

# COVID-19: Opening Our Clinic for Routine Dental Care

Presented by Sean Kelly D.D.S., MSc.  
Dental Director  
Puyallup Tribal Health Authority



# COVID-19: Opening Our Clinic for Routine Dental Care.

Upon completion of this course, participants will be able to:

1. Use current guidelines from the CDC, OSHA, IHS and the ADA (WA DOH if applicable) for necessary planning and strategies for opening dental clinics for routine care.
2. How to prioritize patient appointments as we go from urgent to routine dental care.
3. Appropriate PPE for patient care; aerosol generating vs. non-aerosol generating procedures and how to manage if treatment changes.

# COVID-19 PTHA DENTAL

## 1. GENERAL INFORMATION

### A. PTHA COVID-19 **Phases**

- I. “Social Distancing” and “Infection Control”/”Administrative Controls”/”Engineering Controls”
- II. Supply
- III. Equipment
- IV. Water-line maintenance

### B. Patient Priority

- I. Dental Urgent Care
- II. Gen. Dent/Peds
- III. Ortho
- IV. Denturist
- V. Hygienist

## 2. STAFF

### A. WORK STATUS

### B. PPE

## 3. PATIENTS

### A. SCREENING

### B. COVID-19 TESTING

### C. Patient Access

## 1. GENERAL INFORMATION

A. PTHA COVID-19 **Phase III** (Emergency Care Only) transition to **Phase III/II** (Emergency and Some Routine Care). “Soft Start” **beginning May 18<sup>th</sup>** and likely continue through June.

I. Maintain “Social Distancing” and “Infection Control”/”Engineering Controls”

a. Appointments are 1 hour apart

b. Rooms

i. Enclosed Operatories: Use for aerosol generating procedures with door closed during treatment

1. Rooms 201, 202, 204, 205, 206, 207, 208

2. Use directional air flow, fans directed toward exhaust vents (similar to how we use for N2O)

ii. Open –styled Operatories: for non-aerosol generating procedures (i.e. DUC triage/ MID/hand scaling/exams), to use alternating rooms; rooms “closed” in between

1. Use rooms “A”, “C”, “E”, and “G”

2. Close rooms “B”, “D”, “F” and “H”

iii. Ortho Suite: use two chairs only; opposite ends (Green and Orange)

iv. Denturist uses own room (203), door closed during tx

## 1. GENERAL INFORMATION

A. PTHA COVID-19 Phase III (Emergency Care Only) transition to Phase III/II (Emergency and Some Routine Care).

“Soft Start” beginning May 18<sup>th</sup> and likely continue through June.

I. Maintain “Social Distancing” and “Infection Controls”/“Administrative Controls”/“Engineering Controls”

Used the CDC’s “Interim Infection Prevention and Control Guidance for Dental Settings During the COVID-19 Response” as our primary guideline

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

a. Patient appointments are 1 hour apart

b. Rooms

i. Enclosed Operatories: Use for aerosol generating procedures with door closed during treatment

1. Rooms 201, 202, 204, 205, 206, 207, 208

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## 1. GENERAL INFORMATION

### A. PTHA COVID-19 Phase III.

#### I. Maintain “Social Distancing” and “Infection Control”/”Engineering Controls”

a. Patient appointments are 1 hour apart

#### b. Rooms

i. Enclosed Operatories:

ii. Open –styled Operatories:

iii. Ortho Suite: use two chairs only; opposite ends (Green and Orange)

iv. Denturist uses own room (203), door closed during tx







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## 1. GENERAL INFORMATION

A. PTHA COVID-19 **Phase III** (Emergency Care Only) transition to **Phase III/II** (Emergency and Some Routine Care). Thus Routine Dental (“Soft Start”) beginning May 18<sup>th</sup> and likely continue through June.

I. Maintain “Social Distancing” and “Infection Control”/“Administrative Controls”/“Engineering Controls”

II. Supply: Check rooms for proper supplies. Restock as necessary, check for expiration dates.

III. Equipment check: Check for function/repairs; report any issues, complete work orders as necessary (spreadsheet checklist):

a. Check all handpiece lines (include fiber optics)

b. Check air/water syringe, HVE and Saliva Ejector

c. Check curing lights

d. Check x-ray units, take test x-ray (use “Test patient” in EDR)

e. Check chair positioning controls

IV. Water maintenance:

a. Done weekly during this pandemic. Continuing flushing all lines (2 minutes each), to be done Wednesdays starting May 20<sup>th</sup>.













