

## Managing the COVID-19 Patient

### **How should emergency cases be managed if patient is suspected of having or has tested positive for COVID-19?**

During the pandemic crisis, only emergency cases should be treated in office, regardless of whether a patient has acute respiratory symptoms. In the context of limited chair time and thus exposure time, please consider using pharmacotherapy to manage infection/pain until it is safer for patients to be seen in the dental office. **Whenever possible, emergency cases should be managed via telephone by taking a verbal history of the patient's condition and providing appropriate advice, consultation and pharmacotherapy if indicated.**

In dentistry, a "true emergency situation" includes oral-facial trauma, significant infection, prolonged bleeding or pain which cannot be managed by over-the-counter medications.

In those few cases where telephone management is insufficient, clinical assessment may be necessary provided that the dental practice takes appropriate safety precautions, follows all IPAC best practices for pandemic situations, and utilizes "enhanced PPE".

Whenever an aerosol procedure is provided, dental care must be provided using enhanced precautions (i.e. N95 mask – or NIOSH approved respirator (fitted), gloves, eye protection, face shield and protective gown). This is especially relevant when a patient has or is at risk of having COVID-19.

**In all cases, dental professionals must adhere to the standards of care and "strong recommendations" of provincial regulatory authorities.** In as much as those rules allow dental clinics to treat COVID19 patients, the following checklist will ensure that the care is provided as safely as possible for the clinicians, supporting personnel and patients.

#### **1. Pre-Screening:**

- **Initial telephone conversation**
  - Document
    - all answers to COVID19 screening questions
    - patient's chief complaint
    - justification for decision to have patient attend clinic and why telephone management was inadequate
  - Remind patients to remove all jewellery from the neck up and any removable dental prostheses prior to attending office
- Time of appointment
  - This appointment should be scheduled when no other patients are in the practice,
  - Schedule at end of day if at all possible
  - Leave appropriate time between appointments to accommodate environmental cleaning
    - It's best to allow two to three hours after appointments for aerosols to settle prior to disinfecting operatory surfaces
- Gather financial arrangements for treatment (insurance, type of payment)

- Take every step to limit patient to staff interactions during the clinic—taking payment over the phone is preferable if possible
- Limit cash payments if possible
- Determine if radiographs are required, prescribe and prepare if necessary
  - Best to take “extraoral” photographs if possible
- Identify all staff that will be in the practice and have them sign a consent form stating they understand the risks of providing care to a COVID19+ patient

## 2. Preparing for Arrival

- Limit number of staff members in practice; only staff members required for care should be on-site
- Advise patient to remain in car until notified
- Allow only one escort who should remain in car, unless they must enter the practice (e.g. parent with small child, caregiver of special needs patient).
  - Absolutely no non-essential companions shall enter the clinic
  - During the procedure, companions shall remain outside the clinic whenever possible for their own safety
- Select operatory (preferably with closed door and well ventilated, when possible with negative pressure)
- Prepare the operatory for emergency procedure
  - Take all steps required to avoid having to leave and return to the operatory during the procedure
- Designate one washroom for use
- Place barriers on any non-smooth and high-touch surfaces
- Donn full PPE in operatory where the procedure will be taking place (gloves, protective eyewear, face shield, gown, fitted N95 Mask, optional: hair and foot covers).
  - \*see donning and doffing resource below

## 3. Upon Patient Arrival

- Observe all physical distancing measures,
  - Maintain 2 metres (six feet) distance –
  - NO SHAKING HANDS
- Have the patient perform hand hygiene, put on a mask immediately upon entry, and perform hand hygiene a second time.
- If the patient is accompanied, require them to use ABHR, don a mask, perform hand hygiene again, and wear gloves while in the practice
- Observe patient walking into clinic for signs of respiratory distress, gait, ability to speak
  - If patient is short of breath while walking or resting, advise them to attend the emergency department immediately
- If patient is breathing comfortably, immediately take them to dedicated dental operatory and (if possible) close door
- Maintain integrity of PPE – remove and replace gloves or mask as required, using alcohol-based hand rub in between
  - Always follow proper donning and doffing techniques to minimize self or cross-contamination
- Do not allow patient to touch any surfaces, including door handles

