

11 April 2020

New! Online Continuing Education

- [GC America](#)
- [Fotona](#)
- Self Study Webinar: [Managing Dental Emergencies, Controlling Caries, and using Teledentistry and SDF](#)
- Self Study Webinar: [SMART Restorations Using Silver Diamine Fluoride \(SDF\) and Glass Ionomer Cement \(GIC\)](#)

Good news! Virginia's Department of Medical Assistance Services (DMAS) released new guidance for the Smiles for Children program which includes information about how providers will be reimbursed for teledentistry, updated guidelines on Silver Diamine Fluoride (SDF) application, and an extension of dental benefits for pregnant women. Virginia Health Catalyst provided a [Crisis Teledentistry Implementation Guide](#). They will also be hosting a [Dentistry During COVID-19 Live Q&A](#) on Tuesday, April 14 at 12 PM. Please submit any questions to Chloe Van Zandt at cvanzandt@vahealthcatalyst.org.

Good news! [HHS Awards \\$1.3 Billion to Health Centers in Historic U.S. Response to COVID-19](#). The funding supports health centers' ability to detect, prevent, diagnose, and treat COVID-19. The awards will also help maintain or increase health center capacity and staff.

Please see the message below from NNOHA's Executive Director, Phillip Thompson:
"Today with Macrae" tele-conference, you would have heard NNOHA's excellent president, Dr. Tina Sopiwnik, ask BPHC Associate Administrator Jim Macrae about HRSA's priorities for oral health and what the Bureau expects for health center dental departments following the subsiding of the Covid-19 pandemic. Mr. Macrae said he expects CHC dental departments to have a big backlog of patients eager to receive oral healthcare. He then added that the bureau has already begun consideration to "ramp up resources" for oral health departments. I know that's not very specific, but it is very encouraging, especially during these very discouraging times we live in. He repeated that oral health remains a top priority for HRSA."

Upcoming Webinars

NNOHA: Creating Your Self-Care Tool Box

Monday, April 13 at 3:00 PM

Register [here](#)

Virginia Health Catalyst: Dentistry During COVID-19 Live Q&A

Tuesday, April 14 at 12:00 PM

No registration needed, join [here](#)

DentaQuest: Infection Control Part 2: Questions & Answers About COVID-19

Wednesday, April 15 at 1:00 PM EST

Register [here](#)

NNOHA: Engaging Dental Providers in COVID-19 Response Efforts

Wednesday, April 15 at 2:00 PM EST

Register [here](#)

University of Minnesota Clinical Grand Rounds: Motivational Interviewing During Patient Care—Supporting Positive Oral Self-care Behaviors

Thursday, April 23rd at 8:00 PM

Register [here](#)

Telehealth/Teledentistry Guidance

New! [Crisis Teledentistry Implementation Guide](#) for Virginia
[10 communication tips for physician phone visits during COVID-19](#)
[Telehealth Best Practices](#) (4 minute video)

Clinical Guidance

New! CDC released new [interim guidance for the dental setting](#) on 04/07/2020. Please read through the [entire](#) update! A [summary](#) of new recommendations can be found below.

New! [ADA Q&A: COVID-19 Transmission and Emergency Care](#)

This 20 minute Q&A discussion with Dr. Mia Geisinger, Dr. Marcelo Araujo and Dr. Dave Preble covers a range of topics including the use of personal protective equipment, coordinating care with other members of the medical community and the future of infection control in dentistry. A [summary](#) of important points can be found below.

New! JADA: [Ethical practice during the COVID-19 pandemic](#)

"The principle **Beneficence** makes it clear that our "primary obligation is service to the patient and the public-at-large." If you run out of PPE, you have an obligation to not continue business as usual."

Dr. Brian B Penly, Dental Director of OneWorld Community Health Centers, Inc. in Omaha, NE, shared the set up on the NNOHA Listserv they have implemented in their dental clinic to help maintain aerosols during emergency treatment.



