



GUIDELINE for DENTAL EDUCATION under COVID-19 situation

Part 3: Clinical Skill Training

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Background

Dental education can be broadly divided into 3 parts. Lecture/tutorials and PBL interaction, simulated training courses, and clinical skill training experiences. Due to the recent novel coronavirus pandemic around the world, many dental schools and universities have been forced into locked down. During this pandemic, most of the lectures are facilitated online to further the learning progression of dental students. Throughout most of the Asia Pacific region, the simulated training and clinical skill training courses for students was halted. For the purposes of exchanging information and experiences to enhance those educational courses which are of the utmost importance to Dental Education, it was deemed necessary to formulate a clear set of COVID-19 guidelines. This has been done to safely facilitate simulated training courses and clinical training courses as well as those lecture courses under the current pandemic situation.

Part 3 of these guidelines focuses on clinical skill training courses in dentistry and summarizes the ADEAP's recommendations for the reopening of dental clinics and the undertaking of clinical skill training courses in dentistry under the COVID-19 pandemic situation. These guidelines are summarized to ensure the safety of students and teaching staff. The ADEAP will continue to update these guidelines as new information becomes available.

NOTICE:

These guidelines should be considered safe to use, only when the number of COVID-19 epidemic cases has been significantly reduced or in other words "the epidemiological curve" has flattened in the respective jurisdiction. The criteria for lifting restrictions on activities should be in accordance with national guidelines for each jurisdiction/country.

The national guidelines for each jurisdiction/country take priority in clinical criteria for COVID-19.

Guidelines

General:

1. The teaching hospital must take steps to avoid students being kept for long periods in enclosed spaces with poor ventilation. Staff and students should avoid crowded areas where significant numbers of people are in close proximity, when implementing clinical skill training courses.
2. Thorough disinfection of, equipment, contact points or areas (doorknobs, elevator buttons, etc.) must be done on a regular basis throughout the day. If possible, refrain from using the elevator to avoid the confined space and take the stairs to clinics if required.
3. Hand sanitization is mandatory for students and teaching staff, upon arrival at school, before/after learning activities and upon returning home. Hand sanitization should be either of the following. If hands are visibly dirty, they should be washed thoroughly with soap and water for more than 30 seconds. Hands should then be wiped dry, ideally with a paper towel.
4. Hand sanitization can also be achieved by a locally approved hand sanitization lotion or foam. This should be provided for use in all learning spaces and is ideally used when the individual's hands show no visible signs of "dirt".
5. After hand sanitization or disinfection, students and staff should avoid touching their face and head to prevent recontamination.
6. A face mask should be worn at all times when in the hospital, university and in public. Always maintain a safe physical distance (at least 1.5 meters) between individuals if possible.
7. Appropriate management of study hours or working hours when treating patients should be monitored to keep in door study and patient contact to a minimum.
8. The student clinic should be ventilated regularly.
 - a. If the room is mechanically ventilated (air conditioning system, mechanical ventilation system), the ventilation system should be in constant operation. Ventilation value should be more than 30 m³ per person per hour.
 - b. If the student clinic does not have a ventilation system, ventilate the room by opening the window fully at least once every 30 minutes for at least 5 minutes.
9. Prior to entry into the teaching hospital, staff and students must have their body temperature checked. Should their body temperature exceed 37.3 degrees, the student will be asked to wait, rest and then their temperature will be retaken. If once again they have a body temperature the exceeds 37.3 degrees, they should be sent for COVID-19 testing.

10. Students and staffs must self-assess their health status daily for COVID-19 related symptoms (Annex 1). These results should be reported to the faculty member in charge in the event any COVID-19 signs or symptoms present themselves. The student should proceed for COVID-19 testing and self-isolate until a result has been determined.
11. Those who have even the slightest of symptoms, must work from home and not attend the school for any educational engagements.
12. A pre-diagnosis and triage system should be established in the teaching hospital setting to screen febrile patients.¹
13. The clinics should be cleaned by wiping floors with 500 mg/L chlorine disinfectant twice daily.
14. The schools and teaching hospitals should create and maintain an attendance register with emergency contact details for each student and staff member to facilitate “contact tracing”, should the need arise.
15. Avoid public transportation (trains, buses, taxis, etc.) as much as possible and actively use methods that do not involve the use of public transportation (bicycle commuting, walking, etc.).
 - a. When using public transportation, wear a mask and suppress unnecessary conversation. If possible, change clothes when entering dental /teaching hospital.
 - b. If possible, carry hand sanitizer. Hands should be sanitized before and after using public transport or when deemed appropriate.
16. Comply with all local legal, environmental, and administrative health protocols.
17. The content of clinical skill training course must meet the minimum requirement of each school and the registration authority for each country.

Before entering the teaching hospital and student’s clinic:

1. Before entering the teaching hospital, students and patients should be screened for COVID-19 by answering the screening questionnaire (Annex 1) and triage. Students and patients who have a fever (>37.3 °C) or symptoms listed at Annex 1, or have had close contact with a confirmed or probable case of COVID-19, or travelled overseas or from high risk jurisdiction within the last 14 days cannot enter the teaching hospital, and these students and patients should be referred to the closest COVID-19 screening facility for testing.
2. Ideally, students/staff and patients should enter the teaching hospital through separate entrances.

¹ Telephone triage all patients in need of dental care. Assess the patient’s dental condition and determine whether the patient needs to be seen in the dental setting. Use “teledentistry” options as alternatives to in-office care.

