

# Dental education and the challenges related to complying with the new biosafety protocols in the COVID-19 pandemic context

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## ABSTRACT

This study presents challenges related to the fulfillment of the new biosafety protocols aiming to return the face-to-face activities in higher education institutions in Dentistry considering the pandemic scenario of COVID-19. It was a qualitative, exploratory study, anchored in the technique of documentary research. We analyzed documents published by the Ministry of Education (MEC), the Federal Council of Dentistry (FCD) and the Brazilian Association for Dental Education (BADE). The documents were collected on websites of the selected entities. The treatment of qualitative data obtained was carried out by thematic content analysis to compare qualitatively the different documents by identifying convergent, divergent or absent points between them. From the problematization of the object under study, suggestions were made based on the weaknesses and potentialities related to the execution of the recommendations. Data were distributed in the analysis units “waiting room”, “clinic” and “laboratory”. The main potentialities were related to the reduction of the biological risk of transmission of pathogens and the adaptation of physical spaces in more ergonomic learning environments. As for the weaknesses, there are increased costs for students and institutions and reduced number of visits. There are challenges to be considered to comply with the new biosafety protocols in the return of practical activities in Dentistry Courses during the COVID-19 pandemic.

**Descriptors:** Coronavirus Infections. Containment of Biohazards. Infection Control, Dental. Education, Dental.

## 1 INTRODUCTION

In late 2019, a disease caused by a new type of coronavirus emerged in China<sup>1</sup>. The Coronavirus disease (COVID-19), as it became known, caused by the SARS-CoV-2<sup>2</sup> virus, would become a global public health emergency, being considered a pandemic with global impact by the World Health Organization (WHO) in March 2020<sup>3</sup>. Since then, an increasing number of COVID-19 cases and deaths are being reported globally<sup>4</sup>. Social distancing and self-isolation measures were necessary to reduce its dissemination, impacting different sectors of the economy<sup>5</sup>, health<sup>6</sup> and education<sup>7</sup>.

Regarding the education sector, educational institutions at all levels were suddenly closed in various locations worldwide<sup>8,9</sup>. In Brazil, many of them still have their face-to-face classes interrupted<sup>10</sup>, making it necessary for the educational entities to suddenly adapt their methods using a digital platform in order to not completely interrupt the teaching-learning process<sup>11-13</sup>. There was a recommendation from the Ministry of Education to resume face-to-face activities in higher education institutions that are part of the federal education in early March 2021, respecting local decrees and the epidemiological scenario in force at the moment. In this document, the adoption of a hybrid teaching model (partially remote and partially face-to-face) is suggested for the accomplishment of the academic load of pedagogical activities<sup>10</sup>, what has already been adopted by most private institutions.

Due to the characteristics of dental environments in general, in dental offices or school clinics, the cross-infection risk can be high among patients and dentists. The patient's oral fluids, saliva and blood droplets can act as sources of contagion for the practitioner and for patients. Inhaling aerosols poses a risk to those who occupy or will occupy these environments<sup>14</sup>.

Given the inherent characteristics of Dentistry, there was a need to modify preventive and therapeutic measures in this area. Thus, the biosafety recommendations issued by the Ministry of Education (MEC)<sup>15</sup>, the Federal Council of Dentistry (FCD)<sup>16-18</sup> and the Brazilian Association for Dental Education (BADE)<sup>19</sup> were revised in order to guide practices in the workplace and teaching, to prevent infections and the progressive spread of the virus and to directly protect professionals, students and patients. In this context, there are challenges related to Dentistry education, such as ensuring the continuity and quality of education, so that it protect students, teachers, patients and staff<sup>12,20,21</sup> and evaluating the competence of the undergraduate<sup>20</sup>, besides remodeling the offer of infrastructure and reformulating clinical activity<sup>12</sup>.

