## Infectious Diseases in the News:

## 2019 Novel Coronavirus (COVID-19): COVID INFORMATION FOR DENTAL TEAMS

SADA
THE SOUTH AFRICAN DENTAL ASSOCIATION

**Background**
On the 31st December 2019, the World Health Organization (WHO) China country office reported a cluster of pneumonia cases in Wuhan City, Hubei Province of China. Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) has been confirmed as the causative virus of Coronavirus disease 2019 (COVID-19). Several other cities in China and other countries have also reported cases. Most cases to date have links to China and person-to-person spread has been confirmed.

At the time of this update, 72 countries spanning every continent but Antarctica had confirmed cases of the new coronavirus, a significant increase since CDA last reported on the virus.

For a list of countries where cases have been identified, see www.nicd.ac.za (National Institute of Communicable Diseases (NICD).

**Clinical presentation and management of suspected cases**
The main clinical signs and symptoms are fever and cough with a few patients presenting with difficulty in breathing and bilateral infiltrates on chest X-rays. Treatment is supportive. The differential diagnosis for this syndrome is broad.

Persons with acute respiratory illness with sudden onset of at least one of the following: cough, sore throat, shortness of breath or fever [≥ 38°C (measured) or history of fever (subjective)] irrespective of admission status.

In the 14 days prior to onset of symptoms, met at least one of the following epidemiological criteria:

- Were in close contact (1) with a confirmed (2) or probable (3) case of SARS-CoV-2 infection; OR
- Had a history of travel to areas with presumed ongoing community transmission of SARS-CoV-2; i.e., Mainland China, South Korea, Singapore, Japan, Iran, Hong Kong, Italy, Vietnam and Taiwan or other identified countries. OR
- Worked in, or attended a health care facility where patients with SARS-CoV-2 infections were being treated; OR
- Admitted with severe pneumonia of unknown aetiology.

(1) Close contact: A person having had face-to-face contact or was in a closed environment with a COVID-19 case; this includes, amongst others, all persons living in the same household as a COVID-19 case and, people working closely in the same environment as a case. A healthcare worker or other person providing direct care for a COVID-19 case, while not wearing recommended personal protective equipment or PPE (e.g., gowns, gloves, NIOSH-certified disposable N95 respirator, eye protection). A contact in an aircraft sitting within two seats (in any direction) of the COVID-19 case, travel companions or persons providing care, and crew members serving in the section of the aircraft where the index case was seated.
(2) Confirmed case: A person with laboratory confirmation of SARS-CoV-2 infection, irrespective of clinical signs and symptoms.
(3) Probable case: A PUI for whom testing for SARS-CoV-2 is inconclusive (the result of the test reported by the laboratory) or for whom testing was positive on a pan-coronavirus assay.

## HOSPITALS DESIGNATED TO ACT AS EMERGENCY CENTRES TO TREAT CORONAVIRUS IN SA:

| | |
|---|---|
| **Western Cape:** | Tygerberg Hospital |
| **Gauteng:** | Charlotte Maxeke Academic Hospital (Johannesburg) |
| | Steve Biko Academic Hospital (Pretoria) |
| **KwaZulu-Natal:** | Grey's Hospital (Pietermaritzburg) |
| **Limpopo:** | Polokwane Hospital |
| **Mpumalanga**: | Rob Ferreira Hospital (Mbombela) |
| **Free State:** | Pelonomi Academic Hospital (Bloemfontein) |
| **North West:** | Klerksdorp Hospital |
| **Northern Cape:** | Kimberley Hospital |
| **Eastern Cape:** | Livingstone Hospital, Nelson Mandela Bay (Port Elizabeth) |

**DEPARTMENT OF HEALTH CORONA VIRUS HOT LINE**
**08h00 - 16h00 (Monday - Friday)**
**0 800 029 999**

**Managing Risks in Dental Practice**
Early detection is key - health care workers should maintain a high level of clinical suspicion.

