COVID-19 Clinical Process

In response to recommendations from the American Dental Association (ADA), Centers for Disease Control and Prevention (CDC), Missouri Dental Board, and Missouri Department of Health and Senior Services (DHSS), KTCH will adhere to postponing elective[[1]](#endnote-1) non-urgent dental procedures until at least May 1, 2020. KTCH will continually update and adapt to new guidance and recommendations released by ADA, CDC, MDA, or other relevant organizations. According to OSHA’s Guidance on Preparing Workplaces for COVID-19, dental health care personnel (DHCP) are in the very high exposure risk category.

Changes to Normal Processes

**Screen all Patients and Staff**

Only dental emergencies/urgent needs will be seen in the clinic. All patients will be screened via phone or virtual visit for signs or symptoms of respiratory illness (fever, cough, shortness of breath). Treatment should be delayed if at all possible until the patient has recovered from the respiratory condition.

Patients with, or suspected to have COVID-19, should be referred to a hospital or other facility that can treat the patient using the appropriate precautions.

Staff should be asked for signs of symptoms of respiratory illness daily and have their temperature checked. Staff will be given a surgical mask after their temperature has been taken and they are found afebrile. They should wear their mask at all times in the clinic unless they are at least six feet from any other staff members. Staff arriving between 7 and 7:15 should enter the building through the east entrance located beside the hygiene office. Any staff arriving after 7:15 am should contact the dental site manager to arrange to have their temperature taken before reporting to their work station. If an employee has a fever they will be asked to return to their car and contact their supervisor.

**Contact Patients Prior to Emergency Dental Treatment**

All patients will be screened via phone, or preferably teledentistry (picture or virtual visit).

The staff dentist will work with the daily designee to triage all patients who call with reported emergent or urgent dental needs.

Please follow this link to review the work flow for triaging emergencies using a tele dentistry model: [COVID workflow teledentistry.docx](COVID%20workflow%20teledentistry.docx)

[P:\Staff\COVID-19 Plan and Process\Dental\Dental Zoom virtual clinic workflow.docx](file:///P:\Staff\COVID-19%20Plan%20and%20Process\Dental\Dental%20Zoom%20virtual%20clinic%20workflow.docx)

Warsaw patients will be combined with Sedalia triage.

Each dentist will download the TextNow app to generate a phony phone number that can be provided to patients to communicate without releasing the providers’ personal information. The dental assistant should tell the patient that if the provider calls them directly the number may show as unknown and encourage them to answer. Here are the providers’ TextNow phone numbers:

Dr. Currey: (660) 236-8665

Dr. Weststeyn: (660) 460-9456

Dr. Foster: (660) 250-9356

Dr. Keith: (660) 473-8082

Dr. Vandevender: (660) 596-1985

Kelsey Green: (636) 517-8959

Stephanie Morey:

Jessica Burdik:

Dr. Anderson: Not applicable, provider on medical leave

The providers’ actual numbers can be found here: [P:\Management\Dental\Dentist ON CALL\2020 Dentist On Call.docx](file:///P:\Management\Dental\Dentist%20ON%20CALL\2020%20Dentist%20On%20Call.docx)

The dentist will determine how the patient will be managed. If the patient can be managed without entering the clinic, this is preferable. The dentist will call in prescriptions as indicated and update the designated spreadsheet with the patient’s information and type of follow up indicated [P:\Management\Dental\Patient Schedule List CV-19.xlsx](file:///P:\Management\Dental\Patient%20Schedule%20List%20CV-19.xlsx). The dentist will create a visit note and complete a clinical note as appropriate. [[2]](#endnote-2) If the dentist determines that an adult ER condition can be managed without an in person appointment, the dentist should advise the patient they need to seek definitive dental care for their condition once dental offices have reopened. This should be documented in the clinical note.

**Appointment times**

There will be 4 ER appointments per day. One appointment will be reserved for same day non- established adults. 3 appointments will be for established dental/medical patients. A patient need only be established with the medical side to be triaged. Previously these patients have required a referral from their medical provider, but that requirement has been temporarily waived. The times will be 8am, 10am, 1pm, and 3pm. **The 8am appointment will be filled first and then 10am and so on until all appointments are booked**. Once the non-established appointment is booked patients will be instructed to try again the next day at 7:00am. If more PPE becomes available we will increase the number to 6 patients per day.

A dental assistant will be facilitating all triage calls with the dentist. The dental assistant on site will be a member of the scheduled dentist’s team whenever possible.

The patient should be informed that if they are an adult, they should arrive alone or have any accompanying persons wait in the car unless the patient is a minor, disabled, or special needs, in which case one accompanying adult is permitted.

