



*Republic of Namibia*

# ***Ministry of Health and Social Services***

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## **DENTAL DEPARTMENT**

### **STANDARD OPERATING PROCEDURE DURING COVID-19**

**Version 1.0**

**8 May 2020**

***For management of confirmed or suspected COVID-19 cases, please refer to the latest Case Management SOP***

## **Guidelines for treatment of dental patients during COVID-19 pandemic in Namibia:**

The Occupational Safety and Health Administration Guidance on preparing workplaces for COVID-19 have identified Dental Health Care Providers as being in the very high exposure risk category as our jobs provide high potential for exposure to known and suspected sources of the virus that causes COVID-19 during specific procedures.

During phase 2, elective cases can be resumed. However, prioritizing of cases needs to be done with strict booking of such cases.

In addition, literature has shown that urgent dental needs during China's epidemic decreased only by 38% (Guo et al.,2020) meaning that even during a pandemic, urgent dental needs remain essential.

There is not enough literature that shows a universal guideline for dental treatment and needs during a pandemic.

It is also said that COVID-19 can remain viable and infectious in aerosols for up to three (3) hours and on surfaces for multiple days (Van Doremalen et al.,2020). The majority of dental procedures are aerosol generating, therefore during this pandemic such procedures should always be avoided or be undertaken following strict protocols.

It is against this background that the following is recommended for public and private dental facilities:

- Chief dentists, district and regional dentists should ensure that patients are educated and made aware of the changes in dental treatment policies, and where to obtain urgent dental treatments during this period. This should be done through clear notices at the entrances of hospitals and radio announcements; in order to avoid dissatisfaction by the patient, over-crowding at hospitals, and unnecessary travel expenses to the hospital.
- Oral health Care Practitioners in the private sector, should make their patients aware of changes in operating hours and procedures, and contact numbers for dental emergencies; by providing notices at the entrance of the practice, clear messages on their answering machines, and/or direct communication to their existing patient base by way of email/post.
- All oral health care practitioners (OHCP) and support staff (including the cleaners) should be educated and trained on the management of dental emergencies of confirmed or suspected COVID-19 cases, donning and doffing of PPE, and infection control protocols in the department.
- Consulting rooms should be inspected for negative air pressure and/or ventilation systems, ensuring that these systems are functioning.
- Patients coming to the dental department ideally should be screened for signs and symptoms of COVID-19 before entering the dental facility.
- Patients should have their hands sanitized when entering and exiting the facility. In addition, patients should be cautioned to avoid putting their finger in their mouth at the affected tooth area (a common practice observed among dental patients) as this poses a potential risk of contamination.
- Staff members are required to wash their hands between each patient and disinfect all tabletop surfaces, dental chairs and door handles with an alcohol-based detergent. Instructions on correct use, concentration, and required contact time of disinfectants must be observed.
- OHCP should be provided with the necessary Personal Protective Equipment (PPE) depending on the procedure being conducted. PPE is in short supply world-wide, therefore the right type of PPE for the specific procedure should be used to avoid wastage of limited resources.

## **Waiting or reception areas:**

1. Avoid overcrowding of reception or waiting areas. Reception or waiting rooms should have good ventilation.
2. Put up notices in the reception area about the sign and symptoms of the COVID-19 and precautionary measures that must be taken to avoid contracting the COVID-19.
3. Put up notices in the reception area informing patients about high risk procedures (Elective procedures such as scaling, restoration/ tooth preparation etc) due to risk of aerosol contamination of surgical/ operating rooms or offices may be postponed.

For the private sector setting, in addition to the above:

4. Patients may be requested to report to the reception and then wait in their cars until the dentist is ready to see them.
5. Over-crowding in the reception area may be reduced by limiting the number of walk-in patients who do not have a scheduled appointment and are not an emergency. Therefore, it is advisable to put notices at the entrance or gate of the practice, instructing those patients to call for a booking or information.

