

Week of March 21, 2020

Hello Everyone!

First off, take a deep breath in and out. The first week is over. I know for many safety net clinics the day to day operations are changing on a day to day basis depending on a variety of factors including clinical recommendations, availability of PPE and supplies, and staffing availability among others. In the message you can find summaries of different topics discussed throughout this week as related to:

- Support for yourself and your community
- Clinical insights, considerations, and recommendations
- Key points from recent webinars

Additionally, I am working on putting together an informal FAQ that I will update regularly with responses to questions many of my non-clinical colleagues have during this time. Please be on the lookout for that as well! If you have any questions please post them in this forum; chances are someone is wondering the same thing.

I wanted to bring to your attention that the [VDA](#) and the [ADA](#) have created information hubs for dental providers during this time and are updating with resources and information regularly.

Finally, I wanted to thank the Virginia Health Care Foundation again for the use of this forum so the Virginia Health Catalyst and members of its Clinical Advisory Board can continue to provide relevant, timely updates to safety net clinics, answer questions as they arise, and help facilitate discussion amongst our partners.

Stay tuned, there is more to come!  
McAllister

## Supporting yourself and your community during a difficult time

- Protecting our vulnerable communities and managing stigma
  - HHS released a [statement](#) on March 19th stating its commitment that no patient populations, including our most vulnerable, will be left behind during this emergency
    - These vulnerable populations are also the ones at higher risk for COVID
    - This can become challenging due to the increased stigmatization association with COVID
  - The CDC offers [strategies](#) to counter stigma during the COVID response
  - [Know the facts](#) and share them with your community
- Headspace is offering 1 year of free access to all their services for individuals with [active NPI numbers](#) or 2 weeks of access to all their services for [non-providers](#)
- [Keeping Your Distance to Stay Safe](#) -- the American Psychology Association provides insight on how to separate yourself, but still remain connected and supported with your family, friends, and community

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## Clinical insights, considerations, and recommendations

- Collaboration with medical colleagues
  - Screen questions asked over the phone prior to scheduling
    - Fever, Cough, Difficulty Breathing: If patient exhibits 2 of these 3, refer to Primary Care Provider
    - **Do not treat a patient if you suspect COVID**
  - Both [Kaiser Permanente](#) and [Sentara](#) are offering drive thru COVID testing, however, a **referral** is often required prior
  - Helpful Phone Numbers
    - VCU Health 800 - 762 - 6161
    - VDH COVID-19 Hotline 877-ASK-VDH3
    - **Confirmed COVID-19 patients should be seen in a hospital setting only**
- Personal Protective Equipment (PPE) Considerations
  - The CDC is expected release updated guidelines regarding PPE and COVID in the dental center in the near future
  - N-95 masks v. surgical/face masks
    - **Proper fit is what makes a N-95 effective**
    - N-95 masks were *not* designed to perform dental procedures; once the mask is wet or damaged it is no longer effective and must be disposed of
    - **The surgical/face masks are not effective in prevention of COVID**
    - Wearing a mask when *not* sick can be more detrimental because it may lead to more frequent face touching
    - It is important to educate our patients on how to protect themselves and their loved ones appropriately and successfully
  - Encourage providers, dental team members, etc. to wear street clothes to work, change into scrubs at the office, and change back to street clothes when leaving
    - Store "used scrubs" to be washed or dry cleaned separately
  - Important to divert PPE to our medical colleagues when appropriate and able
  - Keep gloves, masks, etc. out of patient's reach to avoid patients bringing them home and continuing to limit availability

- Management of dental emergencies
  - **GOAL:** keep dental emergencies out of hospital ERs as much as possible
  - Treatment Protocol Recommendations
    - Strict patient screening (health questions, temperature)
      - Contact free thermometer recommended
      - Temperature is below 99.1 F the patient can be treated for an emergency procedure following extra precautions
    - Hand hygiene
    - Personal Protective Equipment
    - Preoperative antimicrobial rinse (1% hydrogen peroxide, 0.2% povidone)
    - Utilization of rubber dam whenever possible with high volume evacuation (HVE)
    - Extraoral radiographs when possible (e.g., PANOREX instead of intraoral sensor)
  - [The WHO](#) indicates **no contraindication** exists for COVID patients and ibuprofen
  - Performance of extractions v. prescription of antibiotics and pain management
    - ADA offers [guidelines](#) on management of dental pain
    - Concerns of leaving patients on antibiotics long term, use your best clinical judgement or **reach out via [ToothTalk] for advice**
  - Minimize generation of aerosols whenever possible
    - Utilization of Silver Diamine Fluoride ([SDF](#)), Atraumatic Restorative Technique ([ART](#))

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## Recent webinars and relevant discussions

