



UPDATED GUIDANCE ON EMERGENCY AND URGENT CARE DURING COVID-19 PANDEMIC

April 24, 2020

The Government of Ontario has declared a State of Emergency and issued an Emergency Order, closing all non-essential businesses. Health care and social services have been identified as essential businesses and regulated health professionals, including dentists, are permitted to provide urgent care only.

As a result, the College continues to strongly recommend all non-essential and elective dental services provided in person remain suspended until further notice. Emergency and urgent care should continue.

The following updated guidance provides direction for Ontario dentists on the provision of emergency and urgent dental care during the current State of Emergency.



WHAT IS AN EMERGENCY?

In dentistry, an emergency is a potentially life-threatening condition that requires immediate treatment, including:

- oral-facial trauma
- cellulitis or other significant infection, especially if compromising the patient's airway
- prolonged bleeding
- pain that cannot be managed by over-the-counter medications



WHAT IS URGENT CARE?

In dentistry, urgent care is the management and treatment of conditions that require immediate attention to relieve pain and/or risk of infection, including:

- 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, pulp exposure or causing soft tissue trauma
- dental trauma with avulsion/luxation
- final crown/bridge cementation if the temporary restoration is lost, broken or causing gingival irritation
- biopsy of a suspicious oral lesion or abnormal oral tissue
- replacing a temporary filling in an endodontic access opening for patients experiencing pain
- snipping or adjusting an orthodontic wire or appliance piercing or ulcerating the oral mucosa
- treatment required before critical medical procedures can be provided



WHAT IS NON-ESSENTIAL CARE?

In dentistry, non-essential care is the provision of routine or non-urgent procedures, including:

- recall examinations and routine radiographs
- routine dental cleanings 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
- cosmetic dental procedures, including teeth whitening

HOW SHOULD EMERGENCY AND URGENT CASES BE MANAGED?

Considering the current pandemic situation, the College is updating its [guidance regarding emergency and urgent care](#).

PLEASE READ CAREFULLY.

▶ **Dentists have professional, legal and ethical responsibilities to provide or arrange for dental emergency and urgent care for their patients.** It is essential that all dentists exercise appropriate clinical judgement and provide continuity of care to ensure that their patients receive guidance and dental emergencies do not burden hospital emergency departments.

Continuity of care requires that patients of record have access to their dentist for guidance on emergency and urgent care. Do not leave your office voicemail and email unmonitored; check your messages regularly and return the calls of your patients.

All emergency and urgent cases should be triaged by telephone or virtual/remote management first by screening for COVID-19, taking a verbal history of the patient's condition and providing appropriate pharmacotherapy, if indicated.

A patient who screens positive for COVID-19 infection should contact their primary care provider or Telehealth Ontario at 1-866-797-0000 to determine next steps. In addition, COVID-19 is a designated disease of public health significance and reportable under the Health Protection and Promotion Act and, as a regulated health professional, you should contact your local public health unit to report a probable or confirmed case.

If the patient screens negative and telephone or virtual/remote management is insufficient, in-person clinical assessment may be considered, provided the dental practice has required safety precautions and PPE in place to manage emergency and urgent cases in person.

▶ **Aerosol generating procedures are a known high risk for COVID-19 transmission and should be avoided to protect patients and dental staff.** Aerosols may be generated by high-speed, low-speed and other rotary handpieces, ultrasonic and other similar devices, and air-water syringes. To provide emergency and urgent care in person, all clinical staff must wear PPE that is appropriate for the anticipated procedure, which is determined by whether an aerosol will be generated.



SCENARIO 1:

Patient presents with an emergency or urgent condition that CAN be managed without generating an aerosol (i.e. high-speed handpiece and air-water syringe will NOT be used)

- Many emergency and urgent cases can be managed without generating an aerosol.
- Using routine practices and contact/droplet precautions for all clinical staff (i.e. procedure/ surgical mask, gloves and eye protection and/or face shield), obtain a history of the patient's condition and conduct an emergency clinical dental examination. Determine the nature of the emergency or urgent condition and provide care WITHOUT GENERATING AN AEROSOL.
 - DO NOT use high-speed handpieces. Instead, use hand instruments.
 - DO NOT use air-water syringe. Instead, use cotton roll or gauze.
 - AVOID using low-speed handpieces, due to the potential for generating an aerosol. If low-speed handpieces must be used, this should be limited to brief, judicious use at low RPM. Otherwise, enhanced precautions are required (see Scenario 2).



