



Republic of the Philippines  
Department of Health  
**OFFICE OF THE SECRETARY**

July 21, 2020

**DEPARTMENT MEMORANDUM**

No. 2020 - 0327

**TO : UNDERSECRETARIES AND ASSISTANT SECRETARIES OF HEALTH; DIRECTORS OF CENTERS FOR HEALTH DEVELOPMENT; EXECUTIVE DIRECTORS, AND CHIEFS OF HOSPITALS, MEDICAL CENTERS, INSTITUTES, SANITARIA AND INFIRMARIES, AND OTHER CONCERNED BUREAUS, SERVICES, UNITS AND OFFICES**

**SUBJECT : Interim Guidelines on the Management of Patients and Delivery of Oral Health Services During the Coronavirus Disease 2019 (COVID-19) Pandemic**

**I. BACKGROUND AND RATIONALE**

Coronavirus Disease 2019 (COVID-19) is an infectious disease caused by the SARS-CoV-2 virus. The World Health Organization (WHO) declared the COVID-19 as a global pandemic on 11 March 2020. This has resulted to the Philippines being placed under state of public health emergency and many areas being placed under different levels of community quarantine to halt the transmission of the COVID-19. Hence, the movement of individuals for accessing basic necessities and provision of essential health services has been restricted. Its impact on oral health has also been felt as almost all dental facilities and clinics have been completely closed or have been only providing minimal treatment for emergency cases. The closure of dental facilities at the primary level of care during the quarantine period has deprived patients in need of the required urgent dental care and may result to an increased burden on hospitals for emergency dental treatment. While health service delivery is focused towards COVID-19 response, continued provision of essential health service should be made available to prevent further increase of dental issues and concerns.

The Department of Health (DOH) recognizes the patients' needs for urgent dental management even during the COVID-19 outbreak. Global recommendations on the continuous provision of essential health services during the pandemic have been locally adopted and modified based on our local context through Department Circular 2020-0167 *Continuous Provision of Essential Health Services During the COVID-19 Epidemic* and Administrative Order No. 2020-0015 *Guidelines on the Risk-based Public Health Standards for COVID-19 Mitigation*. In line with this, these interim guidelines are hereby promulgated to provide guidance in the delivery of oral health services and management of close contacts, suspect, probable or confirmed COVID-19 cases, as well as non-COVID-19 patients, considering their existing conditions, needs, risks, and benefits, and in accordance with the minimum public health standards.

**II. GENERAL GUIDELINES**

1. Providers of health services must regularly evaluate and modify the extent of services provided and appropriate strategies adopted based on the community quarantine status of the provider’s location, severity of the patient’s condition, and patient’s COVID-19 status, among others.
2. All health facilities and providers of oral health services shall transition into the New Normal in accordance with Administrative Order 2020-0015 *Guidelines on the Risk-Based Public Health Standards for COVID-19 Mitigation* and Department Memorandum 2020-0268 *Interim Guidelines on Health Facilities in the New Normal*.
3. All oral health providers shall utilize telemedicine for home-based oral health promotion to reduce contact and potential transmission.

**III. SPECIFIC GUIDELINES**

**A. Infection Prevention and Control Strategies**

1. All oral health providers shall perform the following infection prevention and control measures based on Department Memorandum 2020-0072 *Interim Guidelines for 2019 Novel Coronavirus Acute Respiratory Disease (2019 nCoV ARD) Response in Hospitals and Other Health Facilities*:
  - a. Ensure triage, early recognition, and isolation of close contact, suspect, probable and confirmed COVID-19 patients (*See Section III-B Table 1– Triage Care Prioritization for Oral Health Services*);
  - b. Apply standard precautions for all patients, dentists, dental hygienists, dental assistants/aides, and other health care providers and dental personnel;
  - c. Implement empiric additional precautions (contact, droplet and airborne precautions for aerosol-generating procedures, if applicable) for close contact, suspect, probable and confirmed COVID-19 patients ;
  - d. Implement administrative controls, including use of personal protective equipment, based on Department Memorandum 2020-0176 *Interim Guidelines on the Rational Use of PPE for COVID-2019* and Department Memorandum 2020-0197 *Interim Guidelines on the Optimal Use of PPE during Severe Shortage of Supplies (See Annex A and Annex B)*;
  - e. Use environmental and engineering controls based on Department Memorandum 2020-0208 *Interim Guidelines on Enhancing the Infection Prevention and Control Measures through Engineering and Environment Controls in All Health Facilities and Temporary Treatment and Monitoring Facilities during the COVID 19 Pandemic* and Department Memorandum 2020-0268 *Interim Guidelines on Health Facilities in the New Normal (See Annex A)*.

**B. Screening, Clinical Triage, and Early Recognition of COVID-19**

TABLE 1 – TRIAGE CARE PRIORITIZATION FOR ORAL HEALTH SERVICES		
EMERGENT/DENTAL EMERGENCIES	URGENT	NON-URGENT / ELECTIVE
<ul style="list-style-type: none"> <li>• Swelling of the face, neck or mouth</li> <li>• Dental trauma causing change in the position of teeth, soft tissue damage and/or significant pain</li> <li>• Significant bleeding</li> <li>• Difficulty opening of the jaw and/or swallowing</li> </ul>	<ul style="list-style-type: none"> <li>• Patients with dental pain not causing loss of sleep</li> <li>• Missing or significantly damaged upper front teeth</li> <li>• Medically compromised patients or those at a higher risk of dental</li> </ul>	<ul style="list-style-type: none"> <li>• Patients not fitting the other categories with the following concerns:               <ul style="list-style-type: none"> <li>- Oral prophylaxis and scaling</li> <li>- Extractions</li> <li>- Loose teeth, broken or chipped tooth</li> <li>- Bleeding or sore gums</li> <li>- Crown and bridge, denture concerns</li> <li>- Ulcers</li> </ul> </li> </ul>



