

Dental scheduling, operational and treatment planning recommendations based on limited available research published, commonsense and what other health centers have proposed or implemented. These are some of the recommendations and are no way limited to these.

These recommendations and practice styles do not consider the financial ramifications but only safety of the patient and staff.

Situation is evolving and we are learning as more information comes from state governments, federal government, organizations like CDC, NIH and internationally.

STAFF:

Take temperatures of all staff at the start of the day – anyone with temperatures above normal range for that person should be sent home as a precaution.

Reduce staffing and alternate their work days. This situation can last 2-8 weeks.

Pre screen staff and patients with travel history (both nationally and internationally to any country), flu like symptoms, or exposure to COVID + contacts. Risk assess them based on the answers to treat for emergencies.

Expand Telephone triaging capacity for emergencies – facial swelling, trauma and pain should be considered.

Follow proper PPE instructions all the time. Use level Type /Level 3 masks – please check your inventory if this is the mask type you are using. All staff should be using this type of masks at the minimum. This type of mask DOES NOT protect us from COVID-19. Only N95 or higher level mask does. If you have such a mask available, use such type of mask while providing services to moderate and high risk patients for COVID-19. Gowns, gloves, face shield/goggles covering your eyes

OPERATORIES:

Limit number of operatories used, selecting a number that will suffice for emergency cases only.

Have enough time in between patients for thorough disinfection of the operatory.

PATIENT MANAGEMENT:

Walks in and emergency appointments should be triaged in the waiting area by staff and clinicians when ever possible.

Temperature of the patient and, if possible, the accompanying person should be taken in the waiting room.

Limit the number of patients and accompanying person to one per patient. Reduce the schedule to accommodate “social distancing” in all areas of clinics, including waiting rooms. Rearrange waiting room layout to facilitate social distancing of any waiting or walk in patients.

Have patients wait in their vehicles, whenever possible, and call them in using their cell phones when they are ready to be seated.

Patients should be treated in an isolated and well ventilated room if possible.

Postpone ALL elective procedures such as hygiene appointments, orthodontic treatment, and restorative treatments until further guidelines are issued.

Patients who are 60 yrs and older need to be rescheduled for at least a month out if it is not an emergency.

Patients with chronic diseases and comorbidities of any age need to be rescheduled for at least a month if it is not an emergency.

Providing patients with education pamphlets on why you are limiting your practice to emergency care only and what they can do to prevent the spread of COVID-19 is recommended during any patient visit.

PROCEDURAL GUIDELINES:

Use of 1% hydrogen peroxide rinse prior to examination of the oral cavity by the patient to reduce microbial load.

Intraoral x-ray causes coughing and saliva production, so prefer panoramic x-rays or other extra oral x-rays including CBCT if available or as required based on clinical decision.

Avoid procedures that cause aerosol production including use of high speed hand piece and ultrasonic scalers.

Emergency dental treatments include extractions and pulp treatment with rubber dam/isodry type and high vacuum suctions.

If the tooth needs to be extracted, absorbable suture is preferred. For patients with facial soft tissue contusion, debridement and suturing should be performed. It is recommended to rinse the wound slowly and use the saliva ejector to avoid spraying.

Patients needing the use of high speed hand pieces need to be scheduled at the end of the day/last patient of the day followed by disinfection and environmental cleaning.