

Dental Care: CoVID-19

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Key Concepts

Level of operations dependent on level of community transmission

Screen all patients for symptoms prior to dental clinic visit

Use telemedicine when possible

Wear appropriate PPE

Definition

Community Transmission

No to minimal community transmission: Evidence of isolated cases or limited community transmission, case investigations underway; no evidence of exposure in large communal setting

Minimal to moderate community transmission: Sustained transmission with high likelihood or confirmed exposure within communal settings and potential for rapid increase in cases

Substantial community transmission: Large scale community transmission, including communal settings (e.g., schools, workplaces)

Table. Framework for provision of non-COVID-19 health care during the COVID-19 pandemic, by potential for patient harm and degree of community transmission

Potential for patient harm	Examples	Substantial community transmission	Minimal to moderate community transmission	No to minimal community transmission
<i>Highly likely</i> Deferral of in-person care highly likely to result in patient harm	Signs/symptoms of stroke or heart attack Dental emergencies Acute abdominal pain Treatment for certain cancer diagnoses Well-child visits for newborns	Provide care without delay; consider if feasible to shift care to facilities less heavily affected by COVID-19.	Provide care without delay; consider if your facility can provide the patient's care, rather than transferring them to a facility less affected by COVID-19.	Provide care without delay while resuming regular care practices.
<i>Less likely</i> Deferral of in-person care may result in patient harm	Pediatric vaccinations Change in symptoms for chronic conditions Musculoskeletal injury Certain planned surgical repairs Physical or occupational therapy	If care cannot be delivered remotely, arrange for in-person care as soon as feasible with priority for at-risk* populations. Utilize telehealth if appropriate.	If care cannot be delivered remotely, work towards expanding in-person care to all patients in this category. Utilize telehealth if appropriate.	Resume regular care practices while continuing to utilize telehealth if appropriate.
<i>Unlikely</i> Deferral of in-person care unlikely to result in patient harm	Routine primary or specialty care Care for well-controlled chronic conditions Routine screening for asymptomatic conditions Most elective surgeries and procedures	If care cannot be delivered remotely, consider deferring until community transmission decreases. Utilize telehealth if appropriate.	If care cannot be delivered remotely, work towards expanding in-person care as needed with priority for at-risk* populations and those whose care, if continually deferred, would more likely result in patient harm. Utilize telehealth if appropriate.	Resume regular care practices while continuing to utilize telehealth if appropriate.

*Those with serious underlying health conditions, those most at-risk for complications from delayed care, and those without access to telehealth services.

Dentistry is Unique

Instruments used can create a visible spray that could contain particle droplets of water, saliva, blood, microorganisms, and other debris – and some generate aerosols

Surgical masks protect mucous membranes of the mouth and nose from droplet spatter, but they do not provide complete protection against inhalation of infectious agents

There are currently no data available to assess the risk of SARS-CoV-2 transmission during dental practice

Surgical procedures that might pose higher risk are those that generate potentially infectious aerosols or involve anatomic regions where viral loads might be higher, such as the nose and throat, oropharynx, respiratory tract

Is there a list of AGPs?

No expert consensus, nor sufficient supporting data, to create a definitive and comprehensive list of aerosol generating procedures for dental healthcare settings

Commonly used dental equipment known to create aerosols and airborne contamination include:

- Ultrasonic scaler
- High-speed dental hand piece
- Air/water syringe
- Air polishing, and
- Air abrasion

For Staff

During AGPs, staff should use an N95 respirator or equivalent, plus all other recommended PPE

- At all times: a surgical mask, eye protection (goggles or a face shield that covers the front and sides of the face with no gaps), a gown or protective clothing, and gloves

Make sure you have plenty of personal protective equipment (PPE)

- If PPE and supplies are limited, prioritize care

Place physical barriers between staff/patients (glass/plastic at reception)

Provide mask and hand hygiene station for use upon entry

Consider Performing Targeted SARS-CoV-2 Testing of Patients Without Signs or Symptoms of COVID-19

For Patients

Patients should wear a mask, cloth is ok – this is for source control

- Surgical mask better if robust supply

Use hand sanitizer and put on a mask at check in

Use signage to remind patients of infection control measures

Have patient call upon arrival prior to entry to prevent multiple people in waiting area at once

Take temperature as soon as feasible upon entry

Ask if they have been tested and are pending results

Ask if they have been advised to quarantine due to exposure with a positive case

Document symptom assessment



Patient placement

Ideally, dental treatment should be provided in individual patient rooms, whenever possible

For dental facilities with open floor plans, there should be:

- At least 6 feet of space between patient chairs.
- Physical barriers between patient chairs. Easy-to-clean floor-to-ceiling barriers will enhance effectiveness of portable HEPA air filtration systems (check to make sure that extending barriers to the ceiling will not interfere with fire sprinkler systems).
- Operatories should be oriented parallel to the direction of airflow if possible.

Where feasible, consider patient orientation carefully, placing the patient's head near the return air vents, away from pedestrian corridors, and toward the rear wall when using vestibule-type office layouts

Environmental Considerations

Ensure to account for the time required to clean and disinfect operatories between patients when calculating your daily patient volume

Ensure that environmental cleaning and disinfection procedures are followed consistently and correctly after each patient (Standard Practice)

It is not necessary to attempt to sterilize a dental operator between patients

The efficacy of alternative disinfection methods, such as ultrasonic waves, high intensity UV radiation, and LED blue light against SARS-CoV-2 virus is not

- EPA cannot confirm if such products are effective against the spread of COVID-19

<https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>

Resources

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

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/framework-non-COVID-care.html>