<ul style="list-style-type: none"> <li>• Referral from a specialist medical practitioner requiring life-saving medical care</li> <li>• Dental pain causing loss of sleep</li> <li>• Ulcer persisting for 3+ weeks</li> </ul>	<p>disease progression due to socioeconomic factors</p> <ul style="list-style-type: none"> <li>• Patient referred by a medical practitioner for timely care</li> </ul>	<ul style="list-style-type: none"> <li>- Clicking/grating in jaw joint</li> <li>- Halitosis</li> <li>• Patient requesting an examination without any of the other presenting concerns or characteristics</li> </ul>
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**C. Management of Oral Health Conditions of Asymptomatic, Close Contact, Probable, Suspect and Confirmed COVID-19 Cases (See Annex C)**

TABLE 2 – PROVISION OF ORAL HEALTH SERVICES IN RELATION TO CLASSIFICATION OF PATIENTS FOR COVID-19				
	*Case Definition			
	Asymptomatic, no contact, no exposure, no travel history	Contact	Probable or Suspect	Confirmed COVID-19 case
<b>Non-Urgent / Elective</b>	<ul style="list-style-type: none"> <li>• Treat patient</li> <li>• Standard, Droplet precautions</li> <li>• Use pre-procedural mouthwash</li> <li>• Use rubber dam for any ***AGPs</li> </ul>	<p>Defer treatment.</p> <p><i>Note: Schedule when New Normal is established. Resume oral health services with medical clearance and after prescribed quarantine period. Resumption of services is also dependent with the capacity of the health facility to provide for its patients.</i></p>		
<b>Urgent Care</b>	<ul style="list-style-type: none"> <li>• Treat patient</li> <li>• Standard, Droplet and Airborne precautions</li> <li>• Use pre-procedural mouthwash</li> <li>• Use rubber dam for any ***AGPs</li> </ul>	<p><u>Non-face-to-face consult</u></p> <ul style="list-style-type: none"> <li>• Pharmacologic Management (Antibiotics and Analgesics) – electronic prescription, tele-dentistry</li> <li>• Constant Telephone follow-up</li> </ul> <p><u>Treatment Requiring Procedure</u></p> <ul style="list-style-type: none"> <li>• Standard, Droplet precaution</li> </ul>		
<b>Emergent / Dental Emergencies</b>		<ul style="list-style-type: none"> <li>• Standard, Droplet precautions</li> <li>• Refer the patient to a hospital if the infection is causing airway compromise or trismus</li> </ul>	<ul style="list-style-type: none"> <li>• Provide Only **NAGP or with the use of a rubber dam for ***AGPs.</li> <li>• Use pre-procedural mouthwash</li> </ul>	<ul style="list-style-type: none"> <li>• Provide Only **NAGP or with the use of a rubber dam for ***AGPs.</li> <li>• Use pre-procedural mouthwash</li> <li>• Additional appropriate PPE</li> <li>• <b>See patient as last patient for the day, no other patient waiting</b></li> </ul>
		<ul style="list-style-type: none"> <li>• Standard, airborne precaution</li> <li>• Perform dental treatment in a Negative pressure room/Airborne infection isolation room</li> <li>• This is typically provided in a hospital by appropriately trained personnel/dental surgeon</li> </ul> <p><i>Note: In the absence of negative pressure room - it may be better to close the doors, open windows and have wider ventilations.</i></p>		

**\*For other Definition of Terms and Categories of Patients**

Refer to Administrative Order No. 2020-0013 Revised Administrative Order No. 2020-0012 Guidelines for the Inclusion of the Coronavirus Disease 2019 (COVID-19) in the List of Notifiable Diseases for Mandatory Reporting to the Department of Health and Department Memorandum No. 2020-0189 “Updated Guidelines on Contact Tracing of Close Contacts of Confirmed Coronavirus Disease (COVID-19) Cases” (See Annex A).

**\*\* Aerosol Generating Procedure (AGP)**

Dental procedures which generate misting of saliva outside the patients’ oral cavity are considered as AGP. Consequently, these procedures contaminate the entire operatory leaving fomites and some pathogens suspended in the air until after the procedure. In addition, procedures lasting for several minutes, such as tooth preparations, load the atmospheric environment of the operatory with high pathogenic count. While incessant crying is not a procedure, it however generates volumes of salivary droplets which could be aerosolized by coughing and vomiting. Manifestation of COVID-19 in children is mostly mild and they could be silent carriers of the virus. The following procedures are some examples of AGP: mouth rinsing, restoration and tooth preparation with the use of high & low speed dental hand pieces, use of three-way syringe, and removal of calcaral deposits using ultrasonic scalers and similar equipment.

**\*\*\* Non-Aerosol Generating Procedure (NAGP)**

All dental procedures which do not use air driven or powered instruments inside the oral cavity are considered as NAGP. Strict compliance with standard infection control procedures and droplet precautions must be exercised at all times to prevent contact with salivary fluids emanating from the patient. The following are some examples of NAGP: oral examination, extra-oral radiograph, atraumatic restorative treatment (ART), denture records taking, prosthodontic try-in, occlusal adjustments (extra-oral), fixed partial denture (FPD) try-in and cementation (no in mouth adjustment with hand piece), impression Taking and, uncomplicated extractions and tissue excision.

**D. Referral to Hospitals for Medical and Oral Maxillofacial Surgical Services**

For cases/dental emergencies that are potentially life threatening and require immediate treatment, these patients may be referred to a hospital for admission if the infection is causing airway compromise and/or severe trismus. These are provided in hospital settings by appropriately trained medical and dental personnel.

