RICHMOND
ENDODONTIC CENTRE

PRIMUM, NON COCERE

MAY
2020

The coronavirus (SARS-CoV-2) is abundantly present in nasopharyngeal and salivary secretions of the affected. Inhalation of a droplet is presumed to be a primary vehicle for transmission. As our understanding of the idiosyncrasies of Coronviridae develops, protocols and recommendations will adapt. Ad astra per aspera.

Téléscreening helps direct suspected or confirmed COVID-19 infected individuals to receive urgent care in negative-pressure or airborne infection isolation rooms. If immediate dental care is not an absolute necessity then a medical evaluation and/or self-isolation for a fortnight takes precedence. Thorough dental and pain histories are reviewed via the telephone or e-mail to eliminate or at least forgo the need for a clinical examination. Below is an abridged and modified version of recent COVID-centric recommendations from the AAE:

- In the waiting room, no two chairs within two metres of each other
- Patients are to wait outside the office and the mobile phone is called to advise when admission is admissible
- Upon entry, at the front desk:
    - The temperature is taken ideally with either a non-contact forehead thermometer or an infrared thermal sensor on a camera
    - If >38°C is discovered the person is to leave the office forthwith for a timely medical evaluation (possible télémedicine)
    - A small cup of a commercial mouth rinse is given and post expectoration a new mask is provided
- An extra-oral pre-operative radiograph is preferred to intra-oral radiographs
- Intraoral sensors are double-barriered to prevent cross-contamination via a perforation
- Radiographic images are reviewed and either a referral (i.e. extraction), prescription, or clinical examination is considered
- In the operatory, a pre-procedural mouth rinse with 0.2% povidone-iodine or 0.5-1% hydrogen peroxide is provided
- Dentist, patient, and clinical staff are to deterge their hands pre- and post-operatively
- A table shield (see picture) acts as spatter guard and aerosol deflector during the examination, injection of local anaesthetic, and treatment; this is to complement air evacuation systems and the use of other personal protective equipment
- The teeth, isolated under the rubber dam, are first wiped with gauze moist with NaOCl and then another that is lightly soaked with alcohol
- The nose is deliberately covered by the rubber dam
- A surgical high speed is used for access and water spray is nil to minimum
- Use of ultrasonic instruments, all high-speed handpieces, and 3-way syringes are minimised to reduce the risk of generating contaminated aerosols
- Dilution of NaOCl, for irrigation, to 1% will extend the life of the stock and not negatively impact the outcomes
- One visit treatment with a permanent restoration in the access is ideal to minimise the need for subsequent visits
- All in-office discussions, be it attaining consent or pre- and post-operative instructions, are minimised in favour of informative hand-outs, e-mail exchanges, telephone conversations, and direction to websites for further official documentation as well as descriptions in audio or video formats
- A pre- and post-op deterge of inanimate surfaces in the operatory
- Minimise humidity of the air in the operatory and office

The quality of the air in the office and containment of bioaerosols are receiving much attention. Currently, no definitive recommendations exist. New COVID-centric protocols are to complement established universal precautions. As our understanding of this zoonotic virus evolves so too will our office protocols. Malum consilium quod mutari non potest.

Regards,

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Office Hours
8am to 5pm - Monday to Friday
Extended hours are also available

Please support my 2020 B.C. Ride to Conquer Cancer. This will be my ninth year in the Ride and with your support, it will be the best yet! Thank you to the superheroes that have donated to my 2020 Ride so far.

Please consider donating to my 2020 Ride to Conquer Cancer.

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