ADA Interim Guidance for Management of Emergency and Urgent Dental Care

Updated: 4/1/2020

Legal Statement

The accompanying algorithms are guidance and not directives. They do not override laws, regulations, or official orders that exist or that may come into existence in particular states or localities. Dentists should stay up-to-date about local developments in this regard and, if necessary, consult local legal counsel. The ADA encourages dentists making treatment decisions to consider these algorithms in exercising their clinical judgment based on their own education and experience and in the light of any unique patient-specific factors.

The purpose of the algorithms is to assist dentists and dental offices in making informed decisions concerning patient triage, evaluation, and treatment during the COVID-19 crisis. The algorithms are based on the best scientific information currently available to the American Dental Association and are not influenced by legal, economic, or political considerations. They provide conservative general guidelines that may eventually be shown to have more applicability to some regions and practice settings than to others. As more information becomes available, they may be modified or supplemented.

The algorithms do not constitute legal advice or legal guidance, but because their goal is to minimize transmission of the coronavirus to patients and the dental team to the reasonable extent possible in the context of providing for patient healthcare needs, the algorithms may serve to help lower legal exposure by lowering the risk that anyone will contract the virus in a dental office that follows them.

Ethical Support

The ADA Code of Ethics supports the process defined herein as a way to address emergency/urgent care given current knowledge.

Algorithm 1: Interim Guidance for Triaging Patients for Emergency and Urgent Dental Care

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Are you experiencing dental pain?

- Yes → Have you experienced trauma?
  - Yes → Trauma involving facial bones, potentially obstructing airways → **Emergent**: Refer patient to emergency department
  - No → Dental trauma only → **Emergent**: Use the **Algorithm 2: Screening to Identify COVID-19 Infection for Emergency and Urgent Dental Patients** algorithm to screen emergency patients for COVID-19 infection to determine if patients can be seen in dental setting.
- No → Are you experiencing **uncontrolled bleeding**?[1]
  - Yes → **Urgent**: Use the **Algorithm 2: Screening to Identify COVID-19 Infection for Emergency and Urgent Dental Patients** algorithm to screen urgent patients for COVID-19 infection to determine if patients can be seen in dental setting.
  - No → Do you need any of the following?:
    - **Suture removal**
    - **Denture repair or adjustment prior to medical treatment or due to trouble eating**
    - **Dental treatment required prior to medical treatment (e.g., radiotherapy)**
    - **Biopsy of abnormal tissue**
    - **Final crown/bridge cementation if the temporary restoration is lost or broken**
    - Yes → **Urgent**: Use the **Algorithm 2: Screening to Identify COVID-19 Infection for Emergency and Urgent Dental Patients** algorithm to screen urgent patients for COVID-19 infection to determine if patients can be seen in dental setting.
    - No → **Routine or Non-Urgent**: Delay scheduling appointment until further notice (e.g., in accordance with state and local guidance) and instruct patient to contact office if condition worsens, if applicable.
- No → Do you have a fever AND swelling on your face or inside your mouth?
  - Yes → Dental trauma only → **Emergent**: Refer patient to emergency department
  - No → What is your pain level on a scale of 1 to 10?
    - 1-5 (mild to moderate) → Can pain or discomfort be tolerated or managed at home for 2-3 weeks
      - Yes → Delay scheduling appointment until further notice (e.g., in accordance with state and local guidance) and instruct patient to contact office if condition worsens
      - No → **Urgent**
    - 6-10 (severe or intolerable) → **Urgent**

Follow-up questions to ask:
Are you having trouble swallowing?
Are you having trouble opening your mouth?

Urgent

Pain could be related to these urgent conditions:

- 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 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
- Replacing temporary filling on endo access openings in patients experiencing pain
- Snipping or adjustment of an orthodontic wire or appliances piercing or ulcerating the oral mucosa

Use the **Algorithm 2: Screening to Identify COVID-19 Infection for Emergency and Urgent Dental Patients** algorithm to screen urgent patients for COVID-19 infection to determine if patients can be seen in dental setting

These algorithms are interim guidance informed by the latest recommendations from health care agencies (e.g., World Health Organization, Centers for Disease Control and Prevention) and the scientific literature. They will be revised and updated as new data emerge.

