

Dental Association of Prince Edward Island

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Return to Practice Protocols for Dental Practices on PEI Treatment of Emergencies - Non-AGP Dental Care

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April 28, 2020 the Chief Public Health Office has enabled dental practices to reopen providing care for dental emergencies only. These additional procedures and protocols are meant to provide protection for Dental Professionals, staff and our patients and to limit the possible spread of Covid 19 within the dental office. They have been developed under direction and guidance of the Dental Association of PEI and Dental Council of PEI.

As we begin returning to our offices to treat patients following the closure ordered by the CPHO and DCPEI, we will be required to begin in a slow and ordered manner. This first phase, TREATMENT OF EMERGENCIES will be very similar to the process we have been using for the centralized clinics, except the treatment can be done in each of our own offices. The rationale is to protect the dentist and staff as well as our patients. The physical distancing required in the general public is still warranted, and until it is lifted, we will have to operate in this manner. The over-riding principal of physical distancing, as its been well defined, is preemptive in this document and all to follow until specified otherwise. Offices with multiple dentists must ensure a system is in place to observe this requirement. Alternate schedules or staggering of appointments are one way to comply. Booking and scheduling of patients may require some deliberate thought. Experience from our centralized clinics as well as other sources indicate that most appointments will be an hour in length and 6-8 per day. Room preparation and cleanup will require considerably more time. It is advisable to remove all non-essential equipment, supplies and furniture from the operating rooms and most of the chairs in the waiting area.

Mandatory routine precautions as per *"Infection Prevention and Control Guidelines Dental Association of Prince Edward Island"* but include enhanced cleaning, twice daily cleaning of high touch surfaces including waiting area if it is being used.

It is strongly suggested that staff training should occur on the enhanced PPE's, more frequent disinfection, as well as protocol for donning and doffing PPE's prior to treating any patients. Appendix A is a cheat sheet on the protocol. [Click here for a video showing how to don and doff PPE.](#)

Serious Dental Emergencies

- Evidence of dental trauma
- Infection
- Significant or prolonged bleeding
- Acute uncontrolled pain
- The ultimate decision as to what constitutes emergency treatment, and the cost/benefit from said treatment, lies in the clinical decision making of the dentist.
- Additionally, any dentist who is not comfortable performing the treatment can refer the patient.

Non-Aerosol Generating Procedures (NAGP)

While not usually listed as emergency treatment many dental procedures are provided to alleviate severe patient discomfort of one kind or another. Non- aerosol procedures can be performed safely with the standard level of PPE's and not place the patient or dental staff at risk.

Mandatory PPE for NAGP includes: Level 3 Mask, Goggles or Face Shield, Gown and Gloves, for both dentist and assistant.

Protocols for Non- Aerosol Generating Procedures

1. Recommend extraoral radiographs. Minimize the use of intraoral radiographs to prevent the possible formation of aerosols and spread of saliva.
2. Utilize hand instruments only.
3. Utilize four-handed dentistry.
4. Utilize high volume suction evacuation
5. Do not use air water syringes.
6. Do not use ultrasonic instruments.
7. Do not use high-speed hand pieces. Judicious use of low speed may be used at very low RPM's with HVE.
8. Any time it is possible to add the use of a rubber dam it would be advised.
9. Be aware of and try to minimize the spread and contact with saliva.

Examples of non-AGPs would be procedures such as:

- emergency patient exam
- emergency adjustment of dentures causing discomfort
- suture removal
- simple extraction (NAGP)
- incision and drainage
- temporary restoration (without use of high-speed hand piece or air water syringe)
- taking a panoramic radiograph.
- orthodontic procedures (NAGP)
- TMJ dysfunction Treatment delivery / adjustments
- Re cement crowns / bridges / temporaries

Treatment Protocols for Office Visits

One of the most important parts of seeing a patient is the triage and questions taken during the telephone contact (see **Appendix B**). The screening questions regarding travel, self-isolation and symptoms will give you an indication whether the patient is infected or liable to be. Patients that exhibit symptoms should be advised to wait until they no longer have those symptoms before an appointment is scheduled. It is also recommended to have them read and sign the “COVID-19 Pandemic Emergency Dental Risk Acknowledgement by Patient” consent form. (see **Appendix C**)

