

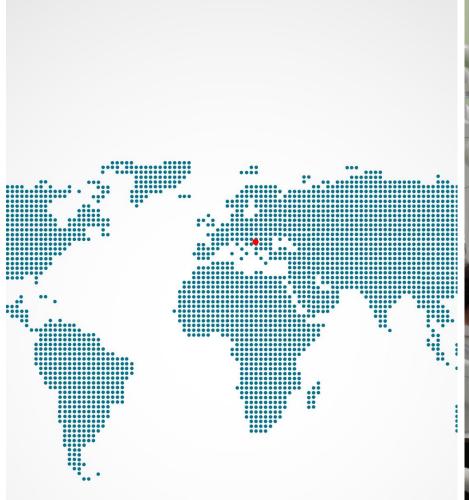


Personal Protective Equipment (PPE)

Moderator: Dr. Eduardo Alcaino (Australia)

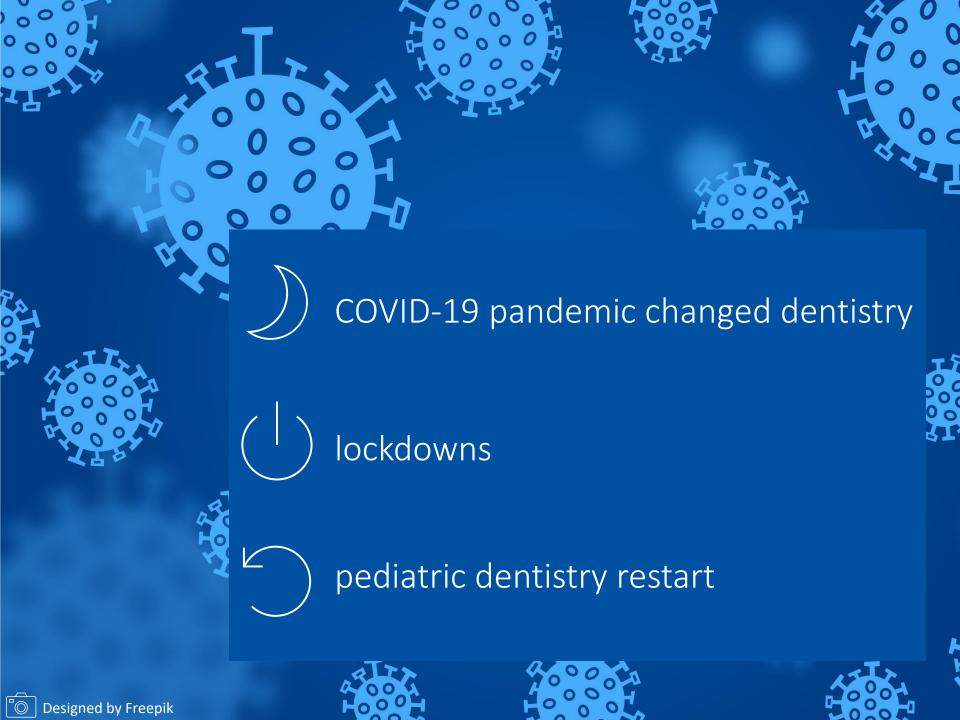
Presenters: Dr. Ana Vukovic (Serbia)

Dr. Luciane Costa (Brazil)