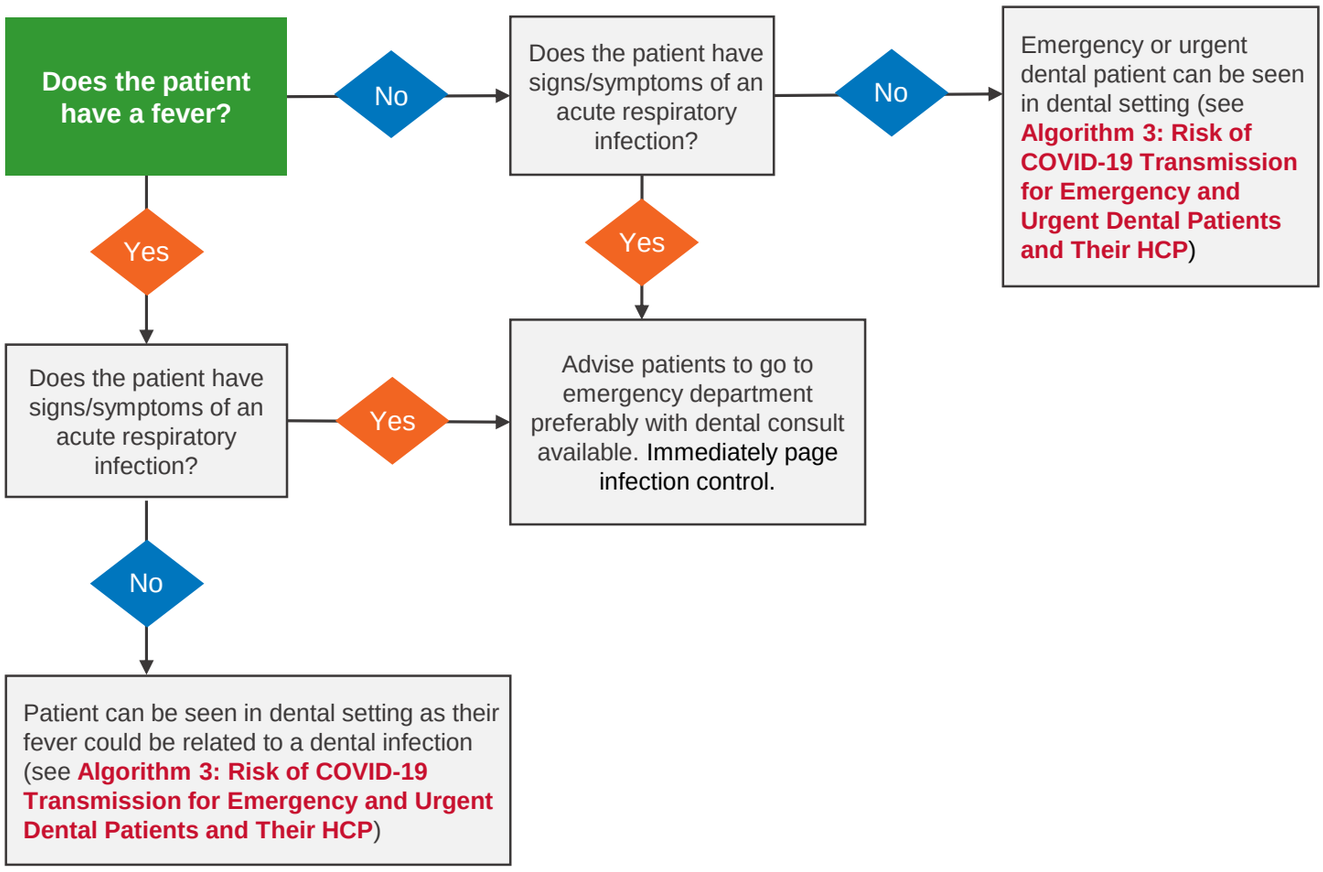
Algorithm 2: Interim Guidance for Screening to Identify COVID-19 Infection for Emergency and Urgent Dental Patients

Updated: 4/1/2020

Summary of Procedures

1. Clinic staff should speak to all patients 1-2 working days (or sooner if able) before any scheduled session.
2. Call patients for whom in-person visit may not be necessary and issue can be solved without an office visit.

Emergency and urgent dental patients in this algorithm are being evaluated for COVID-19 infection signs/symptoms to determine in which clinical setting they should be seen. Patients with **active** COVID-19 infection should **not** be seen in dental settings per CDC guidance.



