

VDH COVID-19 Interim Guidance for Dental Health Care Personnel
as of May 13, 2020

Major Updates since March 13, 2020:

- Addition of recommendation for universal masking
- Addition of recommendation for staff and patient screening
- Specific recommendations for non-urgent dental procedures
- Specific PPE recommendations for DHCP while COVID-19 transmission continues in the community

The [Centers for Disease Control and Prevention \(CDC\)](#) and the [Virginia Department of Health \(VDH\)](#) recommend that extensive activities be put in place to slow the spread of COVID-19 and other respiratory virus infections, minimize their impact, and protect the most vulnerable populations. Individuals, communities, businesses, correctional facilities, and healthcare organizations all have key roles in this strategy. During the COVID-19 pandemic, surgeries and procedures for life-threatening conditions or those with a potential to cause permanent disability have been and continue to be allowed. On May 1, 2020, Virginia hospitals and outpatient facilities, including dental practices, were allowed to resume seeing patients for elective procedures, surgeries and non-urgent dental visits, provided that specific precautions are taken.

CDC offers interim guidance for [dental settings](#). The [American Dental Association](#) and the [Virginia Dental Association](#) provide additional recommendations for Dental Health Care Professionals (DHCP). Consider the following recommendations as you continue or begin to treat dental patients in the presence of COVID-19.

Steps to Take Prior to Resuming Non-Urgent Dental Procedures:

- Communicate with ALL staff about COVID-19 and facility response plans.
 - Post [signage](#) about COVID-19 symptoms and prevention steps.
 - Perform temperature and symptom screening of all staff at the beginning of each shift.
 - People with these symptoms or combinations of these symptoms may have COVID-19:
 - Cough
 - Shortness of breath or difficulty breathing
 - Fever
 - Chills
 - Repeated shaking with chills
 - Muscle pain
 - Sore throat
 - New loss of taste or smell
 - If staff have fever $\geq 100.0^{\circ}\text{F}$ or other signs and symptoms of COVID-19, send them home immediately.
- Communicate with ALL patients about COVID-19 and what to expect during their procedure.
 - Notify patients in advance that they will undergo screening. On the day of their appointment, screening may be conducted over the phone or in person.
 - Notify patients in advance that office entry is restricted to patients and necessary companions/guardians in order to reduce the number of people in the office.
- Require universal masking at the healthcare facility for staff and patients.

- Have cloth or surgical masks available to provide to arriving patients if they do not arrive with their own mask.
- As part of source control efforts, [healthcare personnel should wear a facemask at all times while they are in the healthcare facility](#). When available, facemasks are generally preferred over cloth face coverings for DHCP.
- Take the following infection control steps:
 - Ensure that the facility has adequate supplies of PPE and cleaning and disinfection supplies.
 - Set up a handwashing station or provide hand sanitizer at the office entrance.
 - Stagger appointments to reduce the number of people entering or exiting the office at the same time.
 - Appointment times or gaps between appointments may need to be lengthened to allow for appropriate cleaning and disinfection.
 - Remove non-essential items (e.g., magazines, coffee machines, toys) from the reception or waiting area to reduce transmission potential.
 - Prioritize the use of non-contact payment methods if possible.
 - Minimize time in waiting areas, space chairs at least 6 feet apart, and maintain low patient volumes.
 - Ensure DHCPs are properly trained and monitored for compliance with infection prevention practices like hand hygiene, PPE donning and doffing, cleaning and disinfection of multi-use non critical patient care equipment, etc.
 - Ensure that cleaning policies in all areas of care follow established infection control procedures.
 - Adhere to CDC’s [recommendations for cleaning and disinfection in healthcare settings](#).
 - Ensure that high-touch surfaces and multi-use non-critical patient care equipment are frequently cleaned and disinfected (e.g., each shift).
 - Refer to [List N](#) on the EPA website for EPA-registered disinfectants that have qualified under EPA’s emerging viral pathogens program for use against SARS-CoV-2.
 - Schedule cleaning times.
 - Prepare operatories.
 - Flush water lines, check air lines, check inhalational anesthesia unit gas lines and suction lines.
 - Cover keyboards and monitors.
 - Limit or eliminate paperwork in operatory areas.

