



PROTOCOLS FOR DENTAL EMERGENCIES DURING A PANDEMIC

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Abstract: Given the challenges posed by the pandemic, dental clinics are restricted to providing care only in emergency situations. This limitation may be distressing for patients experiencing acute pain if their condition does not qualify as an emergency. It is essential to study the practices of international colleagues to define dental emergencies and determine how to administer treatment under pandemic conditions. Guidelines from WHO, the Ministry of Health, the American Dental Association, and the Royal College of Dental Surgeons of Ontario for emergency admissions during the pandemic are used as references.

Key words: Pandemic, quarantine, COVID-2019, dentistry, emergency situation, urgent medical care.

Categories of Emergency Medical Care:

- Surgical intervention for facial and jaw injuries
- Inflammatory-infectious diseases of the face and jaw
- Prolonged bleeding and pain unrelievable by over-the-counter medications

Urgent Procedures Include:

- Severe toothache due to pulpitis
- Pericoronitis or pain from the third molar
- Postoperative osteitis
- Abscess or localized bacterial infection causing pain and swelling



- Tooth fractures causing pain or soft tissue injury

- Tooth injuries/dislocations

Non-Essential Procedures (Prohibited During Quarantine):

- Initial or periodic check-ups and follow-up visits

- Radiography

- Teeth cleaning and other preventive treatments

- Orthodontic procedures, except for addressing acute problems (e.g., pain, infection, trauma)

- Extraction of asymptomatic teeth

- Restorative dentistry, including treatment of asymptomatic carious lesions

- Cosmetic dental procedures

Communicating the Situation to Patients:

Patients may feel anxious, fearful, and uncertain about the implications of dental pain. Calming them is crucial. Dentists should maintain regular communication with patients via phone or video calls, offering advice and recommendations. Remote communication becomes the primary method of interaction between patients and dentists.

Administering Urgent Care:

If pharmacological treatment fails, consider scheduling an appointment. Adherence to sanitary norms and regulations set by SanPiN is critical. Each room must have bactericidal agents for air sterilization. All staff should use single-use personal protective equipment (PPE).

Findings and Recommendations:

Before accepting a patient, inquire about symptoms over the phone. Measure the temperature of all patients upon arrival. If your dental practice cannot meet the necessary precautions for patient admission during the pandemic, offer phone consultations or refer patients to the nearest dental or specialized practice equipped to handle emergencies. Increase disinfection practices. Typically, disinfection occurs



before and after work, but during a pandemic, WHO advises individual disinfection measures for each patient. This reduces the viral load (the amount of virus per unit volume of material). Utilize a rubber dam for emergency endodontic interventions. Follow up with the patient 7-10 hours after providing medical care to check on their health and any symptoms of illness. The patient might not show symptoms during the visit but could contract the virus during the appointment.

Conclusion:

If your clinic is not operational during quarantine, supply materials and personal protective equipment to clinics and health centers conducting urgent appointments. Follow the established restrictions. Let's exercise caution and suspend scheduled patient appointments. This is challenging for everyone, but necessary to curb the spread of the epidemic. Adhering to the rules is essential. Do not jeopardize your health or the health of colleagues and patients.

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