Patients should be told that they must enter the facility alone. Any non-essential escorts or family members are not welcome in the clinic. If the patient is a child or is someone that requires assistance, then one person can escort them. When patients arrive in the parking area for their appointment, they will call the clinic to check-in. Remind the patient to remove all jewelry and leave bags in their car. If at all possible, the patient’s car should be considered their waiting room and if not possible, there should be a minimum number of chairs in the usual waiting area, respecting the 2-meter social distancing requirement. The patient should be informed that they will be contacted in their vehicle when they can enter the office, to come to the entrance and wait to be admitted by staff.

**** Patients should NOT be touching door handles**** – staff should be opening all doors for patient ± visitor.

Front Office Staff: Personal Protective Equipment (PPE): Level 1 mask, eye protection, gown, scrubs, gloves. This is for your staff who will be directing and guiding the patient through the course of their appointment in the clinic.

The front office staff will contact patient to come to the office door and wait to be admitted. They will then confirm the screening questions shortly after entrance and redirect as required.

Provide necessary PPE to patients: Following hand sanitization, determine patient’s temperature <38°C, escort patient to operatory and pass off to operator. Prior to any procedures the patient should rinse with 1% hydrogen peroxide mouth rinse for 30 seconds. After rinsing, the patient must expectorate into the same dispensing cup and the solution should be gently poured down the drain.

PPE’s for Dentist and Assistant: level 3 mask, gown / lab coat, goggles or face shield, gloves

If a radiograph is required, a panoramic radiograph is preferred to minimize aerosols. If a panoramic radiograph is not possible, care and caution should be taken during an intra-oral film exposure. If no radiograph is required, or after one is taken, the patient should be brought directly into the assigned operatory. Following treatment they use hand sanitizer again, then are escorted out to the reception desk, where they finish any financial business and are led out of the building by the office staff person.

Laundry:

- Scrubs and reusable gowns, if possible, should stay in the clinic and not be taken home. Appropriate PPE for laundering garments should include gloves and disposable apron. If onsite laundering services do not exist these items should not be laundered with household linen. Should be placed in closed garbage bag following use and placed directly into washing machine. Disposable PPE’s should be placed in a separate bag and put in black bin for disposal.

We wish to acknowledge the assistance of documentation from the RCDSO and Dalhousie University Faculty of Dentistry in the development of this protocol for the DAPEI

Appendix A

Recommended Steps: Putting On Personal Protective Equipment (PPE)

1. Perform Hand Hygiene

2. Put on Gown

- Tie neck and waist ties securely

3. Put on Mask/N95 Respirator

- Place mask over nose and under chin
- Secure ties, loops or straps
- Mould metal piece to your nose bridge
- For respirators, perform a seal-check

4. Put on Protective Eyewear

- Put on eye protection and adjust to fit
- Face shield should fit over brow

5. Put on Gloves

- Put on gloves, taking care not to tear or puncture glove
- If a gown is worn, the glove fits over the gown's cuff

For more information, please contact Public Health Ontario's Infection Prevention and Control Department at ipac@oahpp.ca or visit www.publichealthontario.ca.

Recommended Steps: Taking Off Personal Protective Equipment (PPE)

1. Remove Gloves

- Remove gloves using a glove-to-glove / skin-to-skin technique
- Grasp outside edge near the wrist and peel away, rolling the glove inside-out
- Reach under the second glove and peel away
- Discard immediately into waste receptacle

2. Remove Gown

- Remove gown in a manner that prevents contamination of clothing or skin
- Starting with waist ties, then neck ties, pull the gown forward from the neck ties and roll it so that the contaminated outside of the gown is to the inside. Roll off the arms into a bundle, then discarded immediately in a manner that minimizes air disturbance.

