The COVID-19 pandemic exacerbated the risk of caries for some children and caused gaps in routine dental care for many others as well. Lessons learned during this time can and should inform future measures that primary health care providers can take to improve the oral health of children.

**Emergency Preparedness Considerations for Pediatric Oral Health Emergencies**

**Summary: How Pediatricians Can Optimize Oral Health During Pandemic** *(AAP, 2020)*

The COVID-19 pandemic exacerbated the risk of caries for some children and caused gaps in routine dental care for many others as well. Lessons learned during this time can and should inform future measures that primary health care providers can take to improve the oral health of children.

According to the AAP, this includes addressing oral health at all well-child visits by:

- **Promoting good nutrition**, including breastfeeding, healthy bottle-feeding when needed (limited to breastmilk or formula, avoiding bottles in the bed, and discontinuing bottle use at 1 year), encouraging consumption of non-sugary snacks and beverages, and drinking fluoridated water. Check families’ food security and refer to food assistance programs as needed.

- **Emphasizing good oral hygiene** by encouraging brushing children’s teeth twice daily with fluoride toothpaste (a smear for those younger than 3 years and pea size for those 3 and older), with adult assistance until age 8.

- **Assessing caries risk** through a targeted history and tooth exam.

- **Teaching parents and caregivers** the “lift the lip” method to look at the teeth.

- **Engaging families in healthy behaviors** with motivational interviewing techniques.

- **Applying fluoride varnish** every three to six months based on risk.

- **Referring children to a dental home by age 1**, with warm handoffs when needed. Reassure families that dental offices take precautions to ensure safety from COVID-19.

- **Building and maintaining collaborative relationships** with local dental professionals. Advocate together for policies, health systems, and environmental changes to improve the social determinants of child nutrition and oral health.

- **Expanding the trusting relationship** to address oral health concerns parents may have.

Read the Full Article by visiting [bit.ly/PandemicOralHealth](bit.ly/PandemicOralHealth) or scan the QR code.
Lessons from COVID-19 also include the need for infection control measures to be implemented and communicating with patients and families about the steps your clinic is taking. This will help to minimize disruptions, should there be an infectious disease that impacts routine healthcare delivery and visits in the future.

**Clinical Steps Should Include:**
- Vaccination
- Masks
- Avoiding crowding people together
- Ensuring spaces that have good ventilation
- Proper hand hygiene
- Keeping high touch surfaces clean
- Monitoring symptoms and testing if someone is ill
- Pre-screening protocols
- Telehealth capabilities to assess patients

**Other standard IPC precautions include:**
- Respiratory hygiene and cough etiquette
- Cleaning and disinfection of devices and environmental surfaces
- Safe injection practices
- Medication storage and handling
- Education of staff and patients on decision to isolation or quarantine


“IPC is a critical part of health system strengthening and must be a priority to protect patients and healthcare workers. In the context of COVID-19, the IPC goal is to support the maintenance of essential healthcare services by containing and preventing COVID-19 transmission within healthcare facilities to keep everyone healthy and safe.”

-CDC