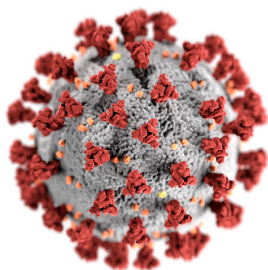


2020



**CONSEJO  
DENTISTAS**  
ORGANIZACIÓN COLEGIAL  
DE DENTISTAS  
DE ESPAÑA

## **STRATEGIC ACTION PLAN FOR THE PERIOD AFTER THE CRISIS CREATED BY COVID-19**



VERSION APRIL 13, 2020

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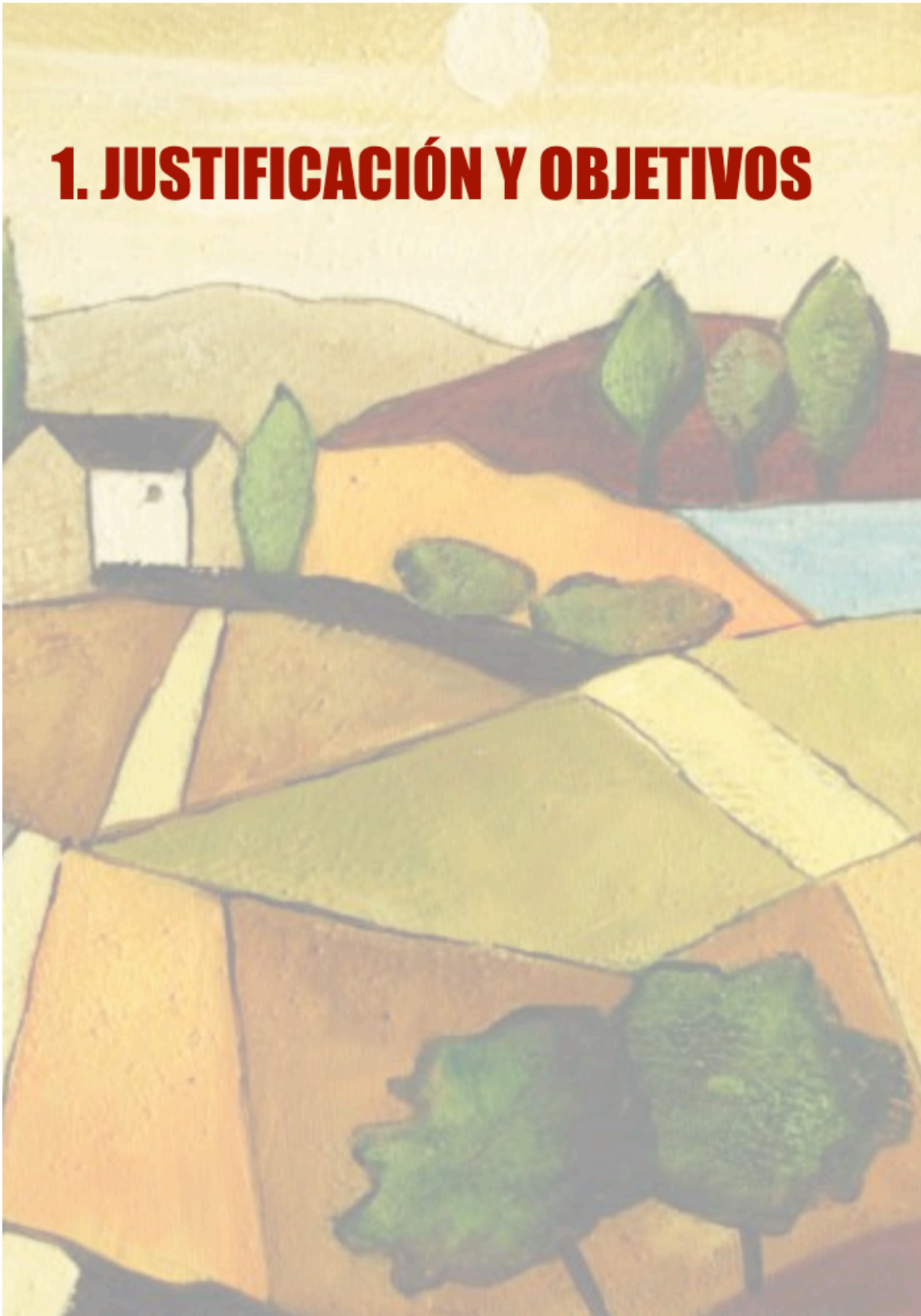
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<b>CONTROL OF REVISIONS AND MODIFICATIONS</b>		
Revision number	Date	Description of modifications
one	April 13, 2020	Initial edition

