervention within 24 hours; loose or displaced crowns, bridges and veneers; fractured or loose-fitting appliances; fractured posts; and fractured, loose or displaced fillings. Access to an appropriate service provider (usually the dental practice where registered or local dental access clinic) should be available within 7 days if necessary.