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The importance of home dental care during the COVID-19 pandemic: residents experience report

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Abstract The aim of this article is to report the experiences of home dental care performed during the COVID-19 pandemic by dentists from the Residency Program in Family and Community Health, at the State University of Piauí, between July/2020 and July/ 2021, in Teresina-Piauí-Brazil. Elderly, people with disabilities, bedridden, hypertensive, diabetics, or other chronic diseases and mobility difficulties were assisted. During home visits, strict biosecurity measures were followed, especially considering the protocols regarding the COVID-19 pandemic. Procedures were performed with minimally invasive techniques and/or with the possibility of execution without generating aerosols. During the period, 82 home visits took place, totaling 701 dental procedures, registered in the e-SUS of the Basic Health Units to which dentists were linked. Thus, home dental care is a viable alternative during the pandemic, ensuring the performance of procedures beyond dental urgencies. However, a more critical and reflective view is needed to consolidate home dental care as a fundamental strategy in the professional practice of dentists, within the scope of primary health care, with emphasis on health crisis situations.
Descriptors: House Calls. Public Health Dentistry. COVID-19. Internship and Residency.

La importancia del cuidado dental domiciliario durante la pandemia del COVID-19: reporte de experiencia de residentes
Resumen El objetivo de este artículo es relatar las experiencias de atención odontológica domiciliaria realizadas durante la pandemia de COVID-19 por cirujanos dentistas residentes del Programa de Residencia en Salud Familiar y Comunitaria, de la "Universidade Estadual do Piauí", entre julio/2020 y julio/2021 en la ciudad de Teresina-Piauí-Brasil. Se atendió a personas mayores, personas con discapacidad, encamadas, hipertensas, diabéticas o personas con otras enfermedades crónicas y dificultades de movilidad. Durante la atención domiciliaria se siguieron estrictas medidas de bioseguridad, especialmente en relación a los protocolos de la pandemia de COVID-19. Durante las consultas se realizaron procedimientos mediante técnicas mínimamente invasivas y/o con posibilidad de realizarse sin generar aerosoles. Durante el período, se realizaron 82 visitas domiciliarias, que totalizaron 701 procedimientos odontológicos, debidamente registrados en el e-SUS de las Unidades Básicas de Salud a las que estaban vinculados los odontólogos. Así, la atención odontológica domiciliaria se presentó como una alternativa estratégica durante la pandemia, que permitió realizar trámites necesarios, además de acciones de urgencia odontológica. Sin embargo, es imprescindible una mirada más crítica y reflexiva sobre la posibilidad de consolidar la atención odontológica domiciliaria como una estrategia fundamental para el ejercicio profesional de los odontólogos, en el ámbito de la atención primaria de salud, con énfasis en situaciones de crisis sanitaria.
Descriptores: Visita Domiciliaria. Odontología en Salud Pública. COVID-19. Internado y Residencia.

A importância do atendimento odontológico domiciliar no período da pandemia da COVID-19: relato de experiência de residentes
Resumo O objetivo deste artigo é relatar as experiências dos atendimentos odontológicos domiciliares realizados no período de pandemia da COVID-19 por cirurgiões-dentistas residentes do Programa de Residência em Saúde da Família e Comunidade, da Universidade Estadual do Piauí, entre julho/2020 e julho/2021 na cidade de Teresina-PI. Foram atendidos idosos, pessoas com deficiência, acamados, hipertensos, diabéticos, ou com outras doenças crônicas e dificuldade de locomoção. Durante os atendimentos

domiciliares, rígidas medidas de biossegurança foram seguidas, especialmente em relação aos protocolos da pandemia da COVID-19. Nos atendimentos foram realizados procedimentos com técnicas minimamente invasivas e/ou com possibilidade de execução sem geração de aerossóis. Durante o período, aconteceram 82 visitas domiciliares, que totalizaram 701 procedimentos odontológicos, devidamente cadastrados no e-SUS das Unidades Básicas de Saúde às quais os dentistas estavam vinculados. Assim, a atenção odontológica domiciliar apresentou-se como alternativa estratégica durante a pandemia, o que possibilitou a realização de procedimentos necessários, para além das ações de urgências odontológicas. No entanto, é fundamental uma visão mais crítica e reflexiva acerca da possibilidade de consolidação da atenção domiciliar odontológica como estratégia fundamental da prática profissional dos dentistas, no âmbito da atenção primária à saúde, com destaque para situações de crises sanitárias.
Descritores: Atendimento Domiciliar. Odontologia em Saúde Pública. COVID-19. Internato e Residência.