"We have constructed some aerosol barriers that I thought might be helpful to share [...]. It is relatively simple to source the materials. We have started enclosing rooms to reduce aerosols from leaving the immediate operatory space using zip doors. Each op has a germicidal UV-C air purifier that is run with intake directed at the operative space. When the procedure is complete, we make sure stay put (don't open the zip door) until the room has [had] one full cycle of turnover (based on room size) at a minimum following the last use of the handpiece. After exit, we rezip and allow the air to turnover at least one more time prior to entering to complete the disinfection process. Of course, we are in the room with a minimum of N95 and faceshield in addition to gowns."

Patients who are NOT COVID-19 (+) or suspected COVID-19 (+)

- **Avoid aerosol generating procedures** whenever possible.
 - Avoid the use of dental handpieces and the air-water syringe.
 - Use of ultrasonic scalers is not recommended during this time.
 - Prioritize minimally invasive/atraumatic restorative techniques (hand instruments only)
- If aerosol generating procedures are necessary for emergency care, **use four-handed dentistry, high evacuation suction and dental dams** to minimize droplet spatter and aerosols
- If available, wear gloves, a gown, eye protection (i.e., goggles or a disposable/reusable face shield that covers the front and sides of the face), and an N954 or higher-level respirator during emergency dental care for patients without COVID-19
 - If a respirator is not available, use a combination of a **surgical mask and a full-face shield**.
- If the minimally acceptable combination of a surgical mask and a full-face shield is **not** available, **do not** perform any emergency dental care. **Refer the patient** to a clinician who has the appropriate PPE.
- Clean and disinfect the room and equipment according to the [Guidelines for Infection Control in Dental Health-Care Settings—2003](#) using products with EPA-approved emerging viral pathogens claims—refer to [List N](#)
 - Clean, disinfect, or discard the surface, supplies, or equipment located **within 6 feet** of symptomatic patients
- **Screen all providers at the beginning of their shift** for fever and respiratory symptoms and document any shortness of breath, new or change in cough, and sore throat. If they are ill, have them put on a facemask and leave the workplace

Potential exposure guidance

- Institute a policy to **contact all patients who received emergency dental care** in the dental setting **48 hours after** receiving emergency care
 - ask patients if they are exhibiting any signs or symptoms of COVID-19
- If a patient reports signs or symptoms of COVID-19, refer the patient to their medical provider for assessment and follow CDC's [Healthcare Personnel with Potential Exposure Guidance](#)

Contingency planning

- During severe resource limitations, consider excluding dental health care providers [who may be at higher risk for severe illness from COVID-19](#), such as those of older age, those with chronic medical conditions, or those who may be pregnant, from performing emergency dental care

[ADA Q&A: COVID-19 Transmission and Emergency Care](#)

- Utilize the flow charts developed when triaging and treating patients. Remember the goal is to decrease risk of exposure and spread of the virus
 - [Virginia Health Catalyst](#)
 - [ADA](#)
- Performing emergency care without the proper PPE puts the dentist, dental team, treated patient, and subsequent patients at risk
 - There is a PPE shortage, however we need to ensure we are providing care safely and in a low risk environment

- The ADA does *not* have control over the availability of PPE, but is in contact with Dental Trade Alliance and will be able to inform constituents *when* PPE will become available
- If you are wearing a respirator mask, whether a N-95 or K-95 or other, you still need to a seal and fit testing after donning it
- We do not know definitively if this will become the new standard precautions, however, it will inform new requirements and recommendations moving forward following this pandemic
- If a patient is COVID (+) or suspected COVID (+) and requires emergency dental treatment this should be completed at a hospital
 - Access to a negative pressure isolation room
 - Access to additional care required for treatment of COVID (+)
 - Traditional dental clinics typically do not have negative pressure isolation rooms and providing treatment without this setting puts the provider, staff, and patients at risk
- The goal is to alleviate the hospital burden, but we want to provide care in a safe, low risk environment
- Rubber dams provide an extra layer of protection between the patient and the provider
- Preprocedural rinses are *not* a cure-all
 - The virus lives in the respiratory tract and the mouth rinse will not reach there
- Definition of what is and is not an aerosol producing procedure will likely be looked at with more scrutiny moving forward
 - E.g., intubation is considered an aerosol producing procedure
 - This may mean these procedures will include those beyond what is done with the handpiece and/or ultrasonic scaler
- These recommendations will may not become permanent, however, this pandemic will inform and likely change *how* routine dental treatment is performed