



Infection Control Procedures during Covid-19 Pandemic in Misrata Dental Offices

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INTRODUCTION

The corona virus (COVID-19) pandemic has disturbed many socio-economical and healthcare aspects across the world. This virus can be transmitted by symptomatic and asymptomatic individuals through saliva and contact. Due to its airborne transmission, aerosols created by natural activities and during dental treatment of infected individuals have become a potential vehicle of transmission and threat. Following infection control principles and measures is a moral obligation of dental healthcare workers. Infection control is important in dentistry because patient saliva may be contaminated with oral commensals and opportunistic pathogens. Due to the nature of the dental procedures, exposure to the blood and saliva aerosols is unavoidable. In a dental practice the dentist, dental assistant, instrument processing and administration staff, as well as the patients are at risk of transmission of infections. Dental laboratory staff members are also at risk due to the cross contamination between the clinic and the laboratory. In addition, it can be extended to their families if the infection control measures are not taken correctly. Therefore, infection control measures have been recommended by the CDC and countries across the globe have drawn up individual country specific guidelines. What has changed in the infection control in dental practice during the present pandemic? This question is the goal of our study as well as evaluation of standard infection control measurement.



METHODS & MATERIAL

This study is continue work to previous studies that I have done. Electronic Questionnaires were sent to various dental specialists included dentists, dental assistants, dental technicians and administrative staff in a city of Misrata, Libya (n=54).

Questionnaires were designed to obtain information about infection control inspection that used to prevent cross-infection in Misrata city and the changes that modified to it during covid- 19 pandemic. These questionnaires included data on demographic characteristics, knowledge, awareness, and practice of infection control procedures, type of sterilization, use personal protective manners as well as infection control

METHODS AND MATERIAL (con.)

measurements during Covid-19. Questionnaire data was entered into a computer and analyzed by statistical software (SPSS). The accuracy of input data was verified by entering it twice with subsequent comparison of two data sets. There was no defects or deficiencies were found in the data.

RESULTS

Questionnaire Item	N(%)
Specialty	
Dentist	42(77.8)
Dental Technician	5 (9.3)
Administrator	2(3.7)
Dental Assistant	2(3.7)
Unknown	3(5.6)
Are there questions about Corona's symptoms asked to the patient when he/she comes to the clinic?	
Yes	38(70.4)
No	15(27.8)
No Answer	1(1.9)
Is the patient's temperature measured when entering the clinic?	
Yes	17 (31.5)
No	34 (63)
No Answer	3(5.6)
Do safe distance standards apply in waiting rooms?	
Yes	29(53.7)
No	24(44.4)
No Answer	1(1.9)
Are hand sanitizers provided to patients when they enter waiting room?	
Yes	42(77.8)
No	10(18.5)
No Answer	2(3.7)
Are patients committed to wearing masks in waiting rooms until they enter the treatment room?	
Yes	31(57.4)
No	21(38.9)
No Answer	2(3.7)
Is the patient asked to rinse his/her mouth when sitting in the chair and taking off his mask before starting treatment?	
Yes	24(44.4)
No	28(51.9)
No Answer	2(3.7)

CONCLUSION

A modified infection prevention will protect the dentists, assistant and staff, patients and the community. During the pandemic, drastic measures and universal awareness are necessary. In addition, intensive educated courses have to be done obligatory every year to all dental staff to be aware of the seriousness and the importance of the infection control particularly during Covid-19 pandemic.

REFERENCES

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