Pediatric Dentist, Attending Assistant Lecturer







Providing adequate information

addressing important parameters

Preventing droplet transmission

Organisation of the dental clinic

Preventing contact transmission

Dental treatment

Personal protective equipment

Self-monitoring health professionals

Return to work after COVID-19

People with long-term conditions

Changes in Oral Pathology

Incubation and recovery period

Symptoms

Patient groups

Diagnosis

At-risk professionals

Transmission

Hand hygiene

Telephone triage



Dentists are amongst health professionals most at risk

Wuhan experience

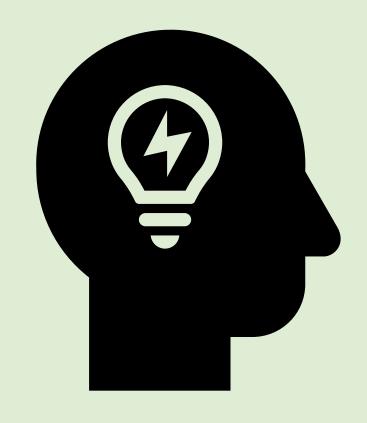
The average attack rate in

health professionals: **144.7** per 10⁶ people

general population 41.7 per 10⁶ people

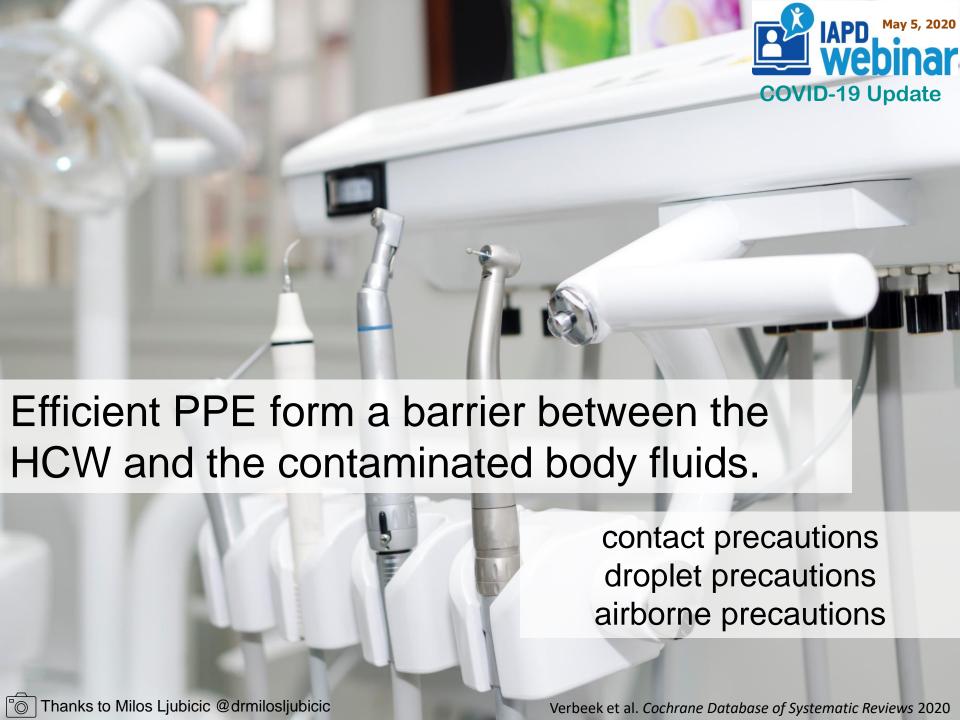
Wang et al. JAMA, 2020





THE ROLE OF DENTAL PROFESSIONALS

Can we do anythnig?

