

Philippine Dental Association guidelines for infection prevention during the COVID-19 pandemic: policy notes

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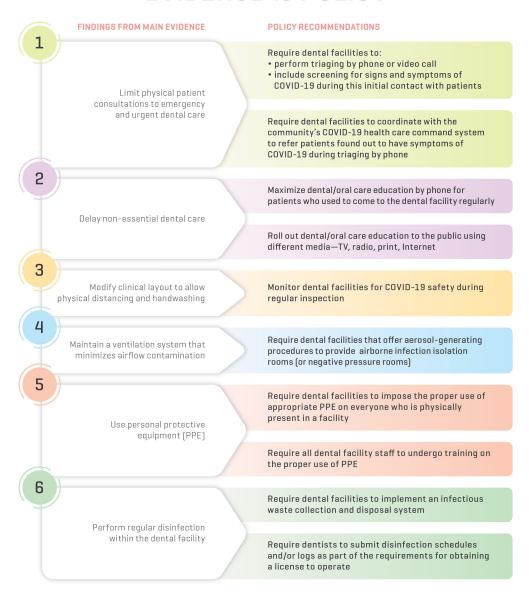
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EVIDENCE to **POLICY**





INTRODUCTION

The COVID-19 pandemic, as a global health concern, has affected worldwide medical practice.^{1,2} Medical services had to be altered —if not halted altogether—to adapt to drastic changes in infection control protocols.3 Dental practice is not spared from this development since dental health care practitioners (DHCP) are at increased risk of occupational exposure to SARS-CoV-2, the virus that causes COVID-19.4 Most dental procedures generate significant amounts of



droplets and aerosol, which could promote spread of COVID-19 infection.⁵⁻⁷

As the pandemic continues to develop, there is a need to modify both preventive and treatment protocols in dental practice globally, as well as in the Philippines. Strict infection control protocols unique to the dental settings are needed to prevent the spread of infection within dental care practice settings.⁸ Dental facilities must enforce structural and procedural modifications in order to help protect patients, DHCPs, and dental facility staff, and to allow the full range of oral health care service delivery.⁹

There are no clear rules about which agency should oversee the proper implementation of infection control guidelines in dental facilities during the COVID-19 pandemic. The operation of dental facilities is overseen by local governments units (LGUs).¹⁰ LGUs issue business permits before dental professionals can put up and operate dental facilities.^{11, 12} In Davao City, the Davao City Dental Chapter (DCDC)the local chapter of the Philippine Dental Association—is planning to coordinate with the Davao City Business Bureau to ensure that dentists who apply for licenses to operate dental facilities have updated professional licenses.

With this article, we aim to point out policy recommendations for the successful implementation of guidelines on infection prevention during the COVID-19 pandemic within dental health care service delivery settings.

MAIN EVIDENCE

In May 2020, the Philippine Dental Association (PDA) released the "Interim Guidelines on Infection Prevention During COVID-19 Pandemic." The guidelines, formulated by the PDA Science Committee and the specialty affiliates of the association, were based on available COVID-19 literature and on other relevant guidelines developed outside the Philippines. The recommendations in the guidelines are aimed to protect practitioners, staff, and patients within dental health care facilities, and to prevent COVID-19 infection from spreading to the community.⁷

The PDA guidelines contain provisions covering the operation of dental facilities, including patient screening and appointments, classification of dental procedures,

workflow process, clinic infrastructure, management of the dental team, infection control, waste management, personal hygiene of facility personnel and patients, and the proper use of personal protective equipment (PPE).⁷

EVIDENCE-TO-POLICY DIAGRAM

In general, the PDA guidelines on infection prevention during the COVID-19 pandemic recommend the limitation of services rendered in dental facilities to urgent and emergency dental care. These should be done after prospective patients go through a triaging process, which includes screening for signs and symptoms of COVID-19, conducted over the phone or by video call. The dental facility space should be managed to allow for physical distancing, safe air flow and resources for handwashing. Dental facility personnel should all be trained on the proper use of appropriate PPE. Finally, regular cleaning and disinfection protocols should be enforced within the dental facility.⁷

Our policy recommendations for the successful implementation of the PDA guidelines are outlined in the evidence-to-policy diagram.

The policy recommendations mentioned in the evidence-to-policy diagram can be effectively executed by several agencies. The PDA, through the DCDC, can create a committee that will enforce the requirements pertaining to the limitation of dental health care services to urgent and emergency procedures, delay of non-essential dental care, management of a triaging process that incorporates screening of patient for COVID-19 symptoms, and training of personnel on the proper use of PPE. The local chapter of the PDA can also collaborate with LGUs, the Department of Health (DOH), and the Department of Environment and Natural resources (DENR) in conducting a monitoring scheme to check the space management and adherence to regular cleaning and disinfection protocols within dental facilities in the locality.

RELATED EVIDENCE

Early this year, the American Dental Association (ADA) set guidelines on the provision of emergency dental services and recommended that elective procedures should be postponed to help mitigate the spread of COVID-19.¹³ The United States Centers for Disease Control and Prevention (CDC) also



recommended that non-emergent dental services should be postponed and that dental services should only be provided after careful assessment of patients for COVID-19 symptoms through telemedicine consultations.9 Telemedicine is a relatively new concept in health care delivery which is now being utilized more frequently to lessen the risk of spreading the disease during the COVID-19 pandemic.14 The Taipei City Hospital has been holding telemedicine consultations for patients seeking dental health care since the start of the COVID-19 pandemic among patients suspected to have COVID-19, patients who are quarantined in the hospital, and those quarantined at home or other designated quarantine facilities. Based on the teleconsultations, non-emergent dental concerns have been postponed until COVID-19 symptoms have improved or until the quarantine period ended. Emergency procedures have been provided in negative pressure treatment rooms.¹⁵

Space in dental facilities should be divided into treatment zones—where procedures relating to the physical care of patients are done-and non-treatment zones that include reception areas, waiting areas, lavatory, etc.¹⁶ Aerosol-generating procedures (AGP) usually take place in treatment zones. Ideally, AGPs should be done in an airborne infection isolation room—also called a negative pressure room—and air from the room should be directed outside or should go through a high-efficiency particulate air filter before being recirculated.⁹ The number of persons in non-treatment rooms should be controlled to allow physical distancing.¹⁷ Air in non-treatment rooms should flow in a

Contributors

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clean-to-less-clean direction to minimise the spread of contaminants.9 Supplies for hand hygiene should be provided and made accessible to everyone present in a dental facility.¹⁸

Ensuring proper environmental cleaning and disinfection procedures after every patient is seen within a dental facility is essential in preventing the spread of COVID-19 and other infectious diseases in dental settings. ¹⁹ The CDC also emphasizes the universal use of PPE in the dental health care setting and the importance of training of DHCPs and staff on proper PPE use. ⁹ Appropriate use of PPE can help prevent or limit viral transmission, and rational use can prevent PPE supply shortages in the future. ²⁰

In addition to our policy recommendations that ensure the implementation of the guidelines, the PDA should also maximize efforts to disseminate its guidelines widely. The association should also encourage the conduct of relevant research that can help in improving the current guidelines, including the evaluation of the level of awareness of dentists and dental facility staff about the guidelines, and the measurement of the quality of guideline implementation in dental facilities. Lastly, the PDA should also closely coordinate with local government units and other government agencies—such as the DOH and the DENR-in order to come up with measures that ensure the effective implementation of infection control measures in dental health care settings, and, most importantly, the safety of DHCPs, staff, and patients.

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