

Approved.
Disseminate appropriately
25.03.2020
P



**MINISTRY OF HEALTH
DIRECTORATE OF HEALTHCARE SERVICES
ORAL HEALTH SERVICES**

INTERNAL MEMO

TO: Ag. Director General for Health

Ref: MOH/OHU/1/2/47/104

Date: 24th March, 2020

RE: GUIDELINES FOR DENTAL PRACTICE WITH RESPECT TO THE COVID-19 PANDEMIC

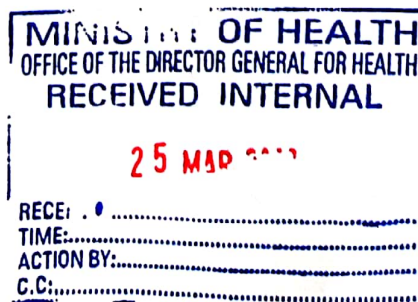
Dental professionals are uniquely exposed to COVID-19 due to regular contact with oral mucosa, and bodily fluids, saliva and blood. Most dental procedures result in production of droplet and aerosols, which can remain suspended in the air for some time before being inhaled or settling on environmental surfaces.

Dental professionals should therefore have an understanding of COVID-19 transmission, detection of infection and extra precautions when providing dental treatment to avoid contracting or transmitting the infection.

Kindly find attached the recommended guidelines for your approval.

Dr. Laban M. Thiga

Ag. HEAD, DIRECTORATE OF HEALTHCARE SERVICES





MINISTRY OF HEALTH

RECOMMENDED GUIDELINES FOR DENTAL PRACTICE WITH RESPECT TO COVID19 PANDEMIC

Dental professionals are uniquely exposed to COVID-19 due to regular contact with oral mucosa, and bodily fluids, saliva and blood. Most dental procedures result in production of droplet and aerosols, which can remain suspended in the air for some time before being inhaled or settling on environmental surfaces. Dental professionals should therefore have an understanding of COVID-19 transmission, detection of infection and extra precautions required when providing dental treatment to avoid contracting or transmitting the infection.

Provision of routine care

From previous experience with the SARS coronavirus of nosocomial infections, care should be taken to avoid or minimize operations that can produce droplets of aerosols.

Routine dental procedures should be deferred, pending direction from the Ministry of Health.

Dental emergencies will continue to be managed non-invasively where applicable. Where procedures must be done, this should be done with presumption of COVID-19 exposure and appropriate precautions taken.

It was reported that dental practice should be postponed at least 1 month for convalescing patients with SARS. It is unknown yet whether the same suggestion should be recommended for patients recovered from COVID-19.

Plan ahead

All clinics should have standard operating procedures in place for handling patients presenting to the clinic who have been potentially exposed to COVID-19.

Clinics within hospitals should be aware of the designated point for handling suspected COVID-19 exposure. All professionals should be well versed with the country case definition for COVID-19 infection which may be amended from time to time as the situation evolves.

All stand-alone clinics should cease operations operation for the next 14 days as we assess the situation. All emergencies to handles in the designated hospitals.

Evaluation of Patients

Patients are advised to call the dental professional for consultation in case of a dental emergency, the dental professional will then advise the patient on which hospital to visit.

All patients to be treated as potentially COVID19 infected and all necessary precautions be taken. Only emergency care should be offered.

Oral Examination

The current literature suggests that a significant proportion of people infected with COVID-19 are asymptomatic.

In line with this, no oral examination is to be done anywhere else apart from the designated hospitals with proper PPE and only for dental emergencies.

Provision of dental care for confirmed COVID-19 infected patients.

Provision of care for confirmed cases of covid-19 infection should be restricted to dental emergencies.

Appropriate precautions should be taken to protect the patient and all staff in the operatory and minimize risk of contamination. Strict personal protection measures should be in place. All personnel should endure handwashing before and after examination, procedures, leaving the patient surroundings and after handling tissue, bodily fluids or contaminated material. Care should be taken by staff to avoid touching their own eyes, mouth and nose.

PPE for all staff in the operatory should include: hair net, disposable gown, face masks and goggles/face shields, surgical gloves and waterproof footwear are recommended. Face shields and goggles are essential with use of high or low-speed drilling with water spray

Care should be taken to avoid or minimize operations that can produce droplets of aerosols. Procedures that are likely to induce coughing should be avoided (if possible) or performed cautiously (WHO 2020a). Aerosol-generating procedures, such as the use of a 3-way syringe, should be minimized as much as possible. The 4-handed technique is beneficial for controlling infection. The use of saliva ejectors with low or high volume can reduce the production of droplets and aerosols. Rubber dams and high-volume saliva ejectors can help minimize aerosol or spatter in dental procedures.