## **Clinical staff and support staff:**

- Arrange the staff members into teams and shifts to maintain safe social distancing within the department/practice.
- If a staff member is sick, they should be advised to stay at home.
- Usage of appropriate PPE for specific procedures and cross infection guidelines should be strictly adhered to.
- Adhere to good hygiene practice.

## **Primary oral health care services:**

School health programs and outreach services to be postponed in order to avoid mass gatherings.

## **For the patient:**

Consulting rooms should be well ventilated and preferably contain negative pressure systems.

All elective procedures/ treatment should be done in accordance with the Case Management SOP available on: <https://bit.ly/NamCOVID>

**When attending to a patient:**

Take a proper Medical /Dental History Taking –

- a) check for signs or symptoms of fever, cough, running nose, body ache and sneezing
- b) any history of recent travel
- c) proper documentation of patient details and contact information, in case, contact tracing is required. When in doubt or suspecting COVID-19 infection contact the medical response team on call for further assessment and management.
- d) when attending to a patient already registered in the data base, kindly ensure that contact details have not changed, in case contact tracing is required.

Extra-oral imaging is recommended whenever possible for diagnosis and treatment planning, to reduce excessive salivation and gag reflex associated with intra-oral imaging.

Non-aerosol procedures and minimally invasive procedures should be the first treatment options.

If aerosol generating procedures (AGP) are unavoidable, Rubber dam, four-handed dentistry, high evacuation suction and appropriate PPE is highly recommended. **(Refer to table below.)**

Pharmacological management of pain for patients can be an option upon best clinical judgement.

Patients may be provided with an anti-microbial mouth rinse pre-operatively to reduce microbes in the oral cavity.

**Dental emergencies include but are not limited to:**

- Severe tooth pain, from pulpal inflammation or fractured vital tooth
- Trauma or oro-facial injuries,
- Uncontrolled bleeding due to trauma or post extraction swelling
- Diffuse soft tissue bacterial infection with intraoral or extraoral swelling that can compromise patient's airway

**Non-aerosol generating procedures include but are not limited to:**

- Oral examination
- Non-surgical extraction
- Denture repair
- Taking a radiograph
- Using hand instruments

**Aerosol generating procedures include but are not limited to:**

- Ultrasonic scaling
- Use of dental handpiece
- Use of the air-water syringe

**Hand hygiene practice:**

Hand washing (Hibiscrub) 20sec before and after every procedure or patient contact, followed by use of hand sanitizer.

Hand washing using soap and water regularly.

Appropriate usage of PPE is highly recommended and therefore staff may use the following as a guide:

**Table 1:**

	<b>Reception or Waiting room</b>	<b>Dental Surgery Non- AGP</b>	<b>Dental Surgery (AGP)</b>
Good Hygiene Practice	Yes	Yes	Yes
Face Shield/visor	No	Yes	Yes
N-95 Mask (Surgical Type)	No	Optional	Yes
Disposable gloves	No	Yes	Yes
Surgical masks	Yes	Yes	No
Eye protection	No	Yes	Yes
Disposable Apron	No	Optional	Yes
Disposable Gown	No	No	Yes
Surgical cap	Yes	Yes	Yes

