Targeted to pediatric dentists and general dentists who treat minors and patients with disabilities.

These management guidelines have been independently developed and voluntarily by researchers from the Latin American Pediatric Dentistry Association (Asociación Latinoamericana de Odontopediatría), in a joint effort with Latin American medical specialists in diverse areas and have been peer reviewed. Authors claim no conflict of interest.

To provide management recommendations for pediatric dentists and general dentists who treat minors and patients with disabilities; to help informed decision-making processes minimizing the risk of COVID-19 transmission, and in no way do they override regulations or laws in each country.

The guidelines are based on the best scientific information available to date. Given that COVID-19 is an emerging problem. Updates will be made when needed, in accordance with scientific advances and evolution of the pandemic.

1. TELEMEDICINE (REMOTE, TELEPHONE OR DIGITAL MEDIA):

2. IN-PERSON URGENT DENTAL TREATMENT

11 de abril, 2020
1. Telemedicine (by telephone or digital media):

Presents symptoms or exposure to COVID-19

YES → Refer patient for medical evaluation or testing for COVID-19

NO → Triage for Urgent Dental Care

Can the dental urgency be managed with telemedicine?

YES → Delay scheduling appointment

Delay scheduling appointment

Management at home (analgesics, antibiotics, etc.)

Favorable outcome. Follow-up with telemedicine

NO → NO

Refer to Emergency Department

Dentofacial Trauma

Extraoral swelling

Extraoral swelling/Cellulitis

Trauma involving facial bones

NO → Delay treatment until authorized by medical team

Dental Pain

Mild to moderate

Severe pain

Persistent pain, swelling, or intraoral edema

Dentoalveolar trauma

Intermediate measures. Management at home (analgesics, antibiotics, etc.)

ATTENTION

Only patients with irreversible pulpitis, pericoronitis, localized dentoalveolar abscess, painful dental fracture, alveolitis, dental trauma with avulsion or dislocation, hemorrhage should be treated.

All PPE for the entire dental team must be available. Biosecurity measures must be strictly enforced.

If these parameters cannot be met, the patient must be referred.

Need for in person dental treatment is confirmed

Informed consent is sent to the parent or legal guardian

Signed Informed consent is received by the Dental team

End of telemedicine, appointment is scheduled at the dental office
PATIENT AND COMPANION:
Must keep social distancing of 2 meters. At the office must use masks, wash hands and face. The patient must enter the operatory room alone or with a maximum of one companion.

DENTAL TEAM:
All the dental team must have complete an appropriate personal protective equipment (PPE). Appointments must be made on an individual basis and punctuality must be met.

Choose to perform treatments that minimize aerosol production

Disinfection of all surfaces and equipment with 70% alcohol, 0.1% chlorine or medical disinfectant. Dental chair should be near natural ventilation and solo light, covered with plastic film.

Procedure that will generate aerosols

Low risk: Dentist and assistant with disposable basic PPE (surgical mask, eye protection, facial shield, hair cover, surgical boots, isolation gown, gloves)

Moderate to high risk: Dentist and assistant with disposable PPE (N95* respirator, eye protection, facial shield, hair cover, surgical boots, isolation gown, gloves)

Donning on PPE: wash hands, booties, hair cover, isolation gown, N95* respirator or surgical mask, eye protection, facial shield, hand sanitation, gloves.

PATIENT: Rinse or clean mouth with 1% hydrogen peroxide or 0.2% povidone-iodine. Protective barriers (hair cover, eye protection, surgical field if necessary). The patient must keep proper cooperation throughout all the treatment procedure. Refer uncooperative patients for conscious sedation or General Anesthesia.

Four-handed dentistry with high suction. Minimize the use of rotatory handpieces. Use rubber dam when possible. Keep the door of the dental operatory room closed.

After finishing the procedure: use air disinfectant spray. Remove plastic film from dental chair. Dispose of waste in appropriate containers. Cleansing of rotatory handpieces (submerge in soapy water and activate for 2 minutes), wash instruments with liquid soap and chlorine, sterilization of all instruments in autoclave. Cleansing of all surfaces in a 2 meter radius from the dental chair with 70% alcohol, 0.1% chlorine or medical disinfectant.

Removal of PPE: in the following order: wash hands, facial shield, isolation gown, sanitize hands, eye protection, surgical mask or N95* respirator, sanitize hands, hair cover, booties and gloves. Wash hands and face after each procedure.

PATIENT: Remove barriers. Exit the operatory room. Wash hands and face. Keep social distancing of 2 meters in external areas.

Patient follow-up with telemedicine until quarantine is finished.

If contamination or contact with COVID-19 is suspected, all dental the team must keep 14 day quarantine and COVID-19 testing should be performed.