In view of the guidelines issued by the entities involved with the practice and teaching of dentistry and considering the return to face-to-face activities in dental education institutions, this study analyzes the current difficulties and adaptations related to complying with the new biosafety standards, seeking to answer the following question: what are the challenges faced by students, professors, employees and patients in relation to complying with biosafety standards when returning to face-to-face, practical classes in undergraduate courses in Dentistry during the COVID-19 pandemic?

## 2 METHODS

It is a qualitative, exploratory study, anchored in the technique of documentary research, addressing some issues and reflections concerning face-to-face teaching in the pandemic scenario of COVID-19.

The documents were accessed on the websites of the selected entities, namely: MEC, FCD and BADE. Five publications from only

three entities were considered, as they were prepared by representative and reference institutions for the national higher education policy (MEC<sup>15</sup> protocol), for the ethical and legal exercise of the profession (FCD manual - considering in this study the combination of the manual<sup>16</sup> and two updates<sup>17,18</sup>, published on June 1st and 22nd, 2020) and for the interest of the country's dental education institutions (BADE consensus<sup>19</sup>). Thus, any other protocol to be considered in the dental field issued by health management (Health Departments) and teaching institutions (Faculties of Dentistry) in Brazil were excluded, as they are probably based on one or more protocols issued by the aforementioned entities.

The treatment of qualitative data obtained from the documental *corpus*, which is the object of analysis in this study (FCD, BADE and MEC publications), was carried out by thematic content analysis. For a better presentation and understanding of the data, the analysis units (waiting room, clinic and laboratory) were distributed according to different documents and categorized. Thus, the different documents were compared by identifying convergent, divergent or absent points between them. For the protocol provided by the MEC, we considered that the unit "waiting room" was included in the item "common areas" and the unit "clinic" in "practice scenarios", which are terms belonging to this protocol.

Then, the authors present some issues and reflections concerning the return of practical activities in the pandemic scenario of COVID-19, identifying weaknesses and potentialities related to the execution of such protocols within educational institutions. From this problematization, suggestions were made for the fulfillment of these recommendations. The improvements from complying with the new biosafety standards that promote favorable

changes in educational institutions were considered as potentialities. The weaknesses focused on the inherent difficulties in the execution of the protocols, and the reflections and suggestions referred to the repercussions generated by the weaknesses and the attempts to minimize or overcome them.

In summary, the systematization of data included the following steps: (1) pre-reading - exploratory reading of the documents, in which the units of analysis (with their categories and subcategories) to be extracted from the selected publications were defined; (2) selective reading - the contribution of each document to the established units of analysis was identified; (3) descriptive analysis - from selective reading, the synthesis of information was carried out by describing the convergent and divergent points between the documents according to the analysis units previously defined; and (4) reflective analysis - reflections/suggestions were made from the identification of the weaknesses and potentialities related to the execution of the protocols.

As this is a documentary research that analyzed publications with broad access and in the public domain whose data did not identify individuals or institutions, this study was not submitted to the Research Ethics Committee.

### 3 RESULTS

The data were distributed in tables, considering the three units of analysis, and the categories were broken down into subcategories when presenting varieties of specifications.

Regarding the unit of analysis "waiting room", there was agreement between the publications in recommending visual alerts, temperature measurement by infrared thermometer and the availability of 70% alcohol. Regarding the use of bactericidal, disinfectant mats, there was divergence between the

documents, being recommended only by the FCD. As for the distance between seats, there was divergence between the FCD recommendations and the ABENO consensus, specifying one and two meters, respectively (chart 1).

