

Expectations and Pathway for Patient Care during the COVID-19 Pandemic

The following information is intended as clarification of the March 29, 2020 communication to registrants titled “Recommendations & Expectations for Clinical Care in the COVID-19 Pandemic”.

Note that CDSBC’s Guidelines for Infection Prevention and Control (IPAC) remain in effect, and that any recommendations contained in this document that move beyond the existing requirements of IPAC are specific to the COVID-19 pandemic.

Expectations of the Provincial Health Officer

On March 23, 2020, Dr. Bonnie Henry, BC’s Provincial Health Officer, issued [an update](#) addressed to all regulated healthcare professionals in BC asking them to limit delivery of in-person services in private and community settings. This message remains current although discussions are ongoing regarding the possibility of lifting some of the measures initiated to help prevent viral transmission during the COVID-19 pandemic.

The message from the Provincial Health Officer continues to be that *“all non-essential and elective services involving direct physical contact with patients and clients should be reduced to minimal levels, subject to allowable exceptions, until further notice.”* Regulated health professionals are encouraged to continue to provide any and all services to their patients, regardless of their urgency, via telephone and other virtual technologies, wherever possible.

Timelines of when non-urgent in-person care can resume will be provided at the appropriate time. In the meantime, it is critical to stay the course and continue to limit in-person care to patients who require physical intervention to mitigate negative health outcomes. Doing this will relieve hospital emergency departments of the unnecessary burden of dental emergencies while providing appropriate management of dental care.

Expectations of the College of Dental Surgeons

The College is evaluating standards and guidance needs arising from the COVID-19 pandemic, and has struck an expert COVID-19 Response working group to review current CDSBC guidance and recommend additional measures to ensure the public is protected during the COVID-19 pandemic. This guidance will relate to the safe provision of dental care in the context of COVID-19 while maintaining any existing or future physical distancing recommendations from the Office of the Provincial Health Officer.



Continuity of care

During the COVID-19 pandemic, it is important to recognize that your obligations to patients have not changed. All oral health care providers have continuing professional, legal and ethical responsibilities to oversee and manage all types of care. When making determinations to deliver in-person treatment, decisions must be based on professional judgment, informed consent protocols, thorough risk assessment as it relates to violating physical distancing recommendations, and guidance from [authoritative sources](#).

Continuity of care requires that patients of record have access to their dentist and to their clinical record. Do not leave your office voicemail and email unmonitored; check your messages regularly and return calls and queries from your patients.

Oral healthcare providers who have determined a need to provide in-person assessment and care must assess and screen patients (and accompanying individuals) for symptoms of COVID-19. This pretreatment screening will be used to inform *where and how* care for the patient will be provided, not *whether* care will be provided.

CDSBC does not expect any oral healthcare provider to provide in-person treatment unless, in their professional opinion, it is dentally required, and appropriate precautions are taken. Ongoing management of patient care and specific individual concerns must continue.

In-person clinical care

All in-person procedures must be provided in compliance with CDSBC's [Guidelines for Infection Prevention and Control \(IPAC\)](#) while recognizing requirements of physical distancing in the clinic/office. A determination to enhance any aspect of the IPAC guidelines, including appropriate personal protective equipment, should be based on evidence and risk assessment. Rigorous compliance with hand hygiene protocols for patients and staff is essential (see page 10 of CDSBC's [IPAC Guidelines](#)).

Consideration of office protocols for the provision of in-person assessments and care is also extremely important:

- Any member of the dental team who is unwell must stay home, even if their symptoms are mild. Each office/clinical staff member should conduct and report their own [self-assessment for COVID-19](#) prior to attending the dental practice for work.
- [Aerosol generating medical procedures](#) may represent a risk for large droplet transmitted influenzas and other respiratory infectious diseases. Aerosols may be



produced by high-speed, low-speed and other rotary hand pieces, ultrasonic and other similar devices, and air/water syringes. To provide in-person care where aerosol generation is anticipated, appropriate personal protective equipment (PPE) for clinical staff should be considered with decisions made based on authoritative advice (see “Additional Precautions” on page 14 of CDSBC’s [IPAC Guidelines](#)). Consideration should be given to providing these types of procedures in suitable operatories and allowing for adequate time between appointments.

