Recommended Office Opening Protocols

Updated: 4/28/2020

Interim Guidance for Minimizing Risk of COVID-19 Transmission

Nebraska Dental Association | ADA

Table of Contents

Updated: 4/28/2020

Interim Guidance for Minimizing Risk of COVID-19 Transmission

Nebraska Dental Association | ADA

Introduction

The Nebraska Dental Association (NDA) recommended on March 16, 2020 that dentists restrict their practices to all but urgent and emergency care. This recommendation was later extended until April 30 at the earliest. In addition, Nebraska State Directed Health Measures (DHM) were issued by county enforcing these recommendations. The intent of the recommendation was to observe social distancing, help mitigate the spread of the 2019 Novel Coronavirus, conserve essential personal protective equipment (PPE) for medical frontline colleagues, and avoid the need for patients requiring emergency dental treatment to go to overburdened hospital emergency departments.

As of mid-April, conditions regarding virus transmission vary greatly across Nebraska.

The NDA recognizes that local or state government decisions regarding closures, including restrictions regarding elective health care (DHM's), supersede NDA recommendations.

As Nebraska begins to consider reopening, the NDA believes dentists should exercise professional judgment and carefully consider the availability of appropriate PPE to minimize risk of virus transmission. The American Dental Association (ADA) is communicating with the Federal Emergency Management Agency (FEMA), other federal agencies, and relevant organizations to advocate that dentists, as essential healthcare workers, are prioritized for PPE. The NDA and our state Dental Health Director, along with the Office of Oral Health, have been working to improve the priority of Nebraska PPE distribution to dental offices.

As of April 16, FDA approved tests for COVID-19 are not available to dentists in the U.S. Therefore, dentists should be aware that asymptomatic healthy appearing patients cannot be assumed to be COVID-19 free.

To aid dentists who may be reopening their practices when County Directed Health Mandates are lifted, the NDA along with significant information provided by the ADA has developed interim guidance for minimizing risk of COVID-19 transmission in order to practice during this pandemic and minimize the risk of virus transmission. A Task Group has been formed by the NDA with input from members across the state, the Nebraska State Dental Director and the Nebraska Board of Dentistry to create this interim guidance. The State Dental Director and Board of Dentistry fully support the efforts of the Nebraska Dental Association to provide valid, up to date information to support dentistry in Nebraska. These guidelines are consistent with *Centers for Medicare & Medicaid Services (CMS) Recommendations Re-opening Facilities to Provide Non-emergent Non-COVID-19 Healthcare: Phase I*, released April 19, 2020. ***Additional guidance documents from the ADA*** ***and NDA will likely be issued.***

The longer dental practices remain closed to preventive care and treatment for early forms of dental disease, the more likely that patients' untreated disease will progress, increasing the complexity and cost for treatment down the road.

The decision to reopen a dental office or remain closed, absent an overriding Directed Health Mandate, is a decision to be made by each individual dental practice. The following guidelines were developed to assist dentists in making that decision, as well as to encourage a concerted effort in making the reopening of dental offices the safest environment possible for patients, staff and dentist. The NDA presents the following guidelines not as mandates, but as recommendations to aid dental teams in the reopening of their offices.

The safety of patients, dentists and dental team members has been and always will be the NDA and ADA's utmost concern.

Interim Guidance for Minimizing Risk of COVID-19 Transmission

Nebraska Dental Association | ADA

Before Dental Care Starts

Dentist and Dental Team Preparation: Staff preparation and education is an absolute must, prior to opening your office, including an assessment of staff concerns and ability to adhere to these guidelines.

