PATIENT

- Dental care and oral health are vital to overall health and well being.
- Limiting visits to dentists was difficult for both patients and doctors, but mandatory for pandemic control.
- To regain your confidence, we have worked on safety measures and improved the setups to help you attend the dental treatment securely.

DENTIST

- Your role is crucial in orienting the patients and explaining to them how to prevent virus propagation and contagious diseases.
- Reinsure your patients that dentists are trained to work in high biological risk environment.

STAFF

- Considering each patient as potentially infected is the key for protection.
- By applying the proper PPE and complying with applicable and affordable security measures, dental personnel can reduce the risk of contracting and spreading the Covid-19 virus.
04 PATIENT TRIAGE

STEP 1
Phone triage
Click here to see the questions

STEP 2
Assessment of patient risk profile & needs
Click here to see the Operators Management

STEP 3
Organization of clinical agenda and waiting list
Recommendations for the dental practice management during the Covid-19 pandemic

**PATIENT ARRIVAL AT DENTAL OFFICE**

**Patient**

1. **Temperature registered with contactless thermometer**
2. **Remove bags, mobiles & coats**
3. **Hand rubbing with hydroalcoholic solution 70%**
4. **Repeat in-office triage**
5. **Put on shoe cover**
6. **Mouth rinse with antiseptic for 1min**
7. **If triage is OK patients, wearing masks, take their seats**

**Clinical Staff**

1. **60° Hand washing, or hand rubbing with hydroalcoholic solution**
2. **Put on gown**
3. **Put on cap**
4. **Put on FFP2/FFP3 with no valve or FFP2/FFP3 with valve + surgical mask**
5. **Put on goggles & shields**
PATIENT TREATMENT

STEP 1
If possible, avoid aerosol

STEP 2
If aerosol production is inevitable, at least try to limit it

01 Possible use of decontaminating sprays
02 A simple hint to transform AGP into ADP (Aerosol Decontaminating Procedure): Add disinfectant to cooling water of dental chair
03 Use high-power suction
04 It is recommended to conduct AGPs after placing rubber dam and decontamination of the field. All procedures should be 4 handed.
05 Ventilate with an open window or Room Exhaust
06 Surface disinfection with sodium hypochlorite or H₂O₂ or alcohol

Click here for more details
ICD Middle East Section District 1
Recommendations for the dental practice management during the Covid-19 pandemic

END OF TREATMENT

After each patient keep a delay of 15 min for room aeration and another 15 min for complete setup for the next appointment

STEP 1
Instruments After Use

01 Wear thick gloves to remove tools from the surgical desk
02 Place inside a deep tray and transport to sterilization room
03 Soak in disinfectant filled container

STEP 2
Sterilization procedures

01 Pre-disinfecting to reduce microbial charge
02 Cleaning and inspecting for debris
03 Packing and Sterilizing

STEP 3
Waste disposal

01 Wastes with infectious risk and soiled PPE will be placed in a container for hazardous wastes.
02 Unsoiled PPE can be placed in household waste bag. It should be kept 24h before discarding.
IMPORTANT REMARKS

Phone triage

1- Have you previously been infected by the SARS-CoV-2 virus? If yes, have you been declared healed from Covid-19 clinically or have tested negative with a nasopharyngeal swab?

2- Do you currently have any of the following symptoms: fever, cough, respiratory difficulty, conjunctivitis, diarrhoea, flu, lack of smell and taste?

3- Did you have any contact with SARS-CoV-2–infected patients in the last month?

4- Did you have any contact with subjects placed in quarantine, either self-imposed or organised by the health authorities, in the last month?

Following this questionnaire you can schedule your patients with high risks in particular appointments with extreme precautions.

Assessment of patient risk profile & needs

OPERATORS MANAGEMENT

Inhalation of aerosols is a major mode of COVID-19 transmission. Additional risks have also been attributed to infectious droplets contaminating the conjunctival epithelium of the eye. Hence, PPE must be worn, to provide an efficient barrier, while conducting an aerosol generating procedure (AGP). It is recommended also to wear a particulate respirator that is at least as protective N95 or EUFPP2 (European Standard Filtering Face Piece 2) together with an INTRA-ORAL high volume suction.

OUTSIDE THE OPERATIVE AREA

NON-AEROSOL GENERATING PROCEDURES

AEROSOL GENERATING PROCEDURES

PPE should be changed after each patient and autoclaved.
Annex

1- Surface Disinfection
- Sodium hypochlorite 1%
- H₂O₂ 0.5–1%
- Alcohol 70%

2- Aerosol Pre-decontamination
In-line decontaminant water bottle set
- Achieves intimate mix of decontaminant with aerosols
- Can be easily added on any unit

Decontaminants @ “Log 6” and Higher
- PVP-1 or i2 (messy)
- CHX, CHG (0.2–0.3%)
- Dodecyl DBAC Cu⁺ (1%)
- Many QAC formula
- Avoid chlorine, hypochlorite, aldehydes, phenols, H₂O₂ or any machine corrosive/toxic component
- Sealed goggles
- Face shield
- Double layer mask (N95+ outer surgical mask)
- Possible eyes irritation: cover patient
- Possible allergies and skin irritation, all reversible

Water retraction valve modification
- Replacement by a simple air actuated water valve

3- Aerosol Post-decontamination
External, over-the-patient air suction
- Optimally, 600–2000 L/min
- Noise level: <55 db
- Multilayers Hepa 13/14 filters
- Undetermined lifetime for filters
- Leaves untreated infective/cumulative residues in filters

Air Sanitizer, stand-alone
- Best type: Tall stand w/cascade filters and triple serpentine flow UVC
- > 2 m³/minute (One full room air turn over/15 min)
- 2–3 turn overs are required

UVC 240–280 NM Wavelength
- Requires ≈ 6–16 mj/cm²: (Power * Exposure Time)
  mW/cm²/second, measured at 2 cm from lamp.
- Power decreases with distance (1/d²)

Air ozonator, disinfects 90% of air @2 GR/HR
- Standalone Room’s air volume decontamination
- Works in sealed rooms, high ozone debit
- Requires 2 – 3 hours
- Toxic during operation
- Requires full aeration after operation

Room exhaust, air extractor, forced ventilation
- Preferably turbine type
- Low noise, Low depression, high volume

Air conditioning
- Add HEPA filters
- Open windows required

References:
1• ADA: Return to Work Interim Guidance Toolkit. June 2020
2• CDC: Coronavirus disease. Guidance for Dental Settings; how to move forward with dental care during pandemic. July 2020
4• OSHA: Department of labor. Guidance for dentistry workers and employers. May 2020
5• Association Dentaire Française: COVID-19 Guide pratique à partir des recommandations d’experts validées. June 2020

NB: The information presented will be modified according to the recommendations of WHO and the Lebanese Ministry of Health