- Patient-flow management is an important consideration when providing in-person care, given the recommendation for physical distancing. Give thought to staggering appointment times and avoid overcrowding waiting areas, remembering to remain compliant with physical distancing recommendations. Have patients and guardians wait outside the practice until their scheduled appointment time, with the accompanying person remaining outside unless absolutely necessary (e.g. parent of a small child or a patient who requires accommodation).
- Each patient with a positive social or medical status for COVID-19 who enters the practice facility should perform proper hand hygiene and must be offered appropriate PPE and directed to the treatment area immediately. [Donning \(putting on\)](#) of appropriate patient PPE should be supervised by staff.
- Minimize movement of patients within the facility once they have arrived. Staff can help reduce patient contact with fixtures and surfaces by removing unnecessary office and operatory furniture and other content and by opening and closing doors for patients. Washrooms should be thoroughly cleaned after every use. Ongoing enhanced general housekeeping including cleaning and disinfection throughout the office during the work day should be considered.
- Minimizing the number of office and clinical staff members present will aid compliance with physical distancing requirements. Reception staff must be provided with appropriate PPE and consideration can be given to installing physical barriers.
- Upon completion of care, patients must perform proper hand hygiene and leave the facility as efficiently as possible. [Doffing \(taking off\)](#) of any provided PPE should be overseen and directed by staff.
- Dental offices must continue to have protocols in place for dealing with in-office medical emergencies during the COVID-19 pandemic. These would include consideration of how the emergency will be managed should the patient have positive COVID-19 status.



A pathway for management of patient care during COVID-19

<p>1. All patients must be triaged by virtual/remote technology (i.e. telephone or video) as follows:</p> <ul style="list-style-type: none"> A. Establish and post your contact information and hours of service (e.g. voicemail messaging, external signage) B. If dentist is not immediately available, confirm appointment time for the dentist to provide consultation C. Patient/dentist triage appointment to include: <ul style="list-style-type: none"> o Identify chief complaint o Review medical, dental and social history o Determine and record virtual diagnosis D. Offices are encouraged to proactively contact patients to monitor existing concerns and oversee ongoing treatment 		Virtual and Remote Management of Patient Care		
<p>2. Determine if management is required</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none; text-align: center;"> <p>IF NO Determine timing of any necessary follow up</p> </td> <td style="width: 50%; border: none; text-align: center;"> <p>IF YES Proceed to step 3</p> <p>↓</p> </td> </tr> </table>			<p>IF NO Determine timing of any necessary follow up</p>	<p>IF YES Proceed to step 3</p> <p>↓</p>
<p>IF NO Determine timing of any necessary follow up</p>	<p>IF YES Proceed to step 3</p> <p>↓</p>			
<p>3. Determine whether virtual/remote management is appropriate</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none; text-align: center;"> <p>IF NO If in-person assessment or care is required, continue to step 4</p> <p>↓</p> </td> <td style="width: 50%; border: none; text-align: center;"> <p>IF YES If it is determined virtual management is appropriate, care can be provided with virtual/remote technology (e.g. consultation, advice, recommendations, assessment, referral, pharmacological intervention)</p> <p>Follow up as determined</p> </td> </tr> </table>			<p>IF NO If in-person assessment or care is required, continue to step 4</p> <p>↓</p>	<p>IF YES If it is determined virtual management is appropriate, care can be provided with virtual/remote technology (e.g. consultation, advice, recommendations, assessment, referral, pharmacological intervention)</p> <p>Follow up as determined</p>
<p>IF NO If in-person assessment or care is required, continue to step 4</p> <p>↓</p>	<p>IF YES If it is determined virtual management is appropriate, care can be provided with virtual/remote technology (e.g. consultation, advice, recommendations, assessment, referral, pharmacological intervention)</p> <p>Follow up as determined</p>			
<p>4. Assessment of compliance with the “Additional Precautions” listed in Part A, Section 7 (page 14) of CDSBC’s IPAC Guidelines and capacity of PPE inventory to provide clinical assessment.</p> <p>Necessary PPE should include:</p> <ul style="list-style-type: none"> • ASTM Level 2/3 surgical masks • Gloves (non-sterile gloves can be used for dental care in a non-sterile environment, sterile gloves for a sterile environment) • Appropriate protective eyewear for patient/clinical staff <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none; text-align: center;"> <p>IF NO Refer to identified emergency dental clinics</p> </td> <td style="width: 50%; border: none; text-align: center;"> <p>IF YES Proceed to step 5</p> <p>↓</p> </td> </tr> </table>			<p>IF NO Refer to identified emergency dental clinics</p>	<p>IF YES Proceed to step 5</p> <p>↓</p>
<p>IF NO Refer to identified emergency dental clinics</p>	<p>IF YES Proceed to step 5</p> <p>↓</p>			
<p>5. Screen the patient for positive COVID-19 status Advise patient of additional screening and safety measures in place to limit potential transmission of the virus. Ask patient to complete the BC COVID-19 Self-Assessment Tool at bc.thrive.health to determine whether they may need further testing for follow up. When complete:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none; text-align: center;"> <p>IF NO Proceed to step 6</p> <p>↓</p> </td> <td style="width: 50%; border: none; text-align: center;"> <p>IF YES Proceed to step 5a.</p> <p>↓</p> </td> </tr> </table>			<p>IF NO Proceed to step 6</p> <p>↓</p>	<p>IF YES Proceed to step 5a.</p> <p>↓</p>
<p>IF NO Proceed to step 6</p> <p>↓</p>	<p>IF YES Proceed to step 5a.</p> <p>↓</p>			