INTRODUCTION

2019 was a remarkable year due to the identification of SARS-coV-2, the virus that causes COVID-19. In 2020, the disease spread and consolidated itself as an international public health problem[1]. Initially, in Brazil, as in the rest of the world, the pandemic of this new coronavirus generated a health crisis. However, on the national stage it took on even more worrying contours, due to a crisis of coordination and denial of science, mainly on the part of the presidency of the republic, which boosted state and municipal initiatives, and resulted in discredit and insecurity among the population2.

With an initial response centered on disseminating information about respiratory etiquette, the use of masks and 70% alcohol gel, isolation and social distancing, as well as efforts to try to provide essential hospital services, in July 2023 Brazil reached the mark of 37,693,506 confirmed cases of COVID-19, with 704,320 deaths [3-5].

In fact, as the pandemic progressed and the most serious cases of COVID-19 were diagnosed, the need to restructure tertiary care became evident. However, it should be noted that a large proportion of mild and moderate cases of COVID-19 (which represent around 80% of symptomatic patients) first access primary care in search of care. Thus, the Family Health Strategy, responsible for Primary Health Care (PHC), of the Unified Health System (UHS), based on its attributes of territorial responsibility, community orientation and multi-professional teams, must guarantee the contact and bonding of users with professionals at this time of the pandemic [5-8].

Some professional categories went to the front line and carried out their actions in a very defined way, such as medicine, nursing, physiotherapy and psychology, among others. However, other categories were displaced from their work roles, taking on administrative functions, health surveillance in the territories and remote care (use of telehealth and virtual health education channels). This was the case for oral health professionals, given the direct impact of the pandemic on the functioning of dental activities, in the teaching sphere, in the private sector and in PHC [9-11].

Due to the presence of the SARS-CoV-2 virus in the saliva of infected people[12], the Ministry of Health suspended elective dental care, and only emergency dental care in PHC remained. The professionals in the oral health teams who were not involved in emergency dental care collaborated with the Fast Track Covid-19 actions, in order to provide support in the locally defined processes for dealing with the disease[13]. This suspension of elective care led to a lack of oral health care, which prevented the service from being available and easily accessible to users. This led to a postponement of care and affected the management of the clinical health condition[14].

It is understood that oral health care, in addition to resolving emergency issues, must ensure comprehensive oral health actions, by linking the individual with the collective, and promoting and preventing the treatment and recovery of the population's oral health[15]. It is from this perspective that the existence of Home Care (HC) and Home Dental Care (HDC), therefore, gain notoriety as an interesting care modality in the midst of the social isolation required by the pandemic[16].

HC in health is considered the most opportune offer in situations of bed or home restriction, or in situations of social

vulnerability[16], as is the case with the groups most vulnerable to COVID-19: the elderly and/or people diagnosed with hypertension, kidney failure, heart disease, lung disease, cancer or diabetes[13]. In addition, HDC has minimal risk of aerosol formation during home care, as no rotating equipment or instruments are used during the procedures[17].

In addition to the damage caused to the care network, the pandemic has imposed major barriers in the field of health education, with emphasis on in-service education programs, such as multi-professional health residencies. Residencies are specialization courses with a minimum duration of two years and exclusive dedication of 60 hours a week, aimed at the continuing education of health professionals. The focus is on practical training in health services, giving residents direct experience with users. This training, complemented by theoretical activities, aims to qualify professionals to work in the UHS. However, the COVID-19 pandemic has changed the context in which the multiprofessional residency process took place and allowed for unprecedented critical-reflective analysis of the situational difficulties encountered, which favors the resident dentist in training to (re)construct (new) ways of thinking and acting in public health dentistry. This restructuring of the way they work represented a unique opportunity for professional growth for the dentists in the Multiprofessional Residency Program in Family and Community Health (MRPFCH) at the State University of Piauí (UESPI), through Home Dental Care.

Therefore, the objective of this article is to report on the experiences of actions developed by dental surgeons, linked to a Multiprofessional Health Residency Program, regarding home dental care carried out during the COVID-19 pandemic in the city of Teresina-Piauí.

EXPERIENCE REPORT

This experience report is descriptive in nature and was based on the routine of home dental care provided to patients in the COVID-19 risk group. The care was provided by three Dental Surgeons (DS) linked to the Multiprofessional Residency Program in Family and Community Health (MRPFCH) at the State University of Piauí (UESPI), from July 2020 to July 2021, in the city of Teresina-Piauí.

