

Special Care Dentistry provision during the COVID-19 pandemic (a survey for dentists)

*Required

SECTION 1. DEMOGRAPHIC / PROFESSIONAL INFORMATION

1. In which country do you practice dentistry? *

2. Gender *

Mark only one oval.

- ☐ Male
☐ Female
☐ Non binary
☐ Other

3. Age *

Mark only one oval.

- ☐ < 30 years
☐ 30-50 years
☐ > 50 years

4. How many years have you practised dentistry? *

Mark only one oval.

- ☐ < 10 years
- ☐ 10-20 years
- ☐ > 20 years

5. Which of the following best describes the health sector that you work in? *

Mark only one oval.

- ☐ Public
- ☐ Private
- ☐ Public & Private
- ☐ Voluntary organization such as charity / religious
- ☐ Other

SECTION 2. THE COVID-19 PANDEMIC

6. To the best of your knowledge, for how many weeks did the full coronavirus lockdown period last in your country? *

Mark only one oval.

- ☐ There was no lockdown
- ☐ < 2 weeks
- ☐ 2-4 weeks
- ☐ 4-6 weeks
- ☐ 6-8 weeks
- ☐ > 8 weeks

7. Which of the following best describes the status in your country today? *

Mark only one oval.

- ☐ In my country, we have not entered full lockdown
- ☐ In my country, we are currently in full lockdown
- ☐ In my country, lockdown restrictions are easing
- ☐ In my country, restrictions have ended

8. Your COVID-19 status. Tick all that apply *

Tick all that apply.

- ☐ I have been in quarantine / self-isolation
- ☐ I have had symptoms suggesting COVID-19
- ☐ I have been tested for SARS-CoV-2
- ☐ I have had a confirmed diagnosis of COVID-19
- ☐ I have been hospitalised because of COVID-19 symptoms
- ☐ I have been tested for SARS-CoV-2 antibody titers
- ☐ I was not tested for COVID-19

9. COVID-19 status of immediate members of your dental team. Tick all that apply

Tick all that apply.

- ☐ One or more have been in quarantine / self-isolation
- ☐ One or more have had symptoms suggesting COVID-19
- ☐ One or more have been tested for SARS-CoV-2
- ☐ One or more have had a confirmed diagnosis of COVID-19
- ☐ One or more have been hospitalised because of COVID-19 symptoms
- ☐ One or more have been tested for SARS-CoV-2 antibody titers
- ☐ None of the above

10. COVID-19 status of your social contacts. Tick all that apply *

Tick all that apply.

- ☐ There was at least one confirmed case in my work centre/institution
- ☐ There was at least one confirmed case in my immediate family
- ☐ There was at least one confirmed case in my closest friends or neighbours
- ☐ None of the above

11. Which of the following best describes the change to your clinical activity since COVID 19? *

Mark only one oval.

- ☐ I have stopped all professional activity
- ☐ I have reduced professional activity to urgent care, using tele-triage only
- ☐ I have reduced professional activity to urgent care, using face-to-face and tele-triage
- ☐ I have maintained my professional activity
- ☐ I have increased my professional activity

12. Which of the following best describes the impact of National Guidance in your country on the provision of dental care during the COVID-19 pandemic? *

Mark only one oval.

- ☐ There was no National Guidance in my country
- ☐ National Guidance meant that all dental procedures were prohibited
- ☐ National Guidance meant that dental care was restricted to urgent care
- ☐ National Guidance meant that dental care was restricted to non-aerosol generating procedures
- ☐ National Guidance meant that dental care was not restricted

13. Did you feel that your National Guidance disproportionately disadvantaged special care patients during the COVID-19 pandemic? *

Mark only one oval.

- ☐ Yes
- ☐ No
- ☐ Don't know

14. If yes, briefly explain why?

15. Were you re-purposed (e.g., swabbing / tracing) or given alternative roles in the wider health and social care team? *

Mark only one oval.

- ☐ Yes
- ☐ No

16. If yes, what was this role?

17. Regarding your patients' COVID-19 status: have you treated any COVID-19 patients from the start of the pandemic up to today...Tick all that apply *

Tick all that apply.

- ☐ Confirmed cases
- ☐ Suspected cases
- ☐ Recovered cases
- ☐ Don't know
- ☐ None of the above

18. On arrival in the dental setting...Tick all that apply *

Tick all that apply.