	<p>5a. Alert staff to positive COVID-19 status of patient and prepare additional protocols for entry to and exit from the facility to include:</p> <ol style="list-style-type: none"> 1) supervised donning of PPE for patient upon entry to the facility 2) immediate isolation upon arrival in a dedicated operatory 3) supervised doffing of patient PPE and immediate egress from the facility 			
	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> <p>IF NO (PPE requirements in 5a not met)</p> <p>Refer to identified emergency dental clinics</p> </td> <td style="width: 50%; border: none;"> <p>IF YES (PPE requirements in 5a met)</p> <p>Proceed to step 6</p> <p style="text-align: center;"></p> </td> </tr> </table>		<p>IF NO (PPE requirements in 5a not met)</p> <p>Refer to identified emergency dental clinics</p>	<p>IF YES (PPE requirements in 5a met)</p> <p>Proceed to step 6</p> <p style="text-align: center;"></p>
<p>IF NO (PPE requirements in 5a not met)</p> <p>Refer to identified emergency dental clinics</p>	<p>IF YES (PPE requirements in 5a met)</p> <p>Proceed to step 6</p> <p style="text-align: center;"></p>			
6.	<p>Provision of clinical assessment and determination of diagnosis Reassess patient's dental, medical and social history with emphasis on any change to COVID-19 status. Initiate additional entry and exit protocols if history remains positive from virtual triage or has changed since the time of booking the assessment. Upon completion of the clinical assessment, is clinical intervention required?</p>		In-office Management of Patient Care	
	<p>IF NO Return to step 2</p>	<p>IF YES Proceed to step 7</p> <p style="text-align: center;"></p>		
7.	<p>Determination of aerosolization Does the clinical intervention require an aerosol-generating procedure?</p>			
	<p>IF NO Proceed to step 8 (assuming ongoing capacity for enhanced PPE as above)</p> <p style="text-align: center;"></p>	<p>IF YES Proceed to step 7a.</p> <p style="text-align: center;"></p>		
	<p>7a. Assessment of PPE inventory to provide aerosol-generating procedure, taking into consideration patient COVID-19 status, to include:</p> <ol style="list-style-type: none"> 1) Level 3 surgical masks or fit-tested N95 respirator for clinical staff 2) Gloves 3) Appropriate eye protection for patient/clinical staff 4) Face shields for clinical staff 5) Disposable surgical gowns and drapes (as needed for procedure) 			
	<p>IF NO (PPE requirements in 7a not met)</p> <p>Refer to identified emergency dental clinics</p>	<p>IF YES (PPE requirements in 7a met)</p> <p>Proceed to step 8</p> <p style="text-align: center;"></p>		
8.	<p>Provision of care, as efficiently and minimally invasive as possible. Prompt egress of patient with supervised doffing of PPE. Follow up as determined.</p>			