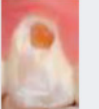





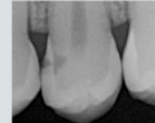
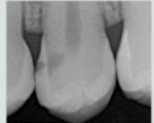
b. Water line test TBD with Medical Lab







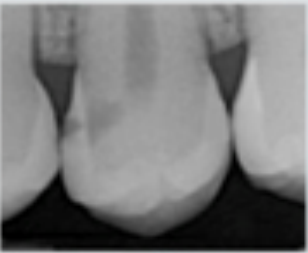
B. Patient Priority: Providers review patient lists/previously cancelled appointments and prioritize treatment as follows:

I. Gen. Dent/Peds: Base priority on urgent needs, patients who may likely have a dental emergency within the next 3 months.

**TABLE 2**  
**American Dental Association Caries Classification System.**

AMERICAN DENTAL ASSOCIATION CARIES CLASSIFICATION SYSTEM							
	Sound	Initial	Moderate	Advanced			
<b>Clinical Presentation</b>	No clinically detectable lesion. Dental hard tissue appears normal in color, translucency, and gloss.	Earliest clinically detectable lesion compatible with mild demineralization. Lesion limited to enamel or to shallow demineralization of cementum/dentin. Mildest forms are detectable only after drying. When established and active, lesions may be white or brown and enamel has lost its normal gloss.	Visible signs of enamel breakdown or signs the dentin is moderately demineralized.	Enamel is fully cavitated and dentin is exposed. Dentin lesion is deeply/severely demineralized.			
<b>Other Labels</b>	No surface change or adequately restored	Visually noncavitated	Established, early cavitated, shallow cavitation, microcavitation	Spread/disseminated, late cavitated, deep cavitation			
<b>Infected Dentin</b>	None	Unlikely	Possible	Present			
<b>Appearance of Occlusal Surfaces (Pit and Fissure)*†</b>	ICDAS 0 	ICDAS 1 	ICDAS 2 	ICDAS 3 	ICDAS 4 	ICDAS 5 	ICDAS 6 
<b>Accessible Smooth Surfaces, Including Cervical and Root‡</b>							
<b>Radiographic Presentation of the Approximal Surface§</b>	 E0 <sup>¶</sup> or RO* No radiolucency	 E1 <sup>¶</sup> or RA1*  E2 <sup>¶</sup> or RA2*  D1 <sup>¶</sup> or RA3* Radiolucency may extend to the dentinoenamel junction or outer one-third of the dentin. Note: radiographs are not reliable for mild occlusal lesions.	 D2 <sup>¶</sup> or RB4* Radiolucency extends into the middle one-third of the dentin	 D3 <sup>¶</sup> or RC5* Radiolucency extends into the inner one-third of the dentin			

\* Photographs of extracted teeth illustrate examples of pit-and-fissure caries.  
† The ICDAS notation system links the clinical visual appearance of occlusal caries lesions with the histologically determined degree of dentinal penetration using the evidence collated and published by the ICDAS Foundation over the last decade; ICDAS also has a menu of options, including 3 levels of caries lesion classification, radiographic scoring and an integrated, risk-based caries management system ICCMS. (Pitts NB, Ekstrand KR. International Caries Detection and Assessment System [ICDAS] and its International Caries Classification and Management System [ICCMS]: Methods for staging of the caries process and enabling dentists to manage caries. *Community Dent Oral Epidemiol* 2013;41[1]:e41-e52. Pitts NB, Ismail AI, Martignon S, Ekstrand K, Douglas GAV, Longbottom C. ICCMS Guide for Practitioners and Educators. Available at: [https://www.icdas.org/uploads/ICCMS-Guide\\_Full\\_Guide\\_US.pdf](https://www.icdas.org/uploads/ICCMS-Guide_Full_Guide_US.pdf). Accessed April 13, 2015.)  
‡ "Cervical and root" includes any smooth surface lesion above or below the anatomical crown that is accessible through direct visual/tactile examination.  
§ Simulated radiographic images.  
¶ E0-E2, D1-D3 notation system.<sup>33</sup>  
\* RO, RA1-RA3, RB4, and RC5-RC6 ICCMS radiographic scoring system (RC6 = into pulp). (Pitts NB, Ismail AI, Martignon S, Ekstrand K, Douglas GAV, Longbottom C. ICCMS Guide for Practitioners and Educators. Available at: [https://www.icdas.org/uploads/ICCMS-Guide\\_Full\\_Guide\\_US.pdf](https://www.icdas.org/uploads/ICCMS-Guide_Full_Guide_US.pdf). Accessed April 13, 2015.)

