

Schulich Dentistry

Phase 2 - Urgent Care Dental Clinic Plan - Covid 19

Background

- Dentists have an ethical obligation to provide for the emergency or urgent care needs of their patients
- Since March 18, 2020 dental patients at Schulich have not had access to care at our clinics
- Dental disease is progressive and worsens with time resulting potentially in irreversible harm, suffering and loss
- Many Schulich patients have treatment “in progress” that was not completed due to the sudden closure. Many of these patients are now experiencing pain and infection as a result of being neglected. This will worsen with time.
- Schulich Dentistry currently has over 500 known patients deemed in urgent need of care and that list is growing daily
- Since March 18, 2020 we have received over 200 calls for assistance both from our own patients and those who are unable to find a dentist in the community
- Many of the calls are from patients who have been financially impacted by COVID 19 and can not afford treatment in community
- The hospitals have asked us not to refer patients who can be treated in the conventional dental clinic setting due to the increased risks of exposure to the virus in the hospital setting as well as to avoid the increased demands on hospital resources
- There are adequate facilities, infrastructure and personal protective equipment for our dentists and staff to provide emergency and urgent care safely at Schulich

Overview of Plan

- Only dental emergencies/urgencies and essential care as defined by the RCDSO will be attended to in our clinics
https://az184419.vo.msecnd.net/rcdso/pdf/standards-of-practice/RCDSO_COVID19_Managing_In_Person_Care.pdf

- Personal contact should be kept to an absolute minimum and over the phone instruction or medication prescriptions will be provided whenever appropriate.
- Faculty dentists will provide emergency care. No students shall be in clinics during this phase of dental clinic operations
- Support staff will be limited to 2 Certified Dental Assistants (DAs)
- The Pediatric clinic will serve as the location for the provision of urgent and emergency services
 - Simplicity of access
 - 2 isolation rooms available for aerosol generating procedures (AGPs)
 - Minimizes entry/exit passageways
 - Self contained with sterilization and radiographic equipment
- All personnel with direct patient contact should be fitted for N95 masks
- All personnel with either direct or indirect patient contact shall be required to attend IPAC training specific to operations during a pandemic before being permitted to participate in patient care activities
- All personnel will be screened daily for COVID risk factors including recording of temperature (fever = above 38⁰ C or 100.4⁰ F)
- The most senior dentist on site will be designated as the Infection Control Officer for the shift and will be responsible to ensure all protocols are strictly adhered to.
- Pre-operative temperature shall be part of the assessment of pre-operative vital signs
- Triage will be done by a faculty DDS
- Emergencies that require the expertise of an oral and maxillofacial surgeon or pediatric dentist will be referred by calling the resident on call at **519-685-8500** and discussing the case with the resident
- Social distancing should be maintained between care providers when possible such as between patient visits
- Surface disinfection will be done for all touch surfaces between point of entry and exit for every patient
- Only 1 patient will be permitted in the building at a time. Only one absolutely necessary support person (translator, parent of small child) may enter with the patient, but will not be permitted in the treatment area.

- Designated entrances and restrictions in traffic flow to, from and within the clinic shall be clearly marked and monitored (**Figure 1 and 1A**)
- In accordance with RCDSO guidelines, Non-AGPs will be employed whenever possible.
- When AGPs are unavoidable, such as during surgical extractions, higher level PPE must be utilized (**Table 1**)
- Operatories must not be re-entered for disinfection for 15 minutes following the procedure.

Details of Plan

Phone Screening

- Patients will have appointments booked by calling 519-661-3326
- The clinic will accept calls weekdays between 0900 and 1600 hrs
- Phone screening will be done using the most current version of the Ministry of Health COVID 19 screening tool (**Appendix 1**)
- After hours calls will be directed to Dr Rae Dorion at 519-758-7342
- Patients will be asked if they are a current patient of the Schulich Dental Clinics and this will be confirmed by the phone screener in Salud
- Callers who are not patients of record, can not reach or do not have a family dentist, will be screened for acceptance and a new chart started in Salud
- Patients who have a dentist who do not have symptoms or risk factors for COVID 19 based on the screening tool (**Appendix 1**) will be asked to contact their own dentist
- Patients who screen positive for COVID 19 will be asked not to come to the Schulich urgent care dental clinic until they have fully recovered as verified by Public Health.
- Any patient who is screened to be potentially positive for coronavirus, will be directed to contact their primary care provider or Telehealth Ontario at 1-866-797-0000 to determine next steps. In addition the London-Middlesex Health Unit (519-663-5317) will be contacted by a staff member to report a probable case if COVID 19 as required by legislation.