- ☐ Only patients with a recent COVID-19 test were accepted
- ☐ Only patients with a defined time elapsed since infection were accepted
- ☐ All patients had their temperature taken
- ☐ We asked specific questions aimed at detecting COVID-19 infection
- ☐ We did not triage patients based on COVID-19 status

19. Did the COVID-19 pandemic change the kind of dental procedures that you provide? *

Mark only one oval.

- ☐ Yes
- ☐ No

20. How did the COVID-19 pandemic impact on your ability to provide care under general anesthesia or sedation? *

Mark only one oval.

- ☐ The number of sessions increased
- ☐ The number of sessions decreased
- ☐ We were unable to provide care under general anesthesia or sedation
- ☐ There were no changes
- ☐ None of the above

21. How did the COVID-19 pandemic impact your dental setting and procedures...Tick all that apply *

Tick all that apply.

- ☐ I have avoided generating aerosols at all times
- ☐ I have avoided generating aerosols whenever possible
- ☐ I have used an aerosol box shield
- ☐ I have changed the usual composition of any pre-procedural mouthrinses
- ☐ I have used high power suction whenever possible
- ☐ I have used rubber dam whenever appropriate and possible
- ☐ I have opened windows after aerosol generating procedures
- ☐ I have used additional filters or air de-contamination machines (e.g. fogging) after aerosol generating procedures
- ☐ I have altered my use of air-conditioning in the dental surgery
- ☐ I have increased the waiting time between patients to allow for cross infection control measures
- ☐ I did not undertake any dental procedures

22. Do you think that your risk of contracting COVID-19 was higher when treating special care patients than when treating the general population? *

Mark only one oval.

- ☐ Yes
- ☐ No

23. Do you think that your special care patients were more likely to contract COVID-19 in the dental surgery than the general population? *

Mark only one oval.

- ☐ Yes
- ☐ No

24. Do you think that most of your special care patients were more likely to experience severe disease if they contracted COVID-19 than the general population? *

Mark only one oval.

☐ Yes

☐ No

SECTION 3. BEFORE the covid-19 pandemic

THE WEEK BEFORE COVID-19
RESTRICTIONS

25. What digital services did you use to communicate with patients?. Tick all that apply *

THE WEEK BEFORE COVID-19 RESTRICTIONS

Tick all that apply.

- ☐ Use of personal telephone
- ☐ Use of email
- ☐ Use of social messaging (Facebook, WhatsApp, Discord...)
- ☐ Use of non-dedicated videoconferencing (Skype, Zoom, Facetime...)
- ☐ Use of a dedicated teleconsultation system
- ☐ None of the above

26. What type of dentistry did you usually provide?. Tick all that apply *

THE WEEK BEFORE COVID-19 RESTRICTIONS

Tick all that apply.

- ☐ Special Care Dentistry
- ☐ General dentistry
- ☐ Paediatric dentistry
- ☐ Oral surgery
- ☐ Implantology
- ☐ Endodontics
- ☐ Periodontics
- ☐ Prosthodontics
- ☐ Orthodontics
- ☐ Oral Medicine
- ☐ Others

27. Did you usually have regular access to services under...Tick all that apply *

THE WEEK BEFORE COVID-19 RESTRICTIONS

Tick all that apply.

- ☐ Oral conscious sedation (e.g. diazepam)
- ☐ Relative analgesia/nitrous oxide conscious sedation
- ☐ Intravenous conscious sedation (e.g. midazolam)
- ☐ Intravenous deep sedation (e.g. propofol)
- ☐ General anaesthesia
- ☐ None of the above

28. Your patients with special needs were mostly... *

THE WEEK BEFORE COVID-19 RESTRICTIONS

Mark only one oval.

- ☐ Children
- ☐ Adults
- ☐ Elderly
- ☐ All ages

29. What categories of patients with special needs (principal diagnosis) did you usually provide care for? Tick all that apply *

THE WEEK BEFORE COVID-19 RESTRICTIONS

Tick all that apply.

- ☐ Physical disability
- ☐ Intellectual / Developmental disability
- ☐ Neurological disorders
- ☐ Sensory disability
- ☐ Medically compromised patients
- ☐ Frail older adults
- ☐ Mental Health / Socially excluded
- ☐ Anxious / Phobic patients

Other: ☐ _____

30. How many patients with special needs did you usually see in a week? *

THE WEEK BEFORE COVID-19 RESTRICTIONS

Mark only one oval.