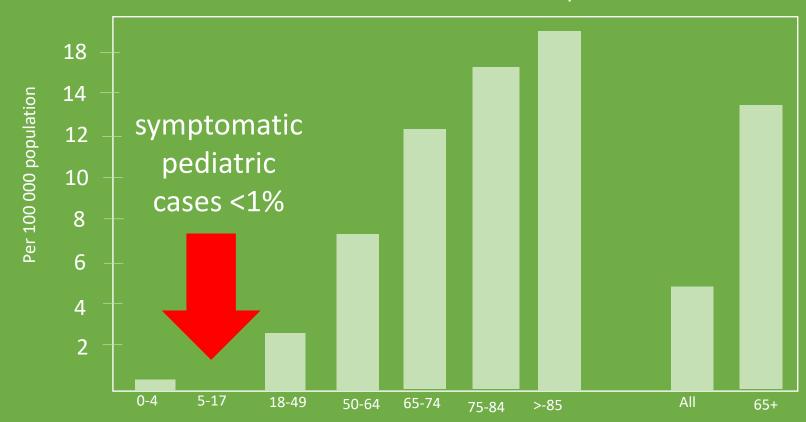


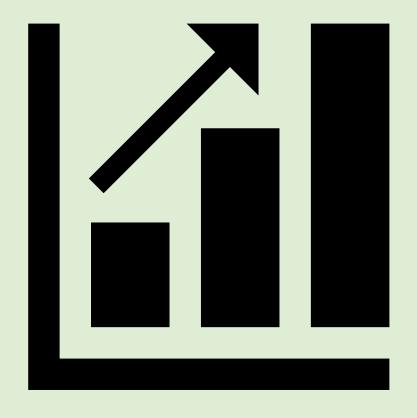
"As more advanced PPE is advocated for healthcare professionals caring for COVID-19 patients, then should this level of protection be used for all patients if transmission can occur from asymptomatic patients?"



Coulthard P. BDJ 2020

Hospitalization Rates and Characteristics of Patients Hospitalized with Laboratory-Confirmed Coronavirus Disease 2019, COVID-NET, 14 states March,4-30, 2020, MMWR April 8, 2020





HIGH RESOURCE SETTING

How to protect ourselves, staff and patients?



Recommendations for COVID-19 PPE

Low risk: gloves, masks, goggles or face shields, and long-sleeved gowns

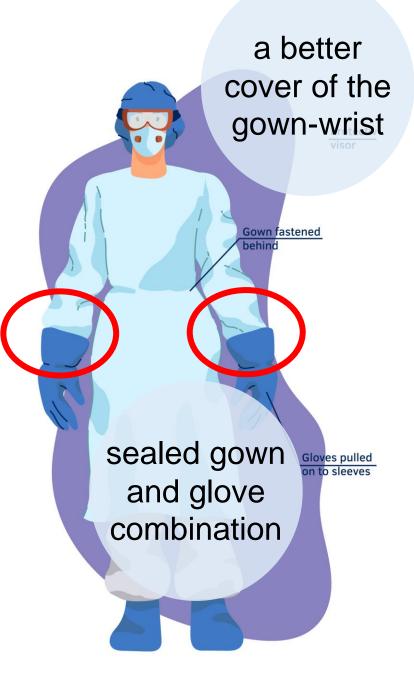
High risk/AGPs: + N95 (FFP2) respirators or FFP3.

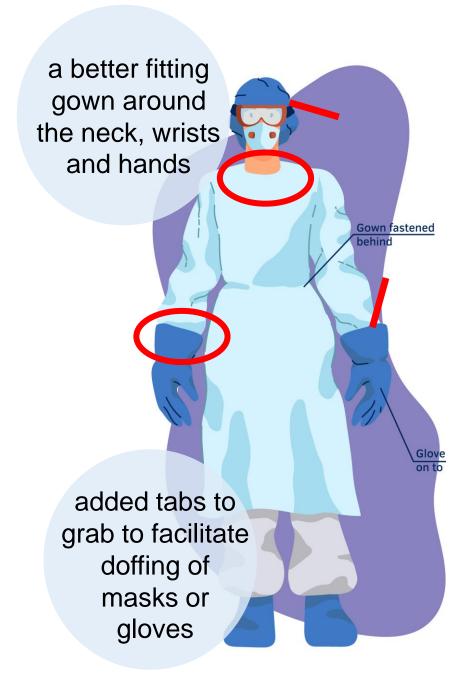


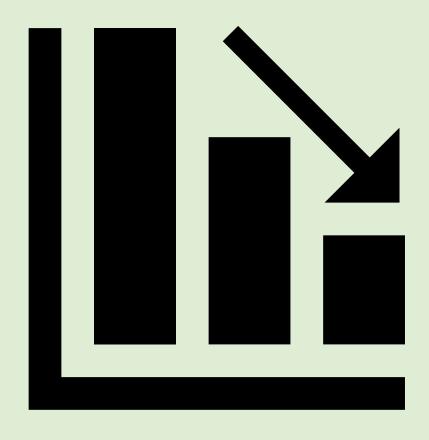
Verbeek et al. Cochrane Database of Systematic Reviews 2020











LOW RESOURCE SETTING

How to protect ourselves, staff and patients?