The activities were carried out under the supervision of a preceptor, from the same professional area as the residents, who guided the field activities. The visits took place in such a way that one dentist was directly responsible for carrying out the procedure, while another acted as an assistant, and a third as a circulator.

The public was made up of elderly people, people with disabilities, bedridden people, people with hypertension, diabetes or other chronic illnesses, and people who had difficulty getting around[13]. This group was chosen because they are more vulnerable and susceptible to contamination and need differentiated care, such as educational and preventive approaches and the use of minimally invasive dental procedures[18]. All the participants lived in the territories assisted by the Basic Health Units (BHU) of the Monte Castelo and Cristo Rei neighborhoods (areas under the administration of the Southern Health Region of Teresina-PI).

Initially, in order to contact and select users, the dental team made an electronic form available to the population in the territories and at the region's social facilities, an action reinforced by the Community Health Agents (CHA) and the distribution of an informative digital folder via social networks. The form presented a basic pre-clinical questionnaire that allowed the service to be directed, containing questions about flu-like symptoms, health condition, comorbidities, use of continuous medication, main dental complaint, use of dental prostheses, previous home dental visits, etc. However, if the user didn't have access to information and communication technologies, the CHW would collect the information and pass it on directly to the dental team.

In the first contacts between DS and patient, which took place remotely, oral health guidance was provided and additional clinical information was collected; following the ethical conduct of the decrees governing virtual dentistry[19]. Depending on the demands identified, home visits and dental procedures were carried out. In cases of greater dental severity, medication was prescribed in person and, after oral health guidance, users were directed to the referral teams of the municipal oral health network. In addition, users who reported flu-like symptoms were first referred to a referral BHU for COVID-19 cases. In these cases, the home dental visit was scheduled for a more opportune moment.

The stages of the project are described in the flowchart shown in Figure 1.

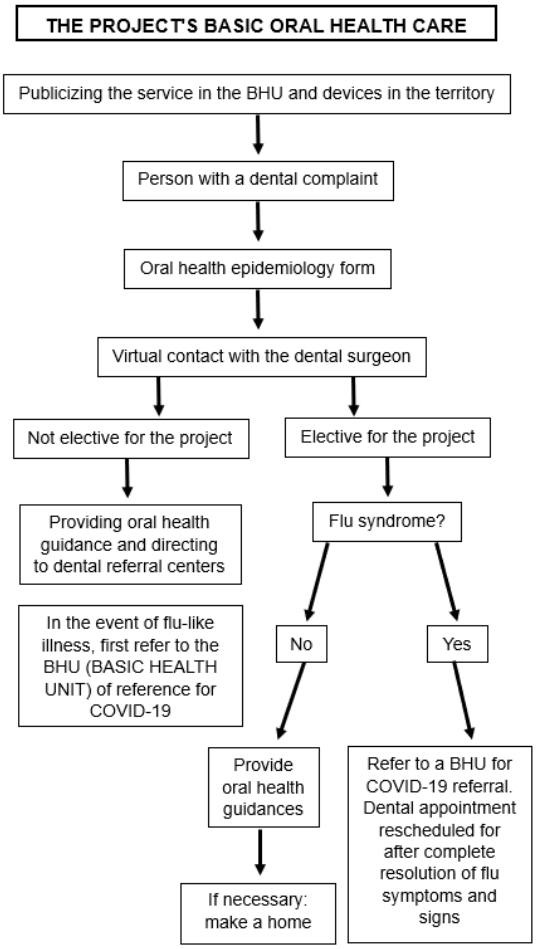

Figure 1. Flowchart of the project stages.

During the home visits, strict biosafety measures were followed, due to the COVID-19 pandemic and other diseases. Thus, in addition to the use of Personal Protective Equipment (PPE), bright and well-ventilated environments were chosen that favored air circulation, with a focus on optimizing clinical time. The dental procedures were based on minimally invasive techniques, with procedures that were easy to carry out in a home environment and without the use of high or low rotation dental pens[20].

Depending on the patient's physical condition, the appointments took place in a common chair, or knee-to-knee position, or with the patient lying in their own bed, in the case of bedridden patients.

Clinical examinations of oral health status, oral health education and the donation of toothbrushes/toothpaste were carried out for all the individuals visited. In addition, prevention and early diagnosis of oral cancer was carried out through guidance on risk factors and elimination of chronic oral irritants (such as assessment and guidance on the condition, use and hygiene of dentures). The Teresina Municipal Health Foundation made logistical and material investments in all the visits: transportation for the team to travel; materials; supplies; specific instruments; as well as the necessary PPE.

