



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

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

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**Revised
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.

Theroutes 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

SURGERY PERFORMED FOR THE PRESERVATION OF LIFE AND ORGAN SYSTEMS IS CONSIDERED EMERGENCY SURGERY. SURGERY WHICH IMPROVES FUNCTION AND QUALITY OF LIFE INCLUDING PHYSICAL AND PSYCHOLOGICAL WELLBEING SHOULD BE CONSIDERED ESSENTIAL.

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
 - Designed to 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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Clinical Set Up

Front Team Protocol

1. Telephonic screening

History of Fever, cold, cough, travel of the individual or any one in their family or in their street.

The nature of complaint which needs attention.

If complaint can be managed by medication then telephonic prescription

Covid 19 has made Teleconsultation (TC) an important part of OMFS care

Tele Conference Guidelines [Click Here](#)

2. Scheduling appointments

Restrict OPD Consultation timings and see only patients with prior appointments. Refrain from seeing walk-in patients.

Time interval between two appointments should be on the basis of air decontamination protocol. Minimum of 6 ACH (air change per hr) is mandatory. Time interval in case of Hepa filters 13/14 is 20 minutes, Defogging with hydrogen peroxide vapours or chlorine dioxide is 30-45 minutes and Natural Ventilation is 60 minutes.

3. Triage at Front desk

Footwear to be left outside the clinic reception area.

Detailed screening, history and temperature testing to be done by the staff before registration



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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!!

Print and place signage in the dental office to instruct patients on standard recommendations for respiratory hygiene/cough etiquette and social distancing.

Schedule appointments with enough time in between to minimize possible contact with other patients in the waiting room.

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.

Do not allow additional bags and mobiles to be carried by the patient into the operatory.

Avoid contact lenses. (AAO recommendation)

Provide soap and water / sanitizer / Alcohol based hand rub and disposable tissue for hand hygiene for the patient.

Disposable shoe cover may be provided to patients.

Do not share the pen used by the front desk personnel with the patient.

Only patient is allowed entry into the front desk area. A minimum of 2 metre distance to be maintained between patients.

Reception area should be well ventilated. Table fans and ceiling fans can be used. Avoid air conditioners.

No reading material to be placed in reception. Ask patients to avoid touching surfaces unnecessarily.

Prioritise treatment for elderly and children in the waiting room. Avoid long waiting hours in the reception area especially for elderly and children.

Patients should wear mask or be provided with mask while waiting.

It is advisable not to accept masks with expiration / exhalation valve.

ATTIRE PROTOCOL FOR FRONT DESK PERSONNEL (LOW RISK)

Triple layer medical mask

Disposable examination gloves

Physical distance to be followed at all times

Frequent use of hand sanitizer over gloved hands

Doctor's Room Protocol

1. Avoid using AC in the consulting room. A well ventilated room with consulting door kept open always is advisable.

2. Patient on being seated on the dental chair, should be asked to rinse mouth with 0.2 % Chlorhexidine / 0.2% Povidone iodine. To be held in the throat for 20 seconds before spitting out.

3. Work to be carried out with minimum personnel in the operatory.

4. 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.



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5. Dental extractions and minor surgical procedures done under local anesthesia should be done with minimal aerosol generation as follows

- a) Avoid intermittent spitting by patient
- b) Use of high vacuum suction
- c) Efficient assisting personnel to help operate with good speed
- d) Use of micromotor at low speed with slow drip irrigation
- e) Use scalpel instead of cautery / laser
- f) Hemostasis to be achieved with chemical or mechanical measures
- g) Suturing with absorbable sutures to avoid subsequent visits for suture removal
- h) Follow up on telephonic consultations as far as possible.
- i) MMF with wires / MMF screws whichever is faster
- j) Incision and drainage to be carried out extraorally whenever possible

6. Keep minimal equipment in the consulting room. Remove unnecessary items.

7. Frequent cleaning of doorknobs and tables

ATTIRE PROTOCOL FOR DOCTOR AND ASSISTING PERSONNEL (MODERATE RISK)

N95 mask

Goggles

Coverall

Double sterile gloves

Face shield

Donning and Doffing area to be marked for all clinic personnel with visual aids on sequence of donning and doffing of PPE. Video link <https://youtu.be/kleTR6UdVuk>

Check out of patient

Proper communication of the postoperative care and medications and stressing on the importance of hand hygiene and physical distancing to be done.

Payments to be done digitally as far as possible.

Schedule next appointment if needed and send reminder message the previous day.

Decontamination and purification of operatory

The clinic and reception area should be wiped with multibucket technique. First with water, then detergent and then with 0.1% Sodium hypochlorite.

Door handles and surfaces that are frequently touched need to be mopped and wiped with disinfectant

Wiping and disinfection to be done after every patient.

All instruments have to be disinfected and sterilized as per manufacturer's instructions. Disposable instruments have to be carefully disposed with appropriate receptacle.



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The operatory can be fogged / fumigated as an additional measure.