**E. Provision of Promotive and Preventive Oral Health Services**

In line with Administrative Order 2020-0016 *Minimum Health System Capacity Standards for COVID-19 Preparedness and Response Strategies*, the following are recommended preventive oral health services and dental interventions, in relation to health system capacity. (Refer to Table 3 - Risk-based actions for COVID-19 response across different pandemic phases and stages of transmission)

TABLE 3 – RISK-BASED ACTIONS FOR COVID-19 RESPONSE ACROSS DIFFERENT PANDEMIC PHASES AND STAGES OF TRANSMISSION		
	Oral Health Status	Actions for Delivery of Essential Preventive, Promotive and Curative Oral Health Services
Scenario 1 during Recognition Phase Stage 1 Zero Cases or importation	<ol style="list-style-type: none"> <li>1. Low incidence of active dental caries</li> <li>2. Low incidence of gum diseases</li> <li>3. Has moderate to high levels of oral health literacy</li> <li>4. Has low incidence of consumption of sugar-containing snacks or beverages per day among children and adults</li> <li>5. Low incidence of feeding bottle use among infants and children</li> <li>6. Low incidence of non-communicable diseases (e.g. diabetes, cancer, disabilities, etc.)</li> </ol>	<ol style="list-style-type: none"> <li>1. Provision of preventive oral health services:               <ol style="list-style-type: none"> <li>a. Oral health assessment</li> <li>b. Topical application of fluoride varnish</li> <li>c. Application of pit and fissure sealants</li> </ol> </li> <li>2. Provision of curative oral health services:               <ol style="list-style-type: none"> <li>a. Acute urgent care</li> <li>b. Pharmacologic management of dental pain and infections</li> <li>c. Assessment of oral mucosal lesions</li> <li>d. Referral to higher level facility of emergency cases</li> </ol> </li> <li>3. Oral Health promotion to include:</li> </ol>



	<ul style="list-style-type: none"> <li>7. Adequate access to oral health care products</li> <li>8. Adequate access to dental services</li> </ul>	<ul style="list-style-type: none"> <li>a. At least twice a year regular visit to RHU, barangay health center or dental clinic</li> <li>b. Promote proper and optimal infant and young child feeding (IYCF) practices, e.g. exclusive breastfeeding for six months, non-use of feeding bottles</li> <li>c. Counselling on avoidance of starchy and sugary food products, and intake of water instead of sweetened and sugary beverages for all age groups</li> <li>d. Supervised toothbrushing twice a day with fluoridated toothpaste for infants and young children in need of assistance</li> <li>e. Twice a day proper toothbrushing technique for older children, adolescents and adult population.</li> <li>f. Assisted toothbrushing for individuals with chronic and debilitating condition and disabilities</li> <li>g. Counsel on the age-appropriate use of dental floss</li> <li>h. Advocacy of non-tobacco and non-cigarette use</li> <li>i. Promote tobacco/cigarette smoke-free home and work environment</li> </ul>
<p><b>Scenario 2 during Recognition Phase</b></p> <p><b>Stage 1</b></p> <p>Zero Cases or importation</p>	<ul style="list-style-type: none"> <li>1. Low to moderate or moderate to high incidence of active dental</li> <li>2. Low to moderate or moderate to high of gum diseases</li> <li>3. Has low to moderate levels of oral health literacy</li> <li>4. Has moderate to high incidence of consumption of sugar-containing snacks or beverages per day among children and adults</li> <li>5. Moderate to high incidence of feeding bottle use among infants and children</li> <li>6. Moderate to high incidence of non-communicable diseases (e.g. diabetes, cancer, disabilities, etc.)</li> <li>7. Inadequate to poor levels of access to oral health care products</li> <li>8. Inadequate to poor levels of access to oral health services</li> </ul>	
<p><b>Scenario 3</b></p> <p>Initiation Phase</p> <p><b>STAGE 2</b></p> <p>LOCALIZED TRANSMISSION</p>	<p>1. <u>Health and nutrition staff are engaged in COVID-19 response, including dentist and dental clinic staff and personnel</u></p> <ul style="list-style-type: none"> <li>2. Low to moderate or moderate to high incidence of active dental caries</li> <li>3. Low to moderate or moderate to high of gum diseases</li> <li>4. Has low to moderate levels of oral health literacy</li> <li>5. Has moderate to high incidence of consumption of sugar-containing snacks or beverages per day among children and adults</li> <li>6. Moderate to high incidence of feeding bottle use among infants and children</li> <li>7. Moderate to high incidence of non-communicable diseases</li> <li>8. Inadequate to poor levels of access to oral health care products</li> <li>9. Inadequate to poor levels of access to oral health services</li> </ul>	<p>As routine immunization and other health services may be interrupted due to non-availability of health staff, continue the following:</p> <ul style="list-style-type: none"> <li>1. Provision of preventive oral health services: <ul style="list-style-type: none"> <li>a. Topical application of fluoride varnish in targeted high-risk infants and children through home visits</li> </ul> </li> <li>2. Provision of curative oral health services: <ul style="list-style-type: none"> <li>a. Pre-notified acute urgent care</li> <li>b. Pharmacologic management of dental pain and infections through electronic prescription or home visits</li> <li>c. Referral to higher level facility of emergency cases</li> </ul> </li> <li>3. Oral Health promotion is the same with Scenario 1 and Scenario 2, but through the use of social media cards, community-based announcements, mass SMS texting among barangay constituents, or home visits of public health dentists and members of the barangay health emergency team (BHERT), based on the Department of Interior and Local Government (DILG) Memorandum Circular No. 2020-023 <i>Amended Guide to Action Against the 2019 Novel Coronavirus Acute Respiratory Disease.</i></li> </ul>
<p><b>Scenario 4</b></p> <p>During Acceleration Phase</p>	<p>Regardless of oral health status and incidence of oral diseases of the local government unit: all health and nutrition staff, including public health dentists, other dental staff, and other</p>	<ul style="list-style-type: none"> <li>1. Visits to non-emergency concerns to primary health care facilities are suspended</li> <li>2. Household visits by the public health dentists and other oral health team, with members of the barangay health emergency response</li> </ul>



