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Secretariat**

#### **KENYA DENTAL ASSOCIATION STATEMENT ON CORONA VIRUS IN THE DENTAL PRACTICE**

Kenya Dental Association the premier dental association in the region has been keenly following the unprecedented and extraordinary circumstances dentists, community oral health officers, dental assistants, technicians, cleaners and other support staff are working under in view of COVID-19(SARS Cov-2 Virus).

As leaders in the healthcare profession, we must be proactive to limit the spread of this virus and do all we can to flatten the curve of spread. This is to aid in reducing the burden on our healthcare system and other colleagues who have been at the forefront of this war. Dentists are in one of the highest risk categories for transmission and contraction of the virus, with many routine dental procedures potentially transmitting the virus via aerosolization of fluids.

KDA is in active communication with the Ministry of Health. As of this statement, there are no National or County directives mandating dental office closures. However, it is the strong opinion of this Association that **ALL ROUTINE AND ELECTIVE DENTAL VISITS SHOULD BE DEFERRED, PENDING ADVISORIES FROM THE MINISTRY OF HEALTH FOR THE NEXT 14 DAYS.**

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.

#### **Evaluation of Patients**

Where possible, patient triaging over the telephone should be done prior to arrival at the clinic. Patients with symptoms of respiratory tract infection should be advised to stay home until the condition resolves.

Where additional history reveals recent travel from a country with confirmed COVID-19 cases or contact with such individuals should be advised to call the national hotline 719 for further evaluation. Follow-up on compliance of the advisory to use the hotline should be done.

Where telephone triaging is not possible, dental clinics are recommended to establish pre-check triages to measure and record the temperature of every staff and patient as a routine procedure. A contact free thermometer is strongly recommended. Pre-check staff should ask patients questions about their health status and history of contact or travel. Patients who have a presentation and/or travel or contact history suggestive of COVID-19 exposure should be registered and transferred to designated hospitals screening COVID-19 cases, or if the clinic is within a hospital, the designated COVID-19 screening site. For patient transfer, calling the national hotline 719 will avail a rapid response team who will come to evaluate and evacuate the patient. Following the MOH advisory, patients who have been to epidemic regions within the

past 14 days, will be quarantined for at least 14 days. Such patients should only be seen to address dental emergencies.

### **Oral Examination**

The current literature suggests that a significant proportion of people infected with COVID-19 are asymptomatic. Preoperative antimicrobial mouth rinse could reduce the number of microbes in the oral cavity. Chlorhexidine mouthwash has been found to have poor virucidal activity against coronavirus. A pre-procedure mouth rinse with oxidative agents such as 1% hydrogen peroxide or 0.2% povidone is recommended. Intraoral x-ray examination is the most common radiographic technique in dental imaging; however, it can stimulate saliva secretion and coughing. Therefore, extraoral dental radiographies, such as panoramic radiography is advised.

### **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 hand washing 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. Where use of high-speed handpiece is unavoidable it recommended to schedule the procedure as the last patient in the day to decrease the risk of nosocomial infection. After treatment, environmental cleaning and disinfection procedures should be followed. Alternatively, patients could be treated in an isolated and well-ventilated designated treatment room. or negatively pressured rooms if available.

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.

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.

### **Recommendations for Dental Education**

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.

### **Conclusion**

In light of this we recommend **THAT**

1. Procedures must be on pre-screened clients, through prior telephone interviews and they **MUST NOT** exhibit symptoms of COVID-19.
2. Vulnerable groups appointments, not limited to ASA 2 onward, the elderly, the pregnant, those with underlying conditions must be cancelled unless in the case of a verifiable emergency.
3. Only **EMERGENCY** treatment is offered, guidelines for which are very clear. Non Invasive options must be considered first with the presumption of COVID-19 exposure. Emergencies being
  - a. Uncontrolled bleeding from the mouth and orofacial region
  - b. Cellulitis and intraoral/ extraoral soft tissue infections that can compromise the airway
  - c. Trauma involving facial bones that potentially compromises the airway
  - d. Cancer patients in need of urgent care.
4. All dental personnel **MUST** have proper PPE, it is **MANDATORY** to have; N95 mask, face shield, gloves, disposable gowns, disposable head caps. Employers must ensure that the above are provided as single use items.
5. It is preferable such treatment happens in hospital setting, Level 5 facilities and above, with capacity to provide PPEs. 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 should desist from handling patients.
6. Forthwith stand-alone clinics refer to above such facilities
7. All employers of dental care professionals **MUST** provide the needed PPEs **WITHOUT VICTIMISATION**.
8. Treatment **MUST BE DONE UNDER A RUBBER DAM** to prevent nosocomial infections.

9. Rigorous equipment disinfection with not less than 95% alcohol disinfectant, clinic decontamination (Waiting area, operatory area and any other areas exposed to contact) between patients **MUST** be done and proper instrument sterilization be done.
10. To all our clients, ensure that the dental clinic has taken adequate measures to protect you and themselves. All dentist should act responsibly as members of society and follow all precautionary measures here in. we are part of a society in imminent risk and we should do all we must to end any potential spread and any risk associated in our line of work

Dentist exhibiting symptoms consistent with COVID-19 should seek immediate care, follow guidelines issued by Ministry of Health and must be accorded necessary support.

**NO** dentist should be victimized for wanting to follow proper protocols. Any victimized individual should write to the Kenya Dental Association reporting the same where KDA shall act as a responsible corporate citizen. **ALL** correspondence will be protected.

We are aware of the financial implications of such measures on running costs and financial stability of business we are in talks with the taskforce on this issue.

*The virus doesn't spread itself people spread it*

The Kenya Dental Association shall continue to issue frequent briefs as will be necessary.

**NATIONAL HOTLINE 719**