Guidelines on Emergency Treatment

Created: March 19, 2020

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

As mentioned within the initial messaging to members, we want to stress again that it IS appropriate to provide needed care, that if left untreated, becomes a more significant burden on our health care resources and significantly compromises patient health. **The need for this urgent care must be weighed against the risk of exposure on patients, staff and dentists.**

Once again, good clinical judgement 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.**

Guidelines

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

Assessment of office/clinic staff:

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

- Fever
- Cough
- Sore throat
- Shortness of breath
- Flu-like symptoms
- Close personal contact (without PPE) with a suspected or lab confirmed COVID-19 patient within the past 2 weeks
- International travel history in the past 2 weeks
- Employees in high risk categories (e.g. diabetes, heart disease, lung diseases, ≥60 years of age), should not report to work

Symptomatic patients -- This means patients responded positively to one or more of the above screening assessment questions

Symptomatic patients who indicate they have emergency or painful conditions need to be treated in facilities equipped with the proper PPE. The guidelines for, and the availability of, these facilities is being actively developed by the ADA&C in consultation with health authorities.

For the protection of you, your staff, the patient and other patients, symptomatic patients should not be treated in a regular dental operatory.

Asymptomatic, healthy patients -- This means patients responded negatively to all of the above screening assessment questions

Asymptomatic, healthy patients who request treatment due to an emergency or painful condition, need to be pre-screened via telephone to protect you, your staff and other patients from possible virus transmission.

If, after appropriate telephone screening, it is ascertained that the patient has no symptoms, and they fall into a treatment category that is emergent or urgent (see definitions/examples listed below) then follow the below guidelines to provide the necessary treatment.

Scripting for initial phone contact with patients

"Hello [patient name], I'm calling you to let you know that all non-emergency dental treatment must be rescheduled. [Reschedule or make follow-up arrangements] [If the patient states dental visit is urgent] "With the concerns about Coronavirus, we'd like to take every precaution to protect the health of our patients and staff. Do you have a fever, cough, difficulty breathing, or have you traveled outside of Canada or come into contact with someone who was suspected or confirmed to have the Novel Coronavirus in the last 14 days? If so, please stay home and call Health Link 811. Please call us at a later date to reschedule your appointment."

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

The following should be helpful in determining what is considered "emergency" versus "non-emergency." This guidance may change as the COVID-19 pandemic progresses, and dentists should use their professional judgment in determining a patient's need for urgent or emergency care.

1. Dental emergency procedures
    - **Dental emergencies** are potentially life threatening and require immediate treatment to stop ongoing tissue bleeding, alleviate severe pain or infection, and include:
        - Uncontrolled bleeding

- Cellulitis or a diffuse soft tissue bacterial infection with intra-oral or extra-oral swelling that potentially compromise the patient's airway
- Trauma involving facial bones, potentially compromising the patient's airway

- **Urgent dental care** focuses on the management of conditions that require immediate attention to relieve severe pain and/or risk of infection and to alleviate the burden on hospital emergency departments. These should be treated as minimally invasively as possible, including the use of pharmacotherapy if indicated.
  - Severe dental pain from pulpal inflammation
  - Pericoronitis or third-molar pain
  - Surgical post-operative osteitis, dry socket dressing changes
  - Abscess, or localized bacterial infection resulting in localized pain and swelling
  - Tooth fracture resulting in pain or causing soft tissue trauma
  - Dental trauma with avulsion/luxation
  - Dental treatment required prior to critical medical procedures
  - Final crown/bridge cementation
- **Other urgent dental care:**
  - Extensive dental caries or defective restorations causing pain or that can lead to pain
    - Manage with interim restorative techniques when possible (silver diamine fluoride, glass ionomers)
  - Suture removal
  - Denture adjustment on radiation/oncology patients
  - Denture adjustments or repairs when function impeded
  - Replacing temporary filling on endo access openings in patients experiencing pain or an endodontically treated tooth with a high fracture potential
  - Snipping or adjustment of an orthodontic wire or appliances piercing or ulcerating the oral mucosa

2. Dental non-emergency procedures

These would be classed as elective procedures and as such are currently mandated to NOT be performed.

Routine or non-urgent dental procedures include but are not limited to:

- 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

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3. Waiting Room Guidance

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

- Consider having 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
- Ask the patient to wash their hands upon initial entry to the office
- Consider staggering appointment times to reduce waiting room exposure
- Limit access to waiting room use to only patients.
- Accompanying individuals to wait in their respective vehicles
- Remove all magazines/toys etc. from waiting area to prevent contamination

4. Considerations when providing treatment after proper screening

- 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
- Restrict using high speed hand pieces and high volume suction to limit aerosol

ONE OF THE BIGGEST RISK TO YOU AND OTHERS IN THE OPERATORY IS AEROSOL PRODUCTION.

Remember the goal is to treat the urgent cases that could imminently become emergencies. All in the context of limited chair time and thus exposure time.

As always, the ADA&C expects members to use clinical judgement. These guidelines are current as of March 19, 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