Advanced	
Enamel is fully cavitated and dentin is exposed. Dentin lesion is deeply/severely demineralized.	
Spread/disseminated, late cavitated, deep cavitation	
Present	
ICDAS 5 	ICDAS 6 
	
 D3 <sup>¶</sup> or RC5* Radiolucency extends into the inner one-third of the dentin	

B. Patient Priority: Providers review patient lists/previously cancelled appointments and prioritize treatment as follows.

I. Gen. Dent/Peds: Base priority on urgent needs, patients who may likely have a dental emergency within the next 3 months.

II. Ortho: Based on previous dental emergencies, failing appliances. Also Medicaid patients. After that we will review treatment sequence to include the time elapsed since the last ortho visit.

a. Schedule ~~2~~ patients per hour  
3 patients staggered schedule

III. Denturist: Complete existing cases, treatment steps nearest completion and work backwards. Order is the following:

a. Patients whose next appointment is: Denture Delivery > Wax Try-ins > Bite Registration/Occl. Rim > Custom Impression > Initial Impression/Study Models > Exam/Tx plan

B. Patient Priority: Providers review patient lists/previously cancelled appointments and prioritize treatment as follows.

I. Gen. Dent/Peds:

II. Ortho:

III. Denturist: Complete existing cases, treatment steps nearest completion and work backwards.

IV. Hygienist: No patients scheduled for now, but open up likely June 1<sup>st</sup>, keeping an open schedule for patient treatment as follows: (Update 5/26: RDHs review their pt. list, task for COVID-19 test and schedule pts.)

- a. Patients already seen for routine care and who have tested negative for COVID-19; offer a cleaning as needed. An aerosol generating procedure is acceptable with the negative COVID-19 test and proper PPE.
- b. Non-aerosol treatment for patients not tested, scale and root planing only. No ultrasonic scalers, no air/water but water syringe only okay. Allow rinses with water, mouthwash or hydrogen peroxide.
- c. Looking into other armamentarium such as:
  - a. Mirrored HVE tips (i.e. Purevac HVE)
  - b. DryShield/Isolite/Isodry. (Update 5/26 ordered the Mr. Thirsty, a similar intraoral suctioning device)



## 1. GENERAL

## 2. STAFF

### A. WORK STATUS

I. Continue Self- monitoring of COVID 19 symptoms, stay home if sick

a. Includes taking temperature daily.

II. COVID 19 testing for symptomatic employees.

III. COVID 19 Antibody testing for employees, optional

IV. Maintain a staggered staff schedule. We will gradually increase patient appointments and thus more days for staff to work. This will allow us to be prepared for the next PTHA Phase sometime after June. Currently most full-time staff are working 3 days a week.

## 2. STAFF

### A. WORK STATUS

#### V. Staffing:

- a. *“Work from home status”* will be continued for High Risk Staff:
  - i. Staff 65+
  - ii. Employees with known compromised immune systems (a doctor’s note is required)
- b. ADMIN-SICK Leave policy continued for days not scheduled
- c. Possible Cross training of staff to serve in other areas as needed:
  - i. Sterilization
  - ii. Contact Tracing