- For patients who screen positive for COVID 19, and who are experiencing an true dental emergency:
 - Acute Pain not resolved by analgesics
 - Severe Infection
 - Uncontrollable bleeding
 - Dento-facial Trauma

A phone consultation with the OMFS resident on call will be conducted by the attending dentist. **519-685-8500**

Triage and Teledentistry

- Triage and teledentistry will be completed by the attending dentist according to RCDSO guidelines (**Appendix 3**)
- Determination of the nature and severity of the problem will be assessed on the phone
- Prescriptions and advise for managing the patients chief complaint will be provided over the phone whenever appropriate
 - Patients should be encouraged to send photos or videos via cell phone to augment the evaluation when indicated
- Patients who are determined over the phone to be unsuitable for care in our clinics due to extreme complexity, life threatening comorbidities (ASA 4) or infections with suspected sepsis or spreading to involve dangerous anatomical spaces will be directly referred to the OMFS resident on call at **519-685-8500**
- Patients who are determined to have a dental condition that requires an on site visit will be provided an appointment

Access to Clinic

- When patients arrive at the DSB parking lot they are to call the clinic so a staff member can provide access to the building
- They will be directed to enter the first floor DSB entrance (adjacent to peds/ortho clinics) (**Figure 1**)
- Non essential escorts will not be permitted to enter
- Staff member opening door and greeting patients will wear ppe consisting of level 3 mask, gloves, eye protection, scrubs and gown

- Confirmation of screening questions, issue of a level 3 mask and hand sanitizing will occur at door prior to entering the clinic
- The DA will obtain and record patient temperature, discard the disposable sleeve and wipe the thermometer with cavicide
- Patient will be taken directly to the appropriate cubicle based on the nature of the dental emergency
 - For aerosol generating procedures -----Isolation rooms 1 or 2
 - Low risk procedures (non-AGPs) ----- regular operatory
- Patients should be discouraged from touching door handles, rather staff should open all doors for patient ± essential escort
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Pre-op Protocols

- No forms are to be filled out by the patient. Recording is to be done by staff/dentist
 - Avoids need to disinfect pens, paper
 - Consents to be recorded by dentist in Salud without signature based on verbal communication of information to patient and verbal consent given by patient
- Record vitals
 - BP Cuff and/or stethoscope to be wiped down after use with cavicide
- Patient to rinse with 15ml of 1% H₂O₂ for 30 seconds before AGPs
- Patient to don gown and hair covering prior to any AGPs

Radiographs

While there is literature to suggest that extra-oral imaging such as PAN or CBCT is preferred to minimize coughing risk, that decision needs to be based on risk assessment such as location of the lesion of interest and weight against risks associated with having the patient travel through the building to the radiology department. These considerations should determine the most safe and appropriate modality to be used based on the clinician's assessment of the risk and best judgment.

PAN Required

For Able Bodied patient:

- DA will escort pat to radiology via stairwell
- DA should be wearing appropriate treatment specific PPE (**Table 1**)
- Patients instructed to not to touch door handles and must wear mask and gloves en route
- DA to use standard IPAC precautions including disinfection of surfaces and equipment after image acquired
- Return to treatment area following same route
- *Note: Ortho department PAN on 1st floor if operational at time of urgent care opening can be used as an alternative.*

For Physically Disabled Patients:

- DA will escort patient to clinic elevators in wheel chair and push level G button
 - Assure there is no one else travelling in the elevator
- DA will take stairs to meet the patient outside the elevator
- DA should be wearing appropriate treatment specific PPE (**Table 1**)
- Patients instructed to not to touch door handles, elevator buttons and must wear mask and gloves en route
- DA to use standard IPAC precautions for disinfection of surfaces and equipment after image acquired
- Return to treatment area following same route

Periapical Images

- Obtained in Peds clinic following standard IPAC protocols for radiology.

