



SADA
THE SOUTH AFRICAN
DENTAL ASSOCIATION

- **Frequently asked questions and answers in light of Covid-19**

I'm a new dentist and am barely working because of the COVID-19 pandemic. My financial situation is very tight: can I postpone making payments on my student loan until I'm working again?

The COVID-19 pandemic is affecting incomes for people in all professions, including dentists, team members and healthcare workers. Dentists who are concerned about meeting their student debt obligation should contact their student loan servicer or their university's financial aid office as soon as possible. A representative of your servicer or university can provide information about any options, such as deferment or forbearance, that may allow you to temporarily stop making payments on your loans or that may allow you to move to a different repayment plan with a lower monthly payment.

What are the signs/symptoms and risk factors for COVID-19?

Similar to patients with other flu-like diseases, patients with known COVID-19 have reported mild to severe symptoms which can include fever, cough and shortness of breath. Patients may also report a recent trip to any of the High Risk countries (HRC), or a close contact with someone who travelled to (HRC) within the past 14 days.

Where can I find current, credible information about COVID-19?

NICD's website includes numerous resources for healthcare workers including:

- Interim NICD Guidance for Healthcare Professionals
- 2019 Novel Coronavirus (2019-nCoV) Situation Summary
- Resources for Hospitals and Healthcare Professionals Preparing for Patients with Suspected or Confirmed COVID-19
- Healthcare Professional Preparedness Checklist for Transport and Arrival of Patients Potentially Infected with COVID-19
- NICD's Influenza Updates and Recommendations

I know it is much more likely that a patient with the flu may come to the office for dental treatment. What are the NICD recommendations for dental staff to receive the flu vaccine?

NICD recommends that all health care workers, including dentists and staff, receive the flu vaccine.

Should staff report to work with acute respiratory symptoms?

Staff experiencing influenza-like-illness (ILI) (fever with either cough or sore throat, muscle aches) should not report to work.

Staff who experience ILI and wish to seek medical care should contact their health care providers to report illness (by telephone or other remote means) before seeking care at a clinic, physician's office, or hospital. Staff who have difficulty breathing or shortness of breath, or are believed to be severely ill, should seek immediate medical attention.

Are traditional disinfectants, such as Lysol and disinfecting wipes, effective at killing this virus?

Coronaviruses are enveloped viruses, meaning they are one of the easiest types of viruses to kill with the appropriate disinfectant product. Routine cleaning and disinfection procedures (e.g., using cleaners and water to pre-clean surfaces prior to applying a hospital-grade disinfectant to frequently touched surfaces or objects for appropriate contact times as indicated on the product's label) are appropriate for coronavirus in healthcare settings, including those patient care areas in which aerosol-generating procedures are performed.

Alcohol containing disinfectants have demonstrated effectiveness against viruses similar to SARS-CoV-2 on hard non-porous surfaces. Therefore, this product can be used against coronaviruses when used in accordance with the directions for use against the influenza virus on hard, non-porous surfaces.

We already adhere to standard precautions: can dentists do anything else to prevent transmission in their offices?

Some common sense recommendations include:

- Screen patients for international travel, signs or symptoms of infection when you update their medical histories.
- Include temperature readings as part of your routine assessment of the patient prior to performing dental procedures.
- Make sure the personal protective equipment you are using is appropriate for the procedures performed.
- Use a rubber dam whenever possible to decrease possible exposure to infectious agents.
- Use high speed evacuation for all dental procedures producing an aerosol.
- Autoclave your handpieces after each patient.
- Have your patient rinse with 1% hydrogen peroxide before each appointment. Coronavirus is vulnerable to oxidation; this will reduce the salivary load of oral microbes.
- Clean and disinfect public areas frequently, including door handles, chairs, and bathrooms.

• Questions regarding Personal Protective Equipment (PPE), including masks

What do we do about the shortage of masks?

The increased world-wide demand for personal protective equipment (PPE) has resulted in apparent regional areas of shortage in the South Africa. The S.A. Health Products Regulatory Authority (SAHPRA) regulates and monitors the availability of medical devices, including masks, and continues to closely monitor the supply chain whose components are needed to manufacture PPE.

Steps have been taken to establish and remain in contact with medical device manufacturers and others in the supply chain.

Should masks be only single use?

The guidance for single-use disposable facemasks has not changed. These masks are tested, and regulated by SAHPRA to be single use. Their position is that a new facemask should be for each patient. The specific guidance for facemasks is on page 41 of the Guidelines:

- Wear a surgical mask and eye protection with solid side shields or a face shield to protect mucous membranes of the eyes, nose, and mouth during procedures likely to generate splashing or spattering of blood or other body fluids;
- Change masks between patients, or during patient treatment if the mask becomes wet.

Should we close the practice if we run out of masks and our vendors and distributors have put caps on how much, and how often, we can get new shipments?

Practices experiencing difficulty obtaining PPE may have to triage patients as a way to ensure that adequate PPE is available for patients whose appointments are most urgent.

Should clinical staff wear N-95 respirators?

The type of personal protective equipment (PPE) that should be worn will depend upon the procedures being performed. Under OSHA, PPE is considered “appropriate” only if it does not permit blood or other potentially infectious materials to pass through to or reach the employee’s work clothes, street clothes, undergarments, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time which the protective equipment will be used.

