Zimbabwe Dental Association
The Voice Of Oral Health In Zimbabwe

COVID-19 Dental Practice Recommendations/Guidelines
UPDATE 22/04/2020

This guidance is based on what is currently known about the transmission and severity of COVID-19 and the implications for dental practice. ZiDA will update this guidance as additional information becomes available and as need arises.

To date globally, clusters of healthcare workers positive for COVID-19 have been identified in hospital settings and long-term care facilities, but no clusters have yet been reported in dental settings or personnel. Dental Health Care Professionals are classified in the **very high exposure risk** category, as their jobs have high potential for exposure to known or suspected sources of the virus that causes COVID-19 during specific procedures. Hence the following guidelines are recommended;

Postpone Elective Procedures, Surgeries, and Non-Urgent Dental Visits

ZiDA strongly recommends that dental facilities **postpone** elective procedures, surgeries, non-urgent dental visits and prioritize urgent, emergency visits and procedures now and for the coming several weeks.

Screening over the phone or before emergency treatment

Assess the patient's dental condition over the phone and determine whether the patient needs to be seen in the dental clinic. If dental treatment can be delayed, provide patients with detailed instructions about self-care and options of medication they may use. If urgent treatment is necessary pharmacological management with antibiotics and analgesics can be instituted.

Telephone triage all patients in need of emergency dental care, enquire about the COVID-19 risk by asking about the following:

1. History of travel to an area with local spread of corona virus infection in the past 14 days (local spread in the country or outside the country)
2. History of respiratory symptoms in the past 14 days including the following
    - cough
    - high temperature 38 degrees Celsius and above
    - muscle aches
    - difficulty breathing
    - abdominal disturbances
    - Date of onset of symptoms

If the patient answers no to all the questions, proceed and see the patient. If they say yes to any of the above questions investigate further so that treatment can be deferred or the patient referred to a seek medical advice/ care through the nearest COVID-19 treatment facility.

Dental setting increases the risk of exposure to microorganisms that infect the oral cavity and respiratory tract. Dental care settings invariably carry the risk of COVID-19 infection due to the specificity of its procedures and processes, which involves

- face-to-face communication with patients,

- frequent exposure to saliva, blood, and other body fluids,

- the handling of sharp instruments

- contact with contaminated surfaces.

- generation of aerosols by dental equipment (hand pieces, scalers and triple syringes)

The pathogenic microorganisms can be transmitted through contact of conjunctival, nasal, or oral mucosa with droplets and aerosols containing microorganisms generated from an infected individual and propelled a short distance by coughing and talking without a mask and indirect contact with contaminated instruments and/or environmental surfaces.

<u>Handling of emergency dental cases</u>

- Treat every patient as if they are infected. Treat every patient as if they are a host. *Some infected patients may not show symptoms thus treat everyone as if they are infected, therefore treat **under the strict screening and infection control protocol**s*

  - Confirm again the above questions at the reception, and look out for visible symptoms which include coughing, fever and respiratory distress before they enter into the clinic. If there are signs of any form of acute respiratory infection isolate the patient.

  - There must be a room dedicated for isolation for any suspected or probable case of the COVID-19 infection that walks into the dental setting.

  - Disinfect all surfaces that the patient might have come in contact with eg chairs, tables, reception area

  - Remove all literature from the waiting area

  - Sanitize on entry and exit of any personnel with alcohol based sanitizer.

  - Social distancing should be observed. Make sure the waiting area is not crowded and a distance of more than 1 meter can be maintained among patients. Ideally space your patients 'appointments to limit interaction and contact among patients.

- If patient is a suspected case, patient should be taken into the isolation room, offered a face mask and the dentist should ask the patient to list all the people they came into contact with using a form the MHCC or the app.

- Use the following hotlines to refer the patient to a COVID-19 treatment facility: 0714 734 593 OR 0774 112 539 OR hotline toll 2019.