# 1. JUSTIFICACIÓN Y OBJETIVOS



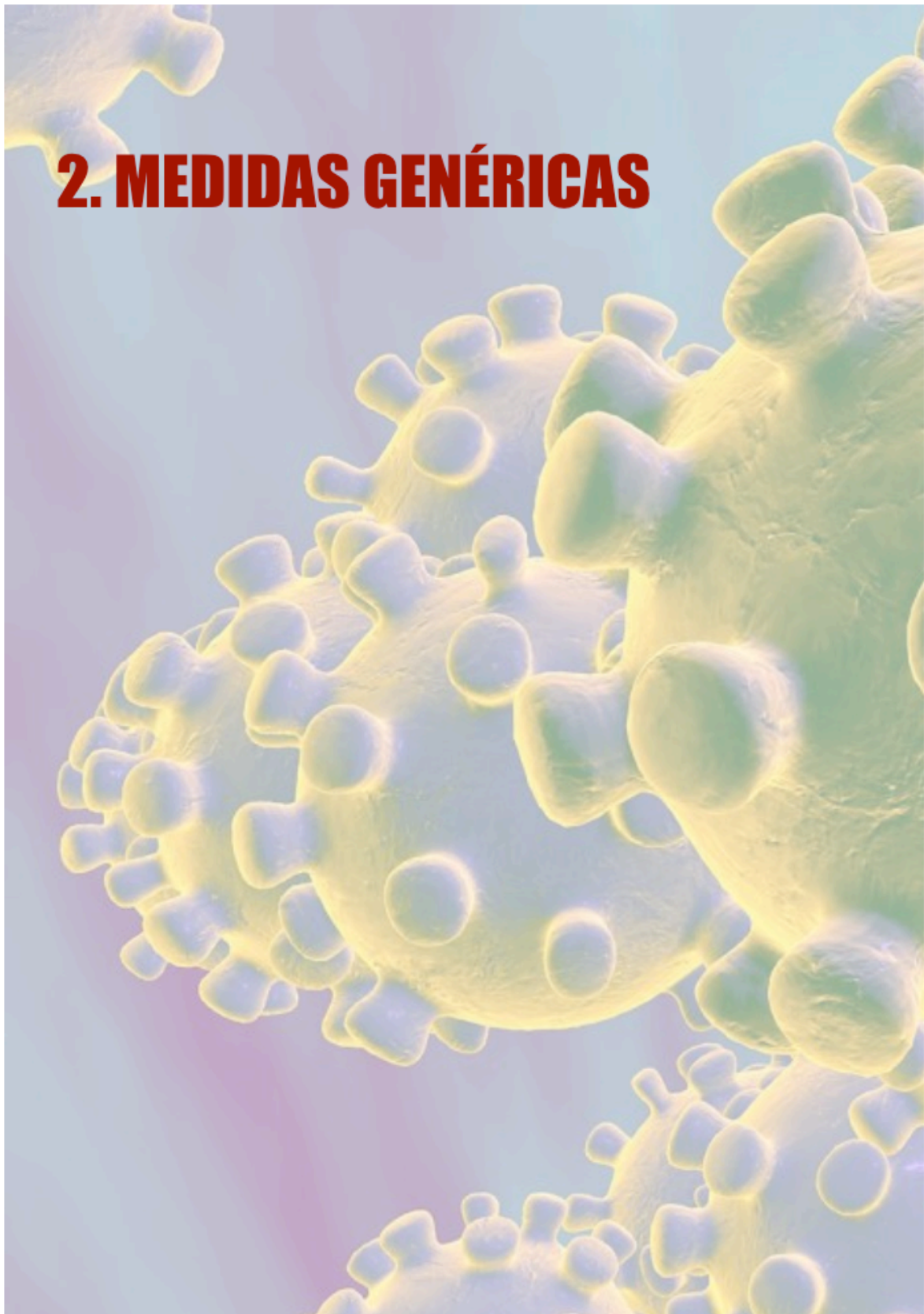
## **one. JUSTIFICATION AND OBJECTIVES**

