

Advanced Dental Management: COVID-19 Update From Dental Advisory Board^(1/2)



Infection Control, Policies and Procedures

Must Do

We:

- Do not treat Covid-19 patients or those with symptoms
- Only provide essential & emergency dental treatment
- Follow our established SOPs¹ (Standard Operating Procedures)
- Follow guidance from local authorities² as well as our internal guidelines
- Use PPE (Personal Protective Equipment)
- Exercise Social Distancing (when possible)
- Document, take care and stay safe

¹SOPs can be found at the below link: PDA Dental Advisory Board: www.covid19dentalresources.com

²Local regulations always override our recommendations

If Patient Contacts Practice

We do not treat:

- Patients tested positive for Covid-19 or has (in the last 14 days):
 - >99.5 degrees temperature
 - Flu-like symptoms (coughing, fever, shortness of breath)

Patients showing symptoms or being diagnosed with Covid-19 should be referred to local medical facilities. Check temperatures for all individuals entering the practices.

Pre-Screening Questionnaire

Ask every patient the following questions:

- Have you traveled outside of the U.S. in the last 30 days?
- To your knowledge, have you been in contact with a COVID-19 patient?
- Are you experiencing any flu-like symptoms, or have the last 14 days? Symptoms include:
 - Coughing
 - Fever
 - Shortness of breath

If yes on any above, refer to local medical facilities and schedule appointment after May 4.

When possible help patient "remotely" e.g. prescription refills

What to Treat/Delay

We treat:

- Emergency examinations
- Pain pulpal inflammation/infection
- Pain active infection, trauma, swelling
- Denture treatment
- Intervention to stop disease, if at risk for greater complications

We delay:

- Recalls/check ups
- Scaling/RSD
- Cosmetic e.g. whitening
- Restorations routine, no pain, low risk
- Endo asymptomatic
- Implant related elective treatments
- Extraction no pain

During treatment

We use PPE for every visit:

- Face shield
- N-95 mask: recommendation - minimize barriers between face and mask to obtain an effective seal (i.e. shave beard, pull back hair, etc.)
 - In-between patients use Levels 1-3 mask over N-95 masks to extend usage
- Visors (alt. if not available, goggles)
- Disposable gowns
- Gloves
- Rubber dam whenever possible
- High vacuum suction close to the area

Enhanced Infection Control

We:

- Remove unnecessary paper, folder, files
- Re-arrange waiting area to keep at least 6 feet distance
- Ask patients to wait outside until appointment time
- Ask guests to wait in car while patient is treated
- Disinfect all surfaces 3 times/day, attention to high touch areas: door handles, chairs, bench areas, reception area, toilets/sinks, payment terminals, pcs and printers
- Consider placing hand sanitizer at front desk
- Do not wear same scrubs to/from home

Resources

Sharepoint Site:

- Sharepoint > Coronavirus Information Hub
- [Internal Coronavirus \(COVID-19\) Information Hub \(Click Here\)](#)

COVID19 Resources for Dental

- Professionals Site created by our Dental Advisory Board:
- www.covid19dentalresources.com

Help

Any questions/problems that arise, please contact our team:

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North American Dental Group: COVID-19 Update From Dental Advisory Board



Essential & Emergent / Non-Essential Treatment That We Should Perform To Help Our Patients

Dentists are to use this as a guideline and are encouraged to make professional judgement calls on the urgency of any procedure during emergencies/urgent treatments.

Emergency treatment relates to treatment of trauma, pain, infections, some inflammations, progressing cases of caries and periodontitis/implantitis. This includes larger damages on implants, bridges, crowns, fillings and ongoing active orthodontics with major failure or with risk for major failure in a shorter, 6 months perspective.

The emergency treatment should focus on ending the progress of disease or trauma as well as pain and to prevent further progress.

All procedures should also consider risk factors associated with demographics more susceptible to COVID-19, such as Elderly patients, High blood pressure, Chronic respiratory diseases, Diabetes, Cardiovascular diseases, Cancer, Diseases and therapies that weaken the Immune system.

The reason for why we consider each patient essential or non-essential must be thoroughly explained/documentated in the patients' health care records.

Essential & Emergent vs. Non-Essential Dental Procedures				
<i>This guide is to help dentists identify which dental procedures are considered <u>Essential & Emergent</u> vs. <u>Non-Essential</u> during a national emergency. Dentists are to use the below as a guide, and encouraged to make professional judgement calls on the urgency of any procedure during emergencies. Patients with non-essential needs should be encouraged to maintain oral hygiene practices to maintain their current status. <u>Please note</u>, All procedures should also consider risk factors associated with demographics more susceptible to COVID-19, such as elderly patients. Please refer to your state and local professional agencies for specific mandates.</i>				
Specialty	Procedure Type	Essential & Emergent	Non-Essential	
Restorative	Fillings/Restorations			
	Incipient to Mild Decay		x	
	Moderate Decay		x	
	Severe Decay	x		
	Fractured tooth repair			
	Pain	x		
	No Pain (If patient feels uncomfortable, consider that patient in pain)		x	
	Crown			
	<i>**Consider delaying crown if possible to focus on emergent care</i>			
	<i>Crowns to be completed to navigate completion of care for moderate - severe decay as well as to complete RCT</i>			
	Proactive replacement of restoration without decay	x	x	
Cosmetics	Veneers		x	
Cosmetics	Cosmetic procedures		x	
Endodontics	Active Infection	x		
	Patient in Pain	x		
	Swelling or cellulitis	x		
Emergency Patients	Any patient who is contacting the practice with urgent needs should be seen to decrease overflow to Emergency Departments	x		
Hygiene	New Patient		x	
	Recall		x	
	Continuing Care		x	
Oral Surgery	Extractions			
	Active Infection	x		
	Patient in Pain	x		
	Swelling or cellulitis	x		
	Third Molar without the above symptoms		x	
	Asymptomatic - medically compromised patient	x		
	Facial Trauma	x		
	Biopsy (to support pathology diagnosis)	x		
	Cellulitis / Incision and Drainage	x		
	TMJ with dysfunction and/or pain	x		
Implants			x	
Orthodontics	New Bandings		x	
	New Start - Clear Aligners		x	
	Patient complications (wire or bracket fractures)	x		
	Recall (brackets of aligners)		x	
	Debond*		x	
	<i>*Doctor to make judgement on if recall has extended time period and warrants a visit.</i>			
Periodontics	Scaling and Root Planning			
	Stage 1 - 2		x	
	Stage 3 - (Doctors to use independent judgement)	x	x	
	Stage 4 (Symptomatic)	x		
	Periodontal Maintenance		x	
	Debridement of Acute Periodontal Abscess	x		
Osseous Surgery for painful, acute infection	x			
Soft Tissue Grafting		x		
Crown Lengthening		x		
Prosthodontics	Bridges		x	
	Dentures and Removables	x		
Pediatrics	Follow guidelines above for specific procedures.			

Developed by the Dental Advisory Board of the Professional Dental Alliance supported by North American Dental Group.
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