

Guidelines on Emergency and Urgent Treatment

The ADA&C is providing the following information for members to use as a resource in addition to appropriate clinical judgment on making decisions to provide care for emergency and urgent treatment, effective May 4, 2020.

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 emergent and urgent care must be weighed against the risk of exposure to patients, staff and dentists.

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

❖ Pre-Screening via remote dental care

Patients who request treatment due to an emergency or urgent condition need to be pre-screened via remote communications to protect you, your staff and other patients from possible virus transmission. Pre-screen questions should include the following:

- COVID-19 symptoms
- COVID-19 risk factors
- Over the counter medications being taken
- Nature of the chief complaint

For more information, refer to the [Guidelines on Remote Dentistry](#) resource.

❖ Daily assessment for office/clinic staff and patients

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

COVID-19 Symptoms

Ask if they have *any* of the following:

- Fever > 38C
- Cough
- Sore Throat
- Shortness of Breath
- Difficulty Breathing
- Flu-like symptoms
- Runny Nose

COVID-19 Risk Factors

Ask if they have experienced *any* of the following:

- close personal contact (w/o PPE) with a suspected or lab confirmed COVID-19 patient within the past 2 weeks
- travel outside of Canada (by air, car, bus or otherwise) in the past 2 weeks

❖ Daily Patient and Staff Consent Forms

COVID-19 [Patient Consent](#) and COVID-19 [Staff Consent](#) forms.

The intent is to ensure members receive specific COVID-19 consent from patients and staff prior to delivering treatment. Verbal consent meets the minimum standard, but the ADA&C strongly recommends that it be in writing.

You may use your own forms or use the sample forms linked above to obtain consent.

If you or a staff member tested positive for COVID-19 please refer to the AHS [Return to Work Guide](#).

❖ Problem managed with pharmaceutical intervention via remote dentistry

Provide appropriate clinical judgment on pharmaceutical management and follow-up and monitor as needed. Review the [Pharmacological Management for Adults and Children](#).

One advantage of initial pharmaceutical management is it allows a dentist to put the patient in a lower risk category if they are able to self-isolate for 14 days prior to an Aerosol Generating Medical Procedure (AGMP).

❖ Identify whether or not the patient has symptoms or risk-factors present

Symptoms or risk-factors present in patients

This means a patient responded YES to one or more of the above screening assessment questions.

Patients with any symptoms or risk-factors who indicate they have emergency or urgent conditions should be managed only after direct Doctor to Doctor consultation; this may be with an endodontist, an OMFS or a Pediatric dentist.

Patients with any symptoms or risk-factors present should not be treated in a regular dental operatory. Treat all dental patients with ILI (Influenza-like illness) as though they are COVID+.

No symptoms and no risk factors present in patients

This means a patient answered NO to all of the above screening assessment questions.

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.

❖ How to determine emergency and urgent treatment

Please use the following for help to determine what is considered emergency and urgent treatment. This guidance may change as the Alberta's Relaunch Strategy progresses.

Dentists are required to exercise appropriate clinical judgment in the diagnosis and treatment of emergency and urgent dental procedures. Dentists are also required to be familiar with and follow the [ADA&C Standard of Practice: Infection Prevention and Control Standards and Risk Management for Dentistry](#).

EMERGENCY DENTAL PROCEDURES

- Emergency dental treatment includes treatment of oral-facial trauma, significant infection, prolonged bleeding, pain which cannot be managed by over the counter medications, or management of known/high risk malignancy.

URGENT DENTAL PROCEDURES

- Urgent dental care focuses on the management of conditions that require immediate attention to relieve pain and if left untreated may significantly compromise patient dental health, such as:
 - 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:**
 - Active sleep apnea management
 - Extensive dental caries or defective restorations causing pain or that can lead to pain
 - 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
 - Pre-surgical clearance for medical procedures
 - Managing active orthodontic cases

❖ **Aerosol Generating Medical Procedures (AGMP) are a known high risk for COVID-19 transmission.**

Therefore the ADA&C recommends that dentists limit these procedures thus protecting patients, staff and themselves.

Aerosols are generated by high speed handpieces, ultrasonic devices and tri-syringes.

PPE Requirements for Non-Aerosol and Aerosol Generating Medical Procedures

Non-Aerosol

- Current IPC standards apply with proper PPE. This PPE includes gloves, surgical masks, and protective eyewear.

Aerosol Generating

- Aerosol Generating Medical Procedures (AGMP) require current IPC **and** enhanced PPE. The enhanced PPE includes protective clothing, gloves, fitted N-95 masks (or equivalent as per [Health Canada](#)), appropriate protective eyewear or face shield.

Other considerations when providing treatment after proper screening

- Follow the proper [Donning](#) and [Doffing](#) of PPE
- Use of 1% hydrogen peroxide 5cc to rinse for 30 seconds prior to examination of the oral cavity
- Use of rubber dam isolation
- Use of high volume suction to limit aerosols
- Spoon excavation of decay
- Possible application of silver diamine fluoride
- Restrict using high speed handpieces to limit aerosol

Non-emergency dental procedures

Below are examples of non-emergency dental procedures to guide your professional judgment. This list includes, but is not limited to the following:

- Initial or periodic oral examinations and recall visits, including routine radiographs
- Routine dental cleaning and preventive therapies
- Extraction of asymptomatic teeth
- Restorative dentistry including treatment of asymptomatic carious lesions
- Aesthetic dental procedures
- Non-painful chronic periapical lesions
- Dental implants
- Extraction of asymptomatic teeth

Patient Flow Guidelines

You must comply with the 15 person limit as per the orders of the Chief Medical Officer of Health. Additionally, we recommend the following:

- **Stagger appointment times** to facilitate physical distancing between patients and to reduce waiting room exposure
- Remove all magazines/toys etc. from waiting area to prevent contamination
- Encourage patients to wear masks to the dental office
- Have 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
- Accompanying individuals to wait in their respective vehicles (exception being a legal guardian or a caregiver, who should also be screened)
- Encourage no-contact taking and recording of patient temperature
- Ensure the patient washes their hands upon initial entry to the office and proceeds directly to the operatory
- Encourage patients to wear masks out of the dental office
- Have the patient wash their hands before they leave the office

As always, the ADA&C expects members to use appropriate clinical judgment and follow the standards of practice. These guidelines are current as of May 4, 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.