

Oral Health Professionals and Corona Virus Disease-19: Roles, Responsibilities and Realisations

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ABSTRACT

As per the posts and memes that appeared in social media, the role of oral health professionals appeared quite controversial during this COVID-19 pandemic. Though dentistry is classified as high risk health care profession in this pandemic, we can still be of great help to our medical fraternity on and behind the scene. Besides providing emergency dental treatment, there are many ways we can modify our roles and deploy for this global pandemic realising our responsibilities and limitations.

Keywords: Corona virus disease-19; dentistry; oral health professionals.

Impact of COVID-19 on oral health

With the global spread of SARS-CoV-2, many countries including Nepal have ordered for lockdown to control transmission of the disease, thus providing only essential services including emergency health services. As most of the oral health related problems are non-emergency, this refers that the people have to depend on teledentistry or bear the mild condition otherwise life threatening. Patient has to miss the regular follow-up or depend upon the self-potential to share the symptoms verbally and get managed by so. In case of emergency or acute oral conditions, unavailability of the proper transport and fear of getting the infection have given psychological stress to the people. These will certainly affect the oral health related quality of life.

Challenges faced by Oral Health Professionals (OHPs)

With the widespread transmission of SARS-CoV-2 and reported cases of spread to health professionals,

OHPs are at high risk for nosocomial infections and can be a potential carrier.¹ These risks are due to the unique nature of dental interventions like, working zone in the proximity of oral cavity and the dental procedures being aerosol generative. Also with minor breach in taking adequate precautions, there will be higher chances of cross contamination.²

Since all the infected patients won't be symptomatic and with the growing scenario of stigmatism, patient being reluctant in sharing any travel history or history of cough, there will be higher chances of doing elective procedures in these patients.³ As studies have shown the presence of SARS-CoV-2 in secretory saliva, there are higher chances of nosocomial spread in dental office setting via aerosol or contact and cross contamination.^{4,5} Also with increasing cases of COVID-19, shortage of Personal Protective Equipment (PPE) acts as the major roadblock in managing any dental emergency. All these events lead to the economic crises to the private practitioners, ultimately affecting their quality of life.

Possible roles of oral health professionals in this pandemic

Driven by the different posts and memes displayed on various social media, it is high time we OHPs define our role at this medical emergency. Being one among health care professionals and knowing the basics of medicine, we can be a great helping hand to our medical fraternity. Creating public awareness and teaching and training for basic hand hygiene, respiratory hygiene and social distancing measures are within the scope of OHPs. Screening of general patients and visitors with COVID-19 questionnaire and reaching out to community for mass screening programs can be done by OHPs with no difficulty. We can easily be the frontliners at medical help desk (after simple orientation) if not to isolation wards. Getting trained on donning and doffing of PPE and preparing for future outbreak is quiet a responsible task. Deciding, designing and developing locally made PPE meeting standard level is yet another area where we can explore. OHPs as a member of “Rapid Response Team” can definitely handle administrative responsibilities. Since routine dental care has been suspended, providing emergency dental care is with strict personal protection and measures to reduce and avoid production of droplets and aerosols has always been our utmost responsibility.

Way forward

Every healthcare system has a moral obligation to care for their patients and the primary moral response is to save lives.⁶ There is an urgent need for organised emergency dental care delivery with appropriate PPE. Since intraoral X-ray techniques are associated with stimulation of saliva secretion and gag reflex, extraoral techniques like panoramic radiography and cone beam computed tomography are preferred, if at all needed.² We should not underestimate the risk of OHPs being positive for COVID-19 and potentially infecting patients attending emergency dental services. OHPs should and will be experiencing deployment to new roles while fighting against this pandemic. Testing for COVID-19 in OHPs should be undertaken with the same high priority as that of medical healthcare workers in hospitals.⁷ We must support each other in our professional family and also look out for our mental health and wellbeing, and that of each other.⁸ Proactive and preventive actions need to be established as mainstay protocol to hold the spread of the virus.⁷ Although most of the public attention is focusing on the direct causes and control measures of COVID-19, possible health consequences resulting from people’s fear of it and getting stigmatised should not be overlooked.

JNDA

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