## 2. STAFF

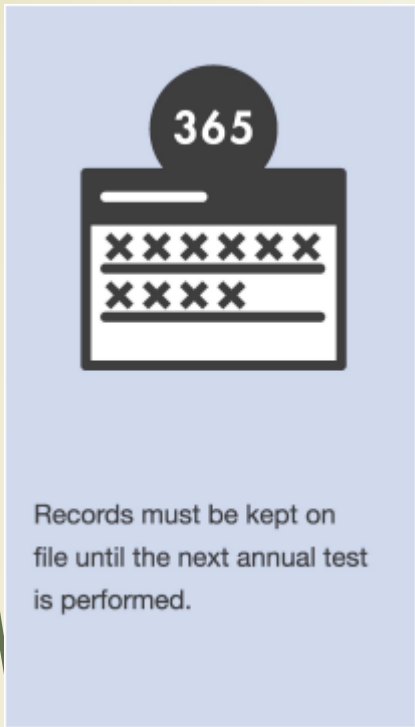
### A. WORK STATUS

### B. PPE

- I. Retrieve masks from designated location(s). When taken from central stock pile write your name on the ledger and mark which mask you take. Repeat for each mask. (Expect this workflow to be modified as needed. Updates will be provided via email). Do not take more than one mask at a time. **Staff are not to stockpile their own PPE.**
- II. Follow all Standard precautions (Guidelines as published by the CDC). Updates will be provided via email to all staff as they become available.
- III. We will also use OSHA, WA DOH and the ADA for guidance
- IV. N95 respirator fit testing of all staff. **(Are we required to have a certification card per NIOSH?)**
  - a. Re-testing as needed
- V. Donning and Doffing PPE training required by all staff
  - a. Email dated 4/22/2020, two links are provided.

## N95 Respirator Fit Testing





Records must be kept on file until the next annual test is performed.

IV. N95 respirator fit testing of all staff. **(NIOSH certification card? I was only able to find that “Records must be kept on file until the next annual test is performed.”)**

<https://www.cdc.gov/niosh/npptl/hospresptoolkit/fittesting.html>

Healthcare Respiratory Protection Resources  
Updated May 7, 2020

Fit Testing

NIOSH Documents

Filtering out Confusion: Frequently Asked Questions about Respiratory Protection, Fit Testing

DHHS (NIOSH) Publication No. 2018-129 (April 2018)

The Occupational Safety and Health Administration (OSHA) (29 CFR 1910.134) requires an annual respirator fit test to confirm the fit of any respirator that forms a tight seal on the wearer’s face before it is used in the workplace. This ensures that users are receiving the expected level of protection by minimizing any contaminant leakage into the facepiece.

Respiratory Fit Test		Date:
Name:	ID#:	
Company: _____		
was successfully fit tested in:		
Manuf.:	Model:	S M L QLFT/QNFT
Manuf.:	Model:	S M L QLFT/QNFT
Manuf.:	Model:	S M L QLFT/QNFT
Fit Tester: _____		
You must be fit tested at least annually and if you change to a different respirator model. Conduct a User Seal Check each time the respirator is put on.		

Prueba de ajuste del respirador		Fecha
Nombre	Documento	
Compañía _____		
Ha cumplido satisfactoriamente con el test de ajuste del respirador		
Marca	Modelo	S M L Pr. Cual./Pr. Cuant.
Marca	Modelo	S M L Pr. Cual./Pr. Cuant.
Marca	Modelo	S M L Pr. Cual./Pr. Cuant.
Responsable del test _____		
Usted debe realizar la prueba de ajuste por lo menos una vez al año y además si cambia el modelo de respirador. Haga la verificación de ajuste cada vez que se lo coloque.		

## 2. STAFF

### A. WORK STATUS

### B. PPE

V. Donning and Doffing PPE training required by all staff

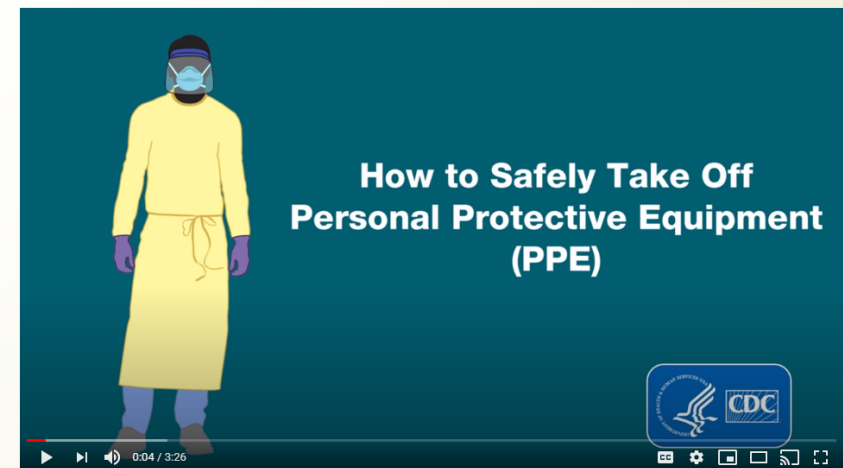
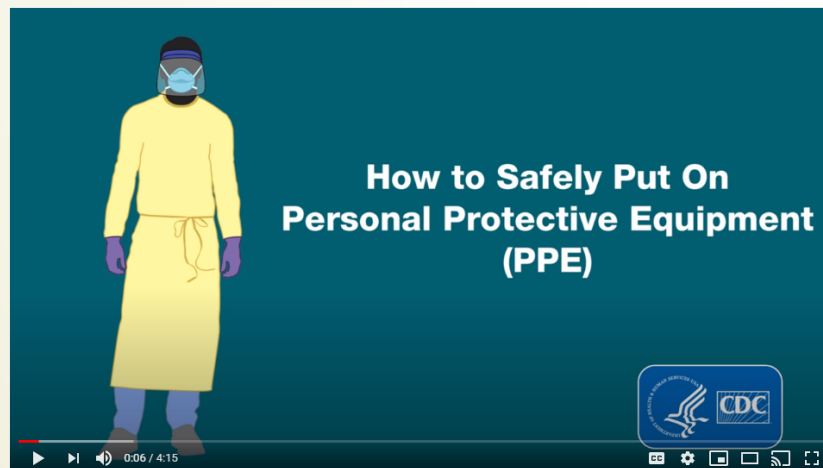
a. Email dated 4/22/2020, two YouTube video links are provided.