Steps to Take When Providing Dental Procedures:

- Continue with actions outlined above.
- Clinicians may prioritize pre-operative and/or pre-procedure testing for COVID-19 through private or commercial labs based on their best clinical judgment (e.g., for medical procedures).
- Perform screening of all patients, including a temperature check and symptom screening.
 - Consider having patients “check in” by calling when they park at the office. They may then wait in their car until they are called to come in. Symptom screening may be performed over the phone and temperature screening may be performed at their car or at the building entrance by a staff member.
 - People with these symptoms or combinations of these symptoms may have COVID-19:

- Cough
- Shortness of breath or difficulty breathing
- Fever
- Chills
- Repeated shaking with chills
- Muscle pain
- Sore throat
- New loss of taste or smell
- If a patient has signs or symptoms of COVID-19 identified during screening, recommend that the patient reschedule the dental appointment and reach out to their doctor.
 - If the patient develops symptoms of COVID-19 during their appointment, provide the patient with a mask (if not already masked) and move the patient to a private room with a closed door for further evaluation.
- Encourage use of hand sanitizer or a hand washing station as patients enter and leave the office.
- Visitors should generally be prohibited; if they are necessary for an aspect of patient care or as a support for a patient with a disability, they should be pre-screened in the same way as patients.

Considerations for Dental Hygiene Procedures:

- Take steps to minimize the risk of SARS-CoV-2 transmission while maintaining a patient’s oral health.
 - Scaling and Polishing:
 - Hand scaling is preferred as mechanical polishing may generate splatter.
 - Ultrasonic Scalers:
 - If ultrasonic scalers are used, the DHCP should wear appropriate PPE and the use of high volume suction should be considered.
 - Hygiene Checks:
 - Minimize in-person education and counseling after hygiene checks. Schedule a phone or telehealth visit with the patient if follow-up is required.

Considerations for Dental Treatment Procedures:

- Prioritization
 - When reappointing patients, consider giving priority to those whose dental needs may precipitate urgent or emergent medical care if not addressed promptly.
- High Risk Patients
 - Consider the risks versus benefits for patients in [higher-risk groups](#) (e.g., people aged 65 years or older, serious heart conditions, diabetes). Consider scheduling these patients when office traffic is minimal. Consider scheduling these patients for morning appointments when feasible.
- Tooth Isolation
 - Rubber dams are encouraged for all restorative procedures along with high-volume suction and standard four-handed technique.
- Nitrous Oxide
 - Use disposable nasal hoods; tubing should either be disposable or able to be sterilized.
- Limited Aerosols
 - Minimize use of air and simultaneous use of air and water via air-water syringe.
- Minimize Cross-Contamination
 - Minimize moving from one treatment area to another.

- Discard visibly soiled PPE before seeing other patients.

PPE Considerations for Staff:

- Recommend that DHCP's wear the highest-level PPE available when delivering care that has the potential for creating aerosols.
 - Masks
 - **When available, an N95 respirator (preferred), an approved KN95 respirator, or a level 3 surgical mask should be considered for procedures that have aerosol-generating potential (e.g., use of dental handpieces, air/water syringe, ultrasonic scalers).**
 - At a minimum, a level 2 surgical mask is appropriate for all dental procedures.
 - If a mask is soiled, damaged or difficult to breathe through, it must be replaced.
 - Eye protection
 - All masks should be coupled with either a face shield or goggles (glasses with side shields).
 - Gloves
 - Gloves should be worn for all procedures.
 - Gown
 - A gown or lab coat should be worn for all procedures.
 - Disposable gowns are preferred and should be changed if soiled.
 - Lab coats should be changed if soiled and laundered after use.

References:

Centers for Disease Control and Prevention (CDC). Interim Infection Prevention and Control Guidance for Dental Settings During the COVID-19 Response.

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/dental-settings.html>

Centers for Disease Control and Prevention (CDC). Interim Infection Prevention and Control Recommendations for Patient with Suspected or Confirmed COVID-19 in Healthcare Settings.

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>

Virginia Dental Association, Interim Guidelines for Re-entry into the Dental Workplace. April 27, 2020.

https://issuu.com/vdapublications/docs/vda_interim_guidelines_4.28.2020

American Dental Association, Return to Work Interim Guidance Toolkit. May 7, 2020.

https://pages.ada.org/return-to-work-toolkit-american-dental-association?utm_campaign=covid-19-Return-to-Work-Toolkit&utm_source=cpsorg-alert-bar&utm_medium=cpsalertbar-virus&utm_content=covid-19-interim-return-to-work