- ☐ None
- ☐ 1-10 patients
- ☐ 11-20 patients
- ☐ 21-30 patients
- ☐ 31-40 patients
- ☐ > 40 patients

31. Did you offer domiciliary dental care? *

THE WEEK BEFORE COVID-19 RESTRICTIONS

Mark only one oval.

- ☐ Yes
- ☐ No

32. Did you find that patients were reluctant to attend for dental treatment due to fear of infection? *

THE WEEK BEFORE COVID-19 RESTRICTIONS

Mark only one oval.

☐ Yes

☐ No

33. Did you find that dental staff were reluctant to participate in the provision of dental treatment due to fear of infection? *

THE WEEK BEFORE COVID-19 RESTRICTIONS

Mark only one oval.

☐ Yes

☐ No

34. During oral exam and NON-aerosol generating dental procedures, in patients with unknown COVID-19 status, did you put on...Tick all that apply *

THE WEEK BEFORE COVID-19 RESTRICTIONS

Tick all that apply.

☐ A surgical mask

☐ A FFP2/FFP3/N95 respirator mask without a valve

☐ A FFP2/FFP3/N95 respirator mask with valve plus a surgical mask

☐ Goggles and/or a shield or visor

☐ A second pair gloves

☐ A surgical cap

☐ Disposable shoe coverings

☐ N/A

35. During aerosol generating dental procedures (AGPs), in patients with unknown COVID-19 status, did you put on...Tick all that apply *

THE WEEK BEFORE COVID-19 RESTRICTIONS

Tick all that apply.

- ☐ A surgical mask
- ☐ A FFP2/FFP3/N95 respirator mask without a valve
- ☐ A FFP2/FFP3/N95 respirator mask with valve
- ☐ Goggles and/or a shield or visor
- ☐ A second pair gloves
- ☐ A surgical cap
- ☐ Disposable shoe coverings
- ☐ I did not undertake any aerosol generating procedure
- ☐ N/A

36. Did all the clinical dental team members use similar levels of protective equipment? *

THE WEEK BEFORE COVID-19 RESTRICTIONS

Mark only one oval.

- ☐ Yes
- ☐ No
- ☐ N/A

37. . Did you have problems acquiring adequate personal protective equipment?

*

THE WEEK BEFORE COVID-19 RESTRICTIONS

Mark only one oval.

- ☐ A lot
- ☐ Some
- ☐ A little
- ☐ None

38. How confident were you that you had sufficient information to have optimal infection prevention control at work? *

THE WEEK BEFORE COVID-19 RESTRICTIONS

Mark only one oval.

- ☐ Very confident
- ☐ Confident
- ☐ Not really confident
- ☐ Not confident at all

SECTION 4. DURING the covid-19 pandemic

DURING THE EMERGENCY FULL LOCKDOWN

39. What digital services did you use to communicate with patients?. Tick all that apply *

DURING THE EMERGENCY FULL LOCKDOWN

Tick all that apply.

- ☐ Use of personal telephone
- ☐ Use of email
- ☐ Use of social messaging (Facebook, WhatsApp, Discord...)
- ☐ Use of non-dedicated videoconferencing (Skype, Zoom, Facetime...)
- ☐ Use of a dedicated teleconsultation system
- ☐ None of the above

40. What type of dentistry did you usually provide?. Tick all that apply *

DURING THE EMERGENCY FULL LOCKDOWN

Tick all that apply.

- ☐ Special Care Dentistry
- ☐ General dentistry
- ☐ Paediatric dentistry
- ☐ Oral surgery
- ☐ Implantology
- ☐ Endodontics
- ☐ Periodontics
- ☐ Prosthodontics
- ☐ Orthodontics
- ☐ Oral Medicine
- ☐ Others

41. Did you usually have regular access to services under...Tick all that apply *

DURING THE EMERGENCY FULL LOCKDOWN

Tick all that apply.

- ☐ Oral conscious sedation (e.g. diazepam)
- ☐ Relative analgesia/nitrous oxide conscious sedation
- ☐ Intravenous conscious sedation (e.g. midazolam)
- ☐ Intravenous deep sedation (e.g. propofol)
- ☐ General anaesthesia
- ☐ None of the above

42. Your patients with special needs were mostly... *

DURING THE EMERGENCY FULL LOCKDOWN

Mark only one oval.