If a carious tooth is diagnosed with symptomatic irreversible pulpitis not controlled by medication, pulp exposure could be made with chemo mechanical caries removal under rubber dam isolation and a high-volume saliva ejector after local anesthesia; then, pulp devitalization can be performed to reduce the pain. The filling material can be replaced gently without a devitalizing agent later according to the manufacturer's recommendation.

The treatment planning of tooth fracture, luxation, or avulsion is dependent on the age, the traumatic severity of dental tissue, the development of the apex, and the duration of tooth avulsion. If the tooth needs to be extracted, if suturing is needed, absorbable suture is preferred. For patients with facial soft tissue contusion, debridement and suturing should be performed. It is recommended to rinse the wound slowly and use the saliva ejector to avoid spraying.

Dental emergencies can occur and exacerbate in a short period and therefore need immediate treatment. Life-threatening cases with oral and maxillofacial compound injuries or infections should be admitted to the hospital immediately, and chest imaging should be prescribed if available to exclude suspected infection because of the turnaround time for receiving COVID-19 test results. RT-PCR test, besides being time-consuming, needs a laboratory with pan-coronavirus or specific SARS-CoV-2 detection capacity.

This will be done as per the Ministry of Health treatment guidelines and protocols of COVID19 infected persons.

Information:

It is worth advocating to encourage all dental professionals to engage in self-learning, make full use of online resources, and learn about the latest academic developments. With the increased knowledge of viral features, epidemiologic

characteristics, clinical spectrum, and treatment, strategies to prevent, control, and stop the spread of COVID-19 will continue to be developed.

The Ministry of Health will continue to give regular briefs and updates on the situation as it unfolds.

The following is therefore recommended:

1. Only dental emergencies should be addressed at all levels until further communication. The emergencies should only be attended in hospital that have the required capacity in line with Ministry of Health COVID19 guidelines.
2. These emergencies are:
 - a. Uncontrolled Bleeding in the mouth and orofacial region.
 - b. Cellulitis and soft tissue infections intraorally or extra orally that can potentially compromise the airway.
 - c. Facial trauma that potentially compromises the airway.
 - d. Cancer patients in need of urgent care
3. Patients are advised to call the dental professional for consultation in case of the above stated emergency, the dental professional will then advise the patient on which hospital to visit.
4. All stand-alone clinics are advised to cease operation for the next 14 days as we assess the situation.
5. All dentists working in public dental facilities, government and any other institution, should liaise with the hospitals where they are working on how to handle the patients. In the absence of proper PPE for all patient handling staff-Dentist, Dental assistants, Community Oral Health Officers, Dental Nurses and hygienists as prescribed in the text above, they should not handle any patients.
6. All dental personnel handling patients in the specified hospitals must have proper PPE, this include;
 - a. N95 mask, face shield
 - b. Surgical gloves
 - c. disposable gowns
 - d. disposable head caps.
7. Employers and hospital managers must ensure that the above are provided as single use items.

8. It is the responsibility of the dental practitioner to educate their patients on the risks of undertaking a non-urgent dental procedure and also to ensure their safety, the safety of other patients, staff and the general public.

References

- Kohn WG, Collins AS, Cleveland JL, Harte JA, Eklund KJ, Malvitz DM; Centers for Disease Control and Prevention. 2003. Guidelines for infection control in dental health-care settings—2003. <https://www.cdc.gov/mmwr/preview/mmwrhtml/rr5217a1.htm>.
- Samaranayake L, Reid J, Evans D. 1989. The efficacy of rubber dam isolation in reducing atmospheric bacterial contamination. *ASDC J Dent Child*. 56(6):442–444.
- Samaranayake LP, Peiris M. 2004. Severe acute respiratory syndrome and dentistry: a retrospective view. *J Am Dent Assoc*. 135(9):1292–1302.
- Xian Peng, Xin Xu, Yuqing Li, Lei Cheng, Xuedong Zhou and Biao Ren 2020. Transmission routes of 2019-nCoV and controls in dental practice. *International Journal of Oral Science* (2020)12:9. <https://doi.org/10.1038/s41368-020-0075-9>
- Wei, J. & Li, Y. Airborne spread of infectious agents in the indoor environment. *Am. J. Infect. Control* 44, S102–S108 (2016).
- World Health Organization. 2020. Clinical management of severe acute respiratory infection when novel coronavirus (2019-nCoV) infection is suspected: interim guidance. [https://www.who.int/publications-detail/clinical-management-of-severe-acute-respiratory-infection-when-novel-coronavirus-\(ncov\)-infection-is-suspected](https://www.who.int/publications-detail/clinical-management-of-severe-acute-respiratory-infection-when-novel-coronavirus-(ncov)-infection-is-suspected).