

The *NEW NORMAL*—Orthodontics with Social Distancing

The Coronavirus has closed down all of the US dental practices, which should be able to open soon...hopefully! When opening this year (and possibly into the next) the “new normal” of social distancing will be in affect until an effective CV-19 vaccine is available. Other regulations may also apply with regard to how many people can congregate in one room together. During this new normal and possibly beyond, you might also find TeleDentistry helpful.

Scheduling: With social distancing you may not be able to see as many patients/day as usual and you may need to either work more or longer days or spread the appointments further out or all of these—especially when reopening to the initial deluge of patients. You may also need to *group* people differently in the waiting room and clinic if there is a limit on how many people at a time that you can treat. The precautions and possible solutions for maximum production under these circumstances are listed below. The biggest problems will occur in high-volume time in the afternoon.

Social Distancing and Precautions in the Waiting Room: Practices will need to keep a 6-foot distance between patients and between patients and staff in the *waiting* room.

- Use the waiting room as an “on-deck” area, only for patients and keep the chairs 6 feet apart.
- Have the patient’s family wait in the car and call the office to tell the receptionist that they are there. The receptionist tells only the patient to come into the office or calls them back when appropriate to keep from overfilling the waiting room. If a new patient/family, have them come in together when the TC is there ready to take them to the Exam room.
- When an active patient walks in the door, have them wear their face mask or give them a simple cloth mask to wear until they leave; check the patient’s temperature. If they have a high temperature you might want to reschedule them for the next month, otherwise have the DA escort them into the clinic when ready. If there is an obvious problem, call the patient’s MD for a Coronavirus test.
- Escort the patient to the clinic, have them brush their teeth (and disinfect the sink when they are done) and seat them. Keep the patient’s mask on except when working in their mouth. When done escort the patient (wearing their mask or the one given them) to the receptionist.
- Have the receptionist call the waiting family’s cell phone to make the next appointment if the patient does not make it alone.
- Keep the 6-foot distancing for the receptionist by putting a high table between the receptionist and the patient who is checking out.
- Carefully handle any across-the-counter payments and place them in a zip-lock envelope to be sprayed and posted later on; not during the day.

Social Distancing and Precautions in the Clinic: You will also need to keep a 6-foot distance (or a wall) between the patients in the clinic—this may not be as simple as distancing in the waiting room. You may need to rearrange your clinic chairs to achieve this—considering the following:

- If you use separate treatment rooms you are OK, but if you have an open bay you need to keep chairs 6-feet apart.
- If you have many chairs, use every other chair, or if movable, move the chairs 6-feet apart and remove any extra chairs.
- If you have a small clinic with few chairs, or if you have high traffic area (sterilization, entrance, etc.) near a chair you may need to hang a 4’ wide by 6’ high plastic shield or a clear plastic curtain between the chairs and to protect high traffic area chairs.
- If you loose too many 6-foot apart chairs, use the separated records room chair or put a chair in the lab; or wherever to make it work. Then again, you might just hang plastic between all of the chairs and don’t lose any of them.

Nothing will be perfect and certain setups will be annoying, but social distancing is not forever and you will appreciate getting back to your *old normal* when it’s over.

Other Clinic Precautions: Of course, following *all* of the usual OSHA guidelines are important for protecting your patients and team from infecting each other. The following may also help:

The Bio-Engineering Co.

- Take your team members temperature when entering the office each day until the CDC says that this is no longer helpful.
- Keep the cloth mask you provided the patient over their mouth when not working on them. Cover their entire mouth with a cloth or clear plastic mask or Saran Wrap, etc., when spraying their mouth with air or water.
- Store supplies (archwires, ligatures, etc.) in the sterilization area away from the chairs where they can become contaminated.
- Wipe the chair, counter, light and keyboard surfaces with disinfectant after each patient.
- Team members should all use facemasks (and hopefully face shields or goggles in the clinic) to protect them from your patients.
- Use personal protective clothing (PPE). Wear uniforms while in the office and change into personal clothing before going home. Or wear disposable protective coveralls if desired and discard them at the end of the day.
- Have ALL staff wear gloves, even the receptionist and TC. The TC may not have to wear a mask when in the exam or consult.

The Possible use of TeleDentistry: TeleDentistry is: “the use of electronic information, imaging and communication technologies, including interactive audio, video, data communications as well as store and forward technologies, to provide and support dental care delivery, diagnosis, consultation, treatment, transfer of dental information and education”.

Important—see the PDF delineating the ADA’s Policies for TeleDentistry!

In dentistry, practicing at long distances (phone or internet), both now and after the pandemic, can be useful for certain types of patients. It can also help reduce the high failure and cancellation rates of certain types of patients (OBS, etc.), which is important during reduced maximum daily patient loads due to social distancing.

These types of patients might include:

- Invisalign-type patients that are given all of their tray sets at once or for 6 months at a time.
- Young Pre-Active Recall patients waiting to start treatment that are seen every 6-12 months.
- Ph-I retention patients waiting for tooth eruption for Ph-II treatment.
- Patients with special appliances (HG, Holding Arches, etc.) that just require a “look-see” to keep track of their treatment.
- Patients with initial “long-term” heat activated archwires that will not need an archwire *change* for many months.
- TMD or OSA (Obstructive Sleep Apnea) patient monitoring; with or without extra charges.
- Other types of patients that you deem reasonable for TeleDentistry.

In its simplest form you would call the patient’s cell phone, tell them for the reason for the call and have them use “FaceTime” or equivalent to show you the condition of their teeth. You may need to send them a text before that call to notify them of the call so that they can brush their teeth/braces.

If the FaceTime approach is not applicable to some patients you may need to dedicate a section of your website for “E-Visits” where they can post a photo or video of their mouth. Once you examine the picture you can call them back and tell them what is going on and whether all is well or that they need to come in for a visit. You may need a health history review and payment mechanism (Visa, PayPal, etc.) if there will be needed medications or extra charges.

I hope that this advice helps you to get through this pandemic safely when reopening your practice.