



## IHS COVID-19 Interim Guidance for Re-Opening Dental Clinic Operations

May 13, 2020

The Indian Health Service Division of Oral Health (DOH) recognizes that every dental program will have unique timelines for returning to providing care beyond emergencies. The DOH Infection Control Committee and Dental Directors have assisted in the development of Interim Guidance for re-opening Dental Operations as state, local, and tribal leadership begin coordination to reintroduce essential oral health care. Dental programs should coordinate re-opening efforts with their medical health colleagues, environmental health officials, and clinic leadership. As knowledge of SARS-CoV2 (virus that causes COVID-19) evolves, more recommendations will emerge and impact the delivery of oral healthcare. Per the Congressional testimony May 12, 2020, in the near future the CDC is expected to release dental specific guidance for reopening dental operations. Guidance from our federal agency partners (OSHA, CDC, and CMS) is vetted and developed for compliance to regulatory requirements. Please review the existing guidance, new guidance, and key considerations for re-opening dental operations provided below.

**Existing Guidance.** The following is a list of resources available to dental staff as they develop plans on re-opening IHS dental programs for routine and elective procedures. Click on the respective hyperlinks to read.

- White House
  - [Guidelines for Opening Up America Again](#) – this is the blueprint for re-opening.
- Occupational Safety & Health Administration (OSHA)
  - [Dentistry Workers and Employers](#) (regulatory), May 1, 2020 – this new guidance provides dental-specific exposure risk levels, engineering and administrative controls, and, most importantly, personal protective equipment (PPE) recommendations.
  - [OSHA PPE Standards \(regulatory, 29 CFR 1910 Subpart I\)](#)
  - [OSHA Bloodborne Pathogen Standard \(regulatory, 29 CFR 1910.1030\)](#)
  - [OSHA Respiratory Protection Standard \(regulatory, 29 CFR 1910.134\)](#)
- Centers for Disease Control and Prevention (CDC)
  - [Interim Infection Prevention and Control Guidance for Dental Settings During the COVID-19 Response](#) (recommendation), April 27, 2020 – this is the most recent CDC dental-specific guidance.
  - [Personal Protective Equipment \(PPE\) Burn Rate Calculator](#)
  - [National Institute for Occupational Safety and Health \(NIOSH\) PPE Tracker Application](#)
  - [Airborne Precautions](#)
  - [Droplet Precautions](#)
  - [Healthcare Infection Prevention and Control FAQs for COVID-19](#)
  - [Guidelines for Infection Control in Dental Health-Care Settings, 2003](#)
- Food and Drug Administration (FDA)
  - [Emergency Use Authorization webpage](#) – provides information on tests and products that have received official FDA emergency authorization for use.



- American Dental Association (ADA)
  - [Return to Work Interim Guidance Toolkit](#) - this is the non-federal blueprint for re-opening dental practices and is provided for your information only.
- American Dental Hygienists Association (ADHA)
  - [Interim Guidance on Returning to Work](#)

**New Guidance.** The IHS DOH provides the following re-opening guidance specific to IHS dental service units.

### ***1. Coordination with medical programs.***

Since most of our dental service units are co-located with medical facilities, dental directors should closely coordinate with medical colleagues and the service unit clinical director in the allocation of personal protective equipment for staff and patients. In addition, if it hasn't been already planned, the dental director should work with the medical department to determine who will screen patients presenting to the dental department for services, who will provide masks to the patients while they walk through the facility to the dental department, and what other administrative and engineering controls can be developed that result in the most efficient and safe provision of dental services to the patient.

### ***2. Recommended phased approach at re-opening.***

The IHS DOH recommends the following 3-Phased approach to re-opening. The timeline for moving through the 3-Phased approach is variable and will be dependent on the ability to control infection levels and maintain a constant decrease over time, on availability of adequate PPE, and close coordination with the service unit CEO and clinic director. For a thorough understanding of levels of care as referenced below, see [Chapter 5.D-1 of the IHS Oral Health Program Guide](#) on the IHS Dental Portal (login required, available only to dental staff).

- Until local Leadership authorizes re-opening beyond emergency care – Dental programs should continue to provide only Level I services to patients (emergency oral health services).
- Phase I – Dental programs can begin the slow return to re-opening by providing Levels I and II (preventive) services to patients. Please read bullet #5 below for special precautions for dental hygienists who perform preventive services.
- Phase II – Dental programs can provide Levels, I, II, and III (basic oral health services). This includes most restorative/operative dentistry using a high-speed handpiece.
- Phase III – Dental programs can provide levels IV and V services as needed after successful implementation of levels I-III (basic) services.