Donning PPE from CDC

<https://www.youtube.com/watch?v=of73FN086E8>

Doffing PPE from CDC

<https://www.youtube.com/watch?v=PQxOc13DxvQ>



## B. PPE

### I. – V.

VI. N95 vs Level III vs Level I/II masks; know when to use each

a. N95 respirator for aerosol generating procedures. To discard after each patient use.

b. Level III mask for non-aerosol generating procedures. Discard after each patient use.

c. Level I/II mask during all other times. Discard at the end of the day or when it has become contaminated/soiled.

VII. Gloves (no changes to our Standard Precautions), hand wash/sanitize before donning and after doffing your gloves.

VIII. Face shields recommend during aerosol generating procedures (more are being ordered).

IX. Gowns (disposable)

X. Additional PPE available (bonnets, booties)

## B. PPE

### I. – V.

### VI. N95 vs Level III vs Level I/II masks; know when to use each.

OSHA recommends the following PPE for dentistry during the COVID-19 pandemic:

Well patients		Patients with suspected or confirmed COVID-19	
<i>Dental procedures not involving aerosol-generating procedures</i>	<i>Dental procedures that may or are known to generate aerosols</i>	<i>Dental procedures not involving aerosol-generating procedures</i>	<i>Dental procedures that may or are known to generate aerosols</i>
<ul style="list-style-type: none"><li>▪ Work clothing, such as scrubs, lab coat, and/or smock, or a gown</li><li>▪ Gloves</li><li>▪ Eye protection (e.g., goggles, face shield)</li><li>▪ Face mask (e.g., surgical mask)</li></ul>	<ul style="list-style-type: none"><li>▪ Gloves</li><li>▪ Gown</li><li>▪ Eye protection (e.g., goggles, face shield)</li><li>▪ NIOSH-certified, disposable N95 filtering facepiece respirator or better*</li></ul>	<ul style="list-style-type: none"><li>▪ Gloves</li><li>▪ Gown</li><li>▪ Eye protection (e.g., goggles, face shield)</li><li>▪ NIOSH-certified, disposable N95 filtering facepiece respirator or better*</li></ul>	<ul style="list-style-type: none"><li>▪ Gloves</li><li>▪ Gown</li><li>▪ Eye protection (e.g., goggles, face shield)</li><li>▪ NIOSH-certified, disposable N95 filtering facepiece respirator or better*</li></ul>

\*During extended procedures in which aerosols or other splashes/sprays of water, saliva, or other body fluids could cause moisture to collect in/on a filtering facepiece respirator, OSHA recommends using an R95, P95, or better filtering facepiece; elastomeric respirator with an appropriate cartridge; or powered air-purifying respirator (PAPR). Note that disposable N95 filtering facepiece respirators and certain cartridges for elastomeric respirators may be adversely affected by an increase in moisture and spray from certain work tasks.

