DENTAL PROTOCOL – ORANGE ZONE– IN PERSON VISITS

In the “orange zone,” all patients are suspected carriers of COVID-19 and PPE is limited.

Intent: To prevent patients from ending up in ER who could otherwise be adequately treated in an outpatient setting while
- Minimizing COVID19 infection risk to patients.
- Minimizing COVID19 infection risk to staff.

ENVIRONMENTAL CONTROLS: All patients must be isolated. One patient per bay for non-aerosolizing procedures. Any procedure involving aerosolizing particles must be treated in private operatory that contains HEPA filtration. All bays must be decontaminated after each patient per guidelines, and if room with aerosolized particles must be left to “sit” for 1.5 hrs after patient encounter.

STAFFING: Limited to 1 dentist and 2 dental assistants. Dental assistants may alternate. All individuals must be practicing strict social distancing in their personal lives (only going to home + work + grocery store) and have no vulnerable people in their living space (i.e. persons with high risk conditions such as heart disease, cancer, COPD/bronchitis or > 60 yrs of age). Staff must be aware of risks involved in treating suspected COVID-19 patients. All staff must be fitted for N95 masks and instructed in their proper utilization, and N95 masks must be available for staff if available within organization. If staff become symptomatic, in person visits in orange zone will cease and all staff will begin to observe a 14 day quarantine, and receive workplace testing if tests are available. Additionally, all patients within time window prior to symptoms manifesting will be notified that a member of their dental team has developed symptoms consistent with COVID-19 diagnosis, and are in the process of undergoing testing/quarantine.

WORKFLOW:
1. Patients must be previously triaged by telephone/video. Preliminary phone call includes COVID 19 screen, health screen, discussion of complaint, and possibly antibiotics and pain medication prescription. Patients with trauma are recommended to send provider a picture, if possible. Patients must be informed that dental settings are at very high risk for COVID19 transmission, and that their physical presence in the dental clinic is recommended because patient is at risk for life threatening infection and not receiving dental treatment could result in emergency room visit.
   a. antibiotic therapy has failed or is not indicated
   b. preliminary telephone based diagnosis suggests patient could benefit from an outpatient extraction or incision and drainage
2. Patient will be scheduled directly by provider on preliminary phone call. We expect to see approximately 5 patients per week who meet this strict criteria, however, visits will be scheduled to minimize any patient overlap and adhere to infection protocols.
3. Patients must call when they are outside building and be escorted to 4th floor, directly to private operatory. Any forms must be completed on paper (pen disinfected after use).
4. Evaluation/procedure completed per clinical guidelines.
a. Begin with hydrogen peroxide rinse to minimize # of viral particles in mouth.
5. Post procedure, room disinfected per guidelines.

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<th>ALLOWABLE PROCESURES/EQUIPMENT</th>
<th>DISALLOWED PROCEDURES/EQUIPMENT</th>
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<td>Diagnostic exams</td>
<td>Restorative high speed/slow speed handpieces</td>
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<td>Panoramic x-rays</td>
<td>Air water syringe</td>
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<tr>
<td>Incision &amp; drainage</td>
<td>Intraoral radiographs (cough inducing when pan radiograph may be used instead to diagnose severe conditions)</td>
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<td>Symptomatic extractions that are non-responsive to antibiotics and are not required to be surgical at point of treatment plan. Surgical extractions, if procedure turns surgical.</td>
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REQUIRED PPE: Level 3 mask + surgical gown + goggles + gloves must be work during all non-aerosolizing procedures. If available, fitted N95 mask must be worn prior to use of surgical handpiece.

References:


