Commonwealth Government COVID-19 Response Inquiry

Dental Health Services Victoria welcomes the opportunity to respond to the Commonwealth Government Covid-19 Response Inquiry. Our submission will refer primarily to the item on:

- Key health response measures (for example across Covid-19 vaccinations and treatments, key medical supplies such as personal protective equipment, quarantine facilities, and public health messaging).

What has been the impact on dental service disruption due to the Covid-19 pandemic?

Essential oral healthcare is critical to support good oral health and prevent deterioration of oral conditions which can lead to serious health and wellbeing consequences. However essential oral healthcare is among the preventive health services which were severely disrupted by public health measures implemented in Australia, particularly in Victoria (Hopcraft and Farmer 2021), including the Victorian school dental program, Smile Squad.

Various countries implemented 'lockdown' measures as part of the early Covid-19 pandemic response and this resulted in limiting health care services (Chiesa et al. 2021). For dentistry, there have been profound effects given that unlike most other primary healthcare services, a mask cannot be worn by patients during examination or treatment and dental services commonly produce aerosols (Nguyen et al. 2021), which have potential to create a high-risk environment for Covid-19 transmission.

From DHSV's perspective, dental settings have generally taken more stringent standard precautions described in the Australian Guidelines for the Prevention and Control of Infection in Healthcare (National Health and Medical Research Council 2019). Accepted dental practice infection control guidelines have explicit reference to 'using personal protective barriers such as gloves, ***masks***, eye protection and gowns' (Australian Dental Association 2015). i.e. the use of surgical face masks is considered routine for dental settings including undertaking non-aerosol generating procedures.

What were the gaps in national leadership for oral health and future opportunities to enable pandemic resilience for essential oral healthcare?

The absence of a Commonwealth Chief Oral Health Officer resulted in severely limited, critical, dental-specific expertise to inform a proportionate public health response for dental services. In most cases, oral healthcare was not even considered in public health advice and guidance at both national and state health department levels. Guidance that was developed was often not appropriate for the oral health sector. Limited understanding of the regulatory environment for dental settings created significant confusion and could have been improved by increased Commonwealth government leadership.

The state and territory public dental programs provided key input along with the Australian Dental Association (ADA) in developing guidance during the early phase of the Covid-19 pandemic. The ADA guidance was adopted by the National Cabinet.

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DHSV notes that not all types of dental services would be or should be considered essential, and therefore, dental restrictions on clinical practice would be appropriate for certain procedures particularly at the height of the pandemic. A global definition for essential oral healthcare is:

> 'Essential oral health care covers the most prevalent oral health problems through an agreed set of safe, quality, and cost-effective interventions at the individual and community level to promote and protect oral health, as well as prevent and treat common oral diseases, including appropriate rehabilitative services, thereby maintaining health, productivity, and quality of life.' (Benzian et al. 2021)

To adequately prepare Australia for uninterrupted essential oral healthcare for future pandemics, it is critical to have national oral health clinical leadership, that is the appointment of a Commonwealth Chief Oral Health Officer (Nguyen et al. 2023).

DHSV's role and experience in the Covid-19 pandemic response

DHSV took a leadership and advisory role in driving the public dental sector's response to the Covid-19 pandemic in Victoria, which was most impacted by the public health response. With oral health often considered an after-thought from national and state guidance, DHSV's clinical leadership group worked collaboratively with the Australian Dental Association Victorian Branch and the dental team within the Victorian Department of Health to provide leadership and advice on appropriate measures for the oral health sector.

At DHSV, the response was led by the Chief Oral Health Officer and team, comprising a core group of dental professionals. This involved ongoing review, interpretation and application of emerging evidence and local public health guidance/restrictions. This led to the development of care pathways, procedures and advice for the public dental workforce including guidelines for triage, screening processes, and patient management without aerosols.

Due to the decentralised structure of oral health services in Victoria, DHSV provided this guidance but community health services providing public oral healthcare also needed to work within their own governance structures and restrictions.

The broad areas of work covered were:

Area of work	Description
Dynamic risk-based practice procedure	DHSV developed dynamic risk-based practice guidance to support agencies in adapting and applying the hierarchy of controls to their specific circumstances to reduce Covid-19 transmission risk.
COVID care pathways for oral health	DHSV created a tiered approach to oral healthcare restrictions based on levels of broader public health restrictions. In line with Victoria's initial public health response and restrictions, DHSV's initial guidance discouraged procedural intervention to prevent transmission within clinics where possible and limited treatment to emergency care. Emergency care was expanded to urgent care, which could be undertaken with strict adherence to pre-treatment protocols. Further emerging evidence and the reduction of severely limiting statewide public health orders led to advice to gradually provide more essential services in a safe manner. Particularly as the pandemic continued, there was increasing concern about the impacts of deferred care and the potential for significant deterioration of oral health, particularly among populations at greater risk of oral disease.
Triage during	DHSV developed a pathway to triage and direct patient to the appropriate

COVID19	level of care facilities, considering self-management with clinician advice as initial step. If necessary, cases could be escalated to consult with dental specialists to ascertain if acute hospital referral was required.
Infection control guidance	Translation of health departments updates on the appropriate PPE and infection control processes for the dental context.
Royal Dental Hospital of Melbourne	A pandemic response team was set up to lead the Royal Dental Hospital of Melbourne's response to the Covid-19 pandemic. Royal Dental Hospital of Melbourne had particular circumstances which differed to community health services, which informed their response, including multi chair open space clinics.
Telehealth	DHSV rapidly established a telehealth service to support enhanced triage capability, provide oral health advice, and support public health orders to limit public movement. This included: patient initiated telehealth sessions, clinician to clinician telehealth support (including advice for diagnosis and management of serious conditions such as suspected malignant oral lesions, or life threatening oro-facial infections), and service initiated telehealth sessions. In May 2020, a patient-initiated telehealth services was launched from the Royal Dental Hospital of Melbourne. Between 1 May 2020 and 30 April 2021, 2,492 patients accessed the service.
Disease stabilisation and aerosol reduction	Aerosols are a routine part of oral health care. During the pandemic, DHSV promoted a focus on disease stabilisation of non-acute conditions and reduction of aerosol generating procedures, particularly during limited access to oral healthcare under Covid-19 restrictions. This included modification of dental procedures/ techniques to reduce aerosols, revive the use of therapeutic agents (e.g. silver diamine fluoride) that can be used without aerosols and stabilise conditions for a period.
Connecting with and supporting Victorian dental clinics statewide	The clinical leadership team provided advice to local clinicians through: - emails to a statewide senior clinician network - responding to individuals through 1:1 phone calls/emails - senior clinician/manager monthly forums - statewide clinical forums/webinars

References

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Covid-19 pandemic clinical guidance documents from DHSV are available upon request:

- Pandemic Preparedness - Dynamic Risk-based Practice.
- What constitutes a dental emergency? ADA
- Emergency Dental Care in the CDA / RDHM / Acute setting
- Emergency Care Pathway DHSV CDA Final
- COVID-19 Pandemic - Personal Protective Equipment
- Guidance for PPE for public dental healthcare workers in Vic (June 2021)
- Active Patient Management during COVID19 Wait-Lists and-Recall Final
- Model of care oral disease stabilisation during COVID-19 restrictions clinical guidelines