



Pandemic Plan
COVID-19
For
Emergency and Urgent Care

Amended April 29th 2020

Whereas; On the 24th of March 2020 the Chief Medical Officer for Newfoundland and Labrador ordered the closure of all dental clinics with the exception of emergency care.

Whereas; All dental clinics are currently operating under a directive from the Newfoundland Labrador Dental Board (NLDB) to suspend all regular dental services as of March 17, 2020 which will remain in place using the definitions and procedures as outlined below.

This Pandemic Plan is only for Clinics who wish to operate under these conditions and are willing and able to provide services under the conditions set out. In order for a Clinic to open it must attest that they are operating at the increased infection control and agree to all the principles and will limit themselves to procedures as outlined.

If a clinic wishes to offer emergency services under this Pandemic Plan they are to notify the Registrar, (by e-mail is fine,) that they have reached the levels set out, and the Registrar may provide such Clinic with permission to open. If you fail to submit that notice you will not open. The Registrar or their designate reserves the right to audit any clinic at any time with respect to this notice.

Emergency Clinical Procedures:

Care should focus 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 with minimal invasive and with minimal aerosol as possible.*

Dental Emergencies 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, oral facial lacerations and/or dento-alveolar potentially compromising the patient's airway
- 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 if the temporary restoration is lost, broken or causing gingival irritation
- Injuries , such as avulsion/luxation of a permanent tooth
- Acute infections that are likely to exacerbate systemic conditions such as diabetes
- Severe trismus

- Oral Medicine or Oral Pathology procedures
- Dental Procedures necessary prior to medical procedures

URGENT CARE includes treatment for;

- Dental or soft tissue infections without systemic effect
- Severe pain that cannot be managed by medication or the patient following self-help advice
- Fractured teeth or pulp exposure
- Repair of an existing appliance that in the opinion of the practitioner will disproportionately affect the ability of the wearer to function, or to eat, or to speak given the presumption of a lengthy and indeterminate period of time involved.
- Also in the use of a dysfunctional or broken appliance that may create the risk of oral injury, oral infection and/or gastrointestinal disturbance. Repairs should be accomplished by the Dental Technician with physical distancing, disinfection, and PPE (surgical mask level 2 or above, eye protection, gloves, and outer protective clothing).
- Pericoronitis, third molar pain, and treatment of post-operative osteitis and dry socket changes.
- Placement of finished prosthetic work undertaken prior to the order if temporization is lost, broken or given the extended time disproportionately affects the likelihood of successful completion of the prosthesis.
- Temporomandibular dysfunction management and procedures
- Medical management of soft tissue presentations
- Urgent endodontic procedures -- AGP with Dental Dam in Aerosol Controlled environment utilizing Aerosol Protective Measures and N95 Respirator or equivalent.
- Urgent restorative procedures -- AGP with Dental Dam in Aerosol Controlled environment utilizing Aerosol Protective Measures and N95 Respirator or equivalent
- Urgent pediatric procedures -- AGP with Dental Dam in Aerosol Controlled environment utilizing Aerosols Protective Measures and N95 Respirator or equivalent
- Urgent complex extractions -- AGP in Aerosol Controlled environment utilizing Aerosols Protective Measures and N95 Respirator or equivalent.

- Simple extractions -- using NAGP when continuous pharmacological means fails to provide reasonable relief any longer .

The following Protocols are to be Implemented Immediately before providing the above services.

- **Front Desk**

- a) The front desk is required to have a “Sneeze guard” between the front desk staff and the waiting room. This may be accomplished by using a face shield and level 2 masks.

- **Waiting Room Protocols**

Please note that the protocols and procedures may change within each office due to the clinic size and layout.

- a) **Large Waiting Room**

- i. Patients need to be seated at least 2 meters away from another at all times. If you are unable to remove the chairs that cannot be used between patients, please place a removable sign on the chair stating that it is not to be sat in.
- ii. Chairs cannot be used again until it has been properly disinfected. It is required that each chair is cleaned the same as the dental operator.

- b) **Small Waiting Room**

- i. If space does not permit patients to be seated 2 meters apart; patients must call into the office upon arrival and wait in the parking lot until they are called in for the procedure. The patient must be brought directly into the dental operator.
- ii. In cases of young children or extreme nervous patients there may be a maximum of 1 person with them.

c) Shared Waiting Room

- i. If your dental clinic's waiting room is shared with another entity; such as, hospital waiting room, then all patients must follow the same procedures as (b) Small Waiting Room.

• Clinic Materials

- a) COVID-19 can be transferred through materials and objects that were touched by an infected individual.
 - i. All non-essential items within the front desk area need to be removed.
 - ii. Any items that are essential must be moved behind the desk so they cannot be touched by the public.
 - iii. Any plants within the office should also be removed.
 - iv. Remove all pamphlets, magazines, and other such items in waiting room that patients may normally touch as this is a high traffic area.