Optimization strategies for PPE

USE RE-USABLE PPE that can be reprocessed.

Use PPE beyond the manufacturerdesignated shelf life for patient care activities.

Use **engineering controls**: barriers and maintained ventilation systems

Use administrative controls: altering work practices to minimize patient contacts

CANCEL ELECTIVE AND NON-URGENT PROCEDURES.

EXTEND USE of respirators, facemasks, and eye protection, beyond a single patient contact.

PRIORITIZING

This could include reserving sterile gowns and gloves for urgent sterile patient procedures, such as surgery, and reserving respirators for aerosol-generating procedures

Low resources setting



Recommended PPE in dental practice

Prof. Zhuan Bian, Are Health Care Workers in Dental Practice at Higher Risk of COVID-10 Infection

Meng et Li. Chin J Stom, 2020

									A	pril 2020
	•						00			
Hand hygiene	Surgical mask	N95 mask	Face shield	Goggles	Gloves	Work clothes	Isolat. Gown	Protective clothing	Сар	Shoe cover

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	Hand hygiene	Surgical mask	N95 mask	Face shield	Goggles	Gloves	Work clothes	Isolat. Gown	Protective clothing	Ca
Triage			X	0	0	0	•	X	X	
Oral examination/					9 61	70				0,

AGP

Suspected or

Designed by Freepik

confirmed COVID-19

patient

Triage	②	②	X	0	0	0	0	X	X	•	X
Oral examination/			0					`\\	\$		0

maye			X		O			(X)	X	X
Oral examination/ Low risk	0	Ø	0	0	•	Ø	②	X	X	0

Waste/Cleaning recommended **Y** not recommended O optional



ANY PPE THAT IS TORN, DAMAGED, OR WET MUST BE DISCARDED IMMEDIATELY AND NOT RE-USED.

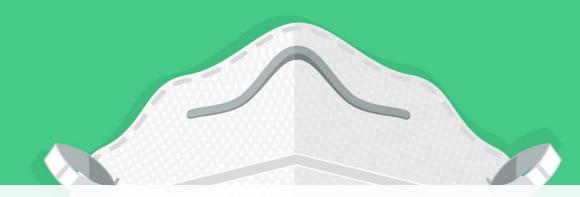
Disposable gowns **should** be discarded after use.

Cloth gowns should be laundered after each use.

Change between street clothes and scrubs upon entry and exit.

Discard PPE used during an aerosol generating procedure.

MASK REUSE METHOD #1



When **reusing N95 masks**, leave a used respirator in dry, atmosphere air for 3-4 days to dry it out, the virus will not survive.

Take four N95 masks, and number them (#1-4).

On day 1, use mask #1, then let it dry it out for 3-4 days.

On day 2, use mask #2, then let it dry out for 3-4 days.

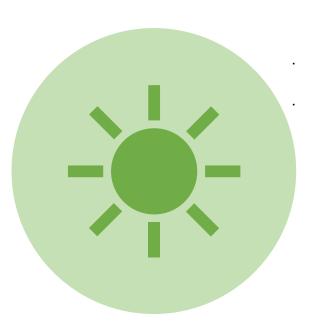
Same for day 3, and day 4...



