01. PATIENT TRIAGE

Phone triage

Organise clinical agenda and waiting list

Assessment of patient risk profile & needs

Strongly suggested
Suggested
Unknown evidence

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Current evidence related to dental management during the SARS-CoV-2 pandemic is observational and prospectively designed interventions, to form the basis for evidence-based recommendations, are missing.

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02. PATIENT ARRIVAL AT THE DENTAL OFFICE
Prior to dental treatment

Temperature registered with contactless thermometer

If triage is OK patients, wearing masks, take their seats

60° Hand washing, or hand rubbing with hydroalcoholic solution

Remove bags, mobiles & coats

Put on shoe cover

60° Hand washing, or hand rubbing with hydroalcoholic solution

Put on gloves (first pair)

Put on gown

Repeat in-office triage

Put on goggles & shields

If triage is OK patients, wearing masks, take their seats

Put on cap

Put on gloves (second pair)

Put on FFP2/FFP3 with no valve or FFP2/FFP3 with valve + surgical mask

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03. PATIENT TREATMENT

EFP suggestions for the management of a dental clinic during the Covid-19 pandemic

If possible, avoid aerosol production

1. If aerosol production is inevitable, at least try to limit it
2. Use high-power suction
3. Possibly use decontaminating sprays
4. Possibly use patient shields
5. Ventilate with an open window
6. Environment disinfection with sodium hypochlorite or H²O² or alcohol

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Clinical staff doffing

1. Remove gloves and gown
2. Remove goggles & shields
3. Remove masks
4. Remove cap
5. Remove gloves (second pair)
6. 60” Hand washing, or hand rubbing with hydroalcoholic solution

Strongly suggested
Suggested
Unknown evidence
Phone triage questionnaire

1. Do you, to your knowledge, currently have Covid-19?

2. Have you previously been infected by the SARS-CoV-2 virus? If yes, have you been declared healed from Covid-19 clinically or have tested negative with a nasopharyngeal swab?

3. Do you currently have any of the following symptoms: fever, cough, respiratory difficulty, conjunctivitis, diarrhoea, flu, lack of smell and taste?

4. In the last month have you had any of the following symptoms: fever, cough, respiratory difficulty, conjunctivitis, diarrhoea, flu, lack of smell and taste?

5. Did you have any contact with SARS-CoV-2–infected patients in the last month?

6. Did you have any contact with subjects placed in quarantine, either self-imposed or organised by the health authorities, in the last month?

7. Did you have any contact with subjects coming from highly epidemic regions in the last month?

8. Are you a health-care worker? If yes, what is your job?

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