<p>STAGE 3</p> <p>COMMUNITY TRANSMISSION</p>	<p>health office personnel are engaged in COVID-19 response.</p>	<p>team (BHERT), with strict observance of infection prevention and control (IPC) measures, including use of appropriate PPE, are maximized to provide age-appropriate oral health service package:</p> <ol style="list-style-type: none"> <li>a. Oral health assessment of patients in need of urgent care or those referred for dental emergencies</li> <li>b. Prescription (or electronic prescription) in the pharmacologic management (analgesics and antibiotics) of dental conditions</li> <li>c. Emphasized oral health promotion on age-appropriate twice a day toothbrushing practices</li> <li>d. Emphasized oral health promotion on use of fluoride toothpaste</li> </ol> <ol style="list-style-type: none"> <li>3. Referral of patients with dental emergencies to an appropriate hospital with specialized services and service level capability.</li> <li>4. Provide information among members of the community on dental tele-consultation through phone calls, hotlines, SMS text message, social media, web-based or mobile app-based platforms</li> </ol>
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1. Preventive oral health services and dental interventions

a. Toothbrushing using fluoride toothpaste

Current best practice to reduce the risk of early childhood caries (ECC) includes twice-daily brushing with fluoridated toothpaste for infants and young children. A smear amount of fluoridated toothpaste should be used for children less than three years of age and a pea-sized amount of fluoridated toothpaste for children aged three to six.

Parents should dispense the toothpaste and perform or assist with toothbrushing of children. To maximize the beneficial effect of fluoride in the toothpaste, rinsing after brushing should be kept to a minimum or eliminated altogether.

b. Topical application of fluoride varnish

Professionally-applied topical fluoride treatments also are efficacious in reducing prevalence of ECC. The recommended professionally-applied fluoride treatments for children at risk for ECC who are younger than six years is 5% Sodium Fluoride (NaF) Varnish (22,500 ppm F).

During the modified enhanced community quarantine (mECQ), enhanced community (ECQ), general community quarantine (GCQ) and modified GCQ, topical application of fluoride varnish may be done during home visits of public health dentists, together with members of the barangay health emergency team (BHERT) during administration of routine childhood immunization. Public health dentists should use a dry toothbrush in cleaning the surfaces of the teeth where the topical fluoride varnish will be applied.

High risk target population to be prioritized for topical fluoride varnish application are the following:

1. Infants and young children who are using feeding bottles (with either contents of milk formula or expressed breastmilk)
2. Infants and young children with who are being provided or served with sugary and sweetened food and beverages
3. Infants and children with disabilities who may have pose difficulties in supervised toothbrushing or with poor access to preventive oral health services
4. Infants and children who have never received any topical fluoride application in the last 4-6 months.

Prescribed droplet precautions and use of PPE have to be strictly observed. Due to risk of possible contamination, public health dentists should change PPE accordingly for his/her own health and safety, that of the next patient and the family members.

c. Pit and Fissure Sealants (Resin-Based)

This are used to prevent and control carious lesion on pits and fissures of occlusal surfaces of primary and permanent tooth/teeth. However, routine application of pit and fissure sealant is suspended during community quarantine situation and should be resumed once oral health services normalize.

2. Promotion of oral health at home

As the nation work as a whole towards limiting the spread of COVID-19, healthcare providers should encourage patients to remain at home, unless there is an emergency, to protect others while also limiting their exposure to the virus.

Promotion of oral health at home for Selected Population Groups includes the following but not limited to:

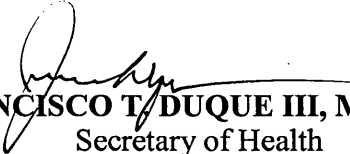
- a. Oral Health Instruction or advice including promotion of Oral Health (health instructions on infant oral health care and advise on exclusive breastfeeding) which can be done thru Tri-media/Social media, Mobile/Landline Consultations
- b. Effective brushing technique with the right amount of fluoride toothpaste, duration and frequency to avoid oral diseases and emergencies.
- c. Emphasize twice daily toothbrushing and flossing
- d. Avoid, or if not possible, reduce eating and drinking sugary and sweetened beverages, and intake starchy food to prevent early childhood caries and dental caries.
- e. Maintain a healthy lifestyle by having physical activity, eating a healthy diet, getting enough sleep and rest
- f. When able and possible, visit the RHU, barangay health center, or dental clinic twice a year for oral health assessment, monitoring and prophylaxis
- g. Maximize oral health promotion through tri-media/social media, mobile/landline consultations, tele-dentistry if possible.

Population Group	Preventive and Promotive Oral Health Recommendations
1. Pregnant and lactating women	1. Educate patient about physiologic changes in the oral cavity during pregnancy and counselling on good oral hygiene instruction on plaque control, diet and adverse effect of tobacco/smoking and alcohol and sweetened beverages and starchy food which can be done thru Tri-media/Social media, Mobile/Landline Consultations
2. Infants and Children, including children with disabilities During the quarantine,	1. Continue optimal and proper infant and young child feeding practices, e.g. exclusive breastfeeding for six months and



