Algorithm for Non-elective Dental Treatment as of March 27, 2020

**On telephone**
Does patient have an urgent problem and is in need of emergent or essential (urgent) care?

- **YES**
  - Screen patient and any potential accompanying person for:
    - Symptoms of respiratory infection, fever, cough or difficulty breathing
    - Flu-like symptoms
    - Close contact with person with symptoms or confirmed diagnosis of COVID-19
    - Travel

- **NO**
  - **YES**
    - Attempt to manage patient medically over the phone first. If proceeding with appointment standard precautions + PPE (Personal Protective Equipment) (see Prudent Practice on page 2)
    - No aerosol generation unless enhanced PPE utilized
  - **NO**
    - **YES**
      - Ensure accompanying person does not attend
    - **NO**
      - **YES**
        - Reschedule
      - **NO**
        - **YES**
          - Assess by phone to establish if medical management to delay need for operative or surgical treatment is feasible (such as antibiotics, analgesics and/or chlorhexidine rinse). Advise to seek medical attention
          - **NO**
            - Refer to suitable practitioner or hospital ER that is prepared to take dental referrals

**Helpful Tips on P2**
Screening Questions
- Symptoms of respiratory infection, fever, cough or difficulty breathing
- Flu-like symptoms
- Close contact with person with symptoms or confirmed diagnosis of COVID-19
- Travel
- If patient has COVID-19-like symptoms, they should be advised to seek medical attention:
  - Family physician
  - Public Health Department (811)
  - www.HealthlinkBC.ca
  - Hospital ER (phone ahead)
  - Re-assess when patient has recovered and/or tests negative for COVID-19

College Guidelines for Emergent Care
Reference: www.cdsbc.org
Emergency dental care is defined as potentially life-threatening conditions requiring immediate management or treatment to stop ongoing tissue bleeding, alleviate severe pain or infection and include:
- Cellulitis as a result of an uncontrolled infection compromising the airway
- Severe uncontrolled hemorrhage (bleeding)
- Trauma to the orofacial complex especially to facial bones that potentially compromise the patient’s airway
- Uncontrolled severe pain
- Uncontrolled infection

Aerosol generating Procedures
- Use of dental handpiece
- Use of ultrasonic scaler
- Use of air-water syringe
- Use of suction

Prudent Practice
- Social distancing and frequent cleaning of touched surfaces
- Only one accompanying person and only if necessary. That person should be screened for respiratory disease
- Take patient temperature. Reschedule if >37.5 and tell pt to call 811 or primary health care provider
- Seat promptly
- Regular standard precautions and PPE (Personal Protective Equipment)
- No aerosol generation unless enhanced PPE used (fit-tested N95 masks, disposable gowns, eye protection with goggles or face shield); use rubber dam with high volume suction if possible
- Minimal treatment only

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College Guidelines for Essential (Urgent) Care
Reference: www.cdsbc.org
Essential care is separate from emergency care and focuses on the management and treatment of conditions that require immediate attention to relieve pain and/or risk of infection. These should be treated as minimally invasively as possible. These conditions would include (BUT ARE NOT LIMITED TO):
- Pericoronitis or third molar pain
- Post-operative osteitis (dry socket dressing changes)
- Abscess with localized pain and swelling
- Treatment required before critical medical procedures can be provided
- Dental trauma involving avulsion or luxation of a tooth
- Tooth fracture resulting in pain or causing soft tissue trauma