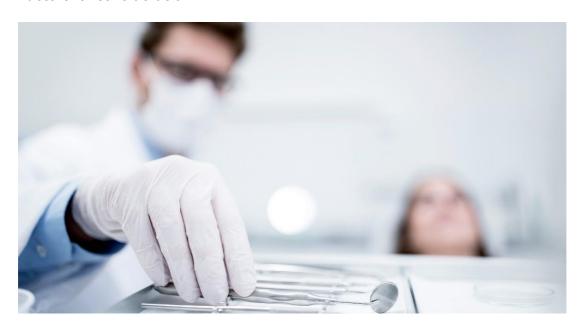


Risk Assessment COVID-19 Period

Factors for consideration



The world is currently experiencing a global pandemic that is impacting on every aspect of society, including provision of dental services. The airborne transmission of the SARS-CoV-2 virus poses new and specific challenges for risk mitigation in the dental setting. It is in particular the risk of transmission via aerosol-generating events (AGE) and procedures (AGP) that has come into focus. This has resulted in an increase in already stringent dental cross-infection precautions as well as restrictions on when and where provision of the various types of dental treatment modalities can take place.

Implant therapy is one of the dental treatment modalities that are subject to restrictions. It is traditionally regarded as elective and by its nature includes invasive, surgical treatment. It also presents with differing levels of difficulty and degrees of risk for complications in every patient case.

In the midst of the pandemic it seems logical to defer any elective, non-essential treatment. However, not proceeding with treatment can result in problems for patients or increased risk of further complications or sub-optimal outcomes. Thus there may be situations where proceeding with treatment (ensuring adequate safety precautions for the patient, practitioner and assistant) is, on balance, a better option.

This COVID-19 addendum to the SAC Classification is a living document intended to address specific potential risks associated with transmission of SARS-CoV-2 during implant therapy. It also considers the risks of not proceeding with therapy due to COVID-19 period restrictions. The full SAC Classification should be completed in a normal manner to ensure that implant risk assessment as well as identification of relevant modifying factors are addressed.

Modifying factors for COVID-19 period risk	Degree of impact on decision to commence and or continue implant therapy				
assessment	Low	Moderate	High		
Health system capability					
Alert level Response to rate of transmission (national, regional or local)	Reducing restrictions	General circulation but managed rate of transmission	Uncontrolled community transmission		
Detection National systems and procedures	Few or no active cases for > 2 weeks in the region	Some active cases and low-level community transmission. Effective test and quarantine systems	No or limited testing and tracing		
Prevention/ability to manage Health care services in place	Vaccine	Effective treatment or quarantine regimes	Material risk of healthcare services being overwhelmed		
Dental operating level Implications for extent of permitted dental services	No restrictions	Restricted, including implant therapy	Emergencies only		
Personal protective equipment (PPE) Availability of recommended PPE	Full	Restricted. Where supply is limited and prioritization of use is needed	Insufficient		
Epidemiological risk status					
COVID-19 risk Risk of COVID-19 transmission by patient with active disease	No known risk factors or symptoms	Possible recent contact with infected person and or recovering patient within last 14 days. Recent travel to known hot-spot.	Symptomatic patient +/- confirmed positive test		

Modifying factors for COVID-19 period risk	Degree of impact on decision to commence and or continue implant therapy				
assessment	Low	Moderate	High		
Patient risk status					
Age	≤ 59	60-69 with co- morbidities	≥70		
Member of an identified at-risk group Refer to local guidelines	No	Yes, for example, increased high body mass index	Complete shielding group e.g. confined to home		
Co-morbidity Refer to local guidelines	None	Non- cardiac/respiratory system problems, e.g. diabetes mellitus	Cardiac/ respiratory problems Immunocompromi sed Active cancer		
Aerosol risk					
Routine examination and maintenance Procedures, techniques and equipment that carry potential for AGP and or AGE	Examination	Investigations that could lead to coughing or gagging e.g. intraoral radiographs	Use of air-powered- water-and-powder equipment for biofilm removal		
Prosthodontic Procedures, techniques and equipment that carry potential for AGP and or AGE	Restorative procedures with no need for irrigational cleaning	Restorative procedures that could lead to coughing or gagging e.g. impressions	Restorative procedures where use of water-cooled high-speed or 3-in-1 combined air/water is unavoidable		
Surgical placement and related procedures Procedures, techniques and equipment that carry potential for AGP and or AGE	Straightforward implant placement using speed-reducing handpiece with peristaltic pump irrigation		Use of piezo surgery		

Modifying factors for COVID-19 period risk assessment	Degree of impact on decision to commence and or continue implant therapy			
	Low	Moderate	High	
Covid-19 period considerations for implant therapy ¹				
Timing of extraction Is the time point of extraction and implant placement critical to minimising risk of an adverse outcome?	No		Yes	
Urgent intra- treatment care Does the management of an intra-treatment complication require urgent attention?	No		Yes	
Prosthodontic review Requirement and timing of follow-up appointments	Not critical		Critical in event of prosthodontic complications	
Surgical review Requirement and timing of follow-up	Not critical		Critical in event of surgical complications	

appointments

 $^{^{1}}$ This section assesses the risks of not treating the patient or delaying needed treatment due to COVID-19 restrictions



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