**Before Arrival**
Ask reception staff to check with patients telephoning to make an appointment if they had:

- Fever or history of fever AND acute respiratory infection (shortness of breath or cough or sore throat) or
- severe acute respiratory infection without fever requiring hospitalisation and
- Travel to (including transit through) mainland China in the 14 days before onset of illness or countries identified from time to time. OR
- Close contact* in 14 days before illness onset with a confirmed or suspected case of 2019-nCoV.
- When scheduling appointments, instruct patients and persons who accompany them to call ahead or inform HCP upon arrival if they have symptoms of any respiratory infection (e.g., cough, runny nose, fever1) and to take appropriate preventive actions (e.g., wear a facemask upon entry to contain cough, follow triage procedures).

**Upon Arrival and During the Visit**

1. Take steps to ensure all persons with symptoms of suspected COVID-19 or other respiratory infection (e.g., fever, cough) adhere to respiratory hygiene and cough etiquette, hand hygiene, and adopt procedures throughout the duration of the visit.
2. Consider posting visual alerts (e.g., signs, posters) at the entrance and in strategic places (e.g., waiting areas, elevators, cafeterias) to provide patients and health care personnel with instructions (in appropriate languages) about hand hygiene, respiratory hygiene, and cough etiquette. Instructions should include how to use facemasks
3. Ensure that patients with symptoms of suspected COVID-19 or other respiratory infection (e.g., fever, cough) are not allowed to wait among other patients seeking care. Identify a separate, well-ventilated space that allows waiting patients to be separated by 6 or more feet, with easy access to respiratory hygiene supplies. In some settings, medically-stable patients might opt to wait in a personal vehicle or outside the healthcare facility where they can be contacted by mobile phone when it is their turn to be evaluated.
4. Identify patients at risk for having COVID-19 infection before or immediately upon arrival to the healthcare facility.
5. Implement respiratory hygiene and cough etiquette (i.e., placing a facemask over the patient's nose and mouth if that has not already been done) and isolate them.
6. Inform infection prevention and control services, local and state public health authorities, and other healthcare facility staff as appropriate about the presence of a person under investigation for COVID-19.
7. Provide supplies for respiratory hygiene and cough etiquette, including 60%-95% alcohol-based hand sanitizer tissues, no touch receptacles for disposal, and facemasks at healthcare facility entrances, waiting rooms, patient check-ins, etc.

**Respiratory Hygiene/Cough Etiquette in Healthcare Settings**
To prevent the transmission of all respiratory infections in healthcare settings, including influenza, the following infection control measures should be implemented at the first point of contact with a potentially infected person.

They should be incorporated into infection control practices as one component of Standard Precautions.

**Visual Alerts**
Post visual alerts (in appropriate languages) at the entrance to the dental practice instructing patients and persons who accompany them (e.g., family, friends) to inform healthcare personnel of symptoms of a respiratory infection when they first register for care and to Practice

**Respiratory Hygiene/Cough Etiquette.**
The following measures to contain respiratory secretions are recommended for all individuals with signs and symptoms of a respiratory infection.

- Cover your mouth and nose with a tissue when coughing or sneezing;
- Use in the nearest waste receptacle to dispose of the tissue after use;
- Perform hand hygiene (e.g., hand washing with non-antimicrobial soap and water, alcohol-based hand rub, or antiseptic handwash) after having contact with respiratory secretions and contaminated objects/materials.
- Healthcare facilities should ensure the availability of materials for adhering to Respiratory Hygiene/Cough Etiquette in waiting areas for patients and visitors.
- Provide tissues and no-touch receptacles for used tissue disposal.
- Provide conveniently located dispensers of alcohol-based hand rub; where sinks are available, ensure that supplies for hand washing (i.e., soap, disposable towels) are consistently available.
- Masking and Separation of Persons with Respiratory Symptoms

  During periods of increased respiratory infection activity, offer masks to persons who are coughing. Either procedure masks (i.e., with ear loops) or surgical masks (i.e., with ties) may be used to contain respiratory secretions.