3. Perform Hand Hygiene

4. Remove Eye Protection

- Arms of goggles and headband of face shields are considered to be 'clean' and may be touched with the hands
- The front of goggles/face shield is considered to be contaminated
- Remove eye protection by handling ear loops, sides or back only
- Discard into waste receptacle or into appropriate container to be sent for reprocessing
- Personally-owned eyewear may be cleaned by the individual after each use

5. Remove Mask/N95 Respirator

- Ties/ear loops/straps are considered 'clean' and may be touched with hands
- The front of the mask/respirator is considered to be contaminated
- Untie bottom tie then top tie, or grasp straps or ear loops
- Pull forward off the head, bending forward to allow mask/respirator to fall away from the face
- Discard immediately into waste receptacle

6. Perform Hand Hygiene

This is an excerpt from Routine Practices and Additional Precautions In All Health Care Settings (Appendix L) and was reformatted for ease of use.

Appendix B

Initial COVID-19 Health Screening Questionnaire

Patient name:

D.O.B:

Phone:

Following the directive of the Dental Council of PEI and the Public Health Agency of Canada, we are suspending our regular services due to the COVID-19 pandemic and are only able to provide emergency care.

- Have you been instructed to self-isolate or self-quarantine?
- During self-isolation or self-quarantine, have you developed any cold or flu like symptoms?
- Have you recently completed a 14 days self-isolation or self-quarantine period?
- Have you seen a medical practitioner recently for any issues related to cold or flu?
- Have you travelled outside of the country in the last 14 days?
- Have you travelled outside of PEI in the last 14 days?
- Are you living with someone who has travelled outside of PEI in the last 14 days?
- Have you had contact or social interactions with someone who has travelled outside of the country in the last 14 days?
- Have you been in contact with a person known to have COVID-19 or who is experiencing symptoms similar to a cold or flu?
- Are you experiencing any symptoms of: sore throat? ; cough? ; fever? ; difficulty breathing or shortness of breath? ; headaches? ; Loss of taste? ; Loss of sense of smell?

Notes:

Dentist signature:

Patient signature:

Date:

Appendix C

COVID-19 Pandemic Emergency Dental Risk Acknowledgement by Patient

I understand the novel coronavirus causes the disease known as COVID-19 and that it is currently a pandemic. I understand the novel coronavirus has a long incubation period during which carriers of the virus *may not show symptoms and still be contagious*. For this reason, it is recommended to stay at home and avoid close contact with other people when at all possible.

_____ (Initial)

I understand the Federal and Provincial Governments have asked individuals to maintain social distancing of at least 2 meters (6 feet) and I recognize it is **not possible to maintain this distance while receiving dental treatment**. _____ (Initial)

I understand that oral surgery/dental procedures can create water and/or blood spray which is one important way that the novel coronavirus can spread. The ultra-fine nature of the spray can linger in the air for minutes to sometimes hours, which can transmit the novel coronavirus. _____ (Initial)

I understand that due to the visits of other patients, the characteristics of the novel coronavirus and the characteristics of dental procedures, that **I have an elevated risk of contracting AND SPREADING the novel coronavirus simply by being in a dental office**. _____ (Initial)

I have been made aware that the Province of PEI has, under the current pandemic, mandated that **only emergent dental care is allowed**. Dental visits must be limited to only the essential treatment of ongoing bleeding, trauma, significant infection not responding to antibiotics and pain killers, or to alleviate severe pain that does not respond to antibiotics and/or pain killers. I confirm that I meet one or more of these criteria. _____ (Initial)

I confirm and accept that emergency treatment provided may not necessarily be representative of the care that would be expected or provided under normal circumstances and will be very limited to only simply emergency care. For example, a tooth would be *removed* rather than a root canal or filling done if I actually want treatment. _____ (Initial)

I confirm that I do **NOT** have any **TWO OR MORE** of the following symptoms of COVID-19: fever, new or worsening cough, sore throat, runny nose, headache. _____ (Initial)

I confirm that I have not tested positive for COVID-19. _____ (Initial)

I confirm that I am not waiting for the results of a test for COVID-19. _____ (Initial)

The Province of PEI Public Health *requires* self-isolation for 14 days from the date a person has returned to PEI from anywhere else, including other provinces. I confirm that I have not returned to PEI within the last 14 days. _____ (Initial)

I verify that the information I have provided on this form is truthful and accurate. I knowingly and willingly consent to have emergency surgical/dental treatment completed during the COVID-19 pandemic.

SIGNATURE OF PATIENT _____ DATE _____