<https://www.osha.gov/SLTC/covid-19/dentistry.html>

# Bill for PPE??? (D1999)



### 3. PATIENTS

#### A. COVID-19 SCREENING

I. When making the appointment

II. When entering PTHA

III. When seated in Dental (intake)

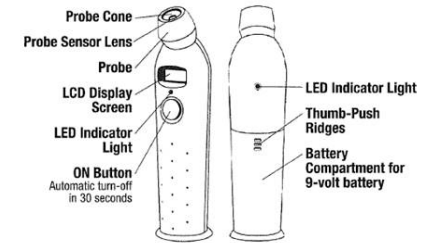
a. Add the COVID-19 screening to the EDR patient visit note (intake)? **Yes.**

b. All patients to have temperature taken/record in DA note

i. Order more thermometers?, **Yes temporal scanners.**



#### Product Map

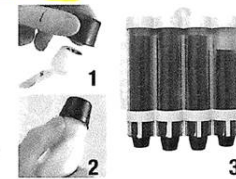


#### Probe Caps & Dispenser

TemporalScanner Model 2000 can be used either with disposable caps (Part No. 134203), or if preferred, without disposable caps by simply wiping the probe with alcohol or other disinfectant between patients.

If using disposable caps, they are easily applied on the probe as illustrated in Figure 1, and easily ejected by a gentle push of your thumb as illustrated in Figure 2.

A convenient wall-mounted dispenser holding 100 disposable caps is available, illustrated in Figure 3 (Part No. 134315).



Ancillary items, including disposable caps are available from many distributors, or by calling Exergen Customer Service at 617-923-9900 or 800-422-3006, or by emailing [service@exergen.com](mailto:service@exergen.com).

4

#### Measuring TA Temperature

What you should know before using the TAT:

- Measure only the side of the head exposed to the environment. Anything covering the area to be measured (hair, hat, wig, bandages) would insulate the area, resulting in falsely high readings.
- Slide the thermometer straight across the forehead, not down the side of the face. Midline on the forehead, the TA is about a millimeter below the skin, whereas at the side of the face, the TA is much deeper, and measuring there would result in falsely low readings.
- When taking a temperature behind the ear lobe, first push away any hair, exposing the area. Then, tuck the thermometer on the neck under the ear lobe, in the soft conical depression below the mastoid, (the place where perfume is typically applied).
- Wait about 30 seconds before measuring the same patient again to avoid excessive cooling of the skin.
- An infant frequently presents with blankets and clothing covering the neck area. Since the perfusion rate is normally strong for infants, and unless visibly diaphoretic, one measurement at the TA area is typically all that is required. Should you feel the temperature is low, then push aside any clothing or blankets covering the neck area for ~30 seconds or so, and repeat the measurement behind the ear.



5



### Note Replacements

Visit Type	Revisit	*
PPE	yes	*
Health Hx	was reviewed with no changes	
COVID-19	Screening negative	*
Temp	98.2	*
HPV	HPV education provided	*
Tobacco	never used	
Amount		
Ready to Quit?		
Quit Day		
When Quit		
2nd Hand Smok	no	
Tobacco Course	no	

### Visit Type

- First Visit
- ▶ Revisit

Multiple Clear

Clinical Note (requires a provider)  
 General Note

Encounter:

Note Date: 5/23/2020

Provider: Kelly, Sean R DDS

Set as the default.

Description: Patient Visit

### Teeth

Supernumerary

Segoe UI 13

Visit = Revisit. Personal Protective Equipment used = yes.  
 Health History was reviewed with no changes. COVID-19 Screening negative.  
 Patient temperature was 98.2. HPV education provided. Tobacco use = never used.  
 Environmental exposure to second hand smoke = no.  
 Tobacco Counseling provided today = no.

Completed DV190: Patient Revisit

Completed D1999: PPE

Note ▲ PPE

PPE was required for patient care. Appropriate PPE was worn per the COVID-19 CDC guidelines.

Completed DHPV1: HPV Education Provided

B. COVID-19 TESTING Requirement (Question asked “how long is the test good for?” There is not current information that is able to satisfactorily answer this question. We will provide updates as they become available.)

I. **We ARE NOT TREATING ANY KNOWN COVID-19 “POSTITIVE” PATIENTS!**

II. Patients in a “quarantined” household. We will follow guidelines, the patient needs to complete their quarantine prior to a scheduled appointment.

