



# Association of Oral and Maxillofacial Surgeons of India [AOMSI]

Reg. No. MAH/154/01 Pune Registrar of Societies, Pune

[www.aomsi.com](http://www.aomsi.com)

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## **AOMSI**

### **Guidance for**

# **Maxillofacial Procedures during COVID-19 Pandemic**

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Covid19 is an evolving and constantly changing situation, and these recommendations are based on the best available information at this time. These recommendations are not mandates and ultimately the decision regarding management of patients still rests with the individual practitioner. Our primary goal is to provide safe, effective and responsible treatment for our patients, while minimizing the risk to community.

*As with all guidelines during the COVID Pandemic, this also has to be considered a dynamic one and may need changes as per the behaviour of the pandemic, health care resources and governmental notifications.*

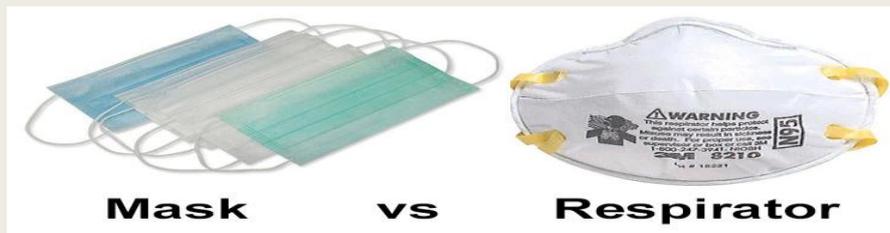
The routes of transmission known to us at present are mainly direct contact and droplet transmission (particle size > 5microns. Aerosol transmission (particle size < 5microns) is also a possible route of transmission when there is an exposure to high concentrations of aerosols in a relatively closed environment.

## Who can transmit the virus?

1. Symptomatic Covid +ve patients
2. Recovering cases
3. Asymptomatic cases

**All routine surgeries should be deferred as per the government notifications. Only emergencies cases should be operated.**

## General Instructions/Observations



### Uses for Masks:

- Masks are loose fitting, covering the nose and mouth
- Designed for one way protection, to capture bodily fluid leaving the wearer
- Example – worn during surgery to prevent coughing, sneezing, etc on the vulnerable patient
- Contrary to belief, masks are **NOT** designed to protect the wearer
- The vast majority of masks do not have a safety rating assigned to them (e.g. NIOSH or EN)

### Uses for Respirators:

- Respirators are tight fitting masks, designed to create a facial seal
  - **Non-valved** respirators provide good two way protection, by filtering both inflow and outflow of air
  - These are designed protect the wearer (when worn properly), up to the safety rating of the mask
- Available as disposable, half face or full face



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## Procedures to be carried out in OPD

Avoid unnecessary review visits and non-urgent appointments. Urgent procedures as the following may be carried out as per protocol.

- 1. Patients in severe pain due to pulpitis / abscess**
- 2. Space infections which can be treated at OPD or after admission**
- 3. Maxillofacial trauma cases which can be treated by closed management**

## Clinical Set Up

1. Restrict OPD Consultation timings and see patients with prior appointments only. Refrain from seeing walk-in patients. Patient entry into OPD only wearing a mask
2. Detailed screening, history and temperature testing to be done by the staff before registration
3. All patients with fever, cough and cold cases to be referred to the nearest Government/ Municipal hospitals as per the latest notifications in your region. Temperature screening of patients with Thermal scanner only!!
4. Print and place signage in the dental office to instruct patients on standard recommendations for respiratory hygiene/cough etiquette and social distancing.
5. Schedule appointments with enough time in between to minimize possible contact with other patients in the waiting room.
6. If patients wish to, or if the waiting room does not allow for appropriate “social distancing” (at least 6 feet or 2 meters apart), they may wait in their vehicle or outside the facility. They can be contacted by mobile phone when it is their turn.
8. Avoid using AC in the consulting room. A well ventilated room with consulting door kept open always is advisable.
9. Surgeon may use extra oral dental radiographs. Panoramic radiographs or cone beam CT are appropriate alternatives to intraoral dental radiographs during the outbreak of COVID-19, as the latter can stimulate saliva secretion and coughing.
10. Surgeons should use resorbable sutures to eliminate the need for a follow up appointment.
11. Keep minimal equipment in the consulting room. Remove unnecessary items.
12. Frequent cleaning of doorknobs and tables.
13. Accept digital payments as far as possible.
14. Avoid contact lenses. (AAO recommendation)
15. Avoid taking personal devices into the operatory - mobile phones, laptops, etc
16. Sanitization / Fumigation after OPD hours (consult current government guidelines)

**The Reopening Challenge** [Click Here](#)

**Disinfection Guidelines** [Click Here](#)



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## Specific Recommendations (Ref: AOCMF)

**Airway Management** : Rapid sequence intubation by the most experienced anaesthetist on the team.

The OT team should be outside the door for 20 minutes following intubation before entering the OT with appropriate PPE.