15th May WHO Disinfection Guidelines [Click Here](#)

ATTIRE: PROTOCOL FOR SANITARY STAFF and PHARMACY STAFF (Mild Risk)

Triple layer medical mask

Disposable examination gloves

Frequent use of hand sanitizer over gloved hands

The Reopening Challenge [Click Here](#)

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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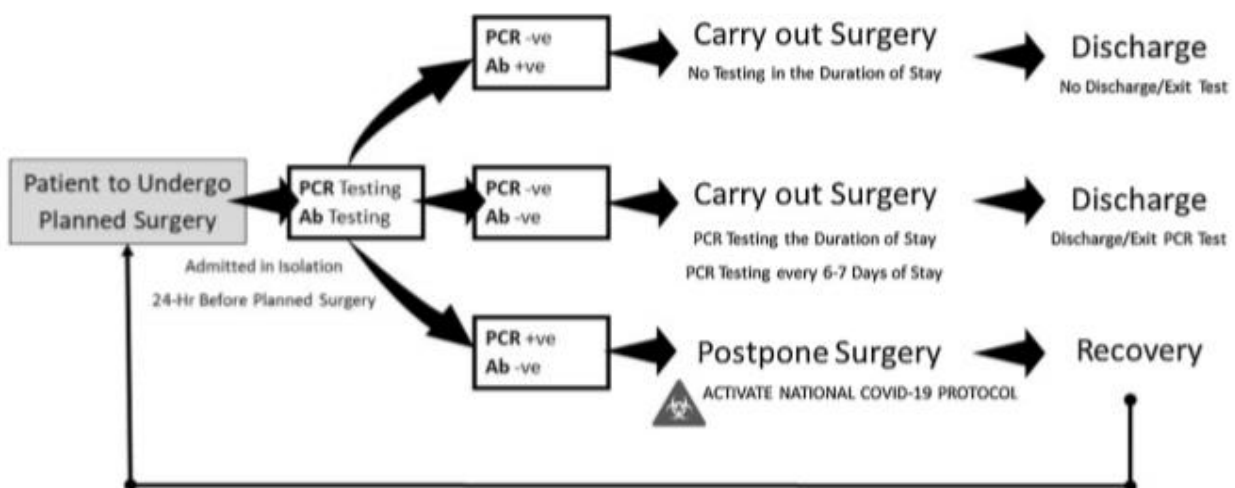


Fig. 1. Flowchart suggesting COVID-19 testing protocol for planned surgical patients.



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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

Guidelines for rationale use of PPE in OMFS

RISK STRATIFICATION	PROCEDURES	KIND OF PPE RECOMMENDED				
		Mask(Surgical / N95)	Gloves	Face shield with/ without Eyewear +head cap	Surgical gown covered with disposable apron + shoe cover	COVID PPE – coverall mandatory
LOW	<ol style="list-style-type: none"> 1. Visitors attending OPD 2. Meeting and greeting of patients 3. Patient Screening & Declaration 4. Visitors accompanying patients in IP facility 	Surgical	-	-	-	-
MODERATE	<ol style="list-style-type: none"> 1. Triage area in OPD 2. Examination- intra-oral/ intra-nasal/ Head and Neck 3. Doctors chamber in OPD 4. Ward rounds without intervention 	N95	Double Examination	✓	✓	-
HIGH RISK	<ol style="list-style-type: none"> 1. All Extra oral maxillofacial surgical procedures 2. ICU intervention 	N 95	Double Sterile	✓	-	✓
ULTRA HIGH RISK	<ol style="list-style-type: none"> 1. Aerosol generating procedures- use of electrical drills, air-rotors, ultrasonic/ piezoelectric devices 2. All Intra-oral surgical procedures 	N95	Double Sterile	✓	-	✓

Gloves Preferably Nitrile (avoid latex)

Surgeon & Assistant: Face mask, Eye protection/Face Shield, Head cover, Gown/coverall, Shoe covers, Full PPE in surgery



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General Considerations for each of these Ultra high-risk procedures

1. Patients undergoing these procedures (high risk or ultra-high-risk 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

Screening for COVID-19 Status and Triaging for OMF Treatment

An emergency patient who is afebrile 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](#)

Clinical Significance of an IgM/IgG Serological Test Result [Click Here](#)

Screening format [Click Here](#)

[Declaration consent link](#)



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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. If the Institution/University has a guideline for management of Human resource, that guideline to be followed.

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.

3. Non-dedicated and non-disposable equipment (e.g., hand pieces, dental x-ray equipment, dental chair and light) should be disinfected according to manufacturer's instructions. Hand pieces should be cleaned to remove debris, followed by heat sterilization after each patient.

NB: These broad guidelines provide a basis for the philosophy of patient care during the Covid19 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>

In the Present Covid Pandemic the existing consent form of the patient which is obtained routinely can be used with the risk of contracting Covid19 as an additional risk / complication in the same form.

Common sense, good infection control and self-protection are the key to success.

Disclaimer:

****These guidelines are framed based on current literature and understanding of the disease. All previous guidelines issued shall be superceded by this one. Any changing GOI/State government guidelines shall take precedence when issued in public health interest***

References

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