- ☐ Children
- ☐ Adults
- ☐ Elderly
- ☐ All ages

43. What categories of patients with special needs (principal diagnosis) did you usually provide care for? Tick all that apply *

DURING THE EMERGENCY FULL LOCKDOWN

Tick all that apply.

- ☐ Physical disability
- ☐ Intellectual / Developmental disability
- ☐ Neurological disorders
- ☐ Sensory disability
- ☐ Medically compromised patients
- ☐ Frail older adults
- ☐ Mental Health / Socially excluded
- ☐ Anxious / Phobic patients

Other: ☐ _____

44. How many patients with special needs did you usually see in a week? *

DURING THE EMERGENCY FULL LOCKDOWN

Mark only one oval.

- ☐ None
- ☐ 1-10 patients
- ☐ 11-20 patients
- ☐ 21-30 patients
- ☐ 31-40 patients
- ☐ > 40 patients

45. Did you offer domiciliary dental care? *

DURING THE EMERGENCY FULL LOCKDOWN

Mark only one oval.

- ☐ Yes
- ☐ No

46. Did you find that patients were reluctant to attend for dental treatment due to fear of infection? *

DURING THE EMERGENCY FULL LOCKDOWN

Mark only one oval.

☐ Yes

☐ No

47. Did you find that dental staff were reluctant to participate in the provision of dental treatment due to fear of infection? *

DURING THE EMERGENCY FULL LOCKDOWN

Mark only one oval.

☐ Yes

☐ No

48. During oral exam and NON-aerosol generating dental procedures, in patients with unknown COVID-19 status, did you put on...Tick all that apply

DURING THE EMERGENCY FULL LOCKDOWN

Tick all that apply.

☐ A surgical mask

☐ A FFP2/FFP3/N95 respirator mask without a valve

☐ A FFP2/FFP3/N95 respirator mask with valve

☐ Goggles and/or a shield or visor

☐ A second pair gloves

☐ A surgical cap

☐ Disposable shoe coverings

☐ N/A

49. During aerosol generating dental procedures (AGPs), in patients with unknown COVID-19 status, did you put on...Tick all that apply
DURING THE EMERGENCY FULL LOCKDOWN

Tick all that apply.

- ☐ A surgical mask
- ☐ A FFP2/FFP3/N95 respirator mask without a valve
- ☐ A FFP2/FFP3/N95 respirator mask with valve
- ☐ Goggles and/or a shield or visor
- ☐ A second pair gloves
- ☐ A surgical cap
- ☐ Disposable shoe coverings
- ☐ I did not undertake any aerosol generating procedure
- ☐ N/A

50. Did all the clinical dental team members use similar levels of protective equipment? *
DURING THE EMERGENCY FULL LOCKDOWN

Mark only one oval.

- ☐ Yes
- ☐ No
- ☐ N/A

51. Did you have problems acquiring adequate personal protective equipment?
*

DURING THE EMERGENCY FULL LOCKDOWN

Mark only one oval.

- ☐ A lot
- ☐ Some
- ☐ A little
- ☐ None

52. How confident were you that you had sufficient information to have optimal infection prevention control at work? *

DURING THE EMERGENCY FULL LOCKDOWN

Mark only one oval.

- ☐ Very confident
- ☐ Confident
- ☐ Not really confident
- ☐ Not confident at all

SECTION 5. AFTER the covid-19 pandemic

53. What digital services did you use to communicate with patients?. Tick all that apply *

LAST WEEK

Tick all that apply.

- ☐ Use of personal telephone
- ☐ Use of email
- ☐ Use of social messaging (Facebook, WhatsApp, Discord...)
- ☐ Use of non-dedicated videoconferencing (Skype, Zoom, Facetime...)
- ☐ Use of a dedicated teleconsultation system
- ☐ None of the above

54. What type of dentistry did you usually provide?. Tick all that apply *

LAST WEEK

Tick all that apply.

☐ Special Care Dentistry

☐ General dentistry

☐ Paediatric dentistry

☐ Oral surgery

☐ Implantology

☐ Endodontics

☐ Periodontics

☐ Prosthodontics

☐ Orthodontics

☐ Oral Medicine

Other: ☐ _____

55. Did you usually have regular access to services under...Tick all that apply *

LAST WEEK

Tick all that apply.