If the decision is made to use respirators in your facility, OSHA does maintain requirements for medical evaluation and fit-testing in their toolkit for health care use of respirators.

OSHA’s Bloodborne Pathogens standard (29 CFR 1910.1030) requires that workers be protected from exposures to blood and body fluids that may contain bloodborne infectious agents. OSHA’s Personal Protective Equipment standard (29 CFR 1910.132) and Respiratory Protection standard (29 CFR 1910.134) require protection for workers when exposed to contact, droplet and airborne transmissible infectious agents. NICD has more information on the differences between N-95 respirators and surgical masks.

What if a staff member has coronavirus?

If a member of staff has coronavirus, they should follow medical advice and standard sickness procedures should be followed. Staff should contact the practice and update them on when they will be able to return. They will either be entitled to sick pay or, depending on the terms of their contract of employment, statutory sick pay. Check your contracts of employment and the practice's policy on sick pay. They will self-isolate for seven days after which symptoms should have abated, if they are not getting better, they should seek medical advice and keep the practice updated.

What if I tell a staff member to self-isolate?

If you ask someone to self-isolate, they should receive their usual pay for the isolation period.

What if one of my staff or associate dentists is pregnant?

The guidance in relation to pregnant staff and associates in the dental practice is not as consistent as we would like. We are working to get clarification.

Who should self-isolate and what should they do?

At present, we believe members of the dental team aged over 70 should consider staying at home. We also believe that people under the age of 70, but with an underlying health condition (such as asthma, diabetes, heart disease) should also consider whether they remain away from work.

Staff should stay at home if they, or a member of their family, have coronavirus symptoms. Others will also have been advised to self-isolate. Staff staying at home for these reasons should be treated as if they are on sick leave.

A colleague is coughing, can they come into work?

If they have a "new, continuous" cough OR they have a temperature of 37.8 degrees or higher they should self-isolate for seven days if they live alone, or 14 days if they live with someone else. Travel history and contact with possible carriers is no longer considered relevant.

• Questions regarding communicating with patients

What questions should we ask our patients in order to identify their symptoms and decide whether to cancel an appointment?

The SADA recommends updating a patient's medical history at each visit. These screening questions may be asked when confirming appointments or when the patient presents for treatment. Appropriate questions to screen patients for coronavirus could include asking

- if the patient has travelled internationally in the last 14 days or
- has been in close contact with another person who has been diagnosed with or under investigation for COVID-19
- and whether the patient has a cough, fever or shortness of breath.

Encourage patients who respond "yes" to those questions to contact their primary physician or public health department as soon as possible to determine if they should be seen or tested.

What should we do if we suspect a patient has COVID-19? Do we notify the local or state health department?

Contact your local health department immediately if you suspect a patient has COVID-19. You can also contact your state health department.

Privacy Act Privacy Rule allows covered entities to disclose needed protected health information to public health authority responding to a public health emergency.

What if a patient has the virus, but urgently needs dental treatment? How do we proceed to provide care?

If a patient with a confirmed case of COVID-19 requires urgent dental treatment, the dentist and the patient's medical providers should work together to determine the appropriate precautions on a case-by-case basis: this coordinated approach is critical in order to ensure that the risk of potential spread of disease among patients, visitors, and staff is kept as low as possible.

Because dental settings are not typically designed to carry out all of the Transmission-Based Precautions that are recommended for hospital and other ambulatory care settings, dentists and medical providers will need to determine whether the facility is an appropriate setting for the necessary services for a potentially infectious patient. It may be necessary for treatment to be performed in a healthcare setting that offers the additional protections that should be maintained in these cases.

• Questions regarding maintaining the practice's physical environment

Should we ask patients to wait in their cars until we can treat them so they aren't sitting in crowded waiting rooms or reception areas?

The CDC recommends using "social distancing" whenever possible as an effective way of decreasing the likelihood of transmitting coronavirus. On March 7, 2020, the agency updated its definition of social distancing to mean "remaining out of congregate settings, avoiding mass gatherings, and maintaining distance (approximately 2 meters) from others when possible."

With that advice in mind, consider implementing these steps in your practice:

- ask patients to arrive on time for their appointments, rather than too early, since that will minimize the amount of time, they spend in your waiting room or reception area
- remove magazines, reading materials, toys and other objects that may be touched by others and which are not easily disinfected
- schedule appointments to minimize possible contact with other patients in the waiting room

Should we have glass partitions between the front office staff and the waiting room when possible to decrease the risk of staff exposure?

While physical barriers may reduce or eliminate exposure to coronavirus, installing glass partitions may not be feasible in all practices.

• Questions regarding communicating with staff

Since coronavirus can spread via aerosol transmission, should my staff be using scaling instruments or hand pieces any differently than we usually do?

Every procedure and every patient are unique. Appropriate personal protective equipment should be available when instruments that produce an aerosol are used and it's a good idea to consider using high speed evacuation in those cases since aerosol spread is one way that coronavirus can be transmitted. Of course, since no single answer can apply to every possible situation, dentists and hygienists should use their best professional judgment to determine what instrumentation should be needed for a particular procedure.

I've seen a lot of information about managing patient exposures: what should we do if there's a case of potential or actual employee exposure?

Follow the same procedures you would with a patient suspected to have, or confirmed to have, COVID-19: report the individual to your local health department and/or state health department. Those agencies will conduct any appropriate follow-up.

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