

1.2 Key Principles

The authors acknowledge the challenges of routine dentistry brought about by COVID – 19, including access to diagnostics, routine equipment, and the cumbersome nature of PPE for AGPs. Therefore the priorities for provision of Restorative Dentistry within NHS GGC Glasgow Dental Hospital are:

- Provide safe and effective patient care
- Optimise the time and number of exposure prone contacts for staff, patient and community safety (3)
- Protect the capacity of OMFS and other NHS services from dento-alveolar infections(4)

The following is a pragmatic approach in conjunction with a risk assessment (appendix 1) to meet these key principles.

1.3 Inclusion

Listed in order of priority

- Management of avulsion injury(6,7)
- Management of dento-alveolar fracture
- Management of severe displacement injuries affecting function
- De-novo endodontics of incisor > premolar > molar teeth for pulpal and periradicular disease
- Management of necrotising periodontal disease with pain or swelling that persists following self-help instructions
- Management of acute infection associated with implants with pain or swelling that persists following self-help instructions
- Management of previously root treated teeth

1.4 Exclusion

- Treatment of teeth with a questionable short-medium prognosis (see section 1.5)
- Unpredictable treatment that risks additional short – medium term intervention
- Endodontic treatment of second and third molars (unless last standing)
- Treatment of teeth with a draining chronic sinus
- Non urgent dental trauma concussion, subluxation, crown fractures not affecting function
- Periodontal abscesses(9,10,11)

1.5 Additional features that would suggest a questionable short - medium prognosis (5):

- Poor oral health
- Prosthodontic: Insufficient tooth structure/inadequate ferrule to allow a well-adapted restoration, deep subgingival margins, cracks/vertical root fractures. Already wearing a removable prosthesis

- Periodontal: advanced ($\geq 50\%$) bone loss, mobility (Grade I, II or III), furcation involvement
- Endodontic: Not amenable to predictable access, disinfection or **drainage** because of patient compliance, limited mouth opening, tilted teeth, canal aberration, complex anatomy, iatrogenic damage (ledge, fractured instrument, perforation)
- Occlusal: Missing adjacent teeth/non-functional tooth not in occlusion

1.6 Special considerations:

Risk assessment should be undertaken jointly by Oral Surgery and Restorative Dentistry Specialists:

- If the tooth in question is a bridge abutment, consideration should be given to surgical extraction of root, sectioning the bridge, or extraction of multiple abutment teeth.
- If extraction is contra-indicated as a result of a complex medical history (e.g. bleeding disorders, risk of osteoradionecrosis or medication related osteonecrosis of the jaw).