### ***3. Disinfection of equipment/operator down time.***

Unfortunately, not enough information is known still about how long aerosols remain in the air following dental aerosol-generating procedures (AGPs). Out of an abundance of caution, the IHS DOH recommends



that dental units (operatories) and operatory countertops and other environmental surfaces in operatories be disinfected immediately using routine [Guidelines for Infection Control in Dental health-Care Settings---2003](#), Consult with the clinic's/hospital's health facility engineers and environmental health officer to determine the operatories ([Airborne Contaminant Removal Efficiency](#).) Once the determined time has passed, the room must be disinfected and reprocessed per CDC guidelines before the next patient. If new information becomes available on this issue, we will issue clarifying guidance.

#### **4. *Use of dental rubber dams.***

The IHS DOH recommends the use of dental rubber dam on all procedures, especially operative/restorative and endodontic procedures, if available and applicable to the specific patient procedure. Use of rubber dam, combined with high-volume evacuation, will lessen contact with saliva.

#### **5. *Dental hygienist risk mitigation.***

Dental hygienists have been listed by various sources as the profession that is at the highest risk for COVID-19. This is due in part to most dental hygienists working alone in patient care and using ultrasonic (Piezon, Cavitron, etc.) instrumentation. To reduce risk, the IHS DOH recommends two practices be immediately implemented in IHS dental service units:

- Assign a dental assistant to provide chairside assisting for all dental hygiene procedures, especially those using ultrasonics (the assistant would provide high-volume evacuation during the procedures);
- Require that dental hygienists wear face shields (not goggles) in addition to masks when using ultrasonic instrumentation or a handpiece.

#### **6. *Minimally-invasive dentistry/teledentistry.***

IHS dental service units are encouraged to continue to use teledentistry as much as possible. Teledentistry may be especially effective in triaging patients or providing temporary home-based solutions (such as recementing crowns) to dental problems. In addition, IHS dental service units are encouraged to implement minimally-invasive dentistry (MID) procedures to the widest extent possible to decrease the need for AGPs. This does not mean that minimally-invasive procedures such as silver diamine fluoride, Hall crowns, interim therapeutic restorations, etc. will replace other evidence-based treatment options, but the IHS DOH is just encouraging programs to consider MID as a part of the services provided to patients.

#### **7. *Coordination with environmental health officers***

The latest OSHA guidance has recommendations regarding engineering and administrative controls that may fall outside the subject matter expertise of many dental staff (i.e., directional air flow, airborne infection isolation rooms, etc.). For that reason, the IHS DOH encourages dental directors and other dental staff to work closely with environmental health officers to determine what additional controls can be implemented in the dental setting to reduce the risk of occupational exposure to dental staff and patients for COVID-19 in our dental departments.



## Key Considerations for Re-Opening Dental Operations.

- Non-emergent and elective procedures must start slowly and the criteria must be periodically reassessed.
- Prioritize non-emergent and elective procedures based on whether their continued delay will have an adverse medical outcome for the patient.
- A dental clinic must strongly consider and balance the risks versus benefits of performing non-emergent and elective procedures for patients at higher risk of contracting COVID-19, such as those over age 60, those with compromised immune systems, or those with poor lung and heart function.
- Reduce or stop non-emergent and elective procedures if a surge/resurgence of COVID-19 cases occurs locally or if adequate PPE cannot be maintained.
- The latest [OSHA Guidance for Dentistry and Employers](#) has recommendations for directional airflow, airborne infection isolation rooms, etc. Consult with your institutional environmental health officers and health facility engineers to identify what additional controls can be implemented in dental settings to reduce the risk of occupational exposure to dental staff and patients for COVID-19 in our dental facilities.

### *I. Pre-opening Preparation*

#### a. Personal Protective Equipment

Evaluate and inventory clinic's PPE supplies, the dental director may need to coordinate with medical for allocation of adequate PPE for staff and patients.

- i. PPE for non- aerosol generating procedures- the following PPE should be worn before entering the treatment area:
  1. N95 respirator OR Surgical mask with full face shield
  2. Eye protection (goggles, or full face shield)
  3. Isolation gown
  4. Gloves
- ii. PPE for aerosol generating procedures- the following PPE should be worn before entering the treatment area:
  1. N95 respirator, equivalent or higher
  2. Eye protection (full face shield)
  3. Isolation Gown
  4. Gloves
  5. Headcovering

#### b. Non-Treatment Areas

- i. Prepare reception area to encourage social distancing
- ii. Provide tissues, hand sanitizer, and masks (surgical/cloth) for patients and visitors
- iii. Remove toys, magazines, and other possible fomites
- iv. Wipe down high contact areas throughout the day with an EPA registered disinfectant.