A total of 82 home visits were made, with a total of 701 dental procedures (Table 1). The data was recorded in the e-SUS of the two BHU linked to the MRPFCH. It should be noted that no dental care was denied, even to individuals who did not have a national health card.

Table 1. Numerical distribution of activities carried out during home dental care,

Variables	2020						2021						
	Jul.	Aug.	Sep.	Oct.	Nov.	Dec.	Feb.	Mar.	Apr.	May.	Jun.	Jul.	Total
Home visits	11	11	8	10	6	8	10	8	2	4	3	1	82
ATF*	15	11	34	15	9	6	10	14	2	4	4	1	125
Basic periodontal treatment **	33	32	40	37	15	17	28	16	4	9	11	3	245
Oral hygiene guidance	15	15	34	19	9	8	15	14	2	4	5	1	141
Exodontics	3	12	2	7	7	8	4	7	0	2	1	0	53
Intracanal medicaments	4	0	0	0	1	0	0	1	4	1	2	0	13
CIV***	9	4	12	2	10	11	16	18	4	1	11	0	98
Sealing	0	0	0	0	0	0	11	15	0	0	0	0	26

* ATF: topical fluoride application; **basic periodontal treatment: biofilm disorganization, scraping and toothbrush donation;***CIV: glass ionomer cement; JAN/2021: project vacation.

During the HDCs, it was found that only dealing with dental emergencies jeopardizes the continuity of PHC actions. In other words, lack of oral health care is critical, as other health issues that require a comprehensive response continue to exist. In view of this, it is necessary to assess the entire context of the patient's situation, which can reveal the need for proper coordination of care at the different levels of the system [13,21].

In the midst of the pandemic, patients with comorbidities are most at risk of developing oral complications if left without care for a long period of time. They therefore need individualized, committed and careful care, which makes it an ethical and moral obligation of health management to provide comprehensive dental care, even during periods of health crisis [22,23].

In the scenario presented in this report, it was possible to carry out emergency dental activities quite safely. What's more, even in a pandemic scenario, it was also possible to carry out health promotion and disease prevention activities, such as oral health education, supervised oral hygiene, topical fluoride application, donated toothbrushes and other care (Table 1).

This reinforces the need to change the oral health care model in order to overcome the hegemonic model centered on curative care and focused on spontaneous demand. The above makes it essential to value the core elements of primary care, such as the link with the territory, access to services, the user-team bond, comprehensive care, monitoring vulnerable families, humanized care, home visits, the work of family and community health residency programs and health promotion [6,24].

The pandemic has reinforced home dental care as one of the alternatives that can provide comfort and confidence to users, which ends up making treatment more humanized [25]. Another advantage was ensuring accessibility to treatment, which boosted the self-esteem and sense of security of patients and their families[26], as well as enabling the professional to recognize the reality of the user and their family, strengthen the user-caregiver-professional bond[27], optimize the use of health resources[28] and have minimal risk of aerosol formation[17].

Thus, in multi-professional work, it stands out that home dentistry is an area of work in which the person is treated holistically, with the aim of promoting a healthy and functional life[29]. HC in oral health ensured that health education was carried out, with guidance on self-care and disease prevention, as well as dental procedures in the home and the participation of professionals and residents. There was an increase in autonomy and co-responsibility in care, given the integration between the patient and their caregiver [16,17,30].

However, the organization of HC is a challenge for Oral Health Strategies, as they need to plan actions in an integrated, dynamic, flexible and adaptable way to the reality of the user-family, thus recommending the effective participation of the family in this process [31]. The figure of the caregiver, who assumes central responsibility in the

care process, should be valued, since they report difficulty or insecurity about oral hygiene, and support health professionals in dealing with the specific problems of users [25,32].

It should be noted that home care was already a reality within the services, defined and guided by Ordinance No. [825] of April 25, 2016 [16]. However, its importance was highlighted in the midst of the COVID-19 pandemic, in which isolation and social distancing were imposed4 and elective dental care was suspended[13]. Over the years, HC has become a model of care thanks to issues such as: demographic changes; the morbidity and mortality profile of the world's population; the increase in technology; the need to increase the turnover of hospital beds, due to the significant increase in elderly patients with chronic-degenerative diseases and dependent on activities of daily living; as well as concern for the quality of life of users and their families[28], however, it is clear that the pandemic crisis may further accelerate the process of strengthening HC.