Treatment

- The objective of all treatment rendered will be to control pain, eliminate infection, and prevent further damage or harm from occurring until the clinics can return to full function
- Appointments will be kept as short as possible to reduce exposure time
- Follow protocols as established by the RCDSO for avoidance AGP's
- Use high level ppe when AGPs are unavoidable (**Table 1**)
- AGP producing procedures = use of HS handpiece, or air water syringe
- Aerosols can be minimized if the above equipment must be used
 - Rubber dam
 - HV suction
 - Gauze sponges to manage bleeding and secretions
- All emergency procedures could result in aerosol production however simple extractions, I & D, and reduction and splinting of dentoalveolar fractures are lower risk than operative procedures, pulpotomy, pulpectomy or surgical extractions

Dismissal and Follow-Up

- Patients instructed to call if they become symptomatic for COVID 19 within the next 2 weeks
- Patients to be called in 7 – 10 days to determine that they have recovered from their dental emergency and that they are not symptomatic or have not had a positive test for COVID 19
- Names of all staff members and dentists providing care for each patient are to be documented in the patient record.
- In the event a patient has developed signs or symptoms or has tested positive for COVID 19 in the 7 – 10 days following treatment, all staff and faculty members involved in that patient's care will be required to have testing performed and will self isolate until they have tested negative.

Post Treatment Cleaning and Disinfection

- All touch surfaces in the pathways to the clinic, radiology and within the clinic must be cleaned with low level disinfectant (cavicide) at least twice daily.
- All surfaces in the treatment areas including vertical surfaces, chair upholstery, keyboards etc must be disinfected after 15 minutes fallow time following patient treatment involving AGPs
- No clothing worn for patient care (scrubs) can be worn home including shoes.
 - Footwear that is smooth and impermeable such as OR Crocks that allow surface disinfection prior to removal are preferable.

For proper order of donning and doffing ppe please refer to the following videos produced by Public Health Ontario

Donning Full PPE: <https://www.publichealthontario.ca/en/videos/ipac-fullppe-on>

Doffing Full PPE: <https://www.publichealthontario.ca/en/videos/ipac-fullppe-off>

Table 1: Adapted from: RCDSO Guidelines May 31, 2020

ONLY COVID Negative Screened Patients to be seen in Schulich Dentistry Urgent Care.

Setting	Staff or Patients	Procedure/Activity	Type of PPE
Treatment rooms	Dentists and Dental Assistants	Aerosol Generating Procedures (AGP)	<ul style="list-style-type: none"> • Fit tested and seal checked N95 mask (or Health Canada Approved equivalent) OR ASTM level 3 Mask • Eye protection and/or Face shield • Surgical Cap/Bouffant • Isolation Gown • Gloves • Scrubs and dedicated footwear
		Direct care - Non-AGP	<ul style="list-style-type: none"> • ASTM Level 2 or 3 mask • Eye protection OR face shield • Gown or lab coat • Gloves • Scrubs and dedicated footwear
	Dental Assistants	Reprocessing, Operatory cleaning/disinfection (must wait 15 minutes after AGPs to enter ops)	<ul style="list-style-type: none"> • ASTM Level 2 - 3 mask • Eye protection • Gown/lab coat • Scrubs and dedicated footwear • Heavy duty gloves
	Visitors	No visitors in treatment room	<ul style="list-style-type: none"> • Level 1 - 3 mask in reception area • Hand sanitizer
Reception area	Admin staff	Administrative duties not involved in direct clinical activity	<ul style="list-style-type: none"> • Level 1 to 3 masks • Hand sanitizer • Impervious barriers (plastic or glass) between patients/visitors and Staff • Gloves available if requested • Gowns available if requested • Maintain spatial distance of at least 2 m.
Triage (Vestibule)	Door greeter/triage	Point of care screening Provide level 1 to 3 mask, hand sanitizer for patient as they enter and record temp	<ul style="list-style-type: none"> • Level 1-3 mask • Eye protection • Gown/lab coat • Scrubs • Gloves
Non patient care areas	All	Time between patients and in transit through building areas	<ul style="list-style-type: none"> • Provide level 1- 3 mask and/or maintain spatial distance of at least 2 m

Appendix 1

Covid 19 Screening Questionnaire

Adapted from MOH Ontario May 2, 2020 V.2.0

1. Do you have fever, new cough or worsening of chronic cough, shortness of breath or difficulty breathing

Yes, No

2. Have you been in direct contact with anyone with acute respiratory illness or travelled outside the country in the past 14 days?

