



# PMS COLLEGE OF DENTAL SCIENCE & RESEARCH

## COVID19 Protocol of Emergency Clinic

Amidst the rising cases of COVID19 incident cases among the people of Kerala the State and the central government declared a nationwide lockdown. The Mode of transmission was precisely through respiratory droplets from person to person, however direct or indirect contact through saliva also possessed a higher risk of transmission of the disease. Dental professionals being at a high risk of transmission, it was suggestive of postponing invasive or operative procedures that would generate aerosol possessing risk of transmission. With the aim of reducing the transmission rate of COVID19, PMS College of Dental Sciences & Research proposed to start an emergency clinic. The faculty and Post Graduate from department of Public Health Dentistry and Oral and Maxillofacial surgery (OMFS) respectively were given duty in charge and assigned duties to run the EMERGENCY CLINIC from March 24<sup>th</sup>, 2020. The Protocol pertaining to the triage assessment was developed by the Department of Public Health Dentistry and managed with the aid of the Post Graduates from the department of OMFS.

Suggestive of avoiding the transmission among the Faculty and student, all the UG and PG clinics were postponed invariably until further notice from the government (Kerala State). It was also decided by the Clinic in-charge on whom to treat and whom not to. However Urgent or Emergency dental care was provided by the emergency clinic staffs and professionals.

### *Emergency/Urgent care (Whom to Treat)*

- Severe uncontrolled dental pain from pulp inflammation
- Uncontrolled Bleeding
- Cellulitis or abscess with intraoral or extraoral swelling that are potentially morbid
- Trauma involving the face or facial bone or dental trauma (Symptomatic)
- Severe Trismus
- Persistent Nonhealing Ulcer
- Dry socket/pericoronitis/wisdom tooth pain
- Suture removal
- Acute or chronic pulpitis
- Orthodontic wire impinging on the oral mucosa or gingiva causing ulcers or bleeding.

Based on the above emergency demand for service, the patients were pre-screened and the hot spot data available from the health department of Government domain in the COVID JAGRATHA site. Based on the available data gathered using questionnaires, patients were screened for whom not to treat as given below by the triage system carried out by the staffs at the entry point under the supervision of the clinic in charge. Three staffs were arranged to triage them at the entry with complete personal protective (PP) barrier like Double face mask or N95 mask, a plastic face shield,

PPgown, double gloved and maintaining a distance of 2 meters at the entrance.

*Patient, whom should be avoided for treatment*

- All symptomatic individuals who have undertaken international travelling the last 28 days.
- All hospitalized cases in the last 28 days.
- All individuals who come from hot spot areas were prescribed to be tested (RT-PCR) or postponed the appointment 3 weeks later.
- All health care workers or their family members who are asymptomatic.
- Patients with active fever, cough, cold, malaise, diarrhea etc.
- History of direct contact with COVID positive cases.

*Clinical management of patient fit for emergency care at the OPD*

- Patients who were screened and had the need for emergency treatment were examined by the dentist in charge or Post graduated (OMFS), wearing the complete PPE kit and medications were prescribed accordingly.
- Appointment to be scheduled and spaced to avoid crowding in the waiting area.
- Aerosol generating procedure which required emergency treatment were done in an isolated room with sufficient air circulation by the dentist wearing the PPE barrier (disposable) and fumigator was used before and after an out patients visit to reduce the risk of contact transmission and additionally disinfected with 0.05-0.5% Sodium hypochlorite (NaOCL) wiped over the hand rest and possible contact points of the patients on a dental chair

*Infection control practices*

- Strict & Stringent infection control practices were adopted to avoid transmission.
- At the OP chair, fumigator was used before and after an out patients visit to reduce the risk of contact transmission and additionally disinfected with 0.05-0.5% Sodium hypochlorite (NaOCL) wiped out the hand rest and possible contact points of the patients on a dental chair.
- The infection control practices were often monitored by the infection control department and clinician-charge regularly.