SCENARIO 2:

Patient presents with an emergency or urgent condition that CANNOT be managed without generating an aerosol (i.e. high-speed handpiece or air-water syringe MUST be used)

- If an aerosol will be generated, then care MUST be provided using enhanced precautions for all clinical staff (i.e. fit-tested N95 mask, gloves, eye protection AND face shield, and protective gown).
 - If possible, use a rubber dam with high-volume suction to minimize aerosols and possible exposure to infectious agents.
- All aerosol-generating procedures must be performed in an operatory with floor-to-ceiling walls and (ideally) a door, which must remain closed during and after such procedures.

To protect patients and dental staff, and conserve PPE supplies, AEROSOL-GENERATING PROCEDURES SHOULD BE AVOIDED. Consider using pharmacotherapy instead.

If you are managing emergency and urgent cases in person, appropriate precautions include the following.

Regarding the management of patients:

- Stagger appointment times and avoid over-crowding of waiting areas. Have all patients wait outside the dental practice (e.g. in their car) before being seen.
- Remove all magazines and toys from waiting areas to prevent contamination.
- When an operatory is ready for treatment, call each patient and repeat screening for COVID-19 with temperature recording, prior to allowing entry to the dental practice. Consider purchasing a non-contact infrared thermometer or have the patient take and report their temperature with their own thermometer, while waiting outside the dental practice.
- Limit access to patients. Accompanying individuals should wait outside the dental practice (e.g. in their car), unless absolutely required, such as a parent accompanying a young child or a patient who requires accommodation.
- Have each patient perform hand hygiene (70-90% ABHR or soap and running water) upon initial entry to the dental practice.
- Have each patient rinse with 1% hydrogen peroxide for 30 seconds, prior to examination of the oral cavity.
- Have each patient use 70-90% ABHR before leaving the dental practice.

Regarding office and clinical procedures:

- Minimize the number of dental staff present in the dental practice at one time.
- Each office/clinical staff member must conduct and report their own [self-assessment for COVID-19](#), prior to attending the dental practice for work.
- Reception staff person must be provided with appropriate PPE (procedure/surgical mask, gloves and eye protection or face shield). Consider installing appropriate physical barriers (e.g. plexi-glass shield).
- Minimize patient contact with all surfaces, such as door handles, by having dental staff open/close all doors.
- Minimize the contents of all operatories in which an aerosol-generating procedure may be performed, including unnecessary equipment, supplies, plants and artwork.
- Minimize use of intra-oral radiographs. Consider using extra-oral radiographs instead.
- [Follow appropriate steps for putting on and removing PPE.](#)
- Following a nonaerosol-generating procedure, cleaning and disinfection of the operatory may be conducted without delay, as per standard procedures.
- Following an aerosol-generating procedure, cleaning and disinfection of the operatory must be delayed. The operatory door, if present, should remain closed for three hours (180 minutes) to allow settling of the aerosol, prior to cleaning and disinfection of all surfaces.
- Enhance general office housekeeping, including cleaning and disinfection of high-touch surfaces twice per day.

- Contact emergency and urgent care patients 7 to 10 days after providing care to confirm that their condition has resolved AND they are not demonstrating symptoms of COVID-19 infection.

Emergency and urgent care patients may demonstrate symptoms of COVID-19 infection following their dental visit. A patient who screens positive for COVID-19 infection should contact their primary care provider or Telehealth Ontario at 1-866-797-0000 to determine next steps. In addition, you should contact your local public health unit to report a probable or confirmed case.

If your dental practice does NOT have required safety precautions and PPE in place to manage emergency and urgent cases in person, you are still responsible to triage emergency and urgent care via telephone or [virtual/remote management](#) first and then by referral to a nearby dental or specialty practice that can provide such care. Please do NOT instruct patients to contact the College directly. [Instead, refer to the list of dental practices offering emergency services.](#)

Avoid referring to a hospital dental department at this time.

IMPORTANT:

If your dental practice has required safety precautions in place to manage emergency and urgent cases in person, including access to and ability to safely use fit-tested N95 masks, gloves, eye protection, face shield and protective gown, and you are prepared to treat patients other than your own, please immediately notify the College at covid19@rcdso.org. The College is collecting this information to help improve patient access to emergency and urgent dental care.

If your dental practice is unable to meet required safety precautions or has closed, **you can still help**. Consider donating supplies of PPEs and other IPAC resources directly to a colleague on [the list of dental practices that are seeing emergency and urgent care patients](#).

Alternatively, consider donating these supplies to a local hospital, [public health unit](#), community health centre or organized PPE donation drive, such as those facilitated by the Ontario Dental Association.

During this pandemic, all PPEs are valuable and make a difference. Your generosity can go a long way.