The onsite DA will prepare for the patient visit. Documentation for this visit should include both the tele dentistry communication for the patient as well as in person treatment. Please enter all appropriate charges and clinical notes. Two clinical notes should be entered if both tele dentistry and in person treatment are provided.

**Staffing:**

There will be one dentist on site and one dental assistant as per the established schedule. If we increase to 6 patients per day the dentist will have 2 dental assistants in clinic and there will be one dentist on call to triage calls.

**Provision of Emergency Care to Patients with COVID-19 during the COVID-19 Pandemic**

If a patient is suspect or confirmed to have COVID-19 upon arrival to the clinic:

Defer dental treatment

* Give the patient a mask to cover his or her nose and mouth
* If not acutely sick, send the patient home and instruct the patient to call medical provider or refer to KTCH medical
* Patient should be advised to contact KTCH after result from COVID-19 test
* If acutely sick, refer patient to the nearest medical facility
* If emergency dental care is medically necessary, refer to a hospital or other facility that can treat the patient using the appropriate precautions.

**Provision of Emergency Care to Patients without COVID-19 in a Dental Clinic during the COVID-19 Pandemic**

*Engineering Controls and Work Practices*

* DHCP with influenza like illness should not report to work.
* DHCP who have recently contracted and recovered would be preference to provide clinical care.
* Assess the patient at check in via questions regarding symptoms and history of travel to areas experiencing outbreaks or contact with possible patients with COVID-19.
* The patient will be given a mask.
* Only the patient (or one accompanying adult if a minor, disabled, or special needs) will enter the building.
* The patient will wash their hands with soap and water for 20 seconds and rinse with peroxyl rinse for 30 seconds if possible.
* Only one patient at a time will be seen.
* Temperature should be taken and must be <100.4 F. If greater than 100.4, patient and fever does not appear to be related to oral condition, no further dental treatment is rendered and patient will be advised to contact their medical provider.
* Four closed operatories will be designated for use. The door should be closed before treatment begins and remain close until treatment concludes. Operatories should not be used for 3 hours after seeing a patient in the operatory.
* Dental assistants may leave the operatory to run radiographs before aerosols are generated so long as they remove their contaminated gloves. If the patient coughs or sneezes on the assistant they should remain in the room and use a walkie talkie to call for assistance to run films. The dental assistant will have a walkie talkie wrapped in plastic in their pocket to call for assistance. The walkie will be set on channel 10. The dental site manager or lead dental assistant will be available to respond.
* Obtaining consent for treatment should be done before the dentist anesthetizes the patient. After getting the consent the assistant will place the consent form in the modified sharps container outside the room. Only the chart number and DOB should be on the consent form to ensure no HIPAA violations. The PSR will collect all the consent forms signed the day before the following afternoon to ensure 24 hours have passed before handling the consent form again. The PSR will scan them into the patients chart.
* The care team should have all instruments available in the room that the provider could need to treat the patient. In the event of unforeseen circumstance (ex: root tip breaks off and the dentist needs a new radiograph) the assistant should remove their gloves and call for assistance on the walkie talkie. The film should be placed in a black box and set outside the door for the manager or lead to run.
* Avoid aerosol generating procedures whenever possible. Avoid the use of dental handpieces and the air-water syringe. Use of ultrasonic scalers is not recommended. Prioritize minimally invasive/atraumatic restorative techniques (hand instruments only.)
* In order to mitigate production of aerosols a monoject syringe filled with distilled water should be used to rinse the patient’s mouth whenever necessary. The monoject can be refilled and reused for that patient only. Distilled water can be stored in a plastic cup and kept on the instrument table near the DA.
* If aerosol generating procedures are necessary for emergency care, use four-handed dentistry, high evacuation suction, and rubber dams to minimize droplet spatter and aerosols.
* When the appointment is over the patient should be instructed to follow the orange tape to find the exit. This will prevent the care team from having to doff PPE to walk the patient out and re-don to disinfect the operatory.
* It is unknown what precautions need to be taken with nitrous oxide tubing and COVID-19 but out of an abundance of caution nitrous oxide should be avoided until we are able to ensure proper sterilization of nitrous oxide tubing between patients.
* Extraoral radiographs should be taken when possible (pano).
* Ibuprofen is recommended to use for dental pain in combination with acetaminophen.