Yes, No

3. Have you tested positive for Covid 19 or been in contact with anyone who has tested positive for Covid 19

Yes, No

4. Do you have any of the following symptoms:

(a positive answer to any two of the conditions below is a positive screening test result)

- Sore Throat
- Hoarse Voice
- Difficulty Swallowing
- Decrease in or loss of sense of taste or smell
- Chills
- Headache
- Unexplained Fatigue/Malaise
- Diarrhea
- Abdominal Pain
- Nausea/Vomiting
- Pink Eye (conjunctivitis)
- Runny Nose or Sneezing without other known cause
- Nasal Congestion without other known cause

5. For persons over the age of 65 only:

- Delerium
- Unexplained or Increased number of falls
- Acute functional decline
- Worsening of chronic conditions

If a patient answers **Yes** to question numbers **1 - 3** and/or **Yes** to any 2 (two) of the bullet points in question number **4** the screening is positive as suspicious for infection with Covid 19

If the patient answers **No** to all questions the screening is negative for suspicion of Covid 19

An answer of **Yes** to any of the conditions in question number 5 for persons over the age of 65 indicates a positive for suspicion of Covid 19

Patient Name:

Chart #:

Date:

Time of call:

Disposition:

- Ok to attend clinic**
 - Referred to Hospital**
 - Public Health Contacted**
-

Screeener Name:

Signature:

Appendix 3

RCDSO COVID-19: Guidance for the Use of Teledentistry

The use of information and communication technologies to provide dental care remotely (teledentistry) can enable dentists to triage emergency and urgent dental care and provide non-essential services while avoiding close contact with patients. In the longer term, teledentistry can also form part of broader efforts to support dentists in returning to a wider degree of practice through a staged approach.

The following document provides guidance to Ontario dentists on the acceptable use of teledentistry. Teledentistry must only be used in accordance with this guidance.

[Refer to our COVID-19 FAQs for additional guidance.](#)

[PDF version available here.](#)

What is teledentistry?

Teledentistry is the provision of patient dental care at a distance, using information and communication technologies (e.g., “virtual visits”).

Teledentistry can be provided in a number of ways, including, as examples:

- **Live video (synchronous):** Live, two-way interaction between a person (patient, caregiver or provider) and a provider using audiovisual telecommunications technology.
- **Store-and-forward (asynchronous):** Transmission of recorded health information (e.g., radiographs, photographs, video, digital impressions and photomicrographs of patients) through a secure electronic communications system to a practitioner, who uses the information to evaluate a patient’s condition or render a service outside of a real-time or live interaction.
- **Remote patient monitoring (RPM):** Personal health and medical data collection from an individual in one location via electronic communication technologies, which is transmitted to a provider (sometimes via a data processing service) in a different location for use in care and related support of care.
- **Mobile health (mHealth):** Health care and public health practice and education supported by mobile communication devices, such as cell phones, tablet computers and personal digital assistants (PDA).

Principles

The following principles form the foundation for the guidance contained in this document:

1. The practice of teledentistry is the practice of dentistry: all Standards of Practice, legal requirements, and professional obligations that apply to in-person dental care also apply to care provided via teledentistry.
2. The use of teledentistry can help to ensure the continuity and ongoing provision of necessary dental care while mitigating the risk of transmission that is present with in-person clinical encounters.
3. Teledentistry provides an opportunity for dentists to return to a wider degree of practice, and to service a broader spectrum of patient needs.

When can teledentistry be used?

Teledentistry must only be used:

1. by Ontario dentists (licensed and physically present in Ontario);
2. to treat Ontario patients (physically present in Ontario); and
3. to assist with the provision of emergency, urgent, and non-essential care, as specified below.

Emergency and Urgent Care

Emergency and urgent care includes the assessment and triage of patients' oral health care needs and the determination of next steps.

A full emergency examination will not be possible using teledentistry alone.

