



23rd March 2020

Dear Member,

As Trinidad and Tobago deals with increasing infections of COVID-19, it is imperative that dentists are cognizant of the risks of treating patients at this time. Research has suggested the presence of virus in the saliva of infected persons and has placed members of the dental team at the highest risk of contracting this infectious disease. This can be attributed to the nature of their working environment: close and intimate contact with patients and the production of aerosols as a result of use of air driven turbines and ultrasonic scalers.

To this end the DCTT at this point sees an urgent need to issue guidance to members of the Trinidad and Tobago dental fraternity to mitigate against potential community spread of this disease.

1. All **elective (non-emergency)** dental treatment should be postponed for the next 3 weeks in the first instance. Only emergency treatment that relieves severe pain and/or infection should be performed at this time. These procedures include but are not necessarily limited to:
 - (a) Severe pulpal pain from pulpal inflammation due to extensive caries or defective restorations
 - (b) Pericoronitis or third molar pain
 - (c) Surgical post- operative osteitis
 - (d) Localized bacterial infection resulting in localized pain and swelling
 - (e) Tooth fracture resulting in pain or causing soft tissue trauma
 - (f) Dental trauma with avulsion/luxation
 - (g) Dental treatment required prior to critical medical procedures
 - (h) Final crown and bridge cementation if the temporary restoration is lost, broken or causing gingival irritation or pulpal symptoms
 - (i) Biopsy of abnormal bony or soft tissue.

2. Other types of treatment that could be considered urgent, that would require the discretion of the dentist prior to treatment are:
 - (a) Denture adjustments or repairs when function is impeded
 - (b) Adjustment of orthodontic wires or appliances piercing or ulcerating the oral mucosa
 - (c) Re-accessing teeth where Root Canal therapy (RCT) was previously started and the patient is now experiencing pain.
 - (d) Removal of non- resorbable sutures.

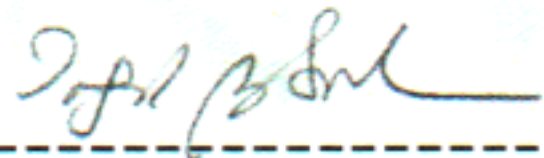
3. All patients should be screened via telephone prior to their arrival at the operatory waiting room. Questions to be included on screening include:
 - (a) Any history of travel in the last month
 - (b) Any contact with persons who have travelled in the last month
 - (c) Any history of fever in the last 14 days
 - (d) Any past or current history of respiratory illness, including a cough in the last 14 to 28 days
4. Congregating of patients in reception areas should be avoided, particularly if said reception areas are small and patients cannot maintain a social distance of 6 feet. On arrival at the appointment patients should be asked to wait in their cars until the dental team is ready to take them into the dental treatment room.
5. Prior to the start of treatment, a non- contact thermometer may be used to record the patient's temperature. Non-contact thermometers can be disinfected with a 70% alcohol-based swab between patients.
6. If operative/RCT treatment must be attempted, rubber dam isolation IS **HIGHLY RECOMMENDED** to mitigate against the aerosolization of potential viral particles into the working environment.
7. All members of the dental team should wear appropriate Personal Protective Equipment when treating patients. Ideally, these should include:
 - (a) An N95 mask
 - (b) Face shield or protective eye glasses with beveled edges or prevent eye splatter
 - (c) Disposable surgical gown over scrubs
 - (d) Disposable surgical cap
 - (e) Nitrile or latex gloves
8. Further guidance notes on Personal Protective Equipment:

The DCTT is aware of shortages of PPE. In lieu of disposable surgical gowns team members are advised that clinical coats may be worn over scrubs but must be replaced as soon as there is any evidence of visible soiling such as blood or saliva splatter. Dental members **MUST** not travel to and from work in clinical attire.

While N95 masks worn properly provide the best protection against transmission of COVID- 19 to healthcare workers, if unavailable these may be substituted with regular 3-ply masks that **MUST** be changed between every patient or according to the specific manufacturer's instructions.
9. The DCTT recommends that all dental team members be inoculated with a vaccine that protects against common influenza strains (flu vaccine) to prevent potential concomitant infection of COVID-19 and influenza.

These guidelines are subjected to revision once further information on this evolving situation becomes available.

Sincerely,



Dr. Ingrid Seeberan
Secretary – DDS (Hon)