



ADDRESSING FAQ REGARDING THE COVID-19 PANDEMIC AND THE IMPACT OF DENTISTRY: APRIL, 2020

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As of March 11, 2020 the World Health Organization declared COVID-19 as a global pandemic and the daily lives of all and the practice of dentistry were immediately and dramatically impacted from that day forth. Scientific information regarding SARS-CoV-2 (the virus that causes COVID-19), and guidance to our profession is rapidly and continuously evolving. As this pandemic evolves, the public and dental personnel have been inundated with information about this disease. State and federal dental associations, boards of dentistry, public health agencies, and manufacturers have developed numerous resources, policies and protocols, guidelines, CE courses and for office closure and patient care at this time. While policies and protocols are developed and implemented, numerous questions and concerns have arisen. This article addresses many FAQs from dental personnel during the COVID-19 crisis that is evidence-based, up-to-date and in alignment with public health officials and organized dentistry. The information provided in this article may be considered current as of its publication, yet may be considered outdated in the weeks ahead.

GENERAL QUESTIONS:

Q When can our offices reopen for routine dental care?

A: At this time, state mandates and recommendations vary widely. For up-to-date recommendations and mandates in your area, visit the interactive map in the following link:

success.ada.org/en/practice-management/patients/covid-19-state-mandates-and-recommendations.

Exact dates for offices reopening for routine care have not been established. However, The American Dental Association

ada.org/en/member-center/coronavirus-resource-toolkit-for-ada-members

and other public health officials to determine when it is safe to resume routine dental care.

“Exact dates for offices reopening for routine care have not been established.”

Q How do we protect ourselves and dental team members when we re-open?

A: Our primary guidance and recommendations for infection control in the dental setting is established by the Centers for Disease Control and Prevention (CDC). CDC has provided interim guidance for providing dental care during COVID-19 on March 16, 2020 and this guidance was updated on April 8, 2020.

cdc.gov/oralhealth/infectioncontrol/statement-COVID.html

OSHA has also recently published a document for guidance on preparing workplaces for COVID-19:

osha.gov/Publications/OSHA3990.pdf

Q Where do we acquire information on interim guidance at this time?

A: Check CDC guidance for Providing Dental Care During COVID-19 (updated April 8)

cdc.gov/oralhealth/infectioncontrol/statement-COVID.html

In addition, the American Dental Association recently released interim guidance for minimizing risk of COVID-19 transmission:

ada.org/~media/CPS/Files/COVID/ADA_COVID_Int_Guidance_Treat_Pts.pdf?utm_source=cpsorg&utm_medium=cpsalertbar&utm_content=cv-pm-ebd-interim-response&utm_campaign=covid-19

The ADA also published interim guidance for management of emergency and urgent dental care. This guidance includes algorithms for triaging patients, screening to identify COVID-19 infection.

ada.org/~media/CPS/Files/COVID/ADA_Int_Guidance_Mgmt_Emerg-Urg_Dental_COVID19.pdf?utm_source=cpsorg&utm_medium=cpsalertbar&utm_content=cv-pm-ebdinterim-flowchart&utm_campaign=covid-19

A summary of ADA guidance during the COVID-19 crisis may be accessed at:

success.ada.org/~media/CPS/Files/COVID/COVID-19_Int_Guidance_Summary.pdf?utm_source=cpsorg&utm_medium=cpsalertbar&utm_content=cv-pm-summary-guidance&utm_campaign=covid-19

Q If we are not equipped to treat emergency patients in our facility, where can we refer them?

A: In addition to local hospitals, the Council of State and Territorial Epidemiologists provides a list of state and local health departments that can also provide guidance on locations for safe care.

cdc.gov/coronavirus/2019-ncov/hcp/clinical-criteria.html

Q How do we know which patients can be safely treated at this time?

A: The American Dental Association has developed guidelines on what constitutes a dental emergency as part of an effort to curb the spread of COVID-19.

success.ada.org/~media/CPS/Files/Open%20Files/ADA_COVID19_Dental_Emergency_DDS.pdf

The ADA reiterates that this guidance may change as the COVID-19 pandemic

progresses and that dentists should use their professional judgement in determining a patient's need for urgent or emergency care. People with COVID-19 who have completed home isolation clearance can receive emergency dental care. For more information, visit:

cdc.gov/coronavirus/2019-ncov/hcp/dental-settings.html

Q Where do we go for reliable sources of information on COVID-19?