*Infection Control Considerations*

**Use the highest level of personal protective equipment (PPE) available:**

* Ensure proper donning of PPE:
  + Booties
  + Gown
  + Respirator
  + Surgical Mask
  + Safety Glasses
  + Face Shield
  + Hair Cover
  + Gloves
* Ensure proper doffing of PPE:
  + Booties
  + Gown
  + Gloves – then re-glove
  + Hair Cover
  + Face Shield
  + Gloves
  + Safety Glasses
  + Surgical Mask
  + Respirator
* Wear gloves, a gown, shoe covers, eye protection (disposable/reusable face shield that covers the front and sides of the face), and an N95 respirator during emergency dental care for patients without COVID-19. A surgical facemask will be placed over the n95 and discarded after use.
  + Surgical masks should be removed and discarded after exiting the patient’s room or care area. However, given the chance n95 will become unavailable, all n95 should be removed, placed in a brown paper bag, and labeled with name and date. If the procedure was non aerosol generating the mask can be reused up to 4 more times or up to 8 hours. If the procedure was aerosol generating, the mask will not be reused unless we are in a contingency capacity or crisis capacity situation. If you have not been fitted for an n95 and need see a patient, please see Chelsey Taft, Chelsea Otto, Chelsea Dorsey, Courtney Tomlinson, or Miranda Schwartz.
  + Reusable eye protection must be cleaned and disinfected according to manufacturer’s reprocessing instructions prior to re-use. Disposable eye protection should be discarded after use.
  + Change gown if it becomes soiled. Remove and discard the gown in a dedicated container for waste or linen before leaving the patient room or care area. Disposable gowns should be discarded after use. Cloth gowns should be  after each use.
  + Ensure proper doffing of PPE
  + Staff should change from work clothes into personal clothes before returning home. Shoes should be left at the clinic.
* Equipment/Procedures known to produce aerosols: High speed handpieces, ultrasonic scaling (Titan, Cavitron), air/water syringe, air polishing, radiographs that induce coughing, prophy, coughing/sneezing patient.
* Equipment/Procedures at low risk of producing aerosols: slow speed handpiece, hand instruments, radiographs that do not induce coughing, Silver Diamine Fluoride, ART/ITR technique, glass ionomer sealants, simple extraction, exams with no air/water tip.
* Clinicians should use their professional judgment on whether or not a procedure generated aerosols during a typically non-aerosol generating procedure and advise the dental assistant in order to ensure proper PPE usage.

**If the minimally acceptable combination of a surgical mask and a full-face shield is not available, do not perform any emergency dental care. Refer the patient to a clinician who has the appropriate PPE.**

* All DHCP should practice strict hand hygiene, including:
  + Before and after contact with patients
  + After contact with contaminated surfaces or equipment
  + After removing PPE
* Clean and disinfect the room and equipment
  + Clean, disinfect, or discard the surface, supplies, or equipment located within 6 feet of patient
  + Use products with EPA approved emerging viral pathogen claims (Opticide)

People with COVID-19 who have completed home isolation clearance can receive emergency dental care. This is decided using two strategies: a non-test based strategy and a test-based strategy.

* Non-test-based-strategy: At least 3 days (72 hours) have passed since recovery (resolution of fever without the use of fever-reducing medications and improvement in respiratory symptoms such as cough or shortness of breath) **and** at least 7 days have passed since symptoms first occurred.
* Test-based-strategy:
  + Persons who have COVID-19 who have symptoms: Resolution of fever without the use of fever-reducing medications **and** improvement in respiratory symptoms (e.g., cough, shortness of breath) **and** negative results of an FDA Emergency Use Authorized molecular assay for COVID-19 from at least two consecutive nasopharyngeal swab specimens collected ≥24 hours apart5 (total of two negative specimens).
  + Persons with laboratory-confirmed COVID-19 who have not had any symptoms: At least 7 days have passed since the date of the first positive COVID-19 diagnostic test and have had no subsequent illness.

**Potential Exposure Guidance**

All patients seen in the clinic should be contacted 48 hours after receiving emergency care by a designated dental assistant. DHCP should ask if the patient is experiencing any signs or symptoms of COVID-19. If a patient reports signs of symptoms of COVID-19, refer the patient to their medical provider and follow the CDC’s Healthcare Personnel with Potential Exposure Guidance.

1. <https://www.ada.org/en/publications/ada-news/2020-archive/march/ada-recommending-dentists-postpone-elective-procedures> [↑](#endnote-ref-1)
2. [P:\Staff\COVID-19 Plan and Process\Dental\Teledentistry note templates.docx](file:///P:\Staff\COVID-19%20Plan%20and%20Process\Dental\Teledentistry%20note%20templates.docx)

   Updated 4/8/20 [↑](#endnote-ref-2)