1. During screening procedure for COVID-19 infection, patients should be asked if they have tested positive for COVID-19 infection and if yes, the patient should be immediately referred to the emergency department for the management of the dental condition. If patient has previously tested positive for COVID-19 infection and 3 days have passed since symptoms have resolved, the patient can be seen in a dental setting (see Algorithm 1).
2. Fever in the absence of respiratory symptoms in the context of this algorithm should be strongly associated with an emergency or urgent dental condition (e.g., dental infection) if dental settings are to be used.
3. No companions should be invited inside the clinic, they should not sit in the waiting room, and patients with a fever being seen in dental setting should be given a mask if they don't have one already. As the patient's mask will come off during dental treatment, it should be placed back on as soon as treatment is complete.
4. If patient has had exposure to an individual with suspected or confirmed COVID-19 infection, traveled to countries currently under a travel ban, or been exposed to confirmed SARS-CoV-2 biologic material (either themselves or via another individual), consider referring patient to a hospital setting. Risk of transmission increases with these exposures.
5. If the patient needs to be referred for COVID-19 testing, they should be given detailed instructions on when/where to go for testing, how to justify the need for testing to the testing facility visited, and how to contact the dental clinic to report test results. Clinic director and/or coordinators should maintain a list of patients who will not be coming in for in-person visits in charts or find another mechanism that fits into the clinic's workflow. It is critical that a list of dental patients that have been referred to other settings due to suspected COVID-19 infection be maintained.
6. Information about reporting suspected cases of COVID-19 infection can be found here: https://www.cdc.gov/coronavirus/2019-ncov/php/reporting-pui.html

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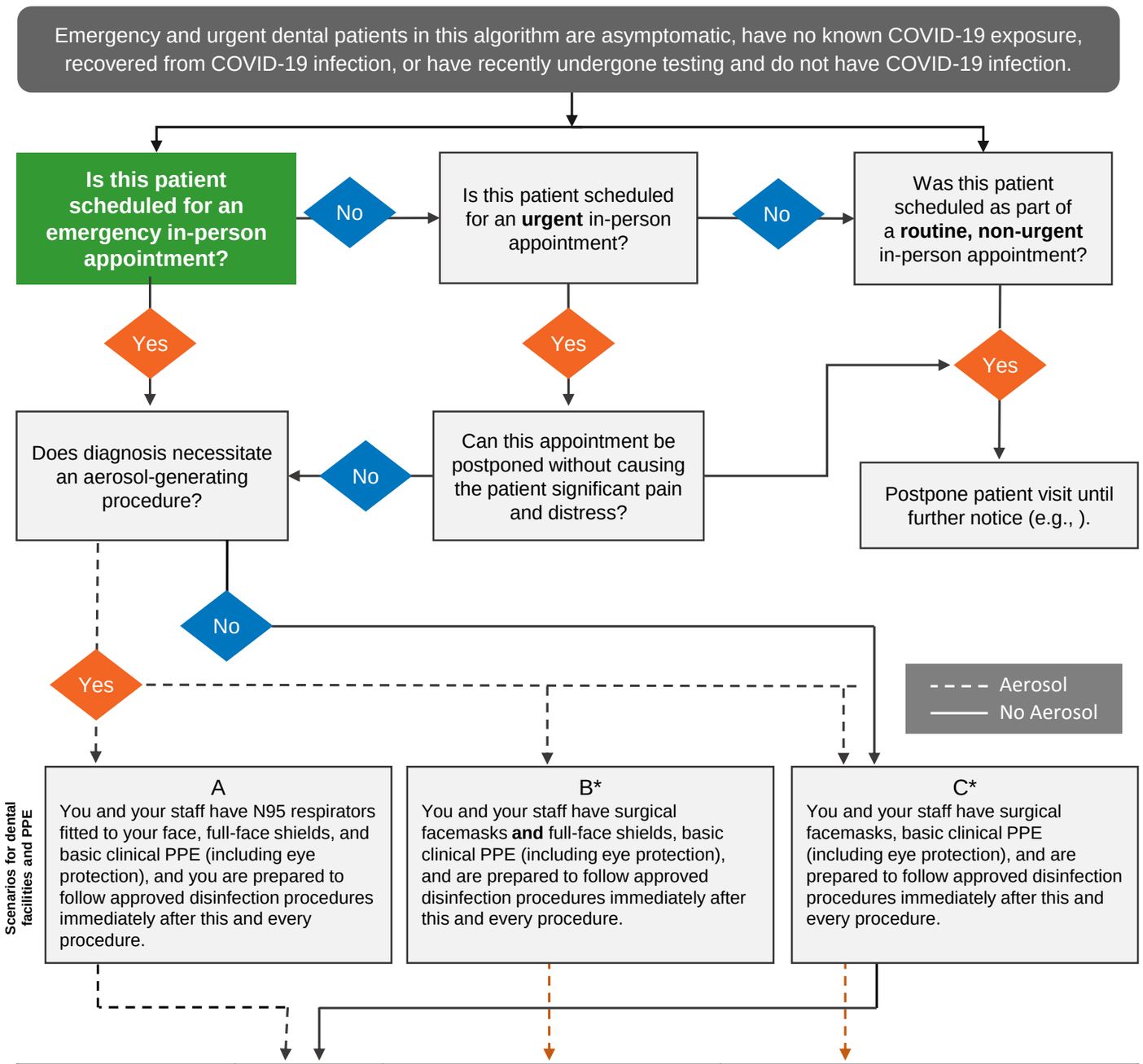
Algorithm 3: Interim Guidance to Minimize Risk of COVID-19 Transmission for Emergency and Urgent Dental Patients and HCP

Updated: 4/1/2020

Summary of Procedures

1. Clinic staff should speak to all patients 1-2 working days (or sooner if able) before any scheduled session.
2. Call patients for whom in-person visit may not be necessary and re-schedule.
3. See emergency triage and COVID-19 infection screening procedures.

