

Domiciliary dentistry during pandemic time: Enabling access to dental care and supporting persons with disabilities

Domiciliary dentistry (DD) delivers oral care for individuals who are confined to their homes and are unable to visit a dental clinic because of severe morbidity, mental health issues or mobility problems. Because many older people require support in their own homes, DD service provision, regulated in the United Kingdom by the Care Quality Commission, is essential for maintaining such people's health, well-being and independence within their own community.¹ People who are restricted to their own homes may have more severe and complex oral health problems than the general population, impacting their general well-being.² A particular challenge is posed by older people with severe cognitive impairment living in residential care homes,³ severely overweight people⁴ and those with severe learning disabilities who cannot leave their accommodation for various reasons. Moreover, physically disabled, immobile patients with complex comorbidities as a result of different impairments (and indeed other special care patients who use wheelchairs⁵) may face considerable difficulty in attending dental care as a result of poor accessibility, lack of availability, a local shortage of ambulance transport or a lack awareness of the available healthcare options.

As a result of the global COVID-19 disruption, accessibility has become more difficult due to limitations on the number of patients who can be seen and treated on a given day because of the need to reduce the risk of COVID-19 contraction and infection spread, and to comply with social distancing rules.⁶ Accordingly, the commissioner's efforts are focusing on improving accessibility for this group of people.⁷ This aim can be achieved by using additional service facilities such as mobile dental clinics or DD within the community setting.

While persons with special needs (including older people) are classified as clinically vulnerable, they are at higher risk of severe illness from COVID-19. Hence, the national guidelines published by the National Health Services and Public Health England underpin personalised care and provision of primary care for the most vulnerable groups in society, many of whom may be immobile and confined permanently to their home environment.^{8,9}

In the current pandemic, DD is deemed advantageous, allowing social distancing and minimising the number of people who need to be involved; hence, it might help reduce infection spread, supported by strict cross-infection control measures. Moreover, visiting a patient's house might garner more information about the patient's dietary habits and challenges in maintaining oral self-care. The clinician may have direct access to other health professionals involved

in the patient's care (ie carers, support workers and personal assistants) and maybe able to liaise with the nutritionist to deliver dietary advice directly.

By definition, DD is restricted to non-invasive dental procedures such as removable denture provision, simple restorative treatment, single tooth extractions and non-surgical periodontal therapy. Despite these limitations, it constitutes an essential part of community dental services by providing impactful urgent and emergency interventions for the most vulnerable groups in society.

The dental team are also vulnerable during the domiciliary visit, and personal safety issues must be considered.¹ For example, all visits must be pre-arranged and confirmed before the home visit appointment. A telephone call is useful to let them know about the appointment and time of arrival.

Domiciliary care requires a strict risk assessment protocol and cross-infection control measures, both of which are essential to protect both the patient and the dental team. These should be similar to those in the dental surgery, when the dental team have to work in two separate areas: a clean zone and another zone for non-clean instruments. Thus, standard cross-infection control precautions must be followed. With the COVID-19 pandemic situation, there is extra emphasis on the importance of providing DD with right personal protective equipment in order to protect the provider and extremely vulnerable people.¹⁰

A newly proposed domiciliary risk assessment tool was published for delivering safe DD by an expert consensus.¹¹ This was an e-Delphi panel, which included Chairs of Local Dental Work, Clinical Directors of the Community Dental Services in England and presidents of the three main UK Special Care Dentistry Specialty Organisations. This risk assessment tool includes 11 items, nine of which are related to hazard categories (ie external parking and access, access inside the building, dental team safety, fire and electrical, cross-infection, manual handling of patients, environmental condition inside premises, patients and others). The remaining two items are Red-Amber-Green risk ratings of the risk for the domiciliary visit and a recommended action based on the overall rating of the tool.¹¹





DD provides an essential primary oral care delivery and urgent, crucial dental interventions for the most vulnerable groups of society, with its primary aim to secure, maintain and/or stabilise oral health. This seems to be particularly valid during the global healthcare crisis due to pandemic.

