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**Emergency and Urgent Treatment Protocols**

**Aerosol Generating Procedures:   Isolation of tooth**

There are multiple cases of emergency treatments that can be done with slow speed hand pieces but would be much easier if done with a High Speed.  These hand pieces are known to create an aerosol but this can be mitigated by the use of a closely held high evacuation suction by up to 90%.

 If added to the suction, treatment is limited to one particular tooth properly isolated by a rubber dam the reduction in aerosol being infected from saliva is again over 90%.  By using H2O2 the viral load in the operating area can be reduced even more with a rinse for the oral cavity and a wash for the tooth in question. All of this, once again offset with the use of proper PPE’s, a level 3 mask and a face shield to the point the effect of the aerosol with any virus is virtually eliminated for the dentist and assistant.

**Aerosol Generating Procedures – no isolation.**

If a rubber dam can’t be placed you are back to the creation of an aerosol in an operatory on a patient that you can’t be 100% sure is not Covid positive even in the absence of symptoms. At this point the entire protocol for the procedure changes and you are looking at trying to contain the aerosol or splatter to the room and/or removal of it from the room with HVAC and filtration. An open concept room will not contain the aerosol from spreading through the clinic. If the room is closed and has a turn over of at least 12 times per hour you can let it sit for 30 minutes and then disinfect it. All operators will be required to wear N-95 masks, gowns, face shields, booties and head caps. This would make the use of a high speed without rubber dam a very complicated and costly situation and would recommend against it at this time