In those cases where telephone or virtual/remote management is insufficient, live/in-person clinical assessment may be necessary provided the dental practice has appropriate safety precautions and PPE in place.

[Detailed guidance for in-person patient appointments is available here.](#)

Non-essential Care

Teledentistry enables the remote provision of “non-essential” (i.e., non-emergency and non-urgent) care to patients while ensuring ongoing physical distancing. Examples of non-essential care include:

1. patient education, instruction, advice, or counselling;
2. assessment or evaluation (e.g., for new or existing conditions or lesions, and for the fit of appliances);

3. monitoring or follow-up (e.g., for existing ongoing treatment, new devices, or following recent treatment); and
4. consultations and treatment planning (e.g., for new patients or those of record, and for existing or new conditions).

[Examples of emergency, urgent, and non-essential care are available here.](#)

Requirements for using Teledentistry

The practice of teledentistry is the practice of dentistry.

Ontario dentists who practise teledentistry must continue to meet existing Standards of Practice and the professional, legal and ethical obligations that apply to oral health care that is provided in person.

When practising via teledentistry, Ontario dentists must:

1. Use their professional judgment to determine whether teledentistry is appropriate and will enable them to meet all applicable Standards of Practice, legal requirements, and professional obligations.
2. Identify the resources (e.g. information and communication technology, equipment, support staff, etc.) that are required to provide teledentistry, and only proceed if those resources are available and can be used effectively in each case.
3. Consider each patient's existing health status, specific health-care needs, and specific circumstances, and only use teledentistry if the risks do not outweigh the potential benefits and it is in the patient's best interest to do so.
4. Confirm the identity of the patient and provide the patient with proof of their identity and licensure status (if assessing a new patient). The College recommends that where possible, dentists use teledentistry to assess and triage existing patients.
5. Obtain an appropriate medical history, verbal history of the patient's condition and confirm the nature of the emergency before recommending next steps, which may include, among other things:
 - advice and appropriate pharmacotherapy (if indicated);
 - asking the patient to visit the practice for an in-person clinical examination or treatment appointment;
 - facilitating a patient referral to [an emergency office listed on the RCDSO's website](#)
 - facilitating a patient referral to allied health care providers for care needs that are outside the scope of dentistry, or;
 - facilitating a patient referral to hospital for extreme emergency cases that cannot be managed in the dental office, including loss of life and limb.
6. Ensure that the reliability, quality, and timeliness of the patient information obtained via teledentistry is sufficient to justify providing or assisting in the provision of dental care.
7. Use technology that will allow dentists to gather necessary information needed to proceed with treatment. For instance, should dentists need to prescribe medication for a new patient,

technology with audio-video capacity will be required to allow for an adequate assessment prior to prescribing medication.

8. Protect the privacy and confidentiality of the patient's personal health information, specifically by:
 - using technology that has privacy and security settings in accordance with the [Personal Health Information Protection Act, 2004](#). At minimum, technology must have controls to ensure only the intended patient has access to the appointment and where personal health information is stored and/or transmitted, strong encryption must be used. If unsure, dentists can confirm with the service provider that the technology meets Ontario privacy requirements.
 - conducting the teledentistry appointment in a private environment that will ensure patient information is not overheard or seen by other individuals; and
 - confirming with the patient that they are in a private setting and that the technology they are using is secure.
9. Keep appropriate records of the teledentistry appointment, in compliance with College's [Dental Recordkeeping Guidelines](#) and note specifically that the care was provided through teledentistry.
10. Establish quality assurance mechanisms via ongoing monitoring and evaluation to ensure that care provided via teledentistry is safe, effective, and consistent with legal and professional obligations.

Additional Requirements

Dentists who do not offer teledentistry must continue to meet their ongoing professional obligation to respond to inquiries and not abandon patients. This would include, at a minimum, a secure telephone line with a confidential voicemail message option and/or a secure and private professional email account. With either option, patient messages must be checked regularly and replied to in a timely manner.