CONFLICT OF INTEREST

The authors declare no conflict of interests.

ETHICAL APPROVAL

No ethical approval was required.

Hassan Abed¹ 
 Arkadiusz Dziedzic² 
 Rayan Sharka³ 
 Faisal F. Hakeem⁴ 

¹Department of Basic and Clinical Oral Sciences, Faculty of Dentistry, Umm Al-Qura University, Makkah, Saudi Arabia

²Department of Restorative Dentistry with Endodontics, Medical University of Silesia, Katowice, Poland

³Department of Oral and Maxillofacial Surgery and Diagnostic Sciences, Faculty of Dentistry, Umm Al-Qura University, Makkah, Saudi Arabia

⁴Department of Preventive Dental Sciences, Taibah University Dental College and Hospital, Madinah, Saudi Arabia

Correspondence

Hassan Abed, Department of Basic and Clinical Oral Sciences, Faculty of Dentistry, Umm Al-Qura University, Makkah, Saudi Arabia.
 Email: hhabed@uqu.edu.sa

ORCID

Hassan Abed  <https://orcid.org/0000-0003-3817-3938>
 Arkadiusz Dziedzic  <https://orcid.org/0000-0003-0022-8382>
 Rayan Sharka  <https://orcid.org/0000-0002-9475-510X>
 Faisal F. Hakeem  <https://orcid.org/0000-0003-1207-6902>

REFERENCES

1. Fiske J, Dickinson C, Boyle C, Rafique S, Burke M. *Special Care Dentistry*. Vol 42. London: Quintessence Publishing; 2019.

2. Hannah L. Oral health in care homes: the challenges. *Nurs Resident Care*. 2020;22(2):92-94.
3. McKenna G, Janssens B, Srinivasan M, Brocklehurst P, Tsakos G. Who is caring for the oral health of dependent institutionalised elderly during the COVID-19 pandemic? *Gerodontology*. 2020;37(4):315-316.
4. Abed H, Reilly D. Bariatric dentistry: managing the plus-size patient. *J Ir Dent Assoc*. 2017;63(6):333-335.
5. Rashid-Kandvani F, Nicolau B, Bedos C. Access to dental services for people using a wheelchair. *Am J Public Health*. 2015;105(11):2312-2317.
6. Picciani BLS, Bausen AG, Michalski dos Santos B, et al. The challenges of dental care provision in patients with learning disabilities and special requirements during COVID-19 pandemic. *Spec Care Dentist*. 2020;40(5):525-527.
7. Dziedzic A, Tanasiewicz M, Abed H, Dickinson C, Picciani B. Are special care dentistry services prepared for a global disruption in healthcare? A call for a wider promotion of dental conscious sedation training. *Healthcare*. 2020;8(4):419.
8. National Health Services. Personalised care and support planning. <https://www.england.nhs.uk/publication/personalised-care-and-support-planning/>. Published 2017. Accessed November 29, 2020
9. National Health Services. Guidance and standard operating procedures. General practice in the context of coronavirus (COVID-19). https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/CO485_guidance-and-standard-operating-procedures-general-practice-covid-19.pdf. Published 2020. Accessed November 27, 2020
10. National Institute for Health and Care Excellence. Oral health for adult in care homes. <https://www.nice.org.uk/guidance/ng48>. Published 2016. Accessed October 15, 2020
11. Zaidman B, Awojobi O, Lewis D, Dickinson C, Gallagher J. Development of a domiciliary dentistry risk assessment form by means of modified e-Delphi study using an expert panel. *J Disabil Oral Health*. 2021;21(4):80-88.

How to cite this article: Abed H, Dziedzic A, Sharka R, Hakeem F. Domiciliary dentistry during pandemic time: Enabling access to dental care and supporting persons with disabilities. *Gerodontology*. 2021;38:233-234. <https://doi.org/10.1111/ger.12575>