#### c. Staff Considerations



- i. Train staff on enhanced PPE, appropriate engineering control, work practice and infection control changes as instructed by the CDC and OSHA.
- ii. Actively screen staff at the beginning of their shift for fever and symptoms of Covid-19 per CDC guidance.
- iii. Allow and encourage employees to stay home if they have symptoms of respiratory illness (Fever, cough, shortness of breath). Send staff home if they develop symptoms while at work.

## ***II. Patient Screening***

Even with comprehensive screening, the signs and symptoms of disease may not be present. The CDC recommends [source control](#) in form of facemasks or cloth coverings for everyone upon entering clinics to address asymptomatic or pre-symptomatic transmission. Testing for COVID-19 prior to receiving dental care is anticipated.

- a. Telephone screen all patients for signs or [symptoms associated with COVID-19](#) prior to visit to the office. Be sure to document the results of the telephone screening in the patient's chart.
  - i. Do you have a cough?
  - ii. Are you experiencing shortness of breath or difficulty breathing?
  - iii. Do you have a headache or sore throat?
  - iv. Are you having chills or chills with repeated shaking?
  - v. Have you developed a new loss of taste or smell?
  - vi. Are you having any muscle pain?
  - vii. Have you been in contact with someone possibly sick with COVID-19?
- b. If the patient reports signs or symptoms of a respiratory illness, or any 2 of the associated COVID-19 symptoms, avoid dental care. If possible, delay emergency dental care until the patient has recovered from the respiratory infection. Have plan in place for medical referral to PCP for further testing/screening.
- c. Inform patients that these questions will be repeated and their temperature will be taken when they arrive at the office. Be sure to document the screening results and temperature in patient's chart.
- d. Remind patients/guardians to limit extra companions to only essential people in order to reduce the number of people in the reception area.
- e. Consider having your patients wait in their car and you can call/text when dental clinic is ready for them. For patients who use other forms of transportation, devise a plan and provide instructions for entering the practice prior to their office visit.

## ***III. Scheduling***

- a. Schedule to minimize interaction in common areas such as the front desk, lobby, offices, and breakrooms.
- b. Consider staggering check-ins / checkouts of patients.
- c. Consider extending clinic hours and adjust staff schedules when possible to permit social distancing in clinic, including breaks and arrivals.



- d. Schedule to ensure patient care is provided at least 6 feet from the next patient, and allow ample time for [air changes/hour](#), PPE changes, screenings.
- e. Prepare for reduced staff possibilities due to illness.
- f. Schedule load is also dependent on the availability of PPE.

#### ***IV. Preparation / Clean-up of Treatment Areas***

- a. [OSHA's COVID-19 dentistry guidance](#) supports the CDC's recommendations to continue routine practices for disinfection of clinical surfaces and sterilization of dental devices, as described in the [CDC Guideline for Disinfection and Sterilization in Healthcare Facilities, 2008](#) and [Guidelines for Infection Control in Dental Health-Care Settings, 2003](#).
- b. Refer to [EPA List N](#) for EPA-registered disinfectants qualified for use against SARS-CoV-2.

#### ***V. Dental Treatment***

- a. Continue using teledentistry for patient triage and providing home-based solutions to dental problems.
- b. The number of DHCPs present during the procedure should be limited to only those essential for patient care and procedure support.
- c. Avoid aerosol generating procedures including use of dental handpieces, air-water syringe and ultrasonic scaler.
- d. Consider minimally invasive dentistry treatment options when possible.
- e. Use the lowest aerosol generating methods for hygiene and restorative care.
- f. If aerosol generating procedures are necessary for care, then use:
  - i. Four-handed dentistry (including hygiene procedures).
  - ii. Diligent use of high evacuation suction.
  - iii. Dental dams to minimize droplet spatter and aerosols when possible.

#### ***VI. Potential Exposure Guidance***

- a. Even with comprehensive screening, a dental patient may be confirmed to have COVID-19 post treatment. Dental clinics should follow-up with patients within 48 hours after care and be prepared to follow the [CDC's Healthcare Personnel with Potential Exposure Guidance](#).

**The IHS Division of Oral Health remains committed to providing you with the most updated information from reliable sources, and to assist you in every way possible in this public health crisis. We continue to work closely with the IHS Incident Command Team, the IHS Office of Quality, and with our own National Dental Infection Control Committee. Thank you for all of the work you do every day to improve the oral health of American Indians and Alaska Natives by safely and effectively providing needed dental care.**