Figure 1

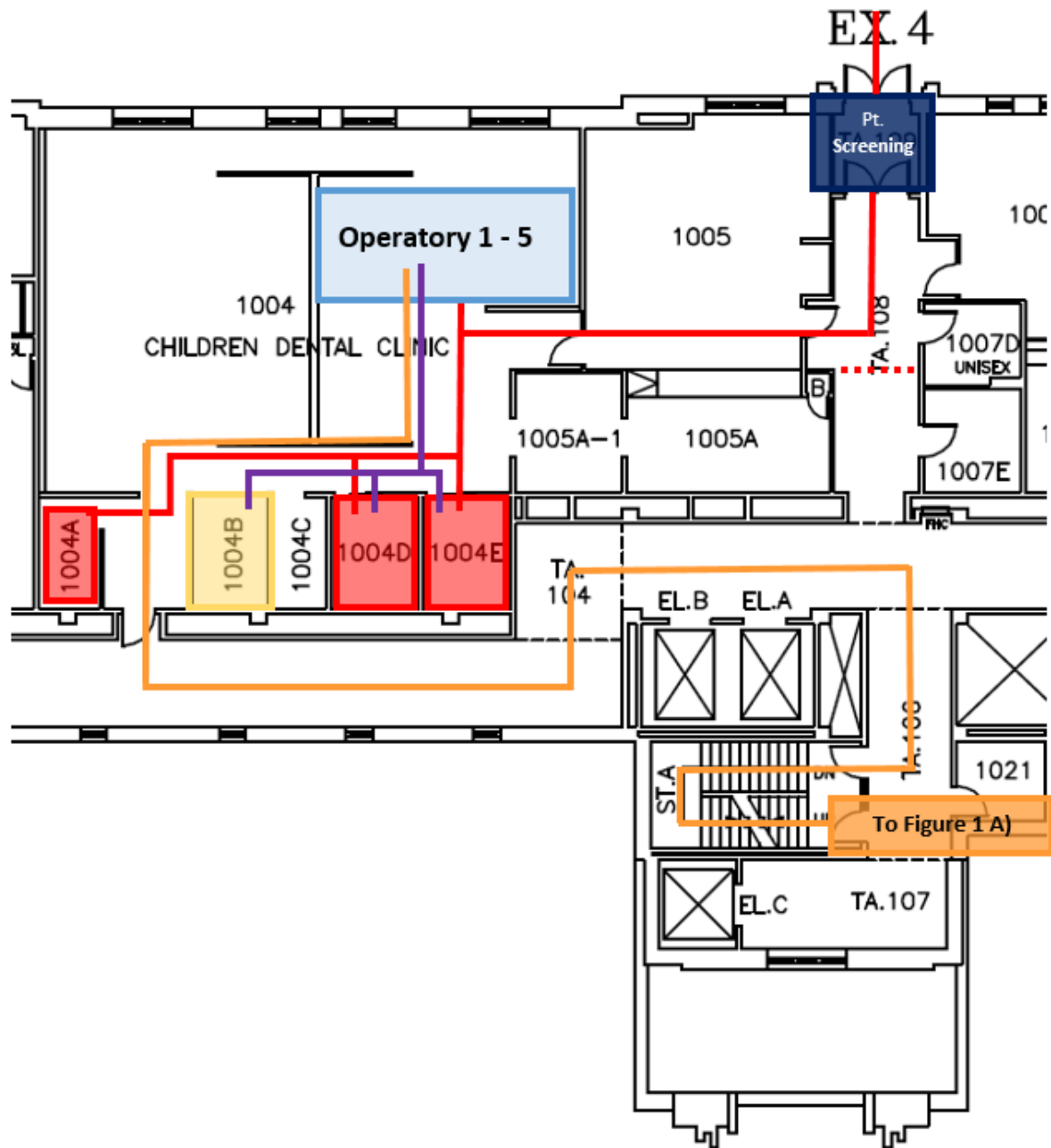


Figure 1: Map of Schulich COVID-19 Emergency Clinic. The red line indicates the flow of patient traffic into the clinic. Patients will be screened at the building entrance (dark blue). Aerosol generating procedures will be performed in the red clinics (1004D and 1004E). Non-aerosol generating procedures will be performed in the blue clinic (operatory 1-5). The broken red line indicates a physical barrier to prevent patient traffic further into the building. Yellow indicates the instrument reprocessing area. Purple indicates two-way travel for staff to/from the reprocessing area. The orange line indicates the two-way path of travel for patients to and from radiology (continued on Figure 1 A).

