



DENTAL COUNCIL OF TRINIDAD AND TOBAGO
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Dear Member,

GUIDANCE ON REOPENING DENTAL OFFICES POST COVID-19

With the coronavirus pandemic continuing to disrupt the regular practice of dentistry in Trinidad and Tobago, the DCTT would like to issue some guidance in preparation for resumption of elective dental treatment. This will occur once we have received the directive from the Ministry of Health and The Government of the Republic of Trinidad and Tobago. This guidance is a summary of resources from the ADA (American Dental Association), OSHA (Occupational Health and Safety Administration), CDC (Centres for Disease Control) and OSAP (Organization for Safety, Asepsis, and Prevention). We would strongly recommend that you refer to those websites to adapt those recommendations that would be relevant to your dental practice.

PRIOR TO OPENING

Meet with your team and have clear dialogue about:

- Current PPE and supplies needed, addressing any shortages.
- Screening practice for COVID-19 for patients and staff.
- Strategies for social distancing among patients and the dental team.
- Methods to reduce/eliminate aerosol production in the office.
- Scheduling changes to allow for appropriate disinfecting and sanitizing between patients.

WORK ENVIRONMENT

- All team members should be screened and their temperatures taken with a contactless thermometer daily.
- To address asymptomatic and pre-symptomatic transmission, require everyone entering the dental setting (patients and Dental health care professionals) to wear facemasks.
- Actively screen patients on the spot for fever and symptoms before they are treated.

- No team members should come to work if sick or having cold, flu or COVID-19 symptoms.
- Team members should leave their shoes at the office, and foot wear should be disinfected daily.
- Maintain social distancing at work wherever possible.
- Clean and disinfect public areas frequently including waiting room, door handles, chairs and restrooms. Remove all non-clinical items (e.g. toys, magazines) that are at risk of contamination from the waiting area. Consider plexiglass barriers at the front desk where possible.

PATIENT PREPARATION

- Telephone or video screen each patient prior to their appointment in order to update their health history including specific questions about COVID-19 symptoms.
- Patients should be instructed to wait outside the office until it is time for their appointment, unless they need special assistance, so as to limit the number of persons in the waiting room. Advise patients to leave personal belongings in their vehicle or in the waiting room and not bring into the operatory.
- Anyone accompanying the patient should be asked to wait outside of the treatment area until the patient has completed their treatment.
- Hand sanitizing or hand washing stations should be set up outside and inside the dental office wherever possible.
- If the patient presents with even mild symptoms or fever of 100.4 degrees Fahrenheit (38.3 degrees Celsius), they should be dismissed and asked to consult their doctor.
- Any pens used by the patient should be given to the patient or thoroughly sanitized.

PERSONAL PROTECTIVE EQUIPMENT (PPE)

DHCP are at very high risk for exposure to COVID-19. Therefore, it is extremely important that we are protected with the highest level of PPE available.

- **CRITICAL TASKS-** All functions that occur during clinical treatment including AGPs.

Best practice for respiratory protection involves the use of fitted N95 masks, goggles with side protectors and full-face shields. In the event that an N95 mask nor a full-face shield with an FDA approved surgical mask and goggles are available, it is not safe for you to provide dental care.

- **NON-CRITICAL TASKS-** Procedures such as cleaning the operatory, sterilizing instruments, bringing supplies to and from the operatory.

An N95 or FDA approved surgical mask and goggles or face shields may be used for these tasks.

Before entering the clinical area, PPE should be donned including eye protection, knee length gowns, an N95 respirator or a respirator that offers a higher level of protection, or an FDA approved surgical mask and full-face shield.

After exiting the care area and closing the door, remove and discard PPE followed by the appropriate hand hygiene. If your mask becomes soiled or wet during treatment, it should be immediately replaced using the proper hand hygiene.

Have a designated place to don and doff PPE with a well delineated clean and soiled section.

HOW TO DON PPE

1. Identify and gather the proper sized PPE.
2. Perform hand hygiene with washing or alcohol-based sanitizer.
3. Put on isolation gown.
4. Put on respirator / facemask. If the respirator has a nose piece, it should be fitted to the nose with both hands and extend so that a seal is created around the mouth and nose. Do not wear your facemask or respirator under your chin or store in your scrub pockets between patients.
5. Put on face shield or goggles.
6. Perform hand hygiene before putting on gloves.
7. Healthcare personnel may now enter the room.

