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Introduction

The WHO declaration of COVID-19 as a pandemic brought a high degree uncertainty and urgency in developing infection prevention procedures for general dental practices across the world including Nigeria.¹ Nigeria has a thriving private dental practice industry with about one thousand registered practices spread across the country. A large number of these practices are domiciled in Lagos which also had the highest numbers of COVID-19 infections.²

At the beginning of the lockdown measures which were imposed in March 2020, many practices instituted operating procedures for emergency dental services. With the body of knowledge on the pandemic still relatively limited and dentistry recognized as a high-risk category of health care provision based on many aerosol generating procedures, the concerns for continuing with dental practice was widely discussed.

Emergency dental services involved virtual assessments prior to presentation. Every consult was required to undergo a body temperature check and if the temperature was above 37.3 degree centigrade, access to the facility was not allowed. Hand washing and wearing of face-mask were indicated for patients prior to accessing the facility and anyone with symptoms of respiratory tract infection was not allowed on the premises.

Personal protective equipment (PPE) such as masks, disposable gloves and waterproof aprons were used by dental staff. The consulting spaces were modified to ensure physical distancing and only limited number of persons were allowed in at any time. This was better done by scheduling appointments to ensure there were few overlaps between patients. Prior to commencing any procedure, 5cc of 1% hydrogen peroxide was used for a 30 second mouth rinse.

In between patients, UV sterilization and fogging machines were used to trap aerosols generated. All waste generated were treated as hazardous waste and disposed through established waste management protocols.

By October 2020, the Federal Ministry of Health released reviewed guidelines and standard operational procedures for dental practice in Nigeria from emergency to essential dental services. While this allowed for more services to
be provided, the infection prevention precautions remained in place.

The COVID-19 pandemic has altered patient care in terms of infection prevention as costs of care increased due to the use of more consumables/ equipment replacement and energy consumption for sterilization procedures. The costs of acquiring new consumables/equipment were major strains for many small practices with limited overheads as inflation on the costs of consumables due to worldwide shortages. Suspension of routine dental cases meant that more complications has ensued by the time of eventual consultation. This impacted negatively on enrollees from insurance companies as extra costs for advanced procedures required out of pocket payments.

While COVID-19 is no longer an emergency, and some of the infection prevention protocols may have been modified in dental practices, handwashing, use of hydrogen peroxide mouthwashes and air-filters, physical distancing and routine use of PPEs are still maintained in many practices.

References