Figure 1A

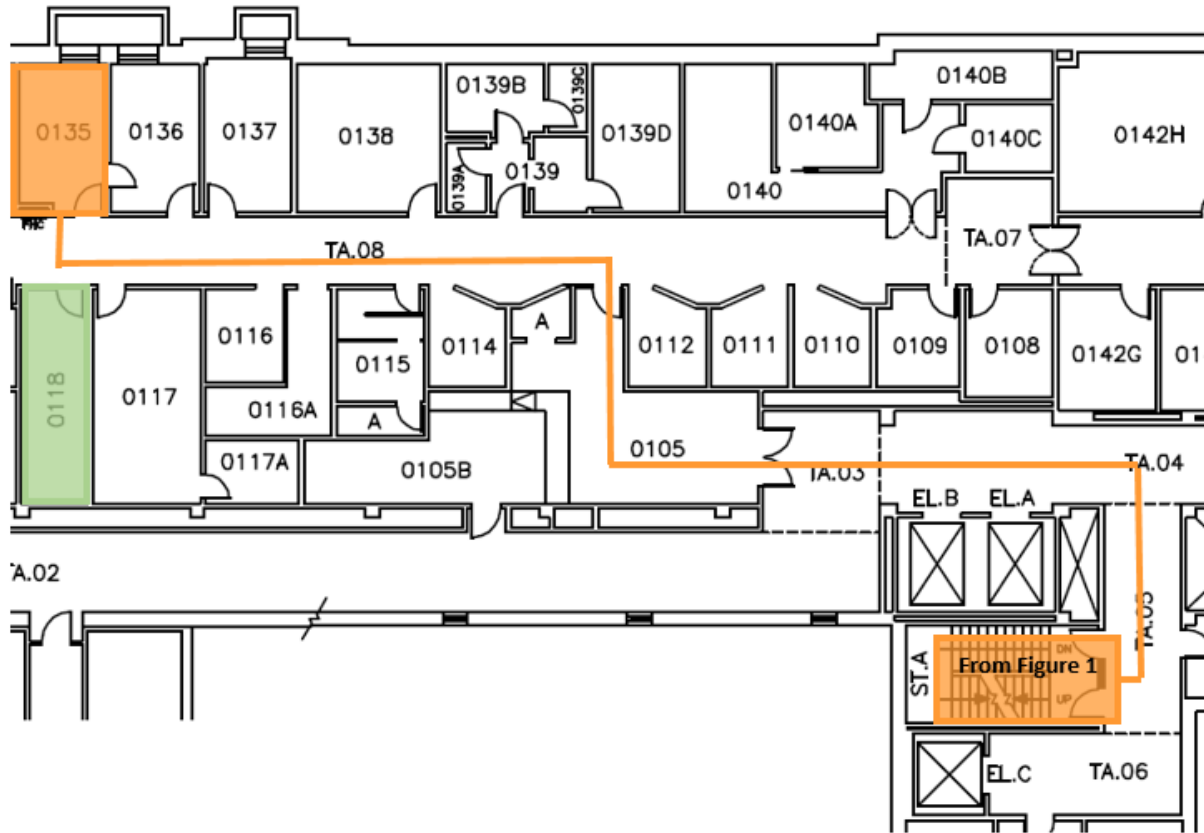


Figure 1 A): Map of Schulich COVID-19 Emergency Clinic two-way traffic flow for patients to and from radiology. The orange line indicates path of travel to/from the Emergency Clinic (Figure 1). Green indicates a clean resting place for staff only.

References and Resources

https://az184419.vo.msecnd.net/rcdso/pdf/standards-of-practice/RCDSO_COVID19_Managing_In_Person_Care.pdf

<https://www.rcdso.org/en-ca/rcdso-members/dispatch-magazine/articles/5288>

<https://www.rcdso.org/en-ca/rcdso-members/2019-novel-coronavirus/covid-19---emergency-screening-of-dental-patients-using-teledentistry>

<https://www.publichealthontario.ca/-/media/documents/ncov/ipac/ppe-recommended-steps.pdf?la=en>

<https://www.cdc.gov/hai/pdfs/ppe/ppe-sequence.pdf>