

MDA Contingency Plans COVID-19 during Movement Control Order

Dear Esteemed Members,

As we are all very well aware, our nation combatting the COVID-19 outbreak that has been declared pandemic by World Health Organization (WHO). All have an important role to play to ensure that this outbreak is controlled quickly and effectively. As dental practitioners, we too, are not relieved from this responsibility. In fact, as part of the healthcare system that deals, most of time, directly at oral cavity with most of our treatment being aerosol producing procedures, we need to re - look at our routine daily procedures and explore the possibility to modify our practices in this difficult time. Our Right Honourable Prime Minister, Tan Sri Muhyiddin Yassin, has announced to the nation on the Movement Control Order being imposed from 18th March 2020 till 14th April 2020. As part of the healthcare system (classified as essential services), private dental clinics can continue to operate. Malaysian Dental Association proposed the following measures / precautions to be observed:

1. **Reduce their workload** by only seeing emergency cases. Patients need to be informed early. All cases should be by appointments only if possible.
2. **Avoid overcrowding** the waiting area. Practice social-distancing (at least 1m apart)
3. Even in the event of an emergency, it is preferable to call the clinic on the appropriate time to come in advance.
4. **Avoid or limit aerosol generating procedures**, and the **mandatory use of high volume suction**, with **personal protective equipment (PPE)**. **Dentists and assistants should be adequately protected from water droplets with facemasks, faceshields or goggles, headcovers, and gloved.**
5. Any non-emergency or elective cases need to be rescheduled.
6. Patients should be screened as per our previous advisories by filling up the health declaration form before being seated at the waiting area or entry into the surgical room for treatment.
7. Adhere to the Codes of Professional Conduct when rejecting patients or refusing treatments.
8. Cutting tools and instruments must be autoclaved and equipment surfaces disinfected before and after each patient. The dental chair and surrounding surfaces must be disinfected and left for 10 minutes before and after each patient.
9. Suggested pre-operative antimicrobial mouth – rinse include the use of 1% hydrogen peroxide¹, or 0.2% povidone^{1,2}. Although other antimicrobial mouth-rinses such as 0.12% or 0.2% Chlorhexidine were suggested^{3,4}, some claimed that chlorhexidine may not be effective to kill 2019-nCoV¹
 1. Peng et. al. 2020. Transmission routes of 2019-nCoV and controls in dental practice. *International Journal of Oral Science* 12:9
 2. Maren et. al. 2018. In vitro bactericidal and virucidal efficacy of Povidone Iodine gargle / mouthwash against respiratory and oral tract pathogens. *Infect Dis Ther* 7: 249-259
 3. Kohn et. al. 2003. Centers for Disease Control and Prevention. Guidelines for infection control in dental health-care settings—2003. <https://www.cdc.gov/mmwr/preview/mmwrhtml/rr5217a1.htm>
 4. Marui et. al. 2019. Efficacy of preprocedural mouthrinses in the reduction of microorganisms in aerosol: a systematic review. *J Am Dent Assoc.* 150(12):1015–1026
10. All public areas of the clinic should be regularly disinfected 3-4 times a day.

MDA will continue to monitor and update on our advice on the situation as best as we can and if further directives are received from Health Authorities. We welcome any feedback and information from our members.

Serving Together With You,
President and Council of Malaysian Dental Association
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