**Ideally, the operating rooms should be equipped with HEPA filters and laminar flow. (But consider turning off laminar flow for sudden AGP -eg: tracheostomy, awake intubation, I/D)- Covid Tracheostomy Guidance -ENT UK**

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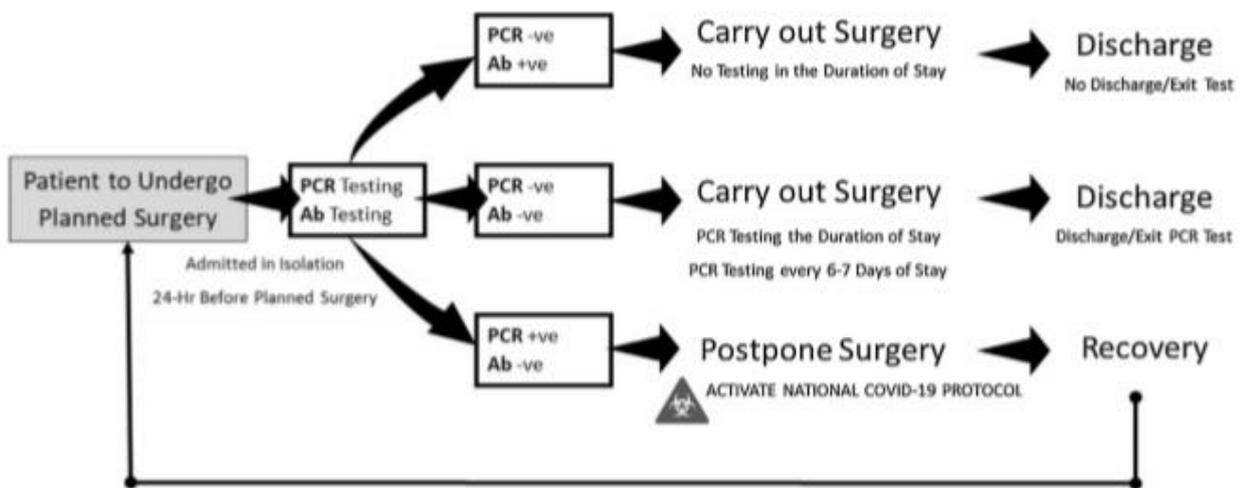


Fig. 1. Flowchart suggesting COVID-19 testing protocol for planned surgical patients.

### A list of AGP (Aerosol Generating Procedures) considered: Ultra-High-Risk Surgeries

- Intubation
- Extubation
- Intra oral Surgical procedures
- Placement of nasal packing
- Tracheostomy & tracheostomy care
- Powered instrumentation in mucosal head and neck surgery



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## General Considerations for each of these Ultra high-risk procedures

- 1) Patients undergoing these procedures (high risk or ultra-highrisk for aerosol generation) should get mandatory laboratory testing for COVID-19.
- 2) For COVID negative patient with testing within 24-72 hours who has self-isolated, contact local institutional committee for direction for use of PPE
- 3) All other, COVID +, or unknown COVID status emergency procedure -Proceed as if positive.
- 4) Minimize the number of healthcare personnel present throughout the procedure.

**CMF Trauma:** Performed by an experienced surgeon, with a minimal number of assistants possible. In general, closed procedures, if internal fixation is not required for stability of the reduction, are favoured. Specific recommendations based on the anatomical region.

## General Instructions for Trauma Surgeries

1. Scalpel over monopolar diathermy for mucosal incisions
2. Bipolar diathermy for haemostasis on lowest power setting.
3. Avoid repeated suctioning / irrigation.
4. Self-drilling screws preferred.
5. If osteotomy is required, consider osteotome instead of power saw or high-speed drill.

## Indications for urgent surgery

1. Life threatening Maxillofacial infections requiring urgent surgical intervention
2. Cases in which a worse outcome is expected if surgery is delayed more than 6 weeks. i.e: SCC of the oral cavity, oropharynx, larynx, hypopharynx
3. Cancers with impending airway compromise or a rapidly growing, bulky disease
4. High grade or progressive salivary cancer
5. Rapidly progressing cutaneous SCC with regional disease
6. Salvage surgery for recurrent/persistent disease
7. High grade sino-nasal malignancy without equally efficacious non-surgical options



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## Screening for COVID-19 Status and Triaging for OMF Treatment

An emergency patient who is a febrile without symptoms consistent with COVID-19 infection (e.g., fever, sore throat, cough, difficulty breathing), can be seen in dental settings with appropriate protocols and PPE in place.