Additional Cleaning Protocols

- **Operatories and clinic must be cleaned and sanitized at the start of every day with the same protocols as used between patients.**
 - i. If possible, divide the front desk into sections / work stations.
 - One section is to be used by staff solely while the other will be used when dealing with patients.
 - As soon as a patient has touched the desk and moved away from the area the desk must be wiped sufficiently.
 - ii. All hard surfaces in the clinic, which may normally be touched, shall be wiped 2 times daily each clinic day with soap and water. This includes, but is not limited to:
 - Front desk used by staff
 - door knobs for all entrances to any room or the clinic

- all bathroom countertops
 - hard surfaces of waiting room chairs (if they're sat in they need to be cleaned directly after)
 - staffroom hard surfaces
 - sterilization and lab areas hard surfaces
 - toilets.
- iii. Additionally, all hard surfaces shall be wiped with bleach in a ratio of 4 tsps. bleach per 4 cups of water.
 - iv. Each operatory must be cleaned using normal protocols and completely unused for 15 minutes afterwards.
 - v. **Sterilization Room is** to be cleaned equivalent to a dental operatory 3 times daily.
 - vi. If you leave the operatory area (considered equivalent to a sterile area for procedures) you must wash hands upon return for at least 20 seconds and put gloves on without touching anything in-between. This is mandatory every time you leave operatory and return.

Deliveries

- i. If you are collecting and/or accepting mail you must be wearing gloves.
- ii. The exterior of every box delivered shall be wiped entirely with a paper towel and soap and water solution or sanitizing wipe depending on your supplies.
- iii. The boxes shall remain untouched for 15 minutes prior to being opened.
- iv. Clean all surfaces that were touched by the mail with soap and water mix or sanitizing wipes.

Supplies and Instruments Normal Protocol

- i. There shall be NO touching of any dental supplies or instruments without gloves on AT ALL TIMES. This includes every time you fill up the dental operatory with supplies or set up the dental operatory.

Reduced Patient Numbers

- i. The number of patients booked must be reduced to increase the time between reusing a dental operatory.

Staff Room and Employees

- i. All staff shall wash their hands immediately for at least 20 seconds after entering clinic and every time they return. If you touch anything that has not been cleaned within the office; such as, your purse, jacket, car keys, etc, then you must wash hands immediately afterwards.
- ii. All food items brought to clinic must be placed in the refrigerator for 15 minutes prior to opening, even if it is not food that requires refrigeration.
- iii. All hot take-out foods; such as, pizza, must have the exterior box washed with soap water solution and then it will be acceptable to eat in staff room. The individual accepting the pizza must do so wearing gloves.
- iv. Employees who have traveled internationally must self-isolate for 2 weeks upon return.
- v. Employees who have symptoms of COVID 19 that are not attributable to another cause, must self-isolate for 2 weeks.

Patient Screening – Adequate Screening must be completed before dentists physically see patients. As attached.

- i. Patients' who have traveled outside the province in the past 2 weeks or have any symptoms that may be attributable to COVID 19 are not allowed to enter the dental clinic for routine treatments.
- ii. Screening must occur for all patients before booking appointments over the phone. Please use the triage check as provide by Public Health. All efforts should be made to treat patient emergencies with pharmacotherapy to protect dentist and dental staff.
- iii. IF the patient screens negative for acute respiratory illness including COVID-19 and the emergency CAN be managed without generating aerosols (i.e. high-speed hand piece and air-water syringe will NOT be used)then care may be provided using routine practices and contact/droplet precautions(i.e. procedure / surgical mask, gloves, gowns and eye protection and other standard precautions in the operator).
- iv. If the patient screens negative for acute respiratory illness, including COVID-19, and the emergency care CANNOT be managed without generating aerosols (i.e. high-speed hand pieces and air-water syringe MUST be used)then it is strongly recommended that care be provided using enhanced precautions (i.e. fit-tested N95 masks, gloves , eye protection, face shield and protective gown) in addition a rubber dam and high volume suction should be used to minimize aerosols
- v. If the patient screens negative for acute respiratory illness, including COVID-19, and the emergency care CANNOT be managed without generating aerosols (i.e. high-speed hand pieces and air-water syringe MUST be used)then care must be provided using enhanced precautions (i.e. fit-tested N95 masks, gloves , eye protection, face shield and protective gown) in addition a rubber dam and high volume suction should be used to minimize aerosols
- vi. If patient screens positive for acute respiratory illness all emergency care MUST avoid generating aerosols (i.e. high speed hand-pieces and air-water syringe CANNOT be used) and care must be provided using enhanced precautions (i.e. fit-tested N95 masks, gloves , eye protection , face shield and protective gown) in addition a rubber dam and high volume suction should be used to minimize aerosols.

- vii. IF patient screens positive for Covid 19 all treatment should be delayed until patient is determined to viral free.
- viii. If your dental practice does NOT have the require safety precautions in place to manage emergency cases, you are responsible to triage cases and refer to practice where patient can get necessary care.

This Pandemic Plan is in place for the protection of you, your staff and the Public.

Dr Paul Hurley

President

NLDA

Dr Harry Simms

Chair

NLDB