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UPDATE OF GUIDELINES TO PREVENT SPREAD OF COVID-19 IN THE MANAGEMENT OF PATIENTS REQUIRING DENTAL AND ORALMAXILLOFACIAL SERVICES.

INTRODUCTION.

The update of the guidelines of dental practice with respect to the Covid 19 pandemic are aimed at encouraging a consistent approach to management of acute dental conditions while recognizing the challenges the pandemic presents for provision of dental care.

1. **Definition of Dental Emergencies**.

Every patient is a potential Covid-19 exposure. In the dental environment, the generation of Aerosols from most clinical procedures puts at high risk patients, clinicians and all support staff. Therefore, only emergency and urgent cases shall be seen.

Emergencies are conditions that require immediate dental attention while urgent cases are severe or uncontrolled symptoms that cannot be managed by the patient and require the patient to be seen by a dentist or dental specialist in a designated facility. These emergencies and urgent clinical cases are:

- 1. Uncontrolled Bleeding in the mouth and orofacial region.
- 2. Cellulitis and soft tissue infections intraorally or extra orally that can potentially compromise the airway.
- 3. Trauma involving facial bones that potentially compromises the airway.
- 4. Dental pain not amenable to pharmacotherapy.
- 5. Dental trauma resulting in avulsion of anterior permanent dentition.
- 6. Cancer patients and patients with compromised immune systems in need of urgent care.

NO ELECTIVE PROCEDURES SHOULD BE PERFORMED

2. Where the patients will be seen.

The facilities that patients will be attended to for emergency and urgent care have to be able to provide personal protective equipment listed below and meet the World health organization standard of infection prevention and control with regards to Covid 19.

3. <u>Personal Protective Equipment.</u>

All dental practitioners, dental specialists and their chairside assistants attending to patients in any facility need to have the following personal protective equipment to protect themselves and the patient:

- 1. Disposable gowns. Single use
- 2. N 95 Masks. Single Use.
- 3. Goggles.
- 4. Face shield. Single use.
- 5. Disposable head caps. Single use

Given the global shortages of PPEs and supply chain interruption, it is emphasized that rational use of PPEs by clinicians is critical hence use should be limited to emergency cases.

4. Performance of clinical procedures.

Initial assessment/ triage of the patient should be done over the telephone before arrival at the facility. Where this is not possible, risk assessment including temperature checks with a contact free thermometer is strongly recommended.

Upon arrival at the facility reception, have the patient use an alcohol-based hand sanitizer and rub their hands for 20 seconds.

When entering the surgery ask the patient to wash their hands in the surgery hand washing sink, prior to sitting on the dental chair.

While the efficacy of this approach cannot be guaranteed to have a significant effect on viral load in a patient with COVID-19, we recommend that prior to commencing treatment all patients should be asked to undertake a 20-30 second pre-procedural mouth rinse with either:

- 1% hydrogen peroxide
- 0.2% povidone iodine
- 0.2% chlorhexidine rinse (alcohol free)

All procedures should be performed where both high volume and low volume suction is available. Rubber dam use is indicated for all endodontic procedures.

5. <u>Decontamination</u>.

Regularly wipe down surfaces with >60% alcohol-based wipes or 0.1% sodium hypochlorite solution, including door handles, reception desks, phones.

Standard infection control practices of the dental unit in line with the CDC guidelines of dental chair decontaminants are applicable.

Consider longer appointments to allow enough time between treatments to enable additional infection control measures including environmental cleaning.

6. Dental Education.

All dentists and dental specialists are encouraged to engage in self-learning and make full use of online resources on Covid 19. 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.