

VDH COVID-19 Interim Guidance for Dental Health Care Personnel as of June 9, 2020

Major Updates since May 13, 2020:

- Addition of definition of dental healthcare personnel (DHCP)
- Updated list of possible COVID-19 symptoms
- Addition of specific equipment considerations after a period of non-use
- Addition of recommendation to wait 15 minutes prior to cleaning and disinfection of a room where a patient **without suspected or confirmed COVID-19** received care

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). DHCP refers to all paid and unpaid persons serving in dental healthcare settings who have direct or indirect exposure to patients or infectious materials, including: body substances, contaminated medical supplies, devices, and equipment, contaminated environmental surfaces and contaminated air. The practice of dentistry involves the use of rotary dental and surgical instruments, such as handpieces or ultrasonic scalers and air-water syringes. These instruments create a visible spray that can contain particle droplets of water, saliva, blood, microorganisms, and other debris. 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:

- Establish protocols for staff and patient screening, use of face coverings and masks, hand hygiene, PPE, and cleaning and disinfection.
 - Communicate with ALL staff about COVID-19 and facility response plans.
 - Ensure DHCPs are properly trained and a plan is in place to monitor 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.
 - Post [signage](#) about COVID-19 symptoms and prevention steps.

- Communicate with ALL patients about COVID-19 and what to expect during their procedure. Include information about screening procedures, use of cloth face coverings, and the need to restrict the number of visitors who accompany them to their appointment.
- Ensure adequate supplies to support a universal masking protocol for staff and patients.
 - Have cloth or surgical masks available for arriving patients if they do not arrive with their own.
 - As part of source control efforts, [healthcare personnel should wear a surgical mask at all times while they are in the healthcare facility](#). When available, surgical masks 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 to support your patient volume. If PPE and supplies are limited, prioritize dental care for the highest need, most vulnerable patients first.
 - Set up a handwashing station or provide hand sanitizer at the office entrance.
 - Install physical barriers (e.g., glass or plastic windows) at reception areas to limit close contact between triage personnel and potentially infectious patients.
- 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.
- Plan for scheduling to minimize time in waiting areas, space chairs at least 6 feet apart, and maintain low patient volumes.
- Ensure cleaning policies in all areas of care that 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.
- If equipment was not used regularly due to temporary office closure, review the manufacturer’s instructions for use (IFU) for office closure, period of non-use, and reopening for all equipment and devices. Some considerations include:
 - Dental unit waterlines (DUWL):

- Test water quality to ensure it meets the standards for safe drinking water.
- Confer with the manufacturer regarding recommendations for shocking DUWL of any devices and products that deliver water used for dental procedures.
- Continue standard maintenance and monitoring of DUWL.
- Autoclaves and instrument cleaning equipment:
 - Ensure that all routine cleaning and maintenance have been performed according to the schedule recommended by the manufacturer’s IFU.
 - Test sterilizers using a biological indicator with a matching control after a period of non-use prior to reopening per manufacturer’s IFU.
- Air compressor, vacuum and suction lines, radiography equipment, high-tech equipment, amalgam separators, and other dental equipment: Follow protocol for storage and recommended maintenance per manufacturer’s IFU.
- Implement engineering controls.
 - Properly maintain ventilation systems.
 - Optimize patient placement to reduce transmission.
 - Prioritize the use of individual patient rooms whenever possible.
 - Orient the patient’s head near the return air vents, away from pedestrian corridors, and towards the rear wall when using vestibule-type office layouts.
 - Consider reducing patient volume.
 - Determine the maximum number of patients that can safely receive care at the same time in the dental facility, based on the number of rooms, the layout of the facility, and the time needed to clean and disinfect patient operatories.
 - Patients should be cared for in an individual room to the extent possible.

Steps to Take When Providing Dental Procedures:

- Continue with actions outlined above.
- 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:
 - Fever or Chills
 - Cough
 - Shortness of breath or difficulty breathing
 - Fatigue
 - Muscle or body aches
 - Headache
 - New loss of taste or smell
 - Sore throat
 - Congestion or runny nose
 - Nausea or vomiting
 - Diarrhea
 - If staff have a fever of $\geq 100.0^{\circ}\text{F}$ or other signs and symptoms of COVID-19, send them home immediately.

- Ensure staff don a surgical mask upon entering the facility. Those who do not have direct patient contact may wear a cloth face covering.
- Contact all patients prior to dental treatment to perform telephone triage to assess the patient’s dental condition and determine whether the patient needs to be seen in a dental setting or if they can use teledentistry options.
- 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 and visitors upon arrival, 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:
 - Fever or Chills
 - Cough
 - Shortness of breath or difficulty breathing
 - Fatigue
 - Muscle or body aches
 - Headache
 - New loss of taste or smell
 - Sore throat
 - Congestion or runny nose
 - Nausea or vomiting
 - Diarrhea
 - 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.
 - If a patient with suspected or confirmed COVID-19 requires emergency dental care, treatment should be provided in a private room and DHCP in the room should wear an N95 or higher level respirator if aerosol-generation procedures must be performed. Performance of AGPs should ideally take place in an airborne infection isolation room. Consider scheduling patients with known or confirmed COVID-19 for appointments at the end of the day or when other patients are not present.
- Ensure patients and visitors have on a cloth face covering when they enter the building and keep it on as much as possible. Provide a covering or mask to those who do not have one.
- 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.
- Ensure that environmental cleaning and disinfecting procedures are followed consistently and correctly after each patient.
 - To clean and disinfect the dental operatory after a patient **without suspected or confirmed COVID-19**, wait 15 minutes after the patient leaves to begin to clean and

disinfect rooms and surfaces. This time allows droplets to fall from the air after dental procedures; rooms and surfaces can then be disinfected properly.

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:
 - Use of ultrasonic scalers should be limited as much as possible. 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 or lung conditions, diabetes). Consider scheduling these patients when office traffic is minimal, such as early or late in the day.
- 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.
 - Limit the number of persons in the room to those necessary to provide care.
 - Schedule at the end of the day and when no other patients are in the office.
- Minimize Cross-Contamination
 - Minimize moving from one treatment area to another.
 - Discard visibly soiled PPE before seeing other patients.

PPE Considerations for Staff:

- Adhere to all recommended hand hygiene practices.
- Recommend that DHCP’s wear the highest-level PPE available when delivering care that has the potential for creating aerosols. Proper steps for donning, doffing, and disposal of each item need to be followed.
 - 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, at least daily.

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