

## Aerosol Generating Procedure (AGP) Referral Criteria During COVID Recovery Phases 2 & 3

These acceptance criteria have been written with reference to Phases 2 and 3 of the Scottish Government's Recovery plan for the NHS. During this period the role of the Urgent Dental Care Centres (UDCC) remains to support AGP activity for 'Management of Acute Dental Problems' (for the purpose of this document, the 2013 SDCEP guidance on this subject is more pertinent than the recent guidance that related to the acute phase of the COVID-19 pandemic response).

Every patient who is referred for an AGP needs to have a risk assessment which weighs up the treatment proposed, versus the SARS CoV2 exposure risk **prior** to acceptance.

In broad principle the UDCC will plan to undertake a single AGP for your patient and satisfactory treatment goals must be deliverable in a **single** appointment

### **Inclusion criteria** (Listed in order of priority)

#### **Trauma**

- Management of avulsion injury.
- Management of dento-alveolar fracture.
- Management of severe displacement (luxation) injuries affecting function.
- Removal of a splint used to manage trauma where this requires a high speed drill / water cooling.

#### **Endodontics**

- Opening / dress with medicament of incisor, premolar and first / second molar teeth for pulpal and periradicular disease, **for acute pain relief**, with a view to endodontics being undertaken by the referring practitioner in the future. Acceptance for an AGP will be subject to the tooth concerned being restorable.

#### **Periodontontics**

- 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.

#### **Oral Surgery**

- Failed extraction, that continues to be symptomatic despite Advise, Analgesia, Antimicrobial (AAA) therapy or dressing.
- Complex extraction or an extraction that carries risk (e.g. sinus involvement, risk of fracture of the maxillary tuberosity, inferior dental (ID) nerve proximity etc), where AAA and/or dressing of the tooth has failed, or for third molar teeth where persistent sources of infection remain that cannot be managed in any other way.

## Exclusion criteria

- **Treatment of teeth with a questionable short-medium prognosis**

- Taking into consideration general oral health / oral hygiene.
- Caries extending significantly below the amelocemental junction (ACJ) or where it extends sub-gingivally making a good peripheral seal with a restoration difficult.
- A lack of tooth structure making the tooth unrestorable.
- Cracks /vertical root fractures.
- Advanced periodontitis e.g. >50% bone loss, greater than grade 1 mobility or furcation involvement.

- **Unpredictable treatment outcomes for endodontics that risks a requirement for an additional short – medium term intervention**

- Root canal anomalies or complex root canal anatomy
- Prior iatrogenic damage (e.g. instrument separation or perforation) where prognosis is poor.
- Not amenable to predictable access, disinfection or drainage because of patient compliance or limited mouth opening
- Tilted teeth making access to the pulp chamber difficult.
- Teeth with failed prior endodontic care.

- Opening / dressing of third molars, unless;

- I) extraction carries a greater risk to the patient
- II) it requires surgical intervention and opening and dressing will offer immediate relief whilst waiting for the surgical appointment from a Specialist
- III) The tooth is required for functional occlusion.

- Treatment of teeth with a draining chronic sinus.

- Non urgent dental trauma e.g. concussion, subluxation and crown fractures not affecting function.

- Periodontal abscesses.

- Unfavourable occlusion i.e. missing adjacent teeth / non-functional tooth not in occlusion.



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