Statement 2 by the President
British Endodontic Society Statement on Covid-19 virus
25 March 2020

“People underestimate their capacity for change. There is never a right time to do a difficult thing.”
John Porter, 2016

Today (25th March 2020), Sara Hurley (Chief Dental Officer England) and Matt Neligan (Director of Primary Care and System Transformation) released their latest statement on the rapidly developing COVID-19 pandemic – see NHS link on BES homepage.

ALL dental care, including urgent endodontic care, will no longer be permitted in the primary and specialist dental care setting.

Practice principals will now have to perform local telephone triaging during normal working hours for:

Advice; analgesia; and antimicrobials (if appropriate)

Beyond this, if a patient cannot be managed conservatively, they will have to be referred to their Local Urgent Dental Care Centre. Details of the set-up of these centres are yet to be finalised, but will incorporate the latest evidence-based PPE and treatment protocols to ensure the safety and confidence of the staff working within this system.

To remind you, urgent endodontic conditions that should be locally triaged and referred on to the Local Urgent Dental Care centres include:

- Acute soft tissue swelling due to a localised dental abscess
- Cellulitis indicative of a worsening and spreading soft tissue bacterial infection, which could potentially compromise the patient’s airway
- Acute dental pain indicative of a symptomatic irreversible pulpitis
- Tooth fracture resulting in pulpal exposure or causing soft tissue trauma
- Dental trauma causing avulsion, intrusion, or lateral luxation injury
- Replacing temporary dressings in endodontic access cavities in patients with acute pain

Those of us in primary and specialist dental care will have to use our best professional judgment in the triaging process, and work collaboratively with our Local Urgent Dental Care system, possibly volunteering our expertise where necessary to help meet the demands imposed on this new emergency service.

The BES is working on treatment protocols for endodontic urgent care management that could be useful for clinicians that will work in the proposed LUDC centres, and we will continue to work with other professional bodies involved in planning for this emergency.
Our ongoing priority is to protect our patients, our staff, and of course ourselves from the aggressively virulent SARS-CoV-2 virus.

Please keep safe and attentive to this new change in our professional lives over this difficult time.

Best regards,

Dr Sanjeev Bhandari (President) and BES Council