<p>appropriate oral health management and disease prevention of children is very important for children's oral and general health.</p>	<p>introduction of age-appropriate complementary foods at six (6) months and beyond.</p> <ol style="list-style-type: none"> <li>2. Establish an oral health promoting home setting. This includes not only training children to maintain hand hygiene at home, but also helping children develop good oral habits.</li> <li>3. Oral health promotion on practices and correct eating habits to young children. Delay sugar intake until age of two years old.</li> <li>4. Promotion of drinking of potable water instead of drinking sweetened and sugary beverages after six months of exclusive breastfeeding.</li> <li>5. Advocate regular application of fluoride varnish at RHUs or barangay health centers as done routinely prior to COVID-19 and through home visits of public health dentists with and/or dental assistant/BHW during provision of other services, e.g. immunization, during ECQ, MECQ, GCQ or MGCQ, as appropriate.</li> </ol>
<p>3. Adolescents</p>	<ol style="list-style-type: none"> <li>1. Promote oral health services as part of adolescent-friendly health facilities.</li> <li>2. Counsel on risks and harm of initiating smoking and continuing use of cigarettes, tobacco, and other nicotine and non-nicotine delivery system on overall health, including cardiovascular, pulmonary, neurologic diseases, many forms cancer, including oral cancer.</li> <li>3. Promote safety and prevent injuries to the oral cavity during sports and mobility.</li> </ol>
<p>4. Adults, with or without non-communicable diseases, with or without modifiable risk factors</p>	<ol style="list-style-type: none"> <li>1. Monitor medical conditions and religious compliance to intake of prescribed medicines and therapy.</li> <li>2. Counsel on risks and harm of initiating and continuing use of cigarette smoking and tobacco on overall health, including cardiovascular, pulmonary, neurologic diseases, many forms cancer, including oral cancer.</li> <li>3. Counsel on smoking cessation and provide referral to facilities providing such services.</li> <li>4. Promote safety and prevent injuries during work and at the workplace, sports, and mobility.</li> </ol>
<p>5. Older persons, elderly and senior citizens, with or without non-communicable diseases</p> <p>Similar to item no. 4, the following are additional considerations to promote oral health among older persons, the elderly and senior citizens:</p>	<ol style="list-style-type: none"> <li>1. Provide assistance in toothbrushing among those that are chronically ill, debilitated or with disabilities, including those with cognitive impairments or mental health conditions.</li> <li>2. Reassess existing dentures, implants or other prosthodontic devices to aid in mastication and improve.</li> <li>3. Assess oral health status which may impair proper food intake and mastication.</li> <li>4. Improve oral health knowledge of household members and other caregivers.</li> <li>5. Include these population groups in the home visitation of public health dentists together with the barangay health emergency response team.</li> <li>6. Schedule appropriate oral health services once quarantine restrictions are lifted.</li> </ol>

For strict compliance.

  
**FRANCISCO T. DUQUE III, MD, MSc**  
 Secretary of Health

### Annex A. List of Cited Issuances

<b>Issuance No.</b>	<b>Date</b>	<b>Title</b>	<b>Link</b>
DM 2020-0167	March 27, 2020	Continuous Provision of Essential Health Services During the COVID-19 Epidemic	<a href="http://bit.ly/DM2020-0167">bit.ly/DM2020-0167</a>
AO 2020-0015	April 27, 2020	Guidelines on the Risk-based Public Health Standards for COVID-19 Mitigation	<a href="http://bit.ly/AO2020-0015">bit.ly/AO2020-0015</a>
DM 2020-0268	May 28, 2020	Interim Guidelines on Health Facilities in the New Normal	<a href="http://bit.ly/DM2020-0268">bit.ly/DM2020-0268</a>
DM 2020-0072	February 03, 2020	Interim Guidelines for 2019 Novel Coronavirus Acute Respiratory Disease (2019-nCoV ARD) Response in Hospitals and Other Health Facilities	<a href="http://bit.ly/DM2020-0072">bit.ly/DM2020-0072</a>
DM 2020-0176	April 02, 2020	Interim Guidelines on the Rational Use of PPE for COVID-2019	<a href="http://bit.ly/DM2020-0176">bit.ly/DM2020-0176</a>
DM 2020-0197	April 28, 2020	Interim Guidelines on the Optimal Use of PPE during Severe Shortage of Supplies	<a href="http://bit.ly/DM2020-0197">bit.ly/DM2020-0197</a>
DM 2020-0208	April 27, 2020	Interim Guidelines on Enhancing the Infection Prevention and Control Measures through Engineering and Environment Controls in All Health Facilities and Temporary Treatment and Monitoring Facilities during the COVID 19 Pandemic	<a href="http://bit.ly/DM2020-0208">bit.ly/DM2020-0208</a>
/AO 2020-0013	March 17, 2020	Revised Administrative Order No. 2020-0012 "Guidelines for the Inclusion of the Coronavirus Disease 2019 (COVID-19) in the List of Notifiable Diseases for Mandatory Reporting to the Department of Health	<a href="http://bit.ly/AO2020-0013">bit.ly/AO2020-0013</a>
DM 2020-0189	April 17, 2020	Updated Guidelines on Contract Tracing of Close Contacts of Confirmed Coronavirus Disease (COVID-19) Cases	<a href="http://bit.ly/DM2020-0189">bit.ly/DM2020-0189</a>
AO 2020-0016	May 04, 2020	Minimum Health System Capacity Standards for COVID-19 Preparedness and Response Strategies	<a href="http://bit.ly/AO2020-0016">bit.ly/AO2020-0016</a>
DILG MC 2020-023	February 06, 2020	Amended Guide to Action Against the 2019 Coronavirus Acute Respiratory Disease	<a href="http://bit.ly/DILGMC2020-023">bit.ly/DILGMC2020-023</a>

**Annex B. Appropriate Level of Personal Protective Equipment (PPE) Protection to be Used During Consult and Procedures in the Provision of Oral Health Services**

**1. LEVEL 1**

Recommended for staff who are at the reception and have **LOW OR MINIMAL** risk and will **NOT ENTER** the treatment areas nor participate in direct treatment of the patient.