1. Dental Health Care Personnel (DHCP) experiencing influenza-like-illness (ILI) (fever with either cough or sore throat, muscle aches) should not report to work.
2. It is suggested that providers who do **not** fall into one of the following categories (older age; presence of chronic medical conditions, including immunocompromising conditions; pregnancy) should be prioritized to provide care. Consideration should be given to delaying non-essential procedures to older otherwise healthy adults (65+) and medically compromised patients.
3. All DHCP should self-monitor by remaining alert to any respiratory symptoms (e.g., cough, shortness of breath, sore throat) and check and record their temperature before beginning work every day, regardless of the presence of other symptoms consistent with a COVID-19 infection. DHCP with temperatures over 100.4º should return home. Dental offices should create a plan for whom to contact if an employee develops fever or respiratory symptoms to determine whether medical evaluation is necessary.
    a. To prevent transmission to DHCP or other patients, contact your local health department immediately if you suspect a patient or DHCP has COVID-19. You can also contact your state health department.
4. Designate convalescent DHCP (those DHCP who have clinically recovered from COVID-19 and may have some protective immunity) to preferentially provide care. This means that providers (DHCP) who have recently contracted and recovered from COVID-19 infection should be the preferred personnel providing care.
5. **Conduct an inventory of available personal protective equipment (PPE) supplies - e.g., surgical masks, surgical gowns, surgical gloves, face shields. Assume that supplies may be unavailable in the near future.**
6. Remove magazines, reading materials, toys and any non-essential furniture (other than chairs) that may be touched by others and which are not easily disinfected. Place a transparent barrier in front of check-in desk. Arrange chairs to optimize social distancing.
7. Print and place signage in the dental office for instructing patients on standard recommendations for respiratory hygiene/cough etiquette and social distancing. See *COVID-19, Protecting Yourselves and Your Loved Ones.*
8. Schedule appointments far enough apart to minimize possible contact with other patients in the waiting room.
9. Prevent patients from bringing companions to their appointment, except for instances where the patient requires assistance (e.g., pediatric patients, people with special needs, elderly patients, etc.). If companions are allowed for patients receiving treatment, they should also be screened for signs and symptoms of COVID-19 during patient check-in and should not be allowed entry into the facility if signs and symptoms are present (e.g., fever, cough, shortness of breath, sore throat). Companions should not be allowed in the dental office if perceived to be at a high risk of contracting COVID-19 (e.g., having a pre-existing medically compromised condition). Any person accompanying a patient should be prohibited in the dental operatory.

Interim Guidance for Minimizing Risk of COVID-19 Transmission

Nebraska Dental Association | ADA

Screening for COVID-19 Status and Triaging for Dental Treatment

1. "Make every effort to interview the patient by telephone, text monitoring system, or video conference before the visit." See *COVID-19 Patient Disclosures*. Consider teledentistry to reduce exposure to DHCP.
2. Take and record patient's temperature. If a dental patient does not have a fever and is otherwise without even mild symptoms consistent with COVID-19 infection (e.g., fever, sore throat, cough, difficulty breathing), they can be seen in dental settings with appropriate protocols and PPE in place.
3. If a dental patient has a fever strongly associated with a dental diagnosis (e.g., pulpal and periapical dental pain and intraoral swelling is present), but no other signs/symptoms of COVID-19 infection (e.g., fever, sore throat, cough, difficulty breathing), they can be seen in dental settings with appropriate protocols and PPE in place.
4. If a dental patient does exhibit signs and symptoms of respiratory illness, the patient should be referred for emergency care where appropriate.
5. As the pandemic progresses, some patients will recover from the COVID-19 infection. It is important to determine when a patient who was diagnosed with the disease is ready to discontinue home isolation. CDC suggests two approaches to determine clearance to abandon quarantine:
    a. "**Time-since-illness-onset and time-since-recovery strategy (non-test-based strategy)***: Persons with COVID-19 who have symptoms and were directed to care for themselves at home may discontinue home isolation under the following conditions:
        i. At least 3 days (72 hours) have passed since recovery defined as resolution of fever without the use of fever-reducing medications and improvement in respiratory symptoms (e.g., cough, shortness of breath); **and**,
        ii. At least 7 days have passed since symptoms first appeared."
    b. "**Test-based strategy**: Persons who have COVID-19 who have symptoms and were directed to care for themselves at home may discontinue home isolation under the following conditions:
        i. Resolution of fever without the use of fever-reducing medications and,
        ii. Improvement in respiratory symptoms (e.g., cough, shortness of breath) and,
        iii. Negative results of an FDA Emergency Use Authorized molecular assay for COVID-19 from at least two consecutive nasopharyngeal swab specimens collected ≥24 hours apart** (total of two negative specimens)."

"Individuals with laboratory-confirmed COVID-19 who have not had any symptoms may discontinue home isolation when at least 7 days have passed since the date of their first positive COVID-19 diagnostic test and have had no subsequent illness."