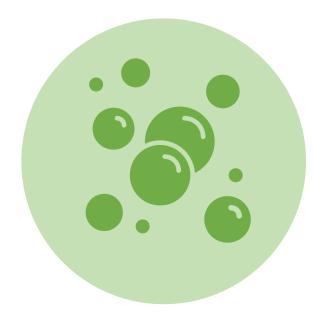


You can also sterilize the N95 mask by hanging it in the oven (without contacting metal) at 70C (158F) for 30 minutes—it is reported that COVID-19 cannot survive at 65C (149F) for 30 minutes.

Use a wood clip to hang the respirator in the kitchen oven to do the sterilization.







Keep N95 masks away from UV light / sunlight Do not re-use an N95 or facemask that becomes difficult to breathe through

If the mask is soiled, damaged, discard

SEQUENCE FOR PUTTING ON PPE

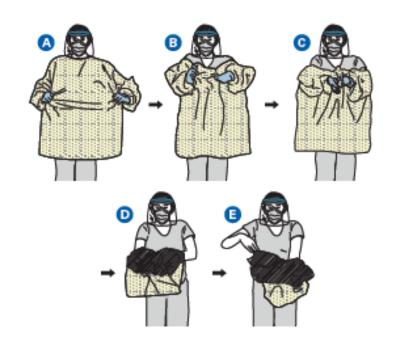
Face-to-face training, computer simulation and video training led to fewer errors in PPE removal than training delivered as written material only or a traditional lecture.

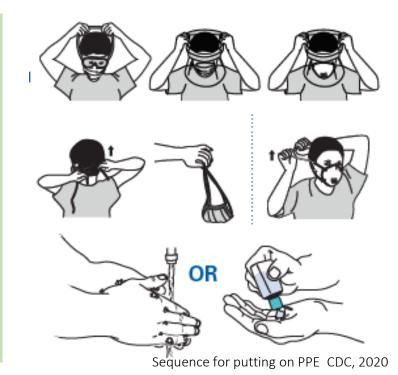


HOW TO SAFELY REMOVE PPE

Mask removal is outside the treatment room!

Removing gown and gloves in one step, using two pairs of gloves, and cleaning gloves with bleach or disinfectant (but not alcohol) may also reduce contamination.



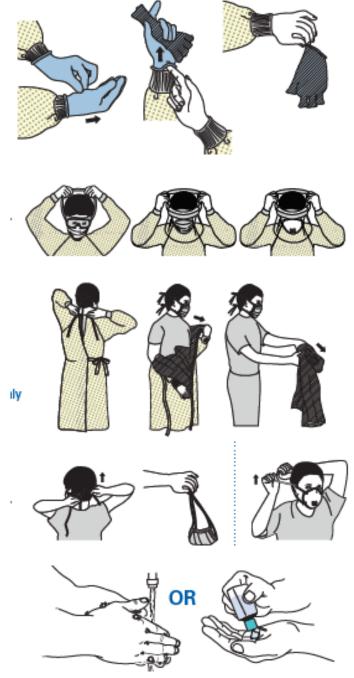


HOW TO SAFELY REMOVE PPE

ANY PPE THAT IS TORN, DAMAGED, OR WET MUST BE DISCARDED IMMEDIATELY AND NOT RE-USED.

Removing gown and gloves in two steps.

Mask removal is outside the treatment room!



Sequence for putting on PPE CDC, 2020

- Limit paperwork in the operatory as much as possible.
- If using paper charting, cover with clear barrier so you may read what is needed for appointment.
- Place new chart notes into document away from patient contact area when possible.
- Cover keyboard of computer with disposable, flexible, clear barrier (e.g. plastic wrap) and change between

patients.



COVID-19 CHANGED DENTISTRY

What is "new normal"?



STAY HOME A STAY HEALTHY H

Tips from the International Association of Paediatric Dentistry









Healthy eating habits prevent cavities and promote a healthier childhood.

STAY HOME A STAY HEALTHY Y

Tips from the International Association of Paediatric Dentistry



















BRUSH or SUPERVISE according to your child NEEDS and AGE.

For details visit: http://www.iapdworld.org

THANK YOU FOR YOUR ATTENTION!

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