  When space and chair availability permit, encourage coughing persons to sit at least three feet away from others in common waiting areas. Some facilities may find it logistically easier to institute this recommendation year-round.

**Droplet Precautions**
All healthcare personnel to observe Droplet Precautions (i.e., wearing a surgical or procedure mask for close contact), in addition to Standard Precautions, when examining a patient with symptoms of a respiratory infection, particularly if fever is present.

These precautions should be maintained until it is determined that the cause of symptoms is not an infectious agent that requires Droplet Precautions.

**Medical History**
From a documentation standpoint, it must be recorded in each patient's clinical notes that they were screened and the outcomes of the inquiry.

The initial screening begins with the administrative team for confirmation of appointments and scheduling of appointments.

Self-evaluation is the next type of screening where all dental offices at point of entry are to have the proper signage alerting clients to assess if they have a fever, cough, difficulty breathing and/or have travelled to risk countries, with the resources for hand hygiene and availability of facial barriers (masks).

The screening will also unfold in the operatory where the medical history should be taken with the proper Personal Protective Equipment (PPE) already in place as a precautionary step.

Ideally, the patient will have self-assessed and not have sat in the reception area in close proximity to other patients should it be known to them that they have particular symptoms.

Equally as important, if the patient feels well, it must be recorded in the clinical notes the client stated he/she was feeling well with no symptoms present.

**Infection control issues during patient assessment:**

- Patients with an acute respiratory illness should be identified at check-in and placed in a single-patient room with the door kept closed.
- Seek to prevent the transmission of respiratory infections in healthcare settings by adhering to respiratory hygiene/cough etiquette infection control measures (above) at the first point of contact with any potentially infected person.
- Offer a disposable surgical mask to persons who are coughing; and provide tissues and no-touch receptacles for used tissue disposal.
- Ill persons should wear a surgical mask when outside the patient room.
- Dental healthcare personnel assessing a patient with influenza-like or other respiratory illness should wear disposable surgical facemask*, non-sterile gloves, gown, and eye protection (e.g., goggles) to prevent exposure. Since recommendations may change as additional information becomes available it's a good idea to check the NCID website for updates.
- Patient and dental healthcare workers should perform hand hygiene (e.g., hand washing with non-antimicrobial soap and water, alcohol-based hand rub, or antiseptic handwash) after possible contact with respiratory secretions and contaminated objects/materials.
- Routine cleaning and disinfection strategies used during influenza seasons can be applied to the environmental management for COVID-19.

**Personal Protective Equipment**
1. The guidance has not changed its on single-use disposable facemasks, which are regulated to be single use and should be worn once and discarded.
2. 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;
3. Change masks between patients, or during patient treatment if the mask becomes wet.
4. SADA urges Dental Health Care Personnel (DHCP) concerned about healthcare supply for PPE to monitor Healthcare Supply of Personal Protective Equipment.

**Hand Hygiene**
1. Health care personnel (HCP) should perform hand hygiene before and after all patient contact, contact with potentially infectious material, and before putting on and upon removal of PPE, including gloves.
2. Hand hygiene in healthcare settings also can be performed by washing with soap and water for at least 20 seconds. If hands are visibly soiled, use soap and water before returning to operatory room.
3. Healthcare facilities should ensure that hand hygiene supplies are readily available in every care location.

**Use Caution When Performing Aerosol-Generating Procedures**
1. Some procedures performed on COVID-19 patients could generate infectious aerosols. In particular, procedures that are likely to induce coughing should be performed cautiously and avoided if possible.
2. If performed, these procedures should take place in operatory room and personnel should use respiratory protection as described above. In addition:
3. Limit the number of HCP present during the procedure to only those essential for patient care and procedural support.
4. Clean and disinfect procedure room surfaces promptly as normally practised in dental settings.

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