Guidance PPE for patients with emergency oral problems of unknown COVID-19 Status.

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Background
This advice focusses on patients with oral conditions that require examination/treatment including e.g. placement of or removal of wires, extraction/SR of teeth, intra-oral biopsies and whose COVID 19 status is unknown.

For non-oral conditions e.g. skin lesions, where examination and treatment does not involve oral examination, normal COVID PPE guidance applies.

PPE, Avoid, Restrict, Abbreviate

PPE – the PPE we recommend for oral examination is the same as is currently recommended for Aerosol Generating Procedures (AGP). This is both because oral examination can generate an aerosol and also that the consequences of oral examination for genuine oral emergencies is likely to result in a treatment which could then proceed to another AGP. Rather than have two or three exposures in varying levels of PPE, a single episode per patient will reduce the risk to both patient and clinician. It will also limit the total materials used.

The AGP recommendations include wearing a surgical mask/visor over the FFP3 mask. There are a range of recommendations as to how long FFP3 masks remain effective but in many COVID positive ITUs, staff are wearing them for a full 12 hour shift. In the context of current availability, we feel the OMFS and OS staff working in the Examine/Treat/Discharge are could use their FFP3 mask for that day/session.

The advice below under Restrict/Abbreviate recommends focussing this "AGP level PPE" in location, frequency and personnel. The minimum number of people should be exposed to this risk for the minimum amount of time.

Avoid - Telephone and Video Review – Please set up processes to do this, now.
For patients not already in the hospital, this should be the primary route to assess and 'triage' patients. Many patients with oral problems can be managed with advice and treatment with antibiotics/analgesia and a further reassuring telephone/video review.

It is possible to create virtual clinics on web-based resources such as Zoom. There are examples of this already.

These clinics should be run by the most experienced staff available. They could be run from home.

Restrict/Abbreviate – 2 Clinic Rooms – Room A: Triage validation and Room B: Examine/Treat/Discharge.
If a patient is diagnosed as an emergency by telephone/video virtual clinics (see above), they can be given a clinic appointment. To limit both the need for FPP3 and restrict exposure risk, two clinical areas are needed. The first is for Triage Validation, the second for Examine/Treat/Discharge. Both these clinics are staffed by the minimum number of clinicians needed to run them safely.

Triage Validation: This room verify the nature of the emergency from a history and a social distance examination – one person in the room. We would recommend a surgical mask for patient reassurance at this stage. The clinician should avoid oral and nasal examination. They should complete paperwork/consent in so far as they can.

Examine/Treat/Discharge: If the patient has a confirmed emergency then they are sent to the 'examine, treat, discharge if possible' room. In this room there should again be the minimum number of staff (one usually, two maximum). They should wear a FFP3 mask under their Surgical mask/visor and have other PPE so that they can complete care all the way through to an Aerosol Generating Procedure (AGP) if this is needed. AGPs include extractions, incision and drainage of a dental abscess, use of power tools, use of scopes. If there is an option to treat the patient without the need for an AGP, this should be done but the objective should be for definitive 'one stop' treatment if at all possible. For example an extraction is much safer than a first stage endodontic treatment in terms of the aerosol risk. Explaining the reason for the decision should be recorded in the notes.

Comment
FFP3 masks are a precious life-saving and protecting resource. Clinical staff are also life-saving resources and deserve the best protection we can offer. There are so many unknowns related to COVID 19 particularly with the specifics of the risk of examination of mucous membranes we feel these guidelines reflect an appropriate balance between protection of staff and use of precious resources. We should aim for one, single, definitive patient contact where possible.