III. Aerosol generating procedures

a. DUC: patient is triaged > COVID-19 test is ordered > patient rescheduled

b. Routine: patients is scheduled (no earlier than 5 working days) and the COVID-19 test is ordered

c. All patients must have a confirmed COVID-19 test result of “negative” before an aerosol generating procedure is performed.

d. Any exceptions will require detailed notes in the patient’s chart by the dentist performing the procedure. The dentist upon completion of the procedure is to then order the COVID-19 test and notify the patient as to why they must be tested. The dentist shall then notify the Dental Office Manager and/or the Dental Director. If test results are not available within 72 hours after treatment then the dentist is to contact the patient via phone and provide the COVID-19 screening questions. This will be documented in the patient’s chart. The dentist will follow the CDC guidelines for these occurrences. The treating DA will also be notified of any concerns related to this occurrence. **If DHCP experience a potential work exposure to COVID-19, follow CDC’s [Healthcare Personnel with Potential Exposure Guidance](#).**

### C. Patient Access:

- I. PTHA will continue controlled access to our main lobby with a dual entry system; symptomatic patients are sent to the respiratory care entrance and pre-screened before they are seen in Dental.
- II. Limit visitors. No visitors with adults, only 1 caretaker with elders and children.
- III. All patients/visitors will be required during this phase to wear a mask at all times
- IV. Re-appointment for:
  - a. DUC: patient to be schedule by Dental Triage, possibly change to via phone rather than in office?
  - b. Routine care (COVID-19 negative): task as usual, patient will be contacted by PARs via phone to schedule an appointment.
  - c. Peds/Ortho, same as pre-pandemic, but possibly change to via phone rather than in office?
  - d. Referrals, patient schedule by Referral Tech. Continue in office.



## Patient Access:

- I. Continue Limited access to main lobby with dual entry system, symptomatic patients sent to the respiratory care entrance and pre-screened before they are seen in Dental.



# We are at risk so let us proceed thoughtfully and carefully.

## Dentistry work tasks associated with exposure risk levels

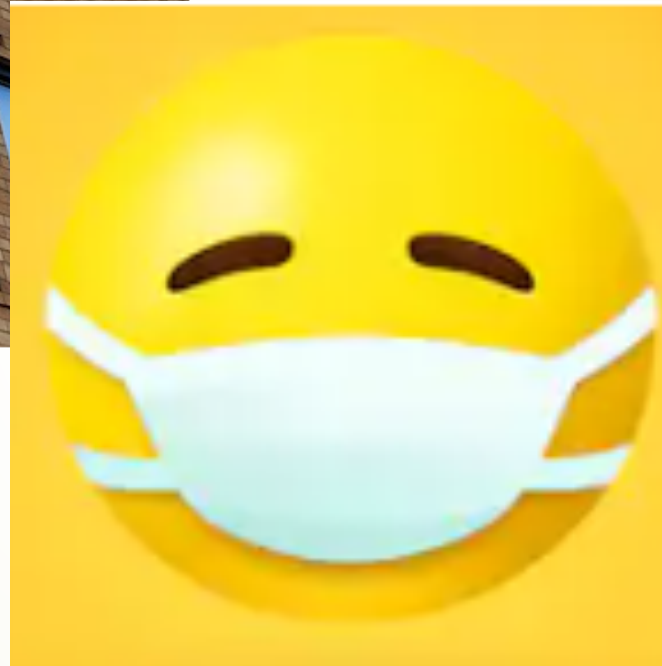
Lower (caution)	Medium	High	Very High
<ul style="list-style-type: none"><li>Performing administrative duties in non-public areas of dentistry facilities, away from other staff members.</li></ul> <p>Note: For activities in the lower (caution) risk category, OSHA's <i>Interim Guidance for Workers and Employers of Workers at Lower Risk of Exposure</i> may be most appropriate.</p>	<ul style="list-style-type: none"><li>Providing urgent or emergency dental care, not involving aerosol-generating procedures, to well patients (i.e., to members of the general public who are not known or suspected COVID-19 patients).</li><li>Working at busy staff work areas within a dentistry facility.</li></ul>	<ul style="list-style-type: none"><li>Entering a known or suspected COVID-19 patient's room or care area.</li><li>Providing emergency dental care, not involving aerosol-generating procedures, to a known or suspected COVID-19 patient.</li><li>Performing aerosol-generating procedures on well patients.</li></ul>	<ul style="list-style-type: none"><li>Performing aerosol-generating procedures on known or suspected COVID-19 patients.</li><li>Collecting or handling specimens from known or suspected COVID-19 patients.</li></ul>

<https://www.osha.gov/SLTC/covid-19/dentistry.html>

# Thank You



# QUESTIONS???



Sean Kelly

[sean@eptha.com](mailto:sean@eptha.com)

Or

[drkelly55@gmail.com](mailto:drkelly55@gmail.com)