A: As with ALL sources of healthcare related information, it is important that we rely on sites that use well-accepted scientific analyses such as reputable medical/dental journals, those that have a mission to inform and protect the public or large news agencies that have deep expertise in health reporting. Other sources may be reputable, but the reader should discern whether or not the source is reliable. In addition, during this COVID-19 crisis, the Organization for Safety, Asepsis and Prevention (OSAP) now allows access to its website for non-members. The OSAP COVID-19 toolkit has many resources, references, and guidance documents for dental personnel.

osap.org/page/COVID-19

PPE QUESTIONS:

Q What level of masks are available to dentists?

A: Various levels of masks are available for purchase through your dental supplier. Note that supplies are extremely limited at this time, and unfortunately, the anticipated timeline for return to routine levels of PPE is not yet known. While CDC does not

recommend specific levels of masks for routine care, the agency does recommend that N-95 masks to be worn for exposure control for airborne transmitted infections. An excellent reference for comparison of various masks is Crosstex, MaskEnomics:

crosstex.com/sites/default/files/public/educational-resources/technical-specifications/maskenomics_2.pdf

Q What level of mask is recommended for dental personnel during the COVID-19 crisis?

A: First and foremost, dental facilities should limit services to emergency visits only at this time. Having said that, CDC recommends to use the HIGHEST level of personal protective equipment (PPE) available. This includes gloves, gown, eye protection (goggles, disposable/reusable face shield that covers the front and sides of the face) and a N-95 or higher-level respirator during emergency dental care for patients without COVID-19. If respirator not available, use combination of surgical mask and a full-face shield. See CDC interim guidelines for more information:

cdc.gov/coronavirus/2019-ncov/hcp/dental-settings.html

“CDC recommends to use the HIGHEST level of personal protective equipment (PPE) available.”

Q What types are masks are recommended for the public—especially in areas of community-based transmission?

A: CDC recommends maintaining 6-foot social distancing to slow the spread of the virus and is now advising the use of simple CLOTH face coverings to slow the spread of the virus. These are not surgical masks or N-95 respirators. These are critical supplies that must be reserved for healthcare workers and other first responders.

cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/cloth-face-cover.html

Q I wear loupes for the practice of dentistry. Will a face shield fit over these loupes?

A: There are some face shields that will accommodate loupes, and others that will not. Once the supply of PPE available meets the demand for healthcare workers, check with your dental supply representative to look for the types available. If reusable eye protection is worn, it must be cleaned and disinfected according to manufacturer’s instructions prior to reuse. Disposable eye protection should be discarded after use.

Q It seems as if we should either double up on masks or wear a surgical mask OVER the N95 mask for more protection. Your thoughts?

A: There are some infection preventionists who are recommending the practice of wearing a surgical mask OVER a N95 for the purpose of preserving the N95 for subsequent use. This practice is not recommended by NIOSH and some considerations with this practice include

the breathability with the wearing of a double mask, and the moisture buildup within the mask that may occur. Note that in conventional times (when PPE is readily available), N95 masks are considered single use devices. CDC has responded to the mask shortage and has provided strategies for optimizing the supply of facemasks

cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/face-masks.html

And OSHA Guidance on preparing workplaces for COVID-19

osha.gov/Publications/OSHA3990.pdf

encourages the use of face shields to be worn on top of respirators to prevent bulk contamination of the respirator.

Q Are surgical caps now recommended for dental care?

A: Not at this time. Dental personnel in some emergency facilities are wearing surgical caps for dental care, however these facilities are hospital based and are following recommendations for their medical providers. Other medical care providers are following CDC guidelines for outpatient and ambulatory care settings: Responding to Community Transmission of COVID-19 in the United States.

cdc.gov/coronavirus/2019-ncov/hcp/ambulatory-care-settings.html

Q Do front desk personnel need to wear masks? If so, should they be changed between every patient?

A: At this time, it is recommended to have minimal dental personnel in the dental office. Ideally, front desk personnel should not be present during this time of office closure

and medical screening may be performed via teledentistry or other technology based methods. OSHA Guidance on Preparing the workplace for COVID-19

osha.gov/Publications/OSHA3990.pdf

provides occupational risk for workers exposed to SARS-CoV-2. According to this risk assessment, front desk personnel would have a medium exposure risk job that may require frequent and/or close contact (within 6 feet of) people who may be infected with SARS-CoV-2, but who are not suspected COVID-19 patients. Control measures in this category may include the use of physical barriers, or offering face masks to employees. In this scenario, CDC guidelines for mask wearing would apply. Read CDC Summary of Infection Prevention Practices in Dental Settings: Basic Expectations for Safe Care for more information.

cdc.gov/oralhealth/infectioncontrol/pdf/safe-care2.pdf

Q Will dental professionals be required to have a respiratory protection program once our offices are opened again?