- If patient must use the washroom, wipe all surfaces such as light switch, door handles, faucet taps
- Review medical history (Patient should complete forms at home to minimize time in the office)
- If paper copy, place a barrier pen and clip board, remove barrier, discard it and disinfect the pen and clipboard
- Assess ability to undergo emergency treatment
- Review material information about procedures, have patient verbally agree to informed consent forms
  - (which were provided to the patient and signed prior to arrival)

#### 4. Treatment

- Have your patient rinse with 1% hydrogen peroxide for 30 seconds
- Take vitals including blood pressure, pulse, temperature, and respirations per minute
- Confirm decision to treat the patient
- If sedation will be provided, ensure adherence to standard of care including, e.g., patient selection, dosage and recordkeeping
- Remove gloves and use alcohol-based hand rub
- Don new gloves
- Open pouches/cassettes of sterile instrumentation and armamentarium for emergency procedure
  - Ensure BI/CI pass and note in the patient's chart
- Complete procedure maintaining full enhanced PPE coverage
- Remove gloves and use alcohol-based hand rub
- Don new gloves
- Be sure not to touch your face, mask, glasses, etc., during the procedure

#### 5. Dismissing Patient

- Have the patient wait in the dental operatory
- Observe patient for safe dismissal
- Discuss financial arrangements and process appropriately
  - Ideally this can be done without the patient having to handle any equipment
  - Consider requesting the patient's payment information over the phone, adhering to PCIDSS
- Provide post-treatment instructions verbally and in writing
- If patient was escorted to appointment, telephone/text escort to let them know treatment is completed and to meet the patient at the exit door
- Once confirmation received, allow patient to leave treatment area and return directly to the car
- If sedation was sedated, ensure that patient has fully recovered and meets the criteria for discharge.

## 6. Post Procedural Cleaning and Disinfection:

- Before disinfecting operatory, consider risk of aerosolization-refer to current provincial guidance
- Remove barriers and soiled sundries and place in appropriate covered waste in the operatory
- Remove gross soil from all instruments using a wet gauze (not alcohol-based wipe)
- Remove gloves and perform handwashing or alcohol-based hand rub
- Clean and disinfect all surfaces including floor and allow the appropriate kill time dependant on the disinfectant wipe you are using
- Doff PPE excluding N95 mask (gloves, gown, protective eyewear, face shield).
- Doff PPE in a dedicated area within the operatory
- Donn appropriate PPE (gloves, protective eyewear)
- Transport instruments to reprocessing area in a covered container

## 7. Reprocessing of Instruments

- Place instruments in hydrim/ultrasonic
- If using ultrasonic, rinse instruments and complete visual inspection for debris
- Allow instruments to dry completely away from the sink in a designated area
- Wrap or pouch instruments and label with date, sterilizer ID, load number, contents and initials
- Place packages in sterilizer and process as per MIFU
- Return to dedicated dental operatory and doff all PPE into covered waste, including N-95 mask
- Ensure logging of sterilization process
- Donn appropriate PPE and disinfect reprocessing area

## 8. Environmental Cleaning

- After the patient is dismissed, proceed with [environmental cleaning protocols](#)
- Wipe down the front desk area including:
  - i. Pens
  - ii. Doorknobs
  - iii. Counters
  - iv. Chairs
  - v. Computer keyboards etc.
- Disinfect all touch surfaces close to patient exit path
- When opening the practice the following day, perform another disinfection of the room and surrounding space

## 9. Follow-Up Procedures

- Contact patients 24 hours after providing emergency care
- Confirm that dental emergency has resolved
- Document all communication in patient record