

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

14 days. Recent travel to known hot-spot.

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

| Modifying factors for<br>COVID-19 period risk<br>assessment   | Degree of impact on decision to commence and or continue implant therapy |          |      |  |
|---|--|----------|------|--|
|   | Low  | Moderate | High |  |
| Covid-19 period considerations for implant therapy <sup>1</sup>   |  |          |      |  |
| <b>Timing of extraction</b><br>Is the time point of<br>extraction and implant<br>placement critical to<br>minimising risk of an<br>adverse outcome? | No   |          | Yes  |  |
| <b>Urgent intra-</b><br><b>treatment care</b><br>Does the management of<br>an intra-treatment<br>complication require                               | No   |          | Yes  |  |

Critical in event of prosthodontic

Critical in event of

complications

complications

surgical

urgent attention?

of follow-up

of follow-up

appointments

appointments

Surgical review

Prosthodontic review

Requirement and timing

Requirement and timing

Not critical

Not critical

<sup>&</sup>lt;sup>1</sup> This section assesses the risks of not treating the patient or delaying needed treatment due to COVID-19 restrictions



## Become a member of the ITI

The ITI is a global association of professionals in implant dentistry with almost 20,000 Fellows and Members worldwide. Our Purpose is to engage and inspire the global dental profession to strive for excellence in implant dentistry for the benefit of the patient. Our Mission is to serve the dental profession by providing a growing global network for lifelong learning in implant dentistry through comprehensive quality education and innovative research for the benefit of the patient.

| Education  | Network   | Service   |
|--|---|---|
| <ul> <li>Full access to &gt;750 e-<br/>learning modules</li> <li>Discounts on all ITI<br/>events and education<br/>programs</li> </ul> | <ul> <li>&gt;700 Study Clubs<br/>worldwide</li> <li>ITI social network</li> <li>National &amp; regional<br/>Section activities</li> <li>Membership Certificate</li> </ul> | <ul> <li>Unlimited use of SAC<br/>Assessment Tool</li> <li>Speaker toolkit</li> </ul> |

