

Evidence to help reopen dental services



Many dental services across the world were closed at the beginning of the COVID-19 pandemic. This was to keep patients and dental professionals safe but left a lot of people without dental care.

We collated international guidance to help policy-makers decide when and how to reopen dental services safely.

What we did



Aim

At the start of the COVID-19 pandemic, many countries implemented lockdowns or stay-at-home orders. Most dental services provided only emergency treatment so patients and dental professionals could stay safe. This left many people in pain or without access to care. As countries began to ease their lockdown restrictions, policy-makers and dental professionals wanted to know when and how best to reopen dental services. We aimed to help them make decisions informed by evidence.



Activity

Cochrane Oral Health compiled research and international guidance about COVID-19 and dental services. We developed a webpage summarising relevant guidance documents for dental care. We targeted our materials to policy-makers who needed to make decisions about how dental practices could reopen.



Collaboration

We worked with the Scottish Dental Clinical Effectiveness Programme, COVID-19 Dental Services Evidence Review Working Group, NHS Education for Scotland, the Universities of Aberdeen, Dundee and Manchester, the World Health Organization, FDI World Dental Federation, the Global Evidence Ecosystem for Oral Health and Cochrane Ear, Nose and Throat.

What we achieved

1

• We worked with others to review guidance about reopening dental practices. We used data from 16 countries. This has already been accessed more than 50,000 times. It has been referenced in a World Health Organization (WHO) briefing document.

2

• We worked with others to review guidance about the use of aerosol-generating procedures on people infected and not infected with COVID-19. This was based on data from 58 countries. We were able to include data from more countries because we made contacts rapidly as the work progressed. This guidance has already been accessed more than 15,000 times.

3

• We worked in partnership with another Cochrane Group to create three systematic reviews about using antibacterial mouthwashes.

4

• Policy-makers from many countries have told us that the reviews we produced have helped them. This includes the Chief Dental Officers from England, Scotland, Wales and Northern Ireland.

See more here:

<https://oralhealth.cochrane.org/news/covid-19-coronavirus-resources-oral-and-dental-care-team>

<https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD202002/full>

What we learnt

1

Cochrane can contribute to urgent policy decisions. We were part of a COVID-19 Dental Services Evidence Review Working Group, which helped us compile information quickly for policy-makers.

2

Cochrane's communication channels and websites are a good way of sharing information. We used our website to share evidence produced by members of our Working Group and others. Many people were already visiting our website so this was a good platform to share information with a wide audience.

3

We found that **most guidance for dental services was based on little or no research.** Highlighting this gap has helped researchers and research funders consider what to prioritize next.



Learn more

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