The moments that most countries are going through due to the declared pandemic of COVID-19 have led to the proclamation of government orders and / or recommendations regarding dental care to be provided. All of them without exception advocate a limitation of dental clinical activity exclusively to the treatment of emergencies, clearly establishing the measures and protocols to be adopted. However, it is necessary to prepare in parallel for the post-crisis period created by the pandemic. At the present time, there are no specific official protocols, either national or international, that clearly address how the dentist should proceed, in his daily practice, in **the post-confinement stage, to work with the best guarantees of protection for patients and the human team of the dental practice.** For this reason, and with all the necessary reservations and prudence, this Strategic Plan provides a series of guidelines that can be useful for when that time comes. It is evident that there is a high degree of uncertainty at present (% of asymptomatic infected patients, evolution of the epidemic in Spain, mechanisms that will be implemented after confinement, constant publication of scientific information, etc.). For this reason, this Document should be considered dynamic and will be updated periodically, as more relevant scientific or technical information becomes available.

## **OBJECTIVES**

The objectives of this Strategic Plan are the following:

- one) Design the master lines of protection and reduction of transmission risks in**  
any dental office, public or private, once the epidemic stage for COVID-19 in Spain has been passed.
  
- two) Provide the dentist, in a practical and realistic format, the available scientific evidence**  
so far on COVID-19, aimed at safely attending to their patients and keeping their consultation staff protected.



## **two. STRATEGIC GENERIC MEASURES**

### **2.1. GENERAL CONSIDERATIONS OF THE TRANSMISSION**

#### **§ Transmission routes:**

All studies to date confirm the following transmission routes:

- through respiratory droplets (Flügge droplets through sneezing, coughing)
- through transmission by direct contact: contaminated hands or fomites and subsequent contact with mucosa (mouth, nose, eyes)
- very recently, the hypothesis of a possible third pathway has been expressed through microparticles during speech, and may remain suspended in the air for some time (Zou, N. Engl. J. Med., 2020).
- the fecal-oral route may be another possible route

#### **§ Incubation period:**

The average incubation period is 5-6 days, but there is scientific evidence that this period in some cases has been extended to 14 days. It should be borne in mind that many patients are asymptomatic, or present very mild symptoms, this is especially important in children from one and a half to 17 years of age.

#### **§ Case fatality rate:**

The average rate currently stands at 5% but varies between 1.2% and 12% depending on the area of infection. These values are much higher than those of seasonal influenza caused by the influenza virus (0.01-0.17%). The case fatality rate increases according to the age of the affected patient (especially from the age of 60) as well as in patients with previous pathologies (respiratory, cardiovascular, diabetes, etc.).

#### **§ Health personnel and risk of infection:**

The latest available data from China shows that 1,716 toilets have been affected (3.8% of all infected in China). However, the data available in Spain as of April 9 is 13% (more than 20,000 cases, making our country the one with the highest percentage of cases among healthcare personnel)





**§ Gloves:**

They should always be used as usual in daily clinical activity. For cleaning and disinfection tasks it is better to use thick gloves, more resistant to breakage.