This report shows that, in addition to the fundamental role played by the DSs in the municipality of Teresina-PI when they were allocated to other actions within the services (such as welcoming spontaneous demand, risk stratification of users, help in dealing with acute complaints, support for the medicine and nursing nucleus in caring for patients with respiratory symptoms and reporting suspected cases of COVID-19)[33], it was also possible to organize specific dental care, through Home Dentistry, which proved to be fundamental to the oral health of the individuals served.

It should be noted that, given the various conditions of the special groups that were the target of the home care in this report, as well as the unprecedented nature of the health emergency generated by COVID-19, there was no correct regulation and determination of the clinical procedures carried out. Thus, the definitions of emergency care and their respective action protocols for each case were determined between the MRPFCH oral health professionals, together with the family, to outline the best dental action strategy through shared decision-making, and with the caution of interdisciplinary pedagogical planning[18].

Faced with the scenario of home care, it became clear that professionals must be aware of the difficulties inherent in this work process, such as the lack of ergonomics, the number of clinical procedures that can be carried out[26], the limitation of materials and equipment, as well as the need to adapt the environment and/or the equipment25. Home care must therefore be planned rationally, with a clear objective and based on the principles of efficiency[27]. In addition, the DS must have the skills and competence for this type of differentiated treatment, an ethical and discreet attitude at home and always be accompanied by a responsible person, caregiver or family member and, if necessary, sign a free and informed consent form[25].

It is also worth noting that tele odontology, which is already a global reality, was widely used by the team and established itself as an important adjunct to dental care at home, being an essential tool in the first contact between patient and dentist, but also in the follow-up of patients who were undergoing treatment in the interval between appointments [19,20].

Within the proposals of this project, the home visit was confirmed as a light-hard technology [34] of extreme importance in the face of the new scenario caused by the pandemic, and allowed the professional to act in the educational (health education) and care (diagnosis of people's demands and care) spheres. It thus encompasses much more than treatment. It was presented as a method that broadened the dimension of care, making the disease no longer the center of care and bringing the promotion, maintenance and recovery of health to the center of care from the perspective of a family with the active participation of its members in this process [35]. We therefore suggest reviewing, rethinking and giving new meaning to home care in dental practices, valuing it as a fundamental strategy in processes aimed at guaranteeing oral health [36].

It should be noted that the Multiprofessional Health Residency Programs (MHRP), through their teaching-service-community connection, are essential tools for changing the unfinished training of health professionals by awakening in them a profile for implementing the principles of the UHS[37]. Thus, despite the initial barriers to the new realities of in-service teaching, something never before experienced in the 13 years of this program's existence, the Multiprofessional

Residency in Family and Community Health has remained committed to fulfilling its activities, with the adaptations that were necessary and possible. In this sense, Home Dental Care was seen by dental residents as a viable strategic alternative for professional growth within the health residency program during the pandemic.

Rigorously, the COVID-19 pandemic has brought with it a reflection on the work of the DS in Primary Health Care, its importance and relevance. In this way, an important challenge has been to (re)discover places and ways of working, which has led to the (re)structuring of DS activities in order to exploit the benefits and improve dental care at home as much as possible in order to overcome, at least in part, the paradigm that oral health care should be centered on the clinic and far from the user's home. The road to the strategic incorporation of the ODA technique is still a long one, but this is the contribution of the Multiprofessional Residency in Family and Community Health at UESPI.

FINAL CONSIDERATIONS

The Multiprofessional Residency Program in Family and Community Health, by integrating teaching, service and community, is fundamental to transforming the training of health professionals, aligning it with the principles of the UHS. In this context, in addition to training based on the program's common pedagogical curriculum, the period of the pandemic provided unprecedented critical-reflective analyses of the situational difficulties encountered, which favored, for the resident dentists in training, the (re)construction of (new) ways of thinking and acting in public health dentistry.

The importance of urgent or emergency dental care during the pandemic is undeniable; however, it is worth discussing that, in the long term, the damage caused by the lack of integrality, promotion and prevention of oral health for the population is great. It is important to reinforce the understanding that comprehensive health care only exists if there is access to basic dental services, even in the face of health crises.

Thus, this experience report has shown the possibilities that home dental care has provided as a viable alternative during the pandemic, by allowing important dental procedures to be carried out, in addition to emergencies.

It is hoped that this article will serve as a suggestion for further studies, as well as providing guidelines for expanding the continuity of dental possibilities and practices, helping the professional and scientific community to take a more critical and reflective view in favor of consolidating innovative means of care, such as dental home care, a strategy that proved to be fundamental in redefining the professional practice of dental surgeons in coping with the pandemic of the new coronavirus, in the municipality of Teresina-PI.

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