Criteria of Advising Tests [Click Here](#)

### OMFS in Dental Colleges

1. Ensure distribution of human resources judiciously into two teams. The first team designated as 'Team-A' shall attend patients for 14 days and on completion shall proceed a 14 days' quarantine. 'Team B' will attend patients while 'Team A' is under quarantine and the after 14 days 'Team B' shall proceed to a 14 days quarantine and during that time 'Team A' shall attend patients. Both the team work in rotation shifts.
2. All personnel involved with patient care shall change to OT scrubs, which shall be removed on completion of the duty and shall be immediately transported to laundry services for cleaning, under no circumstances the OT scrubs shall be taken to residences. Video on PPE use in different areas of the hospital <https://youtu.be/kleTR6UdVuk>
3. Non-dedicated and non-disposable equipment (e.g., handpieces, dental x-rayequipment, dental chair and light) should be disinfected according to manufacturer'sinstructions. Handpieces should be cleaned to remove debris, followed by heatsterilization after each patient.

**NB:** These broad guidelines provide a basis for the philosophy of patient care during the Covid 19 pandemic. These are not and neither meant to be exhaustive.

**For more information on specific things like Masks, PPE, Protocol for Tests in Covid19 suspects, various Govt Agencies/ Organisations/ Associations Information, AOCMF information.**

Please check the link <https://aomsi.com/guidelines.html>



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## SCREENING FORM FORMAT FOR ALL PATIENTS

Name of Patient:

Date: \_\_/\_\_/\_\_\_\_

Age/Sex:

Contact:

Email id:

Address:

SYMPTOMS	YES/NO	DURATION OF ONSET
FEVER		
DRY/ PRODUCTIVE COUGH		
SORE THROAT		
SHORTNESS OF BREATH		
LOSS OF TASTE/SMELL		
HEADACHE		
BODYACHE(MYALGIA)		
DIARRHOEA		
CONJUNCTIVITIS		

### TRAVEL HISTORY IN LAST 30 DAYS

YES/NO

HIGH RISK TRAVEL	
DOMESTIC TRAVEL	

### VISIT TO HEALTHCARE FACILITY IN LAST 30 DAYS

YES/NO

### EXPOSURE TO KNOWN COVID-19 / SUSPECTED PATIENT IN LAST 30 DAYS

YES/NO

### COMORBIDITIES

HISTORY	YES/NO	TIME OF DIAGNOSIS	TREATMENT TAKEN
BRONCHIAL ASTHMA			
DIABETES			
HYPERTENSION			
CARDIOVASCULAR DISEASE			
END STAGE RENAL DISEASE			
CHRONIC LUNG DISEASE			
CHRONIC LIVER DISEASE			
ANY IMMUNOCOMPROMISED STATE (oncology, transplant, immunosuppressive meds, etc.)			
OTHERS , SPECIFY			

The above information is true to the best of my knowledge. I understand that withholding any information is unethical and against the interests of the global population fighting this pandemic.

Signature of Patient

Signature & Name of Doctor



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## **Declaration Form format to be taken from all patients**

*(Sample Format)*

Name of the Hospital / Clinic:

Name of the Doctor:

Date & Time of Appointment:

### **Declaration**

In spite of the ongoing Covid Lockdown scenario, I have voluntarily come to the hospital/clinic to get treated for my Emergency / Acute Dental/maxillofacial Problem.

I am currently unaware of Covid-19 status. Since I can unknowingly transmit the viral infection to the doctors or hospital staff, I declare that I will adhere to all the precautions and protocols laid down.

I am also aware that I risk contracting the Covid-19 infection from the hospital staff or doctors during the course of my treatment there in-spite of them having adhered to all the acceptable standards of care. In such an eventuality of this happening to me or the person accompanying me, I will not hold the doctors and any hospital staff responsible for this.

Patients' Name:

Mobile No:

Email Id:

Address:

Vehicle no:

Patients Signature:

**Witness Signature:**

Relationship of witness to the Patient:

### **References**

1. *AOCMF guidelines*
2. *BAOMS guidelines*
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4. *ADA guidelines*
5. *AOI guidelines*
6. *DCI guidelines*
7. *IDA guidelines*
8. <https://fastlife hacks.com/n95-vs-ffp/>
9. *Biomedical waste management BMW rules 2016*