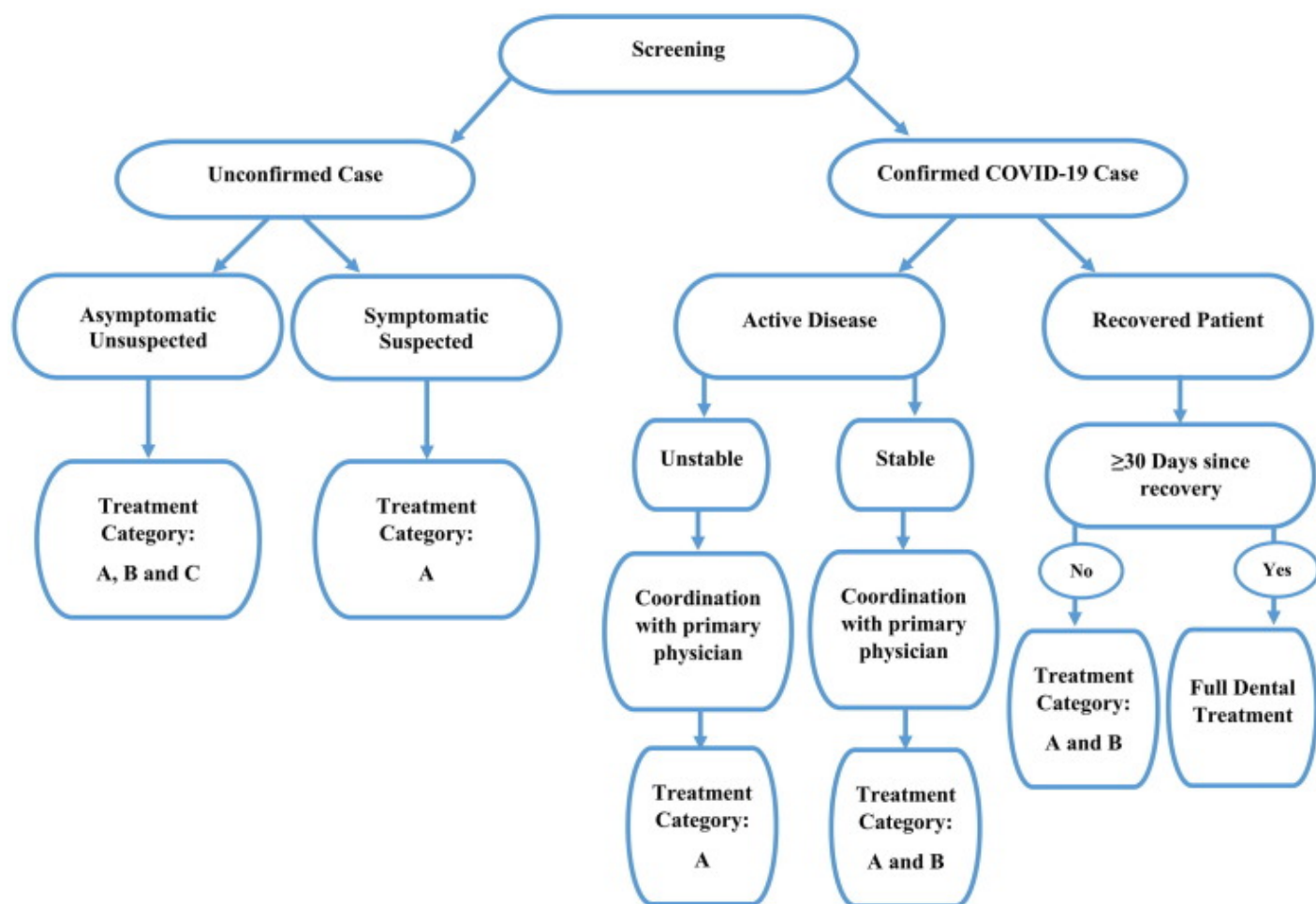
***When treating a confirmed COVID-19 patient full PPE required and National guidelines to be adopted***

**Oral health Care Practitioners may contribute to the fight as support staff in the following ways:**

- As part of the medical response team to screen and swab suspected COVID-19 cases
- Assist in community education and awareness
- Screening of patients at screening points of the hospital
- Treatment of dental emergencies or urgent dental treatments of confirmed COVID-19 patients that are in isolation facilities.

Since this is a rapidly evolving situation, departmental/practice guidelines should be adjusted accordingly. Clinical judgement for urgent treatment and type of procedure is still required on a case to case basis. Currently there are no cases of community transmission in Namibia, however, preparedness for this event is crucial. Non-compliance to infection control protocols and Ministry of Health and Social Services standard operating procedures during this pandemic may result in dental staff and patients being exposed to unnecessary risk of virus transmission.

**Proposed pathway for dental patients:**



Type A	Type B	Type C	Type D
Emergency	Urgent and managed through non-aerosol generating procedures	Urgent Conditions that require aerosol generating procedures	Non-urgent

*Flowchart adopted from Saudi Arabi dental Journal 2020, 7 April*