Upon Patient Arrival

1. If patients wish to, or if the waiting room does not allow for appropriate “social distancing” (situated at least 6 feet or 2 meters apart), they may wait in their personal vehicle or outside the facility where they can be contacted by mobile phone when it is their turn to be seen. This can be communicated to patients at the moment of scheduling the appointment, based on established office procedures (see Dentist and Dental Team Preparation Section). Escorting patients directly to treatment rooms avoiding the waiting room is recommended.
2. Though we are recommending that only asymptomatic patients, patients who have tested negative for COVID-19 infection, or recovered patients (after 3 days since resolution of signs and symptoms) be seen in dental settings, DHCP should ensure that there are supplies for hand washing, (e.g., alcohol- based hand rub with 60-95% alcohol, tissues), and no-touch receptacles (trash can) for disposal at healthcare facility entrances, waiting rooms, and patient check-ins.” If possible, provide each patient with a new Level 1 mask even if the patient has arrived with their own mask. Schedule to reduce patient contact with the minimal number of DCHP as possible.

Interim Guidance for Minimizing Risk of COVID-19 Transmission

Nebraska Dental Association | ADA

During Dental Care

Standard and Transmission-based Precautions and Personal Protective Equipment (PPE)

1. DHCP should adhere to Standard Precautions, which **"are the minimum infection prevention practices that apply to all patient care, regardless of suspected or confirmed infection status of the patient, in any setting where healthcare is delivered."**
    a. Standard Precautions include: Hand hygiene, use of PPE, respiratory hygiene/etiquette, sharps safety, safe injection practices, sterile instruments and devices, clean and disinfected environmental surfaces.
2. If available, DHCP should implement Transmission-Based Precautions. "Necessary transmission-based precautions should include patient placement (e.g., isolation), respiratory protection (e.g., N-95 masks or equivalent or best available) for DHCP, or postponement of nonemergency dental procedures." (See *ADA Interim Mask and Face Shield Guidelines*).
3. **For aerosol procedures**: Wear a surgical mask (N95 if available or equivalent or best available) and eye protection with solid side shields and face shield to protect mucous membranes of the eyes, nose, and mouth during procedures likely to generate splashing or spattering [(large droplets)] of blood or other body fluids. If available, wear a gown and head cover. *Strategies for Optimizing the Supply of N95 Respirators; Strategies for Optimizing the Supply of Isolation Gowns*

    Once an aerosol producing procedure is started every effort should be made to take that procedure to completion. Upon completion disposable PPE should be disposed of within that operatory. PPE that is reusable should be left in the operatory and disinfected along with the operatory or sterilized. Consideration should be given to utilizing two operatories if possible. Disinfect the operatory upon completion of the procedure allowing it to set while the other operatory is in use. Disinfect again before reusing. Hygiene exams should be done between aerosol producing procedures and not during aerosol producing procedures.
4. **For non-aerosol procedures**: Wear a surgical mask and face shield.
5. "If your mask is damaged or soiled, or if breathing through the mask becomes difficult, you should remove the face mask, discard it safely, and replace it with a new one." Additional information on surgical masks from the FDA is available here.
6. DHCP should adhere to the standard sequence of donning and doffing of PPE.
(See also, CDC protocol)
7. Also Consider Non-Surgical Caries Management Approaches
8. N95 not currently available? See *Upgrading your Level 1 mask*

Clinical Technique (Handpieces, Equipment, etc.)

1. There are no clinical studies supporting the virucidal effects of any preprocedural mouthrinse against SARS-CoV-2.
2. DHCP may use “extraoral dental radiographs, such as panoramic radiographs or cone beam CT, [and] are appropriate alternatives” to intraoral dental radiographs during the outbreak of COVID-19, as the latter can stimulate saliva secretion and coughing.
3. Reduce aerosol production as much as possible, as the transmission of COVID-19 seems to occur via droplets or aerosols and DHCP should prioritize the use of hand instrumentation.
4. DHCP should use rubber dams or isolating systems (i.e., dryshield, isolite, etc.) along with high volume suction if an aerosol-producing procedure is being performed to help minimize aerosol or splatter.
5. DHCP may use a 4-handed technique for controlling aerosolization or splatter.
6. Anti-retraction functions of handpieces may provide additional protection against cross-contamination.
7. DHCP should prefer the use of high-volume evacuators. DHCP “should be aware that in certain situations, backflow could occur when using a saliva ejector,” and “this backflow can be a potential source of cross-contamination.”
8. DHCP should use resorbable sutures when possible (i.e. sutures that last 3 to 5 days in the oral cavity) to eliminate the need for a follow up appointment.
9. DHCP should “[minimize] the use of a 3-in-1 syringe as this may create droplets due to forcible ejection of water/air.”