This consists of scrub suit/shirt, surgical mask, protective eyewear (not goggles) and head cap

**2. LEVEL 2**

Recommended for **STAFF MEMBERS** who are tasked to **PREPARE INSTRUMENTS** in non-contaminated areas, clean instruments in non-contaminated areas and move around areas adjacent to treatment areas but are not exposed directly to patients undergoing treatment. This is also recommended for staff and **HEALTH CARE PROVIDERS (HCP)** who will be providing non-AGP to patients.

This consists of under garment/scrub shirt/suit, water repellent gown, surgical mask, protective eyewear (not goggles), head cover and non-sterile examination gloves.

**3. LEVEL 3**

Recommended for staff and HCP who are **DIRECTLY INVOLVED** with patient care and in contact with patients in the treatment areas where AGP are expected. This is also recommended for persons responsible for post-treatment disinfection and removal of instruments from patient treatment areas.

This consists of under-garment/scrub shirt/suit, water repellent surgical gown (preferably ankle length and neck length), properly test-fitted respirator masks (NIOSH N95 or KN95), protective eyewear or goggles, head cover, face shield sterile surgical under-gloves taped to wrist cuffs of gown and non-sterile examination over-gloves.

**4. LEVEL 4**

Recommended for persons with **CONTINUOUS OR FREQUENT EXPOSURE** to highly contagious or air-borne transmissible pathogens. This is what is commonly called a coveralls. This consists of undergarment/scrub suit, single-piece, water-proof, head-to-toe (or ankle length) fitted suit with adjustable-fit hood, under-gloves taped to wrist cuffs, sealed and fitted goggles, face shield, fitted respirator mask and over-gloves.

<b>SUMMARY OF THE LEVEL OF PPE PROTECTION AND COMPOSITION, AND APPROPRIATENESS TO HEALTH CARE STAFF</b>		
<b>LEVELS OF PPE PROTECTION</b>	<b>HEALTHCARE AND OTHER CLINIC STAFF</b>	<b>COMPOSITION OF PPE</b>
<b>Level 1</b>	1. Staff who are at the reception area and don't enter the treatment area	<ul style="list-style-type: none"> <li>• Scrub suit/shirt worn in the clinic</li> <li>• Surgical mask</li> <li>• Protective eyewear (not goggles)</li> <li>• Closed shoes</li> </ul>
<b>Level 2</b>	1. Those who clean and prepare instruments in non-contaminated areas 2. Not directly exposed to patients undergoing treatment	<ul style="list-style-type: none"> <li>• Under garment/Scrub shirt/suit</li> <li>• Water repellent gown</li> <li>• Face shield (recommended)</li> <li>• Protective eyewear (not goggles – but recommended)</li> </ul>



	3. Dentist/Staff who will be providing NAGP.	<ul style="list-style-type: none"> <li>• Surgical mask</li> <li>• Head cover</li> <li>• Non-sterile examination gloves</li> </ul>
<b>Level 3</b>	<ol style="list-style-type: none"> <li>1. Those directly involved with treatment procedures and when Aerosol generating procedure is expected</li> <li>2. Persons responsible for post-treatment disinfection and removal of instruments from patient treatment areas</li> </ol>	<ul style="list-style-type: none"> <li>• Head cover</li> <li>• Under garment/Scrub shirt/suit</li> <li>• Water repellant gown (preferably ankle length and neck length)</li> <li>• Face shield</li> <li>• Protective eyewear or goggles</li> <li>• Properly test-fitted respirator mask (N95 or KN95)</li> <li>• Sterile surgical under-gloves taped to wrist cuffs of gown and non-sterile examination over-gloves</li> </ul>
<b>Level 4</b>	<ol style="list-style-type: none"> <li>1. Those in continuous or frequent exposure to highly contagious airborne transmissible pathogens</li> </ol> <p>*impractical and unnecessary in dental clinics</p>	<ul style="list-style-type: none"> <li>• Under garment/Scrub suit, single-piece water-proof, head-to-toe (or ankle length) fitted suit with adjustable fit hood</li> <li>• Sterile surgical under-gloves taped to wrist cuffs</li> <li>• Sealed and fitted goggles</li> <li>• Face shield, fitted respirator mask and over-gloves</li> </ul>

*Note: Coveralls may offer better protection, however the difficulty in removing the suit and accidental self-contamination is highly possible. Aerosols produced during dental treatment is concentrated in the upper chest area, and this is also the area where one needs to unzip the suit. Here lies the danger of contamination during removal. With regards to the choice of material, consideration must be given to the local temperature. If the material induces too much sweating, constant touching of the face to wipe off sweat may negate the use of the protective barrier.*

*Emphasis must be given on educating and training the entire dental team using video simulations than lectures to avoid nosocomial infection. Keep in mind, consistent wearing of PPE is more important than the type of PPE used.*

*Also, for AGPs, it is recommended that engineered air controls must be in place, such as HEPA filtration, high volume evacuator and other controls, in order to reduce the number of droplets and aerosol particulates. Preferably, for patients who need to undergo surgical procedure, they must be covered with sterile eye sheet covering the entire head and chest.*

**Recommended PPE in relation to Risk Classification of Patients  
for Dental Procedures in Applicable Settings**

Type of Patient and Procedures	For Dentist and Dental Assistant/Aide	For Patient/Treatment Procedure ( <i>suggested</i> )
<b>LOW RISK OF TRANSMISSION</b> <i>Asymptomatic individuals with no travel history, no exposure, no prior respiratory illness undergoing</i>	<ol style="list-style-type: none"> <li>1. Eye protector (goggles)**</li> <li>2. Head cap*</li> <li>3. Shoe Cover*</li> <li>4. Face shield**</li> <li>5. Surgical mask*</li> </ol>	<ol style="list-style-type: none"> <li>1. Head cap*</li> <li>2. Shoe cover*</li> <li>3. Isolation/sterile gown**</li> </ol>

