

Influence of Covid-19 on Dentists and Routine Dental Practice in Libya.

Influencia de Covid-19 en los dentistas y la práctica dental de rutina en Libia.

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Dear editor

None of us until now has fully understood how coronavirus spreads so tremendously and affects the world. However, in this situation, when the world is under an unusual crisis, experienced dentists can help us to draw reasonable conclusions about what are the emergency precautions required to deal with patients during daily dental practice and what precautions can help to protect the community and the dental profession against this pandemic.

In April 2020, most of the dental clinics closed and the major reason behind it was the worry about patient safety as nobody clearly knew how contagious Coronavirus Infection Disease-19 (COVID-19) really was. The National Center for Disease Control in Libya (NCDC) is concerned about the spread of the virus and its person-to-person transmission, which creates a complex situation.¹

On March 2020, correspondence was sent from the Libyan Dental Association to NCDC regarding the functioning of dental clinics in private and public sectors, as a special protocol has been developed by the committee in charge of the syndicate, on how to abide by the protocol and work in accordance with the standards of correspondence of the union. There was a special form that is filled out for each patient before the start of treatment and other procedures that are taken for documentation and reference.

Since most of the routine dental care during the beginning of epidemic was not available, it was expected that more patients would seek emergency dental care. The most common reasons for patients to visit an emergency dental care setting are acute dental pulpal, abscess, periapical lesion or cellulitis.²

On March 2020, the American Dental Association (ADA) proposed that dentists defer all elective procedures and provide only emergency dental care³ and take standard precautions based on Centers for Disease Control and Prevention (CDC) guidance.⁴ Acute pulpal pain, periapical lesion, cellulitis, bleeding post-extraction, temporomandibular joint dislocation and fracture of maxilla or mandible are the urgent dental treatment provided in this situation.

Protective coveralls, surgical gloves, N95 face mask, thermometer, protective face shield, gown, and head and foot covers are the preventive

measures taken. However, the most concerning issue in the dental clinic is the SARS-CoV-2 transmission by aerosol and droplet because, as even given all precautions, the production of droplets and aerosols during dental treatment is very difficult to minimize to nil.⁵ Instructions that should be followed during emergency dental procedures include:

- Use of disposable kits for dental examination.
- Use of rubber dam in case of employing a high-speed hand piece.
- Avoid use of water and air spray unless strictly necessary.
 - Use of high suction volume.
- Use wrappings for dental chair and door handles and change it after every patient.

- In cases where surgical suturing is required, sutures should be absorbable.
 - Patient should wear head and foot covers.
 - It is forbidden to bring friends or family to the clinic.
- Patient should rinse with 1% hydrogen peroxide or 0.2% povidone-iodine before the start of treatment.¹
- Keeping surfaces clean and dry can play a significant role in preventing transmission SARS-CoV-2.6
- In case of confirmed or suspected patient with COVID-19, these guidelines must be considered by the dentist.⁷

The dental staff should always be careful to keep the patients, the community and themselves in a healthy environment.

REFERENCES.

- 1. Rothe C, Schunk M, Sothmann P, Bretzel G, Froeschl G, Wallrauch C, Zimmer T, Thiel V, Janke C, Guggemos W, Seilmaier M, Drosten C, Vollmar P, Zwirglmaier K, Zange S, Wölfel R, Hoelscher M. Transmission of 2019-nCoV Infection from an Asymptomatic Contact in Germany. N Engl J Med. 2020;382(10):970-1.
- **2.** Tramini P, Al Qadi Nassar B, Valcarcel J, Gibert P. Factors associated with the use of emergency dental care facilities in a French public hospital. Special Care in Dentistry. 2010;30(2):66-71.
- **3.** ADA News. ADA recommending dentists postpone elective procedures. American Dental Association (ADA). 2020. Available from: https://www.ada.org/en/publications/ada-news/2020-archive/march/ada-recommending-dentists-postpone-elective-procedures.
- **4.** ADA News. CDC reminds clinicians to use standard precautions, recommends isolating patients with coronavirus symptoms. American Dental Association (ADA). 2020. Available from: https://www.ada.org/en/publications/adanews/2020-archive/february/cdc-recommends-isolating-patients-with-coronavirus-symptoms.

- **5.** Cleveland JL, Gray SK, Harte JA, Robison VA, Moorman AC, Gooch BF. Transmission of blood-borne pathogens in US dental health care settings: 2016 update. J Am Dent Assoc. 2016;147(9):729-38.
- **6.** Kampf G, Todt D, Pfaender S, Steinmann E. Persistence of coronaviruses on inanimate surfaces and their inactivation with biocidal agents. J Hosp Infect. 2020;104(3):246-51.
- **7.** Ather A, Patel B, Ruparel NB, Diogenes A, Hargreaves KM. Coronavirus Disease 19 (COVID-19): Implications for Clinical Dental Care. J Endod. 2020;46(5):584-95.