**§ Eye and face protection:**

Eye protection should be worn when there is a risk of contamination of the eyes from splashes or drops (eg, blood, body fluids, secretions, and saliva). Eye protectors certified based on the UNE- standard EN 166: 2002 for protection against liquids can be integral goggles against drops or face shields against splashes.

**§ Protective clothes:**

The usual work clothes and footwear must be exclusive for work, avoiding the use of street clothes or footwear in the office. It is important to avoid wearing rings, bracelets, pendants, watches or other items, since they behave like reservoirs of COVID 19. In case of anticipation of splashes or generation of aerosols, the use of a cap and a waterproof disposable gown is recommended above the usual work clothes (UNE-EN-14126 standard). The use of clogs and shoe covers is recommended.

**§ Placement and withdrawal of PPE:**

Tables 2 and 3 show the appropriate sequence for the placement and removal of the PPE.

¿CÓMO PONERSE LOS EPIS?	
<b>1. HIGIENE DE MANOS</b> * Lavarse bien las manos con agua y jabón (mínimo 40 segundos) y proceder a desinfección con solución o gel hidroalcohólico	
<b>2. BATA DE PROTECCIÓN</b> * Colocarse la bata * La bata debe cubrir: - desde cuello hasta rodillas - brazos y antebrazos hasta muñecas * Amarrar en cuello y cintura	
<b>3. MASCARILLA</b> * Colocarse la mascarilla * Apretar y ajustar a nivel de nariz * Ajustarla bien debajo del mentón	
<b>4. COMPROBACIÓN DE AJUSTE</b> * Comprobar el ajuste * Comprobar que está bien sellada	
<b>5. PROTECCIÓN OCULAR</b> * Colocarse la protección ocular * Ajustar bien gafas o visera	
<b>6. GORRO</b> * Recogerse el pelo * Colocarse el gorro	
<b>7. GUANTES</b> * Friccionarse bien las manos con solución o gel hidroalcohólico * Colocarse los guantes cubriendo la bata a nivel de las muñecas	
* Mantener las manos lejos de la cara * Evite tocar superficies * Todo EPIS deteriorado o mojado debe cambiarse	

one.

Table 2. PPE Placement

¿CÓMO QUITARSE LOS EPIS?	
Existen muchos protocolos para retirar los EPIS sin contaminar las mucosas. Esta etapa es de alto riesgo de contaminación y requiere de gran atención.	
<b>1. BATA DE PROTECCIÓN</b> Retirar la bata procurando no tocar la ropa de debajo	
<b>2. GUANTES</b> * El exterior del guante está contaminado * Retirar un primer guante sin tocar parte exterior * Mantener el guante retirado en la otra mano y retirar el segundo guante	
<b>3. HIGIENE DE MANOS</b> Friccionarse bien las manos con solución o gel hidroalcohólico (20-30 segundos)	
<b>4. PROTECCIÓN OCULAR</b> Retirar las gafas sujetándolas de las patillas	
<b>5. GORRO</b> Retirar el gorro por la parte de atrás	
<b>6. MASCARILLA</b> Retirar la mascarilla aflojando la sujeción por la parte de atrás	
<b>7. HIGIENE DE MANOS</b> * Lavarse bien manos con agua y jabón (mínimo 40 segundos) * Friccionarse bien las manos con solución o gel hidroalcohólico (20-30 segundos)	
* Tirar los EPIS en contenedor apropiado * Lavar y desinfectar las gafas y volver a usar solución hidroalcohólica	

two.

Table 3. Withdrawal of PPE

### § General hygiene measures: hand washing and gel disinfection hydroalcoholic

Since the beginning of the pandemic, the enormous importance of proper hand washing with soap and water has been emphasized, followed by disinfection with a hydroalcoholic gel (or solution). Tables 4 and 5 review the sequence of both procedures.

