



PHILIPPINE DENTAL ASSOCIATION INC.

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PREVENTIVE PROTOCOLS TO AVOID COVID-19 COMMUNITY CONTAMINATION IN THE DENTAL PRACTICE

Introduction

This guide is in support of the current DOH directive to help contain the spread of Coronavirus Disease (COVID-19) to other cities of the Philippines. The WHO regards COVID-19 as a high consequence infectious disease (HCID), highly communicable on contact with the virus. As such, health care providers in close contact with patients, including dentists are at risk of getting the infection and transmitting the same.

This serves as a guide to assist in the containment of its spread.

Modes of Transmission

The experience in China and Europe show emerging evidence that common routes include *direct transmission* meaning cough, sneeze and droplet inhalation; and *contact transmission*, that is, contact with oral, nasal and eye mucous membranes. Other forms of transmission have been detected through the oro-fecal route and fomites. Fomite transmission occurs when viruses or bacteria that remain on objects such as instruments, handpieces, clothes, masks or ANY surface that can carry the infection.

The asymptomatic incubation period of infected individuals is 1 to 14 days and **after 24 days it was confirmed that those without symptoms can spread the virus.**

As a means to contain the widespread infection in the Philippines, the government has recommended community quarantine in NCR and other affected areas in the Philippines.

Recommendations

Case Selection

It is prudent to do telephone screening or interview before confirming an appointment. This should be done to avoid individual/s with possible COVID 19 infection, from arriving in the dental office/clinic building or unnecessary trip for non-emergency cases.

Phone screening questions must include:

- what is the need for the dental consult? Is it pain, trauma, sever infection or facial swelling?
 - if so, request to send photos, digitally through apps such as Viber, Whatsapp, Line or FB messenger, and other options to distinguish a real emergency
 - is there any history of travel in the past 4 weeks to any of the risk areas? If patient has positive exposure but is not infected or not exhibiting symptoms of COVID 19 infection, they may be treated with the dental team strictly following standard infection control precautions for URGENT cases only



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Patient Evaluation

Patients, old and new, are required to fill up screening form, including all companions. No-contact temperature screening may also be performed.

All febrile patients (37.3 C temp) with respiratory disease in origin should be referred to the proper hospital immediately. Fever arising from dental infection, such as cellulitis must be attended to by the clinician.

Treatment Procedures

1. At this time, it is prudent to DEFER elective procedures such as cleaning, fluoride treatment, restoration of asymptomatic lesions, orthodontic adjustment, whitening, etc.
2. Address immediate concerns such as pain, infection, oral-maxillofacial conditions, and trauma needing urgent procedures.
3. In cases where restorations are INEVITABLE, such as oral rehabilitation prior to corrective surgical procedures, pre-oncology management and other pre-medical intervention, the following must be observed:

Pre-treatment Mouthrinse

COVID-19 virus is vulnerable to oxidation, mouthrinsing containing oxidative agents such as 1% hydrogen peroxide OR 0.2% povidone is believed to reduce the number of oral microbes.

Use of Rubber Dam

Restoration must be performed using rubberdam to minimize aerosol scatter of patients' fluids in the operatory by 70%. It is believed that droplets and aerosol from infected patients can contaminate the operatory. **The COVID-19 virus, remains infectious from 2 hours to 9 days and persists better in 50% relative humidity** (Peng et al, 2020). In conjunction, suction and high vac suctions must be used hand in hand to control fluids.

Handpiece

Peng, [et.al](#) strongly recommended to use retractable handpieces, with anti-retractive valves which minimizes backflow of fluids into the tube to prevent cross-contamination.

Treatment Precautions

To minimize aerosol scatter, manual hand scalers should be used instead of electronic scalers for scaling calcular deposits.

Safety Precautions

All patients should be treated as potentially infective COVID-19 carriers. As such, high level of precaution should be exercised. If an individual exhibiting symptoms of possible COVID-19 arrives in your dental practice, patient **MUST** be immediately referred to seek medical treatment in a well-equipped tertiary hospital.



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Protective Personal Equipment (PPE)

1. All members of the dental health team **MUST** wear the prescribed PPE.
2. Scrub suits or any surgical clothing must not be allowed to circulate outside the clinic setting.
3. Street clothes must be worn on entry into the dental clinic and changed back on leaving the dental premises.
4. Used scrub suits must be placed in seal proof containers until it is brought home for washing.

Primary PPE (Standard protection devices in the clinics)

1. Protective eyewear - goggles and face shield
2. Surgical Mask
3. Disposable Caps
4. Disposable Latex or Nitrile Gloves

Secondary Protection (Advanced protection for dental professionals)

1. Protective eyewear - goggles and face shield
2. Surgical Mask
3. Disposable Caps
4. Disposable Latex or Nitrile Gloves
5. Working clothes (disposable working gown)

Tertiary Protection (Strengthened Protection)

While COVID-19 positive cases will not electively seek dental treatment, there are however possible conditions wherein a dental practitioner may be called to treat a patient with positive COVID-19 cases. Impermeable protective equipment must be donned and doffed properly.

According to the CDC guideline, in the event that respiratory masks (N95) is needed but may come in shortage of supply, surgical masks maybe used together with air purifiers or air cleaners in the operatory.

Disinfection of Clinic

Standard operatory infection control measures using barriers and cleaning protocols with antibacterial wipes, diluted water solution with Sodium Hypochlorite or 70% medical grade alcohol are acceptable surface cleaning agents. In addition to the usual operatory cleaning, door handles, chairs, desks and elevators must also be disinfected.

Waste Management

Handling and disposal of used PPEs and waste must be treated as infectious and must be disinfected, then labelled or thrown in its proper waste bin.

The recommendation presented are for members of the Philippine Dental Association, based on the availble materials at the time of this writing.

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