☐ Oral conscious sedation (e.g. diazepam)

☐ Relative analgesia/nitrous oxide conscious sedation

☐ Intravenous conscious sedation (e.g. midazolam)

☐ Intravenous deep sedation (e.g. propofol)

☐ General anaesthesia

☐ None of the above

56. Your patients with special needs were mostly... *

LAST WEEK

Mark only one oval.

☐ Children

☐ Adults

☐ Elderly

☐ All ages

57. What categories of patients with special needs (principal diagnosis) did you usually provide care for? Tick all that apply *

LAST WEEK

Tick all that apply.

- ☐ Physical disability
- ☐ Intellectual / Developmental disability
- ☐ Neurological disorders
- ☐ Sensory disability
- ☐ Medically compromised patients
- ☐ Frail older adults
- ☐ Mental Health / Socially excluded
- ☐ Anxious / Phobic patients

Other: ☐ _____

58. How many patients with special needs did you usually see in a week? *

LAST WEEK

Mark only one oval.

- ☐ None
- ☐ 1-10 patients
- ☐ 11-20 patients
- ☐ 21-30 patients
- ☐ 31-40 patients
- ☐ > 40 patients

59. Did you offer domiciliary dental care? *

LAST WEEK

Mark only one oval.

- ☐ Yes
- ☐ No

60. Did you find that patients were reluctant to attend for dental treatment due to fear of infection? *

LAST WEEK

Mark only one oval.

☐ Yes

☐ No

61. Did you find that dental staff were reluctant to participate in the provision of dental treatment due to fear of infection? *

LAST WEEK

Mark only one oval.

☐ Yes

☐ No

62. During oral exam and NON-aerosol generating dental procedures, in patients with unknown COVID-19 status, did you put on...Tick all that apply *

LAST WEEK

Tick all that apply.

☐ A surgical mask

☐ A FFP2/FFP3/N95 respirator mask without a valve

☐ A FFP2/FFP3/N95 respirator mask with valve

☐ Goggles and/or a shield or visor

☐ A second pair gloves

☐ A surgical cap

☐ Disposable shoe coverings

☐ N/A

63. During aerosol generating dental procedures (AGPs), in patients with unknown COVID-19 status, did you put on...Tick all that apply *

LAST WEEK

Tick all that apply.

- ☐ A surgical mask
- ☐ A FFP2/FFP3/N95 respirator mask without a valve
- ☐ A FFP2/FFP3/N95 respirator mask with valve
- ☐ Goggles and/or a shield or visor
- ☐ A second pair gloves
- ☐ A surgical cap
- ☐ Disposable shoe coverings
- ☐ I did not undertake any aerosol generating procedure
- ☐ N/A

64. Did all the clinical dental team members use similar levels of protective equipment? *

LAST WEEK

Mark only one oval.

- ☐ Yes
- ☐ No
- ☐ N/A

65. Did you have problems acquiring adequate personal protective equipment?

*

LAST WEEK

Mark only one oval.

- ☐ A lot
- ☐ Some
- ☐ A little
- ☐ None

66. How confident were you that you had sufficient information to have optimal infection prevention control at work? *

LAST WEEK

Mark only one oval.

- ☐ Very confident
- ☐ Confident
- ☐ Not really confident
- ☐ Not confident at all

SECTION 6. THE SCENARIO AFTER THE COVID-19 PANDEMIC

67. In six months time, I expect that the COVID-19 pandemic will have had... *

Mark only one oval.

- ☐ A negative impact on the dental health of special care patients
- ☐ No impact on the dental health of special care patients
- ☐ A positive impact on the dental health of special care patients

68. Please explain the main reason why you think this

69. In six months time, I expect Universal Cross Infection Control measures in the dental surgery to... *

Mark only one oval.

- ☐ Be stricter than before the pandemic
- ☐ Return to pre-pandemic norms
- ☐ Be looser than before the pandemic

70. In six months time, I expect that special care dentistry... *

Mark only one oval.

- ☐ Will be more difficult to provide than before the pandemic
- ☐ Will have returned to pre-pandemic levels of provision
- ☐ Will be less difficult to access than before the pandemic

71. Please explain the main reason why you think this

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