## PROTOCOLO DE LAVADO DE MANOS



**OMS**

**Duración de todo el procedimiento: 40-60 segundos**

<p><b>0</b></p>  <p>Mójese las manos con agua</p>	<p><b>1</b></p>  <p>Deposite en la palma de la mano jabón suficiente para cubrir todas las superficies</p>	<p><b>2</b></p>  <p>Frote las palmas de las manos entre sí</p>
<p><b>3</b></p>  <p>Frótese la palma de la mano derecha contra el dorso de la izquierda, entrelazando los dedos, y viceversa</p>	<p><b>4</b></p>  <p>Frótese las palmas de las manos entre sí, entrelazando los dedos</p>	<p><b>5</b></p>  <p>Frótese el dorso de los dedos de una mano con la palma de la otra, agarrándose los dedos</p>
<p><b>6</b></p>  <p>Frótese con un movimiento de rotación el pulgar izquierdo, atrapándolo con la palma de la mano derecha y viceversa</p>	<p><b>7</b></p>  <p>Frótese la punta de los dedos de la mano derecha contra la palma de la mano izquierda, con movimiento de rotación y viceversa</p>	<p><b>8</b></p>  <p>Enjuáguese las manos con agua</p>
<p><b>9</b></p>  <p>Séquese con toalla desechable</p>	<p><b>10</b></p>  <p>Utilice la toalla para cerrar el grifo</p>	<p><b>11</b></p>  <p>Sus manos están limpias y seguras</p>

## PROTOCOLO DE DESINFECCIÓN DE MANOS



**OMS**

**Duración de todo el procedimiento: 20-30 segundos**



<p><b>1a</b></p>  <p>Deposite en la palma de la mano una dosis de producto suficiente para cubrir todas las superficies</p>	<p><b>1b</b></p>  <p>Frótese las palmas de las manos entre sí</p>	<p><b>2</b></p>  <p>Frótese el dorso de los dedos de una mano con la palma de la mano opuesta, agarrándose los dedos</p>
<p><b>3</b></p>  <p>Frótese la palma de la mano derecha contra el dorso de la izquierda entrelazando los dedos y viceversa</p>	<p><b>4</b></p>  <p>Frótese las palmas de las manos entre sí, con los dedos entrelazados</p>	<p><b>5</b></p>  <p>Frótese el dorso de los dedos de la mano derecha contra la palma de la mano izquierda, con movimiento de rotación y viceversa</p>
<p><b>6</b></p>  <p>Frótese con un movimiento de rotación el pulgar izquierdo, atrapándolo con la palma de la mano derecha y viceversa</p>	<p><b>7</b></p>  <p>Frótese la punta de los dedos de la mano derecha contra la palma de la mano izquierda, con movimiento de rotación y viceversa</p>	<p><b>8</b></p>  <p>Dejar que se evapore el producto y se sequen las manos</p>

Table 4. Hand washing

Table 5. Use of hydroalcoholic gel

### 2.3. BEFORE RESTART:

After the partial or total interruption of clinical activity due to the situation created, it is necessary to adopt 3 types of measures (Table 6):

#### § Checking the health status of clinic staff

It seems evident that it is essential to ensure that the health status of all clinic staff (starting with the dentist) allows them to return to their jobs with the appropriate guarantees for this. The Ministry of Health has established protocols for the reinstatement of health personnel to their jobs, not without a strong response from health organizations. These protocols are currently in the expert review phase, so it is advisable, when the time comes for effective reinstatement, to consult with the respective occupational health services.

### § Basic training of the dental team on the new protocols to adopt

Due to the necessary adoption of new measures in the organization of clinical activity, derived from COVID-19, it is very important that all clinic staff receive basic training in these aspects. For this, from the General Council of Dentists of Spain a Power-Point presentation is being created in which the most relevant recommended points are specified (it will be available in a few days). It is convenient that all the clinic staff receive this training (ideally online) before restarting the activity. Likewise, it is recommended to carry out a simulation prior to the arrival of patients, in order to verify the normal operation of the new measures adopted.

