Managing Clinical Care in COVID-19

When I was asked to write this faculty perspective, I had to relive and reflect back on the intensity of these times, which started nearly eight months ago, yet seems to be years in the past. The “mission continuity” exercises we engaged in annually did not seem to have the scripts on how to manage the scale of operations imposed on us by the SARS-CoV-2 virus pandemic. There was no guide to follow and with the understanding of the virus constantly changing along with the CDC, governmental, and local mandates and guidelines, we have had to be continuously vigilant, updating our processes as needed.

STRATEGIES FOR REOPENING

From March 16 through early June, we provided urgent and emergent care only to our patients, some in-person care and others through teledentistry (see related story, p. 10). At that time, we could not engage in aerosol producing procedures due to the lack of N95 respirators. While having limited clinical operations, we continued to secure PPE and source N95 respirators. In addition, we continued to assess and adapt our operations, evaluating what was working and what wasn’t and ensuring the latest guidelines were being followed. All of this in anticipation of reopening Penn Dental Medicine with as normal operations as feasible.

The strategies we followed in our preparations for reopening were based on the following:

• PPE supply — did we have a sustainable supply of proper PPE to keep everyone safe?

“We have had to be continuously vigilant, updating our processes as needed.”

— DR. NAJEED SALEH

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**PERIODONTICS**

**NEWS/ACHIEVEMENTS**

Dr. Esra Sahingur, Associate Professor, was selected as a 2020-2021 fellow in Drexel University College of Medicine’s Executive Leadership in Academic Medicine® program. ELAM® focuses on increasing the number of qualified women for executive leadership positions in academic medicine, dentistry, public health, and pharmacy.

The Dr. Rodrigo Neiva presents the Chair’s Lecture Series is presented virtually each week. See schedule at www.dental.upenn.edu/cde.

**SELECTED PUBLICATIONS**

A selection of recently published work by department faculty (indicated in bold).


**PREVENTIVE & RESTORATIVE SCIENCES**

**NEWS/ACHIEVEMENTS**

In a study to determine the 100 most cited articles in prosthodontic journals between 1951 and 2019, Resin-Ceramic Bonding: A Review of the Literature (The Journal of Prosthetic Dentistry, March 2003) by Dr. Markus Blatz, Professor and Chair, ranked sixth for the most citations.

**FACULTY PERSPECTIVE, continued from page 17**

The infection control policy also defines the self-monitoring, quarantining, and contact tracing protocols for our Penn Dental Medicine community.

**PATIENT CARE PROTOCOLS**

In regard to patient care, preparations and protocols included:

- Preparing the dental units for operations — shocking the water lines, which had been idle for several months, with antimicrobial materials to ensure they were free from biofilm.

- Applying a phased approach, starting with 20-25% capacity and gradually increasing. Prioritizing patients based on their needs and required procedures. Scheduling longer appointments and eliminating walk-ins and double booking.

- Triage and screening of patients the day before the scheduled visit.

- Limiting the number of individuals accompanying a patient to one, who would go through the same screening process as the patient.

- Designating PPE donning and doffing areas.

- Defining the required PPE for patient care (scrubs, disposable gowns, N95 respirator or equivalent, surgical masks over N95, goggles/loupes, face shield, gloves, bonnet head covers, and bootie shoe covers).

- Using HVE and rubber dams when possible to mitigate aerosol.

- Defining operative preparation protocols — Spray and wipe all surfaces with antimicrobial agent (EPA “List N”), use of barriers, cover all surfaces that are difficult to wipe, remove all items not required for patient care, update medical history and ask screening questions again, require patients to keep masks on until the start of care, ask patients to rinse with 1.5% H2O2 and use hand sanitizer before and after dental care.

**THREE-PILLAR APPROACH**

In addition to the infection control measures taken for patient care, our principles for mitigating the spread of COVID-19 in our facilities continue to be based on three pillars — physical distancing, facial masking, and hand washing/sanitization.

Challenges remain as COVID-19 cases continue to be on the rise in multiple states and around the world. We continue to face shortages in PPE, especially the N95 respirators, and we are constantly working to ensure we can keep Penn Dental Medicine open and our dental community safe.

I can’t thank the entire Penn Dental Medicine community enough for the role they are playing in our successful operations, whether it is in patient care, education, or research. I would like to also extend my special thanks to Dean Mark Wolff for his leadership during these most difficult times.