Chart 1. Distribution of the "waiting room" analysis unit according to different documents

<b>"Waiting Room" Analysis Unit</b>			
<b>Category</b>	<b>Protocol MEC</b>	<b>Recommendations FCD*</b>	<b>Consensus ABENO</b>
<b>Entrance – bactericidal, disinfectant mat</b>	Not mentioned	Recommended	Not recommended
<b>Entrance – shoe covers</b>	Not mentioned	Not mentioned	Not mentioned
<b>visual alerts</b>	Recommended	Recommended	Recommended
<b>Oximeter</b>	Not mentioned	Not mentioned	Recommended
<b>Distance between seats</b>	Recommended	One meter	Two meters
<b>Infrared thermometer</b>	Recommended	Recommended	Recommended
<b>70% alcohol</b>	Recommended	Recommended	Recommended

Sources: Ministry of Education<sup>15</sup>, Federal Council of Dentistry<sup>16-18</sup>, Brazilian Association for Dental Education<sup>19</sup>.

\*FCD recommendations: considering the combination of the manual and the two updates, published on the June 1st and 22nd, 2020.

For the “clinic” unit of analysis and focusing on the PPE (Personal Protective Equipment) category, although the MEC protocol mentioned its use in a generic manner for all areas, it did not specify the related subcategories. Agreement was found for most of the information in the FCD and BADE documents in this category and others. However, in the item dressing/undressing, the ABENO consensus was the most detailed, suggesting different environments for this purpose (chart 2).

As for the laboratories, there were divergences between the MEC protocol and the BADE consensus in the categories “heating, ventilation and air conditioning system” and “distance between seats”. While BADE recommends filtration, ventilation and air exhaust systems, the MEC recommends opening windows in laboratories. In the PPE item, the BADE publication presented detailed recommendations in most of the subcategories. Recommendations by the FCD do not mention the categories in this unit of analysis (chart 3).

From the reflective analysis of the

documents, the potentialities and weaknesses were identified, which are shown in chart 4. The main potentialities regarded the operations that could be applied, being related to the reduction of the biological risk of transmission of pathogens and the adequacy of physical spaces for more ergonomic learning environments. As for the weaknesses, the increase in costs for students and institutions stood out, as well as the reduction in the number of visits.

#### 4 DISCUSSION

Despite the impossibility of conducting face-to-face classes in undergraduate courses in Dentistry during the COVID-19 pandemic with the adoption of distance class model, the return to face-to-face practical activities needs to be planned and changes need to be instituted for this return to occur. In this perspective, this study sought to describe the documents of BADE, MEC and FCD related to the resumption of face-to-face teaching activities in the pandemic scenario, in order to synthesize the information and point out the main similarities

Chart 2. Distribution of the "clinic" unit of analysis according to different documents

<b>"Clinic" unit of analysis</b>				
<b>Category</b>	<b>Subcategory</b>	<b>MEC protocol</b>	<b>FCD Recommendations*</b>	<b>ABENO Consensus</b>
<b>Heating, Ventilation and Air Conditioning System</b>		Maintain the environments ventilated	Portable HEPA filtration unit. Ventilation system.	Portable HEPA filtration unit. Ventilation system.
<b>Aerosol Control</b>		Unspecified	Saliva suction/High-powered suction. Avoid high- and low-speed pens and devices that generate aerosols. Avoid triple syringes, especially as a spray. Dry with cotton or gauze. Service with fourhands. Precise use of intraoral radiography. Absolute isolation.	Physical barriers between dental chairs. Service of a single user per shift per student. High power continuous saliva suction/aspiration. Avoid high- and low-speed pens and devices that generate aerosols. Avoid triple syringe, especially as a spray. Service to 4 hands. Use of Absolute Isolation.
<b>Disinfection agents</b>		Unspecified	1% Sodium Hypochlorite. Biguanide and quaternary ammonium. Glucoprotamine. 70% alcohol.	70% alcohol. 1% sodium hypochlorite. 0.2% to 0.5% peracetic acid. Fifth-generation ammonium quaternaries with biguanide (7 to 9% 1:200).
<b>Clinical environment cleaning</b>		Recommended Unspecified	70% alcohol. 2% glutaraldehyde. 1% sodium hypochlorite. 0.001 to 0.2% peracetic acid.	Recommended Unspecified
<b>Distancing</b>		1.5 meters	Two meters of space between dental chairs	Two meters of space between dental chairs
<b>Dressing/undressing</b>		Unspecified	Recommended – Unspecified	Dressing and undressing must take place in different environments
<b>Apron</b>	P/S/V	Recommended Unspecified	Disposable waterproof apron with long sleeves, mesh or elastic cuff, ¾ of length, up to half shin and with back opening ( $\geq 50\text{g/m}^2$ )	Disposable waterproof apron with long sleeves, mesh or elastic cuff, ¾ of length, up to half shin and with back opening ( $\geq 50\text{g/m}^2$ )
	CS	Recommended Unspecified	Recommended – Unspecified	Waterproof apron (floor cleaning)/disposable apron (surface cleaning and decontamination)
<b>Cap</b>	P/S/V	Recommended Unspecified	Cap/nonwoven fabric waterproof disposable cap 30g/m <sup>2</sup>	Cap/nonwoven fabric waterproof disposable 30g/m <sup>2</sup>
	CS	Recommended Unspecified	Recommended – Unspecified	Cap/nonwoven fabric waterproof disposable cap 30g/m <sup>2</sup>
<b>Mask</b>	P/S/V	Recommended Unspecified	Disposable triple surgical mask (type IIR)	Disposable triple surgical mask (type IIR)
	CS	Recommended Unspecified	Disposable triple surgical mask (type IIR)	Not mentioned

