

## Expected Return on Activities and Changes in Dental Care with COVID-19

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Dear Editor,

The novel coronavirus (COVID-19) has been spreading daily all over the world. Currently, more than 17,106,007 cases were positive for COVID-19 worldwide and 668,910 deaths (<https://who.sprinklr.com>). Besides that, few is known about this virus and what the real damage it can cause. The COVID-19 was identified in the saliva of infected patients, and this fluid can be pivotal in the transmission between humans. As a thought for dental clinics, many droplets and aerosols from saliva are expected, so that dental schools were closed, and dental clinics have been advised to maintain only urgency services around the world.

However, even after returning from activities, we will need to be very careful. Analysis of the Covid-19 transmission projections will possibly require intermittent or prolonged isolation and social distancing measures until 2022 in the absence of an effective preventive measure. Even in periods of apparent pandemic control, monitoring must be maintained since the risk of a resurgence of new waves of spread and contamination may be possible until 2024 [1]. For this, the guideline below can be followed for reducing the exposition to COVID-19 in dental clinics:

- 1) Electronic apps and social media could be available to patients to initial screen patients, as recently described in oral medicine [2].
- 2) The consultation could be scheduled so as not to accumulate people in the waiting room, in addition to recommending patients to come to the consultation alone, if possible.
- 3) A container with 0.1% sodium hypochlorite can be used for patients and professionals to step on their shoes before entering the clinic, in addition to washing their hands or applying alcohol gel 62-71%.

- 4) After the patient come to the clinic, take temperature readings and have a rinse with 1% hydrogen peroxide or 0.2% povidone is recommended before each appointment. Chlorhexidine may not be effective [3].
- 5) Use personal protective equipment: masks, gloves, caps, lab coats, and shoe cover.
- 6) Autoclaving all instruments after each patient, including handpieces.
- 7) Keep the clinic room always clean, including door handles, chairs, and bathrooms. The surface disinfection procedures recommend the use of 62-71% ethanol, 0.5% hydrogen peroxide, or 0.1% sodium hypochlorite within 1 minute. Other biocidal agents such as 0.05-0.2% benzalkonium chloride or 0.02% chlorhexidine digluconate are less effective [4].

This simplified guide can help dental professionals and dental course coordinators to apply in their clinics, avoiding contagion and the contamination of the patients and other professionals at this moment and the return of activities.

### References

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