HOW TO DOFF PPE

1. Remove gloves.
2. Remove gown gently and dispose of or put to laundry. Gowns should be laundered at least daily or more often if soiled.
3. Healthcare personnel may now exit the room.
4. Perform hand hygiene.
5. Remove face shield or goggles.
6. Remove and discard respirator or facemask. Do not touch the front of the respirator or facemask, handle by straps only.
7. Perform hand hygiene after removing the respirator or facemask and before putting it on again.

DISINFECTION

Appropriate PPE should be worn for all activities involving potential exposure to patient body fluids, contaminated surfaces and equipment, hazardous chemicals (i.e. disinfectants). Puncture resistant / utility gloves, masks, eye protection and gowns should be worn while handling contaminated instruments.

Patients should be scheduled in a manner that allows for complete disinfection of the operatories.

If there is no door, consider a plastic barrier to seal the room. This will need to be disinfected between patients.

Barriers should be used when possible, especially for hard to clean surfaces such as light switches, computer, mouse, dental chair and changed/ disinfected between patients.

Barriers should be used to cover exposed items on counters in the operatory.

Clean and disinfect each room with an EPA (Environmental Protection Agency) registered hospital disinfectant on list N on the EPA website- registered disinfectants that have qualified under EPA's emerging viral pathogens program for use against SARS-CoV-2. Follow the manufacturer's instructions for use of these products paying particular attention to concentration, method of application and contact time.

Doors and knobs need to be wiped down, in addition to counters, chairs, cabinets and other surfaces.

If using an ultrasonic cleaner to remove instrument debris, ensure a proper fitting lid is used.

Designate clean and dirty areas in the sterilization area. Heat sterilize all critical and heat tolerant reusable dental instruments, including handpieces, prior to use. Use chemical and biological monitoring to ensure that sterilization is effective. Keep all sterile instruments packaged until ready to use

SPECIAL CONSIDERATIONS FOR PROVIDING DENTAL CARE

You may provide a pre-operative rinse of 1% hydrogen peroxide, 0.2%-1% povidone or 0.05%-0.1% cetylpyridinium chloride.

Use full mouth rubber dams for operative dentistry and endodontics wherever possible.

Backflow can occur when using a saliva ejector; therefore, when possible, use a four handed technique and HVE for controlling aerosols and spatter.

Follow up and post-treatment screening of patients can be done 48 hours after treatment to ensure that they present no COVID-19 symptoms.

CONCLUSION

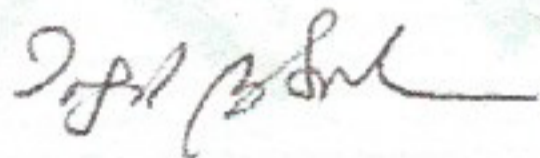
Following these control guidelines is the first step to bolstering our practices' defences against the spread of viral infections. These measures should be done in conjunction with standard infection control protocols. The second step is to recognize and understand the unique dangers present in the dental office and treat accordingly. The face-to-face nature of dentistry, in combination with the exposure to saliva, blood and other bodily fluids, makes it very easy to transmit infections. As a result, we, as dental professionals, must adopt a risk-based approach to implement measures to limit the airborne spread and contact spread to our staff, our patients and ourselves.

The DCTT wishes to reiterate that while these recommendations do provide guidance, further information can be obtained from the following resources:

- American Dental Association Center for Professional Success.
<https://success.ada.org>
- CDC <https://www.cdc.gov/coronavirus/2019-ncov/hcp/dental-settings.html>
- OSHA <https://www.osha.gov>
- CDC Checklist in Action-OSAP <https://www.osap.org>

We would like to take this opportunity to thank all those practitioners who have adhered to the regulations and mandates thus far regarding urgent dental care, and we appreciate the desire to return to our practices and resume "normal" dental treatment. It is our hope that all these necessary precautions taken will safeguard our well-being in this uncertain era of dentistry, and as new information becomes available, we will continue to update you. Should you have any questions, please do not hesitate to contact us.

Sincerely,



Dr. Ingrid Seeberan
Secretary - DDS (Hon)