Chart 2. Distribution of the "clinic" unit of analysis according to different documents – continued

<b>Respirator</b>	P/A/C	Recommended Unspecified	N95/PFF2 or similar without valve.	N95/PFF2 or similar without valve.
	CS	Recommended Unspecified	Not mentioned	N95/PFF2 or similar without valve.
<b>Shoe</b>	P/S/V	Recommended Unspecified	Closed and with non-slip sole.	Closed and with non-slip sole
	CS	Recommended Unspecified	Professional, long, waterproof boots with and non-slip sole.	Professional, long, waterproof boots with and non-slip sole. (exclusive use for cleaning the clinic)
<b>Shoe covers</b>	P/S/V	Recommended Unspecified	Polypropylene 30 grams.	Not mentioned
	CS	Recommended Unspecified	Not mentioned	Not mentioned
<b>Glove</b>	P/S/V	Recommended Unspecified	Vinyl/ Latex/Surgical	Vinyl/Latex /Surgical
	CS	Recommended Unspecified	Rubber	Long; rubber
<b>Overglove</b>	P/S/V	Recommended Unspecified	Recommended	Recommended
	CS	Recommended Unspecified	Not mentioned	Not mentioned
<b>Safety glasses</b>	P/S/V	Recommended Unspecified	Safety glasses with side shields	Safety glasses with side shields
	CS	Recommended Unspecified	Recommended – Unspecified	Safety glasses with side shields
<b>clothing</b>	P/S/V	Recommended Unspecified	Surgical scrub	Surgical scrub
	CS	Recommended Unspecified	Recommended – Unspecified	Surgical scrub
<b>Face shield</b>	P/S/V	Recommended Unspecified	Recommended	Recommended
	FL	Recommended Unspecified	Recommended	Recommended

Sources: Ministry of Education<sup>15</sup>, Federal Council of Dentistry<sup>16-18</sup>, Brazilian Association for Dental Education<sup>19</sup>.

\*FCD recommendations: considering the combination of the manual and the two updates, published on the June 1st and 22nd, 2020.

P/S/V: Professor/Student/Visitor. CS: Cleaning Staff.