### § Planning, start-up and supervision of new protocols adopted at the clinic

The head of the clinic must ensure the implementation of the new protocols in his clinic, as well as the adequate degree of knowledge that the staff under his responsibility have on them. .

## REINCORPORACIÓN post (COVID-19): La lista de comprobación



**Comprobación estado de salud del personal de la clínica**



**Formación previa sobre nuevos protocolos**



**Supervisión y puesta en marcha**



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Table 6: What to check before restarting the activity?



## 3. MEDIDAS ESPECÍFICAS

### 3. SPECIFIC MEASURES IN THE DENTAL CLINIC

#### 3.1. BEFORE CARE

##### § Patient questionnaire when making an appointment (telephone triage)

In the early stages of reincorporation, it is still advisable to carry out a prior telephone triage when the patient calls to request an appointment. If you go directly to the clinic to request the appointment (undesirable), the same procedure will be followed. This process allows us to select, through a simple questionnaire, which patients can a priori present greater risks and adopt the agreed protocol. The presence of any or some of the following symptoms should be investigated by telephone: temperature above 37.5°C, dry cough, pharyngeal pain, nasal congestion, fatigue, headache, myalgia, hypogeusia, anosmia, diarrhea and digestive discomfort or general malaise. . The presence of these signs or symptoms with elevated temperature, It should lead to warn the patient of a possible contagion so that he immediately communicates it to his doctor. In the presence of signs, even with normal temperature, indicate to the patient that it is preferable to delay the treatments until at least 14 days have elapsed since their disappearance (except for emergencies that must be attended to) and recommend the patient to go to their family to assess their final diagnosis. The same procedure will be followed with patients who come to the clinic directly, clearly explaining the reasons for these measures (Table 7). indicate to the patient that it is preferable to delay the treatments until at least 14 days have elapsed since their disappearance (except for emergencies that must be attended to) and recommend the patient to see his family doctor to assess his definitive diagnosis. The same procedure will be followed with patients who come to the clinic directly, clearly explaining the reasons for these measures (Table 7). indicate to the patient that it is preferable to delay the treatments until at least 14 days have elapsed since their disappearance (except for emergencies that must be attended to) and recommend the patient to see his family doctor to assess his definitive diagnosis. The same procedure will be followed with patients who come to the clinic directly, clearly explaining the reasons for these measures (Table 7).

- Do you have a fever or have you had it in the last 14 days (temperature > 37.5°)?
- Have you had a cough or any other respiratory signs in the past 14 days?
- Have you had or are you having diarrhea or other digestive upsets in the last 14 days?
- Do you have or have you felt very tired or upset in the last 14 days?
- Have you noticed a loss of sense of smell or smell in the last 14 days?
- Have you been in contact or living with someone suspected or confirmed of coronavirus?
  
- Has the COVID-19 disease passed?
- If the disease has passed, are you still in quarantine?