<i>surgical dento-alveolar procedure both AGP and NAGP</i>	6. Gloves* 7. Isolation/Sterile gown**	
<b>MODERATE RISK AND HIGH RISK</b> <i>For contact, probable, suspect and confirmed COVID-19 case undergoing surgical dento-alveolar procedure both AGP and NAGPs</i>	1. Eye protector (goggles)** 2. Head cap* 3. Shoe Cover* 4. Face shield** 5. N95 mask* 6. Gloves (Sterile or non-sterile depending on the procedure* 7. Cover all**	1. Head cap * 2. Shoe cover * 3. Surgical Face Mask* 4. Isolation/sterile gown ** <i>If Operating Room Setting</i> 1. Follow OR Sterile Set-up
<p>* Indicates that the item is disposable  **Indicates that the item is reusable following proper disinfection and sterilization protocol  <b>Source:</b> Philippine College of Oral and Maxillofacial Surgeons (PCOMS)</p>		

## Annex C. Management of Oral Health Conditions

### **C.1. MANAGEMENT OF ORAL HEALTH CONDITIONS OF THE GENERAL ADULT AND ELDERLY POPULATION WITH NO PRE-EXISTING OR EXISTING DISEASES**

**C.1.1. NON-URGENT / ELECTIVE Oral Health Services** – are those that are not emergent or non-urgent and can be re-scheduled or deferred at a later date.

1. Initial or periodic oral examinations and recall visits
2. Routine dental cleaning (oral prophylaxis) and preventive therapies
3. Extraction of asymptomatic tooth/teeth
4. Restorative dentistry including treatment of asymptomatic carious lesions
5. Aesthetic dental procedures

Dental outreach and dental missions being done during the enhanced (ECQ), modified enhanced community (mECQ) or general community quarantine (GCQ) are **NOT RECOMMENDED** to be done due to risk of unnecessary exposing the patients, the dentists and dental staff to SARS-CoV-2. Urgent dental care needs and emergency treatment of the community(ies) in respective barangays will be addressed accordingly in the following sections.

#### **C.1.2. URGENT Oral Health Services**

**A.** Condition that can be managed by minimally-invasive and **WITH** aerosol-generating procedures, includes the following, but not limited to:

1. Severe dental pain from pulpal inflammation that need to be managed with aerosol generating procedures
2. Severe dental pain from fractured vital tooth that need to be managed with aerosol generating procedures
3. Dental trauma with avulsion/luxation that need invasive/aerosol generating procedures
4. Crown/bridge temporary/final cementation, if broken or causing gingival irritation
5. Acute periodontal disease

**B.** Condition that can be managed with minimally-invasive procedures and **WITHOUT** aerosol generation, includes the following, but not limited to:

1. Severe dental pain from pulpal inflammation that requires tooth extraction
2. Severe dental pain from fractured vital tooth that can be managed without aerosol generation
3. Dental trauma with avulsion/luxation that can be minimally managed without aerosol generation
4. Surgical post-operative osteitis or dry socket that can be managed without aerosol generation\*
5. Pericoronitis or third-molar pain that can be managed without aerosol generation
6. Stable maxillofacial fractures that requires no intervention\*
7. Localized dental/periodontal abscess that can be managed without aerosol generation
8. Extensive dental caries or defective restoration causing pain; manage with interim restoration technique (glass ionomer)
9. Suture removal
10. Denture adjustment or repairs when function impeded
11. Temporary filling (TF) on carious tooth/teeth replacing TF on endodontic access openings in patients experiencing pain.

**C.1.3. EMERGENT / DENTAL EMERGENCIES** – are potentially life threatening and require immediate treatment to stop ongoing tissue bleeding, alleviate severe pain or infection managed by board-certified oral and maxillofacial surgeons in hospital settings.

1. Uncontrolled bleeding
2. Cellulitis or a diffused soft tissue bacterial infection with intra-oral or extra-oral swelling that potentially compromise the patient's airway
3. Unstable maxillofacial fracture or trauma involving facial bones, that can compromise the patient's airway

## **C.2. MANAGEMENT OF ORAL HEALTH CONDITIONS OF SELECTED POPULATION GROUPS**

### **C.2.1. NON-URGENT / ELECTIVE Oral Health Services**

Appropriate management using proper digital assessment, analgesic or antibiotic may be prescribed accordingly. This may include, but not limited to cases involving mild or moderate pain, due to cavitated dental caries, or minor dental trauma.

1. Recommend analgesics to manage pain.
2. May prescribe non-steroidal anti-inflammatory drugs (NSAIDs) or antibiotics if concerned about swelling and/or systemic infection, respectively.
3. Advise parents/patient to avoid hot or cold food.
4. Constant follow up should be requested from parents or caregivers and to update the dentist of the child/patient's status
  - **Infants and Children, including children with disabilities**
    - a. Remind the parents to promote good health and nutrition of infants and children by serving and cooking diverse food groups
  - **Pregnant, Postpartum and Lactating Women**
    - a. Recommend chlorhexidine mouthwash/gel or warm saltwater mouthwash.