- [NNOHA](#) regional listening session KEY POINTS
  - [CMS](#) guidelines for what is considered a “non-essential” health service
  - [HRSA FAQ](#) re: services and funding for FQHCs
  - Many clinics are re-deploying dental staff to assist with triage, pharmacy, and other essential services; some clinics are leveraging the state unemployment office to support their staff
  - [ADA statement](#) what is considered an “emergency service”
  - ADA information on [teledentistry codes](#) (note there is not currently reimbursement for teledentistry in Virginia)
  - CMS has relaxed some telehealth guidelines for Medicare beneficiaries
  - Some advocates like the Academy of General Dentistry are working on dental relief packages or ensuring medical and dental staff are included in those packages; need to ensure it includes safety net funding
- Discussion between the [VDA and VCU School of Dentistry](#) KEY POINTS from a public health perspective
  - Evidence suggests PPE management is key to success of containment of COVID-19
    - Utilization of N-95 masks, [isolation rooms](#), and specific cleaning and sterilization protocols were followed
  - Current projections indicate a slowing down of COVID around April 8th
    - Social distancing plays a *key* role in these projections and success of containment and management of COVID
  - If you suspect a patient is COVID (+) do **not** treat the patient, do **not** send them to the Emergency Room, refer the patient to their Primary Care Provider ASAP

- Even if you are performing procedures that do not generate aerosols, it is important to continue to limit person-to-person contact and follow social distancing recommendations... we do not know who is a carrier
- The VDA is in contact with the Virginia Health Department and governor's office
- According to VDA President, Dr. Elizabeth Reynolds, the Virginia Board of Dentistry is likely waiting for national directive before issuing any mandates in regard to patient care at this time
- Discussion with the [ADA Executive Director](#) KEY POINTS from a public health perspective
  - Patient populations and COVID
    - Many dental patients place them in high risk categories: age 65+ years old, chronic conditions: heart disease, lung disease, diabetes
    - Children age 2 years old to 20 years old can be asymptomatic and still be infected
    - **You cannot assume a patient is COVID free**
      - Unless you are testing and receiving a confirmed negative test you cannot be sure
  - Most dental procedures create an aerosol
    - [Rubber dams](#) and High Volume Exvacuators ([HVE](#)) will only manage this to a degree
    - Ideal ergonomics encourages the that the [distance](#) between the working field and the dentist's eyes is approximately 13 - 15 inches or slightly higher for very tall dentists
      - Social distancing recommends at least **6 feet** between individuals
  - Recommendation v. Mandate
    - ADA cannot FORCE a dentist to do anything; mandates come from the government
    - **ETHICAL CONSIDERATION: putting yourself, your staff, and your patients at risk when practicing against recommendations.**
      - If your office is operating against recommendations, what long term implications will this have?
    - Malpractice considerations: what will happen if your office is identified as a source of COVID while you are operating against these recommendations?
  - Public messaging is moving towards dental offices are functioning at limited capacity with a focus on emergent dental needs only
  - [ADA Recommendations](#) of Definition of Emergent/ Urgent Care
  - Identification of dental specialists (e.g., oral surgeons, endodontists) who can help better manage emergent and urgent dental needs
    - There was an existing push prior to COVID to get dental emergencies out of the emergency rooms
    - Importance to continue to engage with MD colleagues and hospitals to help triage dental emergencies appropriately
- [ADA and OSAP](#) Webinar KEY POINTS
  - Symptoms of COVID infection include: dry cough, fever of greater than 100.4 F, and shortness of breath
    - Incubation period estimated to be 2-14 days after exposure
    - Some patients may exhibit all, some, or even none of the symptoms and still test positive for COVID

- Without adequate, accessible testing our ability to predict a time frame
- 3 reasons to halt elective procedures
  - We cannot reliably ID asymptomatic patients who may be infected
  - Many dental procedures produce aerosols that are known to increase exposure potential if a patient is infected
  - Supplies of PPE in hospitals who are treating sick patients are *critically low*
- CDC has provided critical emergency [PPE interim guidelines](#)
  - It is recommended that N-95 masks be reserved for aerosol producing procedures for those patients who are either PUIs or known positives of COVID
    - If you are a healthcare worker treating a known active case of COVID, the CDC and FDA agree a N-95 mask that is not labeled for medical use can still be utilized
  - Follow standard precautions when treating an emergency patient who is a suspected negative COVID (e.g., passed screening process in place at your clinic)
  - Follow [droplet precautions](#), when treating emergency patients who are PUIs or known positives of COVID
  - Face masks protect against splashes and sprays
  - Respirators provide respirator protection
- The EPA has provided a list of [disinfectants](#) against COVID
- There are no specific changes in room disinfection procedures
  - Remember: follow the manufacturer's instructions for disinfectants
- Clean and disinfect the bathroom, waiting room, and other spaces beyond treatment rooms regularly as well
- Educate your front desk, administration, and other non-providers on this pandemic
  - Everyone in your office / clinic should feel comfortable with answering patient questions and know when to direct questions to a provider or other expert when they are unsure of the appropriate response
- The CDC provides special considerations for [pregnant patients and other special populations](#)
  - Our elderly and health compromised patients are at risk for COVID, but our younger, healthy populations are also susceptible and may act as unknown carriers of the virus
- GOAL: prevent health care related infections in patients
  - Reduce patient contact to those with a true emergency need
- Donate excess PPE to community health centers who are in need
- The CDC provides guidance for [healthcare workers](#) with potential exposure to COVID

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