A: While policies and protocols for dentistry after the COVID-19 pandemic have not been established yet, it is reasonable to assume that COVID-19 will still be present in our communities and that dental personnel should be forward thinking. There are some resources to facilitate learning about what such programs entail such as OSHA Guidance on Preparing Workplaces for COVID-19

osha.gov/Publications/OSHA3990.pdf

and OSHA's Respiratory Protection Program Toolkit

osha.gov/Publications/OSHA3767.pdf

AIR QUALITY:

Q If our offices have an open design, should we consider creating rooms with materials such as drop cloths? Should we create doors with shower curtains? How do we check air circulation? How about fogging the air or using Ultraviolet lights?

A: All of these questions require some thought and consideration as the science and transmissibility of COVID-19 evolves. And many examples posed are used more in hospital settings, and are not typically used in the dental setting. See OSHA Guidance on Preparing Workplaces for COVID-19

[osha.gov/Publications/OSHA3990.pdf](https://www.osha.gov/Publications/OSHA3990.pdf),

and for in-depth information visit CDC Guidelines for Environmental Infection Control in Health-Care Facilities

[cdc.gov/mmwr/preview/mmwrhtml/rr5210a1.htm](https://www.cdc.gov/mmwr/preview/mmwrhtml/rr5210a1.htm).

ENVIRONMENTAL SURFACE DISINFECTION:

Q How do I know if my product is effective against COVID-19? And can we use these products for cleaning the air?

A: There have been numerous questions about environmental surface disinfectants that are effective against SARS-CoV-2, the virus that causes COVID-19. The US Environmental Protection Agency provides a List N: Disinfectants for Use Against SARS-CoV-2:

[epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2](https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2).

Note that the N-list may contain the “master product name”, yet products are also categorized according to EPA registration number which should match the number on the product label. When using any of the products, follow the label instructions for contact time (the amount of time the surface should be visibly wet), PPE requirements, storage and shelf life, and disposal instructions. Note that these products are intended to be used on surfaces—not air! If used inappropriately, this may lead to respiratory and potential toxicity issues.

“When using surface disinfectants, look at the product label instructions”

Q When should we clean floors after dental treatment?

A: According to CDC Guidelines, dental facilities should already have policies and procedures in place for routine cleaning and disinfection of environmental surfaces. This should include clinical contact surfaces AND housekeeping surfaces such as floors, sinks and other surfaces that are not frequently touched during dental care. These key recommendations may be found in CDC Summary of Infection Prevention Practices in Dental Settings: Basic Expectations for Safe Care.

[cdc.gov/oralhealth/infectioncontrol/pdf/safe-care2.pdf](https://www.cdc.gov/oralhealth/infectioncontrol/pdf/safe-care2.pdf)

For more in-depth discussion of environmental surfaces in healthcare settings, access CDC Guidelines for Infection Control in Dental Health-Care Settings—2003.

[cdc.gov/mmwr/preview/mmwrhtml/rr5217a1.htm](https://www.cdc.gov/mmwr/preview/mmwrhtml/rr5217a1.htm)

THE FUTURE OF DENTISTRY:

Many questions were posed regarding the future of dentistry. It is currently difficult if not impossible to predict what routine dental care will look like in one year. While the science of COVID-19 and the policies and protocols for treatment of dental patients continues to evolve, the ADA provides a summary. Per ADA, during the active COVID-19 crisis and beyond, risk must be minimized during dental treatment:

success.ada.org/~media/CPS/Files/COVID/COVID-19_Int_Guidance_Summary.pdf?utm_source=cpsorg&utm_medium=cpsalertbar&utm_content=cv-pm-summary-guidance&utm_campaign=covid-19

The ADA summary for dental care during COVID-19 includes:

1. Screen for dental emergencies using teledentistry or other remote modalities, minimizing the risk of transmission
2. Fully utilize available PPE, understanding that surgical masks, which do not seal around the nose and mouth, are not adequate to completely protect against aerosol-borne disease transmission
3. Take extra-oral radiographs whenever possible; intraoral techniques may induce coughing
4. Reduce aerosol production as much as possible through use of hand instrumentation and employment of dental dam and high speed suction.

5. N95 masks, with a positive seal around the nose and mouth, in combination with a full face shield, should be worn when treating patients in close proximity to their respiratory system, similar to the protocol for medical teams performing intubations. If N95 masks are not available, surgical FDA approved masks must be worn for each patient and not reused, in conjunction with proper utilization of goggles, gowns and gloves.

6. Members of the dental team within six feet of the treatment aerosol area should be limited to the operator and the assistant

In conclusion, it is imperative that dental professionals can do their part to minimize transmission of COVID-19 in the dental setting and community. It is my hope that this information will be helpful and that the many references and resources may help navigate these uncharted waters in an unprecedented time.