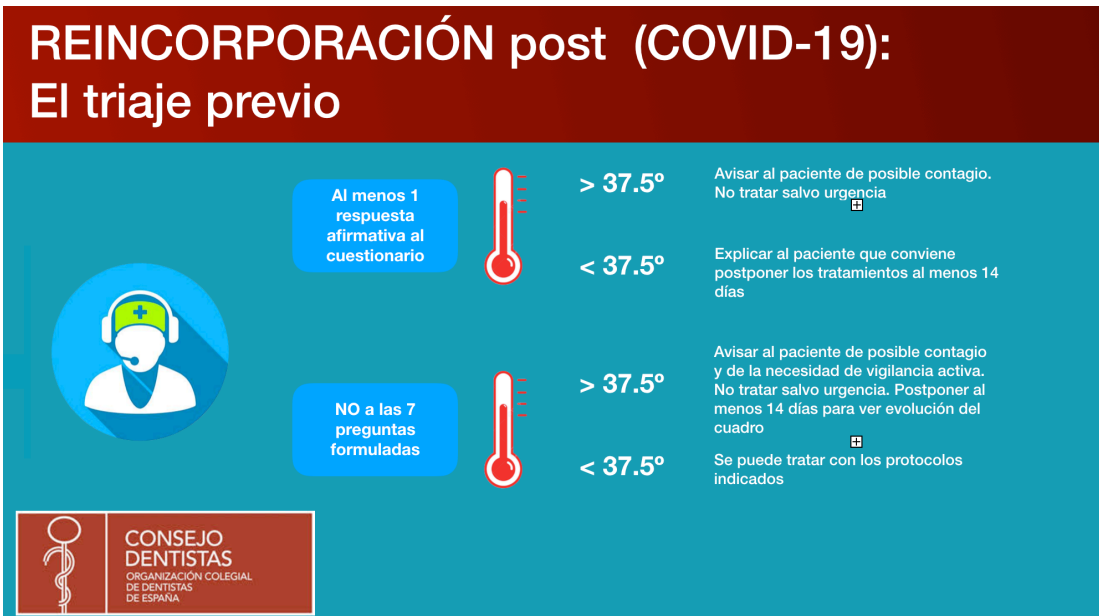


Table 7. Decision making in previous triage

### § Dental emergency concept

It is important to have clearly defined what is to be understood as urgent dental postponement, in order to be able to be effective in decision-making (appointment or not to the patient). In those in which the appointment is indicated due to urgency, this should be understood in the cases in which it exists: severe inflammation, post-surgical or post-traumatic bleeding, severe dental trauma or the presence of severe dental pain. Table 8 recalls the steps that must be followed to filter urgent care cases.