3. The entrance and exit of the hospital should be monitored to ensure entering students/staff do not come into close contact with exiting individuals and patients, prior to being screened for COVID-19.
4. Before entering the teaching hospital, students should perform hand hygiene (alcohol-based hand rub or hand washing).
5. Students should put on personal protective equipment (PPE) such as medical gowns, N95 grade respirators or masks, goggles, face shield and gloves) in the dedicated changing room of the hospital. In the changing rooms, it is essential to limit the student numbers to maintain safe physical distancing.
6. For teaching staff, please follow the specific guidelines of infection control for their respective university and jurisdiction.

During the Clinical Skill Training Session:

1. The workstation e.g. unit and equipment that will be used during the session will need to be wiped down with alcohol/effective sanitizer before each session commences.
2. In the clinic, it is essential to limit the student numbers and patient numbers to facilitate safe physical distancing.
3. The materials and equipment to be used for each patient appointment, should be available, easily accessible and protected from aerosol contamination.
4. The physical distance between students / between students and staff members should be ideally maintained at least 1.5 meters. Seats must be at least 1.5 meters apart.
5. Schools and teaching hospitals should mark the available areas, seats, line of movement etc., in a way that is easily understood by students, staff, and patients to maintain safe physical distancing.
6. Always maintain the safe physical distance, with no moving around the clinic during the session, unless directed to do so by a staff member.
7. All students and staff must wear PPE (medical gowns, N95 grade respirators or masks, goggles, face shield and gloves) always during the session. If N95 grade respirators or masks are not available, use both a dental (surgical) mask and a full-face shield. No more than four (4) hours of wear of any one mask shall be allowed. Respirators or masks should be changed more frequently if it becomes wet.
8. Before treatment, patients should gargle with a mouthwash containing effective antiseptics such as povidone-iodine (1%), cetylpyridium chloride (0.05% to 0.10%) essential oil components, or chlorhexidine digluconate (0.12% to 0.2%) to reduce the number microorganisms in the oral cavity during the course of treatment.
9. If possible, use disposable instruments and supplies for patient treatment.
10. If any of the PPE materials (medical gowns, N95 respirators or masks, goggles, face

shield and gloves) are contaminated with blood, bodily fluids, or secretions during the treatment, they should be replaced or disinfected immediately as appropriate.

11. Masks, goggles, face shields, and any other PPE item that is being exposed to heavy aerosol contamination should not be touched during treatment.
12. Frequent saliva aspiration with a vacuum or de-saliva tube can reduce the production of droplets and aerosols during the treatment. When using a de-saliva tube, avoid simultaneous use of a vacuum to prevent cross infection due to reflux.^{2,3}
13. If a student/patient feels unwell during treatment, a staff member must be notified. Their temperature will be retaken, and the screening questions will be asked again. If the retaken temperature exceeds 37.3 degrees and/or “Yes” is answered to any of the screening questions, the student or patient will be sent for COVID-19 testing. The remainder of the students who were working within a close vicinity will be sent home for self-quarantine immediately. If there is a confirmed positive COVID-19 test result the use of the contact tracing register will be used to locate any individuals who may have come into contact with the infected person and they will be advised to proceed for testing.

Completion the clinical skill training session:

1. All student contacted surfaces and equipment must be wiped with alcohol or an effective sanitizer.
2. Remove and dispose of the medical gowns, surgical masks, and gloves.
3. All staff and students must undertake hand hygiene i.e. wash hands with soap and water or use an alcohol-based hand rub, before leaving the student’s clinic.⁴
4. After use, disinfect the goggles and face shield with 75% ethanol and dry them thoroughly before reuse.
5. Finally, after patient treatment has been completed, and the students clinical session as been completed they should go to their changing room, observing physical distancing, change clothes, put on a new face mask, and leave the teaching hospital immediately.
This may vary from jurisdiction to jurisdiction.

² Avoid aerosol-generating procedures whenever possible. Avoid the use of dental handpieces and the air/water syringe. Use of ultrasonic scalers is not recommended. Prioritize minimally invasive/atraumatic restorative techniques (hand instruments only).

³ If aerosol-generating procedures are necessary for dental care, use four-handed dentistry, high evacuation suction and dental dams to minimize droplet spatter and aerosols. The number of DHCP present during the procedure should be limited to only those essential for patient care and procedure support.

⁴ Hand hygiene after removing PPE is particularly important to remove any pathogens that might have been transferred to bare hands during the removal process.

Annex 1: COVID-19 Screening Questions

Name () Grade () Student ID no. ()

Have your body temperature checked then circle your response to the following questions before entering the hospital, school building, or classroom/simulation clinic/clinic.

If you answer “Yes” to the following questions or have a temperature above 37.3 degrees, speak to a staff member immediately for directions and advice.

Body temperature	°C
Do you have cough?	Yes / No
Do you have shortness of breath?	Yes / No
Do you have sputum?	Yes / No
Do you have sore throat?	Yes / No
Do you currently experience a loss of smell or taste?	Yes / No
Do you have runny nose?	Yes / No
Do you have muscle aches?	Yes / No
Do you have headaches?	Yes / No
Do you have diarrhea or nausea?	Yes / No
To the best of your knowledge, have you had close contact with a confirmed or probable case of COVID-19 within the last 14 days?	Yes / No
Have you travelled overseas or from a high-risk jurisdiction within the last 14 days?	Yes / No

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