Steps After Suspected Unintentional Exposure

Follow CDC recommendations in the event of suspected unintentional exposure (e.g., unprotected direct contact with secretions or excretions from the patient). (https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html)

After Dental Care Is Provided

In Between Patients

1. “Clean and disinfect reusable facial protective equipment (e.g., clinician and patient protective eyewear or face shields) between patients.”
2. Non-dedicated and non-disposable equipment (e.g., handpieces, dental x-ray equipment, dental chair and light) should be disinfected according to manufacturer’s instructions. Handpieces should be cleaned to remove debris, followed by heat-sterilization after each patient.
3. "Routine cleaning and disinfection procedures (apply an EPA-registered, hospital-grade disinfectant to frequently touched surfaces or objects for appropriate contact times as indicated on the product’s label) are appropriate for SARS-CoV-2 in healthcare settings, including those patient-care areas in which aerosol-generating procedures are performed."
    a. Surfaces such as door handles, chairs, desks, elevators, and bathrooms should be cleaned and disinfected frequently.

Post-operative Instructions for Patients

1. In light of the controversy regarding whether ibuprofen should be used for patients with a COVID-19 infection, it is recommended to use ibuprofen as normally indicated when managing any type of pain. For example, for the management of pulpal- and periapical-related dental pain and intraoral swelling in immunocompetent adults, it is recommended that NSAIDs in combination with acetaminophen (i.e. 400-600 milligrams ibuprofen plus 1,000 mg acetaminophen) can still be used.

When Going Home After a Workday

1. DHCPs should change from scrubs and shoes to personal clothing before returning home. Upon arriving home, DHCPs should take off shoes, remove and wash clothing [separately from all other household laundry], and immediately shower. Office attire should not be worn outside the office. https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2

COVID- 19 - PATIENT DISCLOSURES

This patient disclosure form seeks information from you that we must consider before making treatment decisions in the circumstance of the COVID- 19 virus.

A weakened or compromised immune system (including, but not limited to, conditions like diabetes, asthma, COPD, cancer treatment, radiation, chemotherapy, and any prior or current disease or medical condition), can put you at greater risk for contracting COVID- 19. Please disclose to us any condition that compromises your immune system and understand that we may ask you to consider rescheduling treatment after discussing any such conditions with us.

It is also important that you disclose to this office any indication of having been exposed to COVID- 19, or whether you have experienced any signs or symptoms associated with the COVID- 19 virus.

	Yes	No
Do you have a fever or above normal temperature? *	☐	☐
Have you experienced shortness of breath or had trouble breathing? *	☐	☐
Do you have a dry cough? *	☐	☐
Do you have a runny nose? *	☐	☐
Have you recently lost or had a reduction in your sense of smell? *	☐	☐
Do you have a sore throat? *	☐	☐
Do you have chills? *	☐	☐
Do you have repeated shaking with chills? *	☐	☐
Do you have muscle pain? *	☐	☐
Do you have a headache? *	☐	☐
Have you been in contact with someone who has tested positive for COVID- 19?	☐	☐
Have you tested positive for COVID- 19?	☐	☐
Have you been tested for COVID- 19 and are awaiting results?	☐	☐
Have you traveled outside Nebraska in the past 14 days? If so, where? _____	☐	☐

I fully understand and acknowledge the above information, risks and cautions regarding a compromised immune system and have disclosed to my provider any conditions in my health history which may result in a compromised immune system.

By signing this document, I acknowledge that the answers I have provided above are true and accurate.

_____ _____

Signature Date

- Update CDC Screening - https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html

Updated: 4/28/2020

Interim Guidance for Minimizing Risk of COVID-19 Transmission

Nebraska Dental ASSOCIATION | ADA

Upgrading a Level 1 or 3 Mask – [from the University of Florida]

Surgical Wrap

Double the surgical wrap and staple to a Level 1 or Level 3 mask. Markings indicate the number of time sanitized.

UV light sterilizer for 30 minutes. One mask can be sterilized up to 5 times.

Autoclave mask at 250 degrees for 20 minutes.

***Updated:* 4/28/2020**