## MOTIVO DE LA DEMANDA

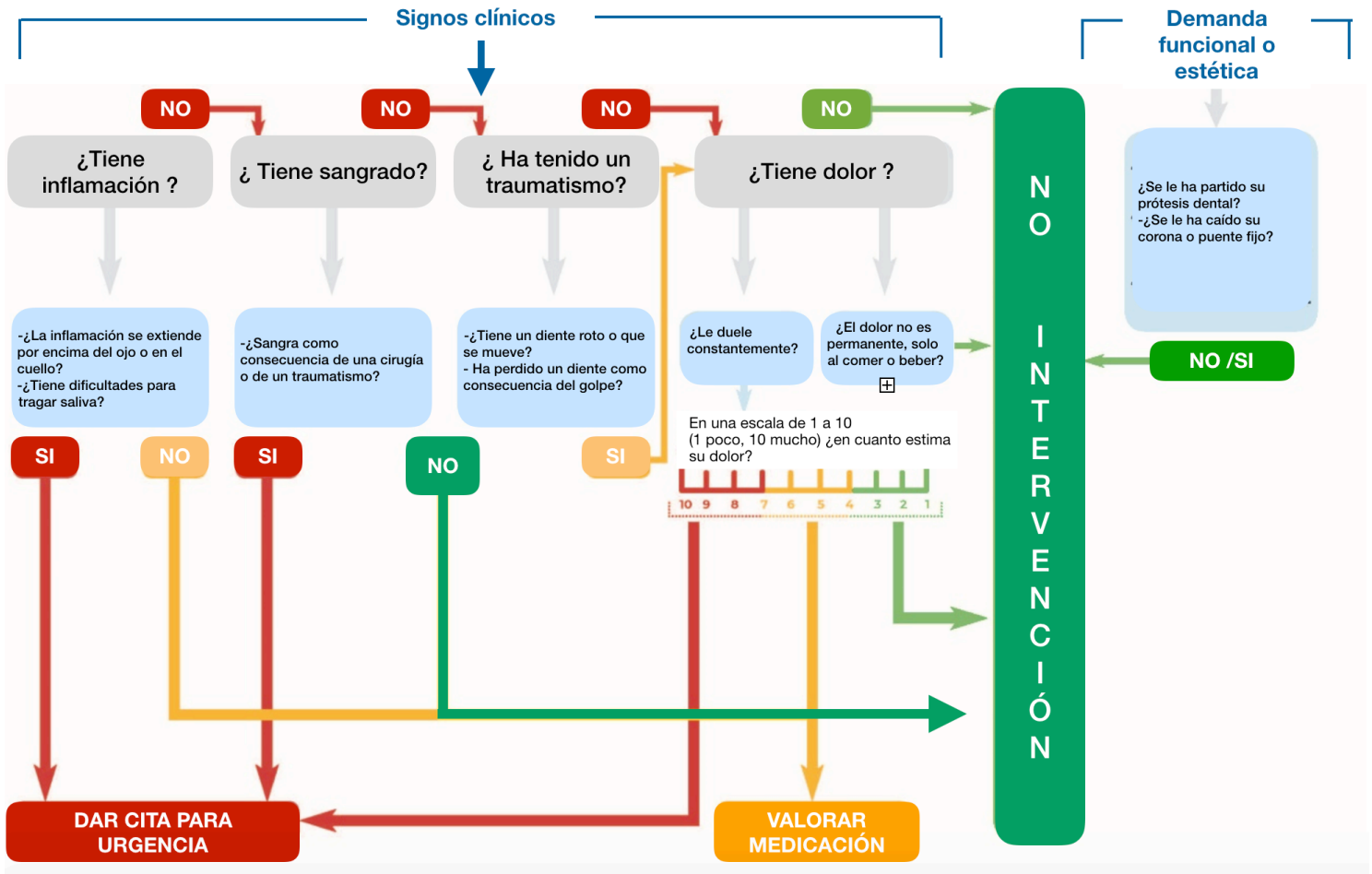


Table 8. Categories of dental emergencies and decision algorithm

It is important, for each of the possible emergency situations, to have clearly established the severity criteria. Tables 9 and 10 show those currently proposed and used by the French Dental Association (ADF).




CRITERIOS CLÍNICOS ORIENTATIVOS DE GRAVEDAD PARA CRIBADO DE SITUACIONES CLÍNICAS URGENTES <b>DOLOR , INFLAMACIÓN/INFECCIÓN</b>		MARQUE 
<b>DOLOR</b>	Dolor que no ha remitido con analgésicos habituales recetados después de 48 horas de tratamiento	
	Dolor que no remite con analgésicos potentes (tipo tramadol, codeína) después de 24 horas de tratamiento.	
	Intensidad del dolor referida subjetivamente por el paciente > 7 en escala de Likert	
<b>INFLAMACIÓN/ INFECCIÓN</b>	Presencia de trismo (dificultad para abrir completamente la boca)	
	Tumefacción submandibular o sublingual con dificultad o dolor a la deglución	
	Tumefacción que se ha extendido al ojo (párpado inflamado, dificultad para abrir o cerrar el ojo)	
	Eritema o tumefacción que se extiende hacia el cuello	
	Fiebre o sensación de astenia	

Table 9: Severity criteria for screening in the presence of pain, inflammation or infection


CRITERIOS CLÍNICOS ORIENTATIVOS DE GRAVEDAD PARA CRIBADO DE SITUACIONES CLÍNICAS URGENTES <b>TRAUMATISMO , HEMORRAGIA</b>		MARQUE 
<b>TRAUMATISMO</b>	Avulsión dentaria (expulsión total del diente fuera del alveolo)	
	Luxación severa que dificulta el cierre de la boca (riesgo de ingestión del diente)	
	Exposición pulpar con dolor intenso	
	Herida en boca que requiere sutura	
	Traumatismo con sospecha de fractura mandibular	
<b>HEMORRAGIA</b>	Paciente mayor , solo, dependiente, con riesgo de que no siga las indicaciones que le damos	
	Hemorragia que persiste sin mejoría después de 20 minutos de compresión	
	Paciente con hemorragia y bajo tratamiento anticoagulante o riesgo de complicación sistémica	

Table 10: Severity criteria for screening for trauma or hemorrhage