Chart 3. Distribution of the "laboratory" unit of analysis according to different documents

<b>"Laboratory" unit of analysis</b>				
<b>Category</b>	<b>Subcategory</b>	<b>MEC protocol</b>	<b>FCD Recommendations*</b>	<b>ABENO Consensus</b>
<b>Heating, Ventilation and Air Conditioning System</b>		Maintain the environments ventilated (open windows)	Not mentioned	Portable HEPA filtration unit. Ventilation system. Ventilation and/or exhaust system.
<b>Distance between seats</b>		1.5 meters	Not mentioned	Two meters
<b>Apron</b>	P/A/C	Recommended – Unspecified	Not mentioned	Nonwoven fabric waterproof apron (30g/m <sup>2</sup> )
<b>hat</b>	P/A/C	Recommended disposable - Unspecified	Not mentioned	Cap/nonwoven fabric waterproof disposable cap 30g/m <sup>2</sup>
<b>Mask</b>	P/S/V	Recommended disposable - Unspecified	Not mentioned	Disposable triple surgical mask (type IIR)
<b>Respirator</b>	P/S/V	Not mentioned	Not mentioned	N95/PPF2 ou similar sem válvula
<b>Protective goggles</b>	P/S/V	Not mentioned	Not mentioned	Safety glasses with side shields
<b>clothing</b>	P/S/V	Not mentioned	Not mentioned	Short-sleeved surgical scrub
<b>Face shield (Face shield)</b>	P/S/V	Not mentioned	Not mentioned	Recommended

Sources: Ministry of Education<sup>15</sup>, Federal Council of Dentistry<sup>16-18</sup>, Brazilian Association for Dental Education<sup>19</sup>.

\*FCD recommendations: considering the combination of the manual and the two updates, published on the June 1st and 22nd, 2020.

P/S/V: Professor/Student/Visitor. CS: Cleaning Staff.

and discrepancies between them, besides identifying potentialities and weaknesses and providing reflections in light of the challenges of complying with these recommendations.

From the description of the documental *corpus*, it was observed that the consensus published by ABENO<sup>19</sup> was more complete and detailed. Information towards a more individualized care was found in the recommendations made by the FCD, which is more detailed in the "clinic" unit. However, it is noteworthy that although the FCD<sup>16-18</sup> does not address information in the "laboratory" unit of analysis, it is understood that this entity regulates the exercise of the dental profession and not the

training of these professionals at the undergraduate level. In the MEC<sup>15</sup> protocol, little focus was observed for the practice scenarios of courses in the health area. Thus, this publication directed its guidelines in a more comprehensive way, considering all courses.

The recommendation to use the natural ventilation system was identified as a necessary potentiality to reduce the risk of transmission of pathogens. Although the use of a portable filtration unit (High Efficiency Particulate Air Filters - HEPA) was considered indispensable when performing clinical procedures that generate aerosol, as it reduces the particle count in the environment and

Table 4. Distribution of units of analysis based on strengths, weaknesses, reflections and suggestions