- Follow the proper safety precautions as guided by the standard precautions on infection control and have the correct PPE for use and infection control protocol in place. Follow the routine practice and contact/droplets precautions wearing (N95 ideally, gloves, goggles, face shield and protective gowns).
- Do your best to manage the emergency without the generation of aerosol (high speed hand piece, triple syringe and scaler use).
- If a procedure that involves aerosol generation, it has to be undertaken with proper COVID-19 precautions as guided by the standard precautions.

For suspected or confirmed to have COVID-19, do the following:
- Patients with active COVID-19 infection **should not be** seen in dental settings per CDC guidance
- Postpone dental treatment but however manage pain
- Give the patient a mask and facilitate contact of medical personnel COVID-19 facility: 0714 734 593 OR 0774 112 539 OR hotline toll 2019.

Dental emergency definition
The urgency of a procedure is a decision based on clinical judgment and should be made on a case-by-case basis. *Below is a guideline of classification of some common dental procedures*

Dental emergencies	**Urgent dental treatment**
These are potentially life threatening and require immediate treatment to stop ongoing tissue bleeding, alleviate severe pain or infection, • Oral facial trauma involving facial bones • Significant infection (cellulitis) that has a chance of progressing • Bleeding or pain that cannot be managed by over the counter medicine	*These are done to relieve pain and or infection to reduce burden to emergency rooms and should be treated as minimally invasively as possible.* • Severe dental pain from pulpits • Pericoronitis • Dry socket • Localized abscess • Painful fractured tooth • Avulsion/luxation from trauma • Dental treatment prior to critical medical procedures • Crown or bridge cementation • Biopsy
Other urgent dental treatment ● Extensive caries or open dentin causing pain ● Suture removal ● Denture adjustment ● Replacing temporary filling on RCT access giving pain ● Cutting wires on broken orthodontic wire/appliances causing pain or laceration	**Routine or non-urgent dental procedures includes but are not limited to:** • Initial or periodic oral examinations and recall visits, including routine radiographs • Routine dental cleaning and preventive therapies • Orthodontic procedures other than those to address acute issues (e.g. pain, infection, trauma) or other issues critically necessary to prevent harm to the patient • Extraction of asymptomatic teeth • Restorative dentistry including treatment of asymptomatic carious lesions • Aesthetic dental procedures

Protecting oral health workers

- This will depend on emphasizing basic infection prevention measures. As appropriate, all employers should continue to implement good hygiene and infection control practices, including:

    - Promote frequent and thorough hand washing protocol by providing workers, patients, visitors with a place to wash their hands

    - Promote ease of access to hand sanitizers

    - Encourage workers to stay home if they are sick.

    - Encourage respiratory etiquette, including providing clients with tissues and trash receptacles.

    - Discourage workers from using other workers' phones, desks, offices, or other work tools and equipment, when possible.

Infection Control Measures for Treatment.

- Use of required protective wear correctly for every patient

- Mandatory use of hydrogen peroxide mouth rinse before dental procedures and rubber dam and anti-retraction handpieces during dental procedures.

- Hand wash and hand sanitizing protocol to be adhered to before and after every procedure. Hand wash: Ethanol Alcohol based 60 % or Isopropyl Alcohol above 60%

· Disinfectants should have Alcohol , with alcohol content above 60 percent, or Hypochlorite 0.1 percent or Glutaraldehyde solution 2.0 percent.

Declaration. Information outlined above has been obtained from the sources listed below and Dental practitioners are recommended to refer to the following for further guidance.
www.cdph.ca.gov
www.cdc.gov
www.cda.org
www.ada.org
Additional Resources
- Standard Precautions.
- CDC Interim Infection Prevention and Control Guidance for Dental Settings During the COVID-19 Response
- CDC Recommendation: Postpone Non-Urgent Dental Procedures, Surgeries, and Visits
- Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings
- Aerosol Transmissible Diseases (ATD) Standard.
- ADA: What Constitutes a Dental Emergency? (PDF)

Do no harm to self, staff, patient and community as a whole.
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