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| **What Constitutes a Dental Emergency?** | | |
| **Dental emergencies**  Potentially life threatening and require immediate treatment to stop ongoing tissue bleeding, alleviate severe pain or infection | **Urgent dental care**  Management of conditions that require immediate attention to relieve severe pain and/or risk of infection and to alleviate the burden on hospital emergency departments. These should be treated as minimally invasively as possible. | **Other dental care** |
| * Uncontrolled bleeding * Cellulitis or a diffuse soft tissue bacterial infection with intra-oral or extra-oral swelling that potentially compromise the patient’s airway * Trauma involving facial bones, potentially compromising the patient’s airway. | * Severe dental pain from pulpal inflammation * Pericoronitis or third-molar pain * Surgical post-operative osteitis, dry socket dressing changes * Abscess, or localized bacterial infection resulting in localized pain and swelling * Tooth fracture resulting in pain or causing soft tissue trauma * Dental trauma with avulsion/luxation * Dental treatment required prior to critical medical procedures * Final crown/bridge cementation if the temporary restoration is lost, broken or causing gingival irritation * Biopsy of abnormal tissue | * Extensive dental caries or defective restorations causing pain * Manage with interim restorative techniques when possible (silver diamine fluoride, glass ionomers) * Suture removal * Denture adjustment on radiation/ oncology patients * Denture adjustments or repairs when function impeded * Replacing temporary filling on endo access openings in patients experiencing pain * Snipping or adjustment of an orthodontic wire or appliances piercing or ulcerating the oral mucosa |
| **Dental non-emergency procedures**  Routine or non-urgent dental procedures includes but are not limited to:  • Initial or periodic oral examinations and recall visits, including routine radiographs  • Routine dental cleaning and preventive therapies  • Orthodontic procedures other than those to address acute issues (e.g. pain, infection, trauma) or other issues critically necessary to prevent harm to the patient  • Extraction of asymptomatic teeth  • Restorative dentistry including treatment of asymptomatic carious lesions  • Aesthetic dental procedures | | |

**Table 1. ADA GUIDELINES ON DENTAL EMERGENCY, NONEMERGENCY CARE**

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| 1. A notification was posted on the SOD’s website to inform the community about the COVID-19 outbreak and that the SOD was providing urgent care service s exclusively 2. In order to discourage walk-in emergency visits, those needing care were directed to call our clinic ahead of time and schedule an appointment. 3. A COVID-19 questionnaire (Figure 1) was developed, based on published guidance from the ADA, CDS and the WVU Medicine COVID-19 Incident Center, and incorporated into the electronic health record (EHR) software 4. Telephone Screening Form was incorporated to the health electronic record software. This form was used to document a pre-appointment call with the patient. |

**TABLE 2. EVALUATION AND SCREENING OF PATIENTS**

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| 1. Caries and complications: pulpitis, pulp necrosis, apical periodontitis, facial cellulitis, non-restorable teeth 2. Chronic periodontitis 3. Pericoronitis 4. Alveolitis 5. Temporomandibular disorder/Myofascial pain 6. Bony spicule 7. Dislodged temporary crown/bridge 8. Prosthesis causing inflammation 9. High occlusion 10. Orofacial pain 11. Orthodontic wire or appliances ulcerating the oral mucosa 12. Soft tissue lesions 13. Dentoalveolar fracture 14. Mandible fracture |

**Table 3.** **CLINICAL CONDITIONS REQUIRING IMMEDIATE ATTENTION (DECREASING ORDER)**

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| 1. WV ranked highest in the nation in the prevalence of poor physical and mental health and activity limitations due to poor physical or mental health  2. WV ranked highest in the nation in the prevalence of heart attack (7.5%) and coronary heart disease (8.0%). The overall cardiovascular disease prevalence was highest in the nation at 14.6%  3. More than 1 in10 WV adults had diabetes (15.0%), which ranked WV the second highest nationally  4. Approximately 16.2% of adults in WV have been diagnosed with asthma at some point in their life and 11.8% of WV adults currently have asthma  5. The prevalence of chronic obstructive pulmonary disease in WV was 13.9%, which was the highest in the nation  6. Nearly one-fourth of adults (24.8%) currently smoke cigarettes, which ranked WV the second highest nationally  7. Approximately 1 in 6 WV adults (17.3%) were both obese and had arthritis |

**Table 4.** **BEHAVIORAL RISK FACTOR REPORT**

**TABLE 5. TRIAGE**

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| **TRIAGE** |
| 1. Recognizing cases at high-risk of infection and encouraging them to seek medical evaluation prior to presenting to the school  2. Understanding the genuine need of an expert consultation and attempting to manage the issue with pharmacological therapy; and  3. Planning a contagion-reduced treatment protocol for individuals with unidentified risk of contagion who are suffering from an acute dental problem that requires immediate treatment |