Analysis Unit/ Category	Potentiality	Weakness	Reflections/Suggestions
<b>Waiting room</b> Oximeter and thermometer	Simple operations and easy identification of symptoms of COVID-19. Indicative for the search for a specific diagnosis.	Need for an employee aimed (and trained) to this function. Equipment maintenance.	Work overload for the waiting room employee. These operations can be performed during anamnesis.
<b>Waiting room</b> Distance between seats	Ensures greater physical distance between patients.	The physical structure may not allow for the necessary distance. Alert to the reduction in the number of patients scheduled per shift.	It aims to increase repressed demand and reduce the number of procedures performed.
<b>Clinic</b> Ventilation system	Adaptation will decrease the biological risk of aerosol transmission of pathogens.	Increased cost for the HEI. Need to respect longer time intervals for use of the clinic (rotation).	Opening windows may be a momentary solution until the exhaust fans are purchased.
<b>Clinic</b> Aerosol Control	Avoiding the use of rotating apparatus and spray generators reduces the risk of contamination by SARS-Cov-2 and other pathogens.	Avoiding the use of rotators and spray generators will affect the non-performance of techniques of surgical procedures in different specialties. Reduced patient flow. Increased time for performing procedures with manual instruments.	Commitment to manual technical learning. It is suggested for more than one procedure to be performed on the same patient.
<b>Clinic</b> Distance between dental chairs	Structural reform to expand the physical space will provide an ergonomic care environment, reducing biohazards and increasing patient privacy.	Structural reforms will lead to higher costs for the HEI. The physical structure may not allow for the necessary distance, reducing the number of students and patients in attendance.	In the impossibility of structural reform to expand the physical space, there will probably be isolation of the service units in the clinics.
<b>Clinic</b> PPE	In addition to protection against SARS-Cov-2, complying with the use of new PPE will promote greater protection against occupational accidents and pathogens that cause other infections.	Increased cost for institutions and students. Increased amount of biological waste. Difficulty in performing esthetic procedures with the face shield.	Plastic hoods allow its reuse through disinfection. Prefer anatomical face shields (less visual distortion).
<b>Laboratory</b> Distance between seats	Structural reform to expand physical space will provide a more ergonomic learning environment and lower risk of occupational accidents.	Structural reforms will lead to higher costs for the HEI. The physical structure may not support the necessary distance.	In the impossibility of structural reform to expand the physical space, the benches will probably be insulated.

HEI: higher education institution. PPE: personal protective equipment.

reduces the time for rotation<sup>19</sup>, active ventilation added to the use of face masks can reduce the risk

of individual infection similarly to the system previously described<sup>22</sup>. Besides being a measure



that is easy to implement and inexpensive, this operation can be performed by simply opening windows, as recommended by the MEC<sup>15</sup> protocol.

Regarding the distance between seats in the laboratory and dental chairs in clinics, the need for structural improvements is suggested in some educational institutions. In this regard, private institutions have greater flexibility of budget and financial execution, which could contribute to speed up the necessary structural reforms<sup>23</sup>. In this sense, the return of face-to-face practical activities in adequate operating conditions will possibly start first in private institutions and later in public institutions, where the challenges related to the adequacy of the physical structure are greater<sup>24</sup>. Indirectly, this situation can lead to longer retention time for students of public institutions. In a deeper look, we should reflect on how much this fact can interfere in the lives of those who study in other cities, resulting in expenses with rent and living distant from their families, difficulties that were already stressed in relation to the permanence in Brazilian higher education<sup>25</sup>.

Therefore, the replanning of the physical space may consist of simpler measures, such as the isolation of benches in laboratories and care units in a clinical environment, in order to ensure greater distance between students and patients. These measures, in turn, are already being adopted in courses that returned after the permission by local decrees<sup>26</sup>. In addition, these operations will provide a smaller number of students in practice activities and a smaller number of patients in attendance, although they are more likely to be achieved in the short term. Although a reduction is expected in the number of care services offered in Dentistry courses, considering the isolation of the service units as well as the rotation of students in practical classes, there will be an increase in demand for

care in the reopening of Dentistry clinical schools. As a result of the suspension of non-emergency dental treatments in Primary Health Care establishments recommended by the Ministry of Health at the beginning of the pandemic, with an emphasis on emergencies<sup>27</sup>, a greater demand for elective dental treatments is projected to meet the demand of patients that were not treated by public and private oral health services during the pandemic<sup>28</sup>.

The reduction in the number of patients attended in undergraduate clinics can indirectly have two other impacts. One impact is related to the search for *lato sensu* postgraduate courses (specialization, improvement and updating), increasing the costs for good clinical training. The other would be related to the possibility of telemonitoring, carried out jointly by professors and students using digital technologies and favoring the distance monitoring of patients<sup>29</sup>.