Emergency and urgent dental patients in this algorithm are asymptomatic, have no known COVID-19 exposure, recovered from COVID-19 infection, or have recently undergone testing and do not have COVID-19 infection.



Risk for Transmission to HCP and patients	Low risk	Moderate risk*	Moderate-high risk*
Quarantine for HCPs	No 14-day quarantine required	• Use clinical judgment and take all precautions to prevent transmission. • Suggest that the patient is tested for COVID-19 infection after dental treatment. If positive, dental HCP should quarantine for 14 days.	• Given that asymptomatic patients may carry the virus, CDC suggests a 14-day quarantine. • Use clinical judgment and take all precautions to prevent transmission. • If treatment is implemented, require that the patient is tested for COVID-19 infection immediately after dental care; if positive, dental HCP should quarantine for 14 days.
Recommended Treatment Plan for Patient	Treat Patient	• Refer patient to emergency department or dental facility that meets criteria for scenario A. If not feasible, treat patient.*	

*A less protective option than N95 respirators is the use of a surgical facemask with a full-face shield; use of a surgical face mask alone may be considered if the supply chain of respirators cannot meet demand with the understanding that this may increase the risk of infection of dental health care professionals engaged in the care and community transmission.

These algorithms are interim guidance informed by the latest recommendations from health care agencies (e.g., World Health Organization, Centers for Disease Control and Prevention) and the scientific literature. They will be revised and updated as new data emerge.

HCP: healthcare personnel; PPE: personal protective equipment.

See next page for key remarks regarding Algorithm 3

Algorithm 3: Key Remarks

Updated: 4/1/2020

1. The three algorithms serve as interim guidance for triage, screening and risk assessment of patients during the time of COVID-19 pandemic.
2. If basic PPE, including surgical facemasks are not available, do not proceed with **any** dental procedure, regardless of emergency/urgent patients.
3. If a patient with a confirmed diagnosis for COVID-19 within the last 14 days, who presents with respiratory symptoms, is treated in the dental office, or if any patient is treated without the appropriate PPE, these are considered **high-risk scenarios.** Dentist and members of the dental team should proceed to 14-day quarantine.
4. Surgical facemasks should be selected based on procedure being performed. Level 3 masks should be prioritized for aerosol-generating procedure when scenarios A and B are not possible.
5. An aerosol-generating procedure performed **without** N95 respirator is a moderate-risk scenario for COVID-19 transmission to HCP and other patients.
6. If the patient is referred for COVID-19 testing, they should be given detailed instructions on when/where to go for testing, how to justify the need for testing to the testing facility visited, and how to contact the dental clinic to report test results. If a test is positive, the clinic needs to report the exposure to all patients treated after the infected patient.

Additional measures

a) Use dental hand-piece with anti-retraction function, 4-handed technique, high-volume saliva ejectors, and a rubber dam when appropriate to decrease possible exposure to infectious agents.

b) Hand-pieces should be cleaned after each patient to remove debris followed by heat-sterilization.

c) Have patients rinse with a 1.5% hydrogen peroxide or 0.2% povidone before each appointment.

d) For pediatric patients who cannot rinse, always have a rubber dam placed for all aerosol generating emergency procedures. The use of pre-procedure rinse should be substituted by the use cotton rolls soaking, as it may difficult for these patients to rinse appropriately.

e) Guidance titled *ADA Evidence-based clinical practice guideline for the urgent management of pulpal- and periapical-related dental pain and intraoral swelling* is still applicable.

f) When appropriate, use NSAIDs in combination with acetaminophen to manage dental pain.

g) Clean and disinfect public areas frequently, including waiting rooms, door handles, chairs, and bathrooms. Patient companions should wait outside clinic or in car.

h) Office manager and/or other staff should maintain a list of patients who will not be coming in for in-person visits in charts or find another mechanism that fits dental office's workflow. It is critical that a list of dental patients that have been referred to other settings due to suspected COVID-19 infection be maintained.

i) Patients **with a resolved COVID-19 infection** can be seen in a dental setting:

   1) at least 3 days (72 hours) since COVID-19 infection symptoms resolved **AND**
   2) at least 7 days since their symptoms first appeared (defined as resolution of fever without the use of fever-reducing medications and improvement in respiratory symptoms) (e.g., cough, shortness of breath).