### **C.2.2. URGENT Oral Health Services**

This may include, but not limited to severe uncontrolled pain, spreading or continuing infection, severe dental trauma, dental clearance prior to management of medical conditions

1. Extraction of infected teeth
2. Arrest caries technique
3. Glass Ionomer (GI) Restoration – Atraumatic Restorative Treatment (ART) without using handpiece for extensive dental caries or defective restorations
4. Extra-oral radiograph
5. Comprehensive treatment including AGP, such as restorations, may be performed for medically compromised patients needing dental clearance in order to carry out medical treatment.
  - **Pregnant, Postpartum and Lactating Women**
    - a. It is always best to avoid tooth extraction during pregnancy to avoid stressful situation due to pain that may lead to premature childbirth. However, extraction of infected teeth may be performed during the 2<sup>nd</sup> Trimester. Otherwise, better to wait after delivery.
    - b. If ulceration has been present for 3 weeks or more.
    - c. Cleaning, using hand scalers and dry brushing without toothpaste may be done, during the second trimester for management of periodontal problems.
  - **Adolescents**

- a. If patient has spreading infection **without** compromise, or if the patient has continuing or recurrent symptoms

### **C.2.3. EMERGENT / DENTAL EMERGENCIES**

For dental emergencies such as severe facial or submandibular cellulitis, trauma resulting in avulsion or fracture involving the pulp or laceration of tissue, or presence of uncontrolled bleeding, may need the following treatment but not limited to:

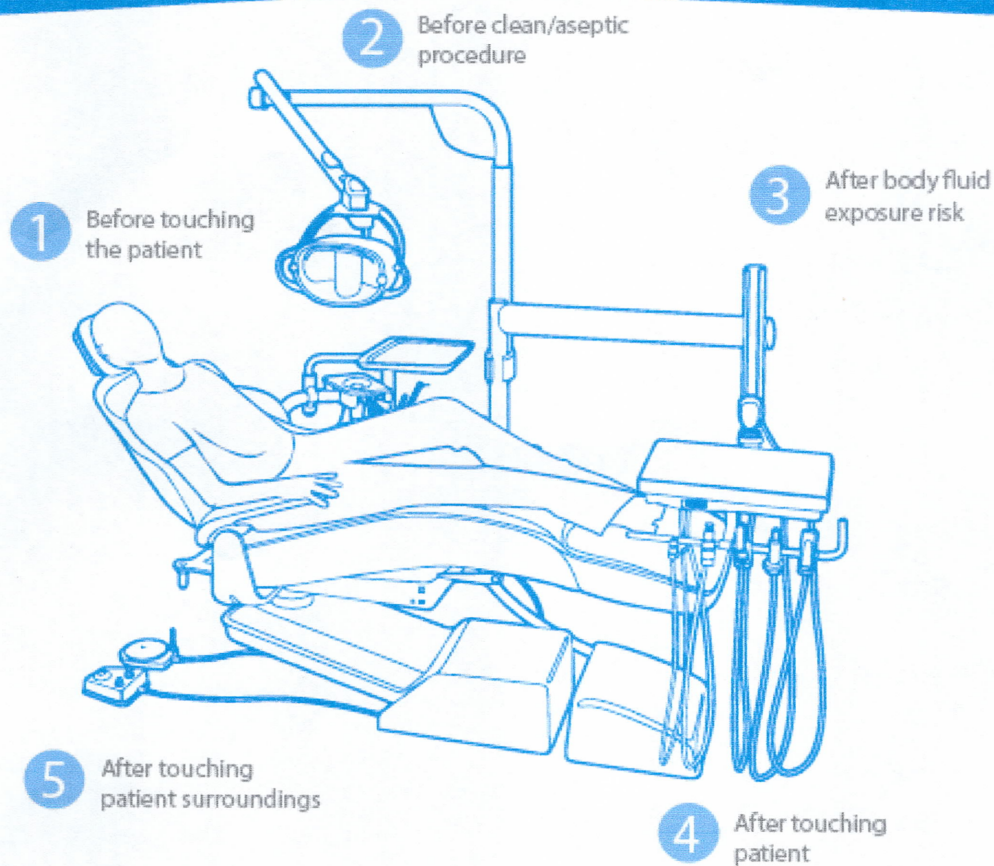
1. Extraction of infected tooth/teeth
  2. Refer the patient to a hospital if:
    - the infection is causing airway compromise or trismus
    - the bleeding fails to stop and is brisk and persistent.
    - the patient with oral ulceration is severely dehydrated.
    - the patient has swallowed or aspirated a piece of tooth, filling or restoration
- **Pregnant, Postpartum and Lactating Women**
    - a. It is always best to avoid tooth extraction during pregnancy to avoid stressful situation due to pain that may lead to premature childbirth. However, extraction of infected teeth may be performed during the 2<sup>nd</sup> Trimester. Otherwise, better to wait after delivery.
  - **Adolescents**
    - a. Appropriate management of fractures

### **C.3. MANAGEMENT OF ORAL HEALTH CONDITIONS OF ADULTS, INCLUDING OLDER PERSONS AND ELDERLY (WITH PRE-EXISTING NCDS)**

Adults with pre-existing NCD are managed in the same level of precautions however, with consideration of their medical conditions. Because of their vulnerability to SARI as a complication of COVID-19, urgent and emergency cases may be done in the dental clinic. Procedures may include, but not limited to: extractions, denture repair, and other NAGP as discussed in earlier sections with strict infection and prevention control measures.

## Annex D. 5 Moments of Hand Hygiene

### 5 Moments of Hand Hygiene



<b>1</b> Before touching a patient	When?	Clean your hands before touching a patient when approaching him/her.
	Why?	To protect the patient against harmful germs carried on your hands.
<b>2</b> Before clean/ aseptic procedure	When?	Clean your hands immediately before performing a clean/aseptic procedure.
	Why?	To protect the patient against harmful germs, including the patient's own, from entering his/her body.
<b>3</b> After body fluid exposure risk	When?	Clean your hands immediately after an exposure risk to body fluids (and after glove removal).
	Why?	To protect yourself and the health-care environment from harmful patient germs.
<b>4</b> After touching a patient	When?	Clean your hands after touching a patient and her/his immediate surroundings, when leaving the patient's side.
	Why?	To protect yourself and the health-care environment from harmful patient germs.
<b>5</b> After touching patient surroundings	When?	Clean your hands after touching any object or furniture in the patient's immediate surroundings, when leaving - even if the patient has not been touched.
	Why?	To protect yourself and the health-care environment from harmful patient germs.

Information has been sourced from the World Health Organization's poster "Your 5 Moments for Hand Hygiene".  
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