The use of more appropriate PPE was mentioned in the categories of analysis of this study. Given the potential of regulations on PPE, the adoption of stricter biosafety protocols to prevent the dissemination of SARS-Cov-2 stood out. Meanwhile, it will reduce the risk of contamination by other pathogens and expand care against other viral infections<sup>30</sup>. However, the acquisition of the currently recommended PPE causes increased costs<sup>31</sup>. For educational institutions, the purchase of these inputs should meet the needs of teachers and staff. For students, the more expensive PPE will imply a greater share of the individual or family budget, especially for those with low income enrolled in public institutions or for those benefiting from student financing programs in private institutions.

The COVID-19 pandemic is also impacting on the increase in the production of solid hospital waste, mainly due to the significant increase in the use and switching of PPE, such as

masks, gloves and protective clothing<sup>32</sup>. As these biomedical residues can lead to indirect infection by the virus<sup>33</sup>, their proper management and disposal are extremely important. Thus, it is relevant to consider the cost increase by institutions for hiring specialized services for the proper collection and disposal procedures of biological waste<sup>34</sup>.

As a limitation of this study, we highlight the fact that the analyzes, in view of complying with biosafety standards related to dental education, were not extended to the field of supervised internships, which are developed in the health care network, among other spaces. Thus, more reflections considering these different scenarios, which are fundamental and necessary for academic training in Dentistry, are needed.

Finally, it is recommended that educational institutions in Dentistry not only develop or adopt new biosafety protocols, but also mobilize students, teachers and staff for a reflective view of practical activities in the context of the pandemic, sensitizing and equipping these actors for the careful and diligent compliance with these protocols.

## 5 CONCLUSIONS

A series of changes need to be instituted and fulfilled for the return to practical activities in dental education to occur safely for students, professors, employees and patients. The adoption of stricter biosafety protocols will provide, among the main potentialities, a reduction in the biological risk of transmission of pathogens, expanding care against other infections, and the adequacy of physical spaces in more ergonomic learning environments. As for the weaknesses, there is an increase in cost for students and institutions and a reduction in the number of services.

Public educational institutions will possibly face greater difficulties to return to their activities

compared to private institutions. However, there are challenges to be considered by all institutions for complying with the new biosafety protocols in the return of face-to-face practical activities in Dentistry Courses during the COVID-19 pandemic.

## RESUMO

### **O ensino odontológico e os desafios relacionados ao cumprimento dos novos protocolos de biossegurança no contexto da pandemia da COVID-19**

O objetivo deste estudo foi apresentar os desafios relacionados ao cumprimento dos novos protocolos de biossegurança, na perspectiva do retorno das atividades presenciais nas instituições de ensino superior em Odontologia, no cenário da pandemia da COVID-19. Tratou-se de um estudo qualitativo, de caráter exploratório, ancorado na técnica de pesquisa documental. Foram analisados os documentos publicados pelo Ministério da Educação (MEC), Conselho Federal de Odontologia (CFO) e Associação Brasileira de Ensino Odontológico (ABENO). Os documentos foram coletados nos *websites* das entidades selecionadas. O tratamento dos dados qualitativos foi realizado por meio da análise de conteúdo temática, sendo comparadas qualitativamente as diferentes publicações, identificando-se pontos convergentes, divergentes ou ausentes entre os documentos. Com base na problematização do objeto em questão, foram emitidas sugestões a partir das fragilidades e potencialidades relacionadas à execução das recomendações. Os dados foram distribuídos nas unidades de análise “sala de espera”, “clínica” e “laboratório”. As principais potencialidades foram relacionadas à diminuição do risco biológico de transmissão de patógenos e à adequação de espaços físicos em ambientes mais ergonômicos de aprendizagem. Quanto às fragilidades, aponta-se o aumento de

custos para discentes e instituições e a redução no número de atendimentos. Existem desafios a serem considerados em relação ao cumprimento dos novos protocolos de biossegurança no retorno das atividades práticas nos cursos de Odontologia durante a pandemia da COVID-19.

**Descritores:** Infecções por Coronavírus. Contenção de Riscos Biológicos. Controle de Infecções Dentárias. Educação em Odontologia.

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