Guidelines on Emergency Treatment

The ADA&C is providing the following information for members to use as a resource in addition to appropriate clinical judgment on making decisions to provide care for emergency treatment.

Emergency dental treatment includes treatment of oral-facial trauma, significant infection, prolonged bleeding, pain which cannot be managed by over the counter medications, or management of known/high risk malignancy.

Appropriate clinical judgment and continuity of care during this time period will allow dentists and their teams to care for patients and alleviate the burden that dental emergencies would place on hospital emergency departments. **In this context, continuity of care means that patients of record have access to their primary care provider for guidance on emergency care, including pharmacological management of pain.**

In the interest of the health and safety of both patients and providers, the following guidelines are provided.

❖ Pre-Screening via remote dental care

Patients who request treatment due to an emergency or painful condition, need to be pre-screened via remote communications to protect you, your staff and other patients from possible virus transmission. Pre-screen questions could include the following:

- COVID-19 symptoms
- COVID-19 risk factors
- Over the counter medications being taken
- Nature of the chief complaint

For more information, refer to the Guidelines on Remote Dentistry resource.

❖ Daily assessment for office/clinic staff and patients

Each office/clinic staff member must self-assess their health daily before reporting to work. They should say "No" to all the following questions:

COVID-19 Symptoms

Ask if they have *any* of the following:

- Fever > 38C
- Cough
- Sore Throat
- Shortness of Breath
- Difficulty Breathing
- Flu-like symptoms
- Runny Nose

COVID-19 Risk Factors

Ask if they have experienced *any* of the following:

- close personal contact (w/o PPE) with a suspected or lab confirmed COVID-19 patient within the past 2 weeks
- travel outside of Canada (by air, car, bus or otherwise) in the past 2 weeks

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❖ Daily Patient and Staff Consent Forms

COVID-19 Patient Consent and COVID-19 Staff Consent forms.

The intent is to ensure members receive specific COVID-19 consent from patients and staff prior to delivering treatment. Verbal consent meets the minimum standard, but the ADA&C strongly recommends that it be in writing.

You may use your own forms or use the sample forms linked above to obtain consent.

If you or a staff member tested positive for COVID-19 please refer to the AHS Return to Work Guide.

❖ Problem managed with pharmaceutical intervention via remote dentistry

Provide appropriate clinical judgment on pharmaceutical management and follow-up and monitor as needed. Review the Pharmacological Management for Adults and Children.

❖ Identify whether or not the patient has symptoms or risk-factors present

Symptoms or risk-factors present in patients

This means patients responded YES to one or more of the above screening assessment questions.

Patients with any symptoms or risk-factors who indicate they have emergency or painful conditions should be managed only after direct Doctor to Doctor consultation; this may be with an endodontist, an OMFS or a Pediatric dentist.

Patients with any symptoms or risk-factors present should not be treated in a regular dental operatory. Treat all dental emergency patients with ILI (Influenza-like illness) as though they are COVID+.

No symptoms and no risk factors present in patients

This means a patient answered NO to all of the above screening assessment questions.

If, after appropriate telephone screening, it is ascertained that the patient has no symptoms and no risk factors, and their condition falls within the definition of an emergency, then follow the below guidelines to provide the necessary emergency treatment.

❖ How to determine "emergency" versus "non-emergency"

Please use the following for help to determine what is considered "emergency" versus "non-emergency." This guidance may change as the COVID-19 pandemic progresses, and dentists should always use their professional judgment in determining a patient's need for emergency care.

Emergency dental procedures

Emergency dental treatment includes treatment of oral-facial trauma, significant infection, prolonged bleeding, pain which cannot be managed by over the counter medications, or management of known/high risk malignancy.

Dentists are required to exercise appropriate clinical judgment in the diagnosis and treatment of emergency dental procedures.

Aerosol Generating Medical Procedures (AGMP) are a known high risk for COVID-19 transmission. Therefore the ADA&C **strongly recommends** that dentists limit these procedures thus protecting patients, staff and themselves. Aerosols are generated by all hand pieces, ultrasonic devices, high volume suction, air water syringe and to a lesser extent, low volume suction.

PPE Requirements for Non-aerosol and Aerosol generating medical procedures

Non-Aerosol

- Current IPC standards apply with proper PPE. This PPE includes gloves, surgical masks, and protective eyewear.

Aerosol Generating

- Aerosol Generating Medical Procedures (AGMP) require current IPC **and** enhanced PPE. The enhanced PPE includes protective clothing, gloves, fitted N-95 masks (or equivalent as per Health Canada), appropriate protective eyewear or face shield.

Other considerations when providing treatment after proper screening

- **Follow the proper Donning and Doffing of PPE**
- Use of 1% hydrogen peroxide 5cc to rinse for 30 seconds prior to examination of the oral cavity
- Use of rubber dam isolation
- Spoon excavation of decay
- Possible application of silver diamine fluoride
- Restrict using high speed hand pieces and high volume suction to limit aerosol

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Non-emergency dental procedures

Below are examples of non-emergency dental procedures to guide your professional judgment. This list includes, but is not limited to the following:

- Extensive dental caries or defective restorations that can lead to pain
    - Manage with interim restorative techniques when possible (silver diamine fluoride, glass ionomers)
- Denture adjustments or repairs when function impeded
- Replacing temporary filling on endo access openings
- Non-painful chronic periapical lesions
- Initial or periodic oral examinations and recall visits, including routine radiographs
- Routine dental cleaning and preventive therapies
- Orthodontic procedures other than those to address acute issues (e.g. pain, infection, trauma)
- Extraction of asymptomatic teeth
- Restorative dentistry including treatment of asymptomatic carious lesions
- Aesthetic dental procedures
- Dental implants

Patient Flow Guidelines

To prevent over-crowding of waiting areas or the possible spread of infection:

- Have patients wait in their cars instead of the waiting areas to prevent inadvertent spread of the virus. Call the patient when the operatory is ready for treatment
- Ensure the patient washes their hands upon initial entry to the office and proceeds directly to the operatory
- Stagger appointment times to reduce waiting room exposure and to allow settle time for aerosols so each operatory can be disinfected
- Accompanying individuals to wait in their respective vehicles (exception being a legal guardian or a caregiver, who should also be screened)
- Remove all magazines/toys etc. from waiting area to prevent contamination
- Have the patient wash their hands before they leave the office

As always, the ADA&C expects members to use appropriate clinical judgment and follow the standards of practice. These guidelines are current as of April 8, 2020 and will be updated and modified as needed.

If members require further clarification on any treatment decisions they can call the ADA&C at 780-432-1012 to speak with staff from Membership Services.