Live Q&A Extra Questions

Please keep in mind that ultimately the Virginia Board of Dentistry gives the official direction for practice guidelines for clinics. Our partners have tried to help weed through some of the nuances of this time, but all official direction should come from the Virginia Board of Dentistry. This document is not direct guidelines or instructions. Return to care will look different for each clinic.

1. If OSHA / CDC / VDHA are recommending we only treat emergent or urgent dental needs at this time, why are we opening?

2. If our clinic is providing elective care is this contradicting the Virginia Board of Dentistry guidance at this time?

3. Should we be polishing teeth during hygiene care?

4. What is best practice when it comes to reusing PPE after it's been re-sterilized? Is this allowed?

5. How can we protect patients from inter-patient spread of virus droplet nuclei in workspaces, even if procedures are limited to low aerosol production?

6. None of the guidance available CDC, ADA, VDA refer to engineering controls and only mention them as 'under review or being studied'. I know that different practices are doing whatever they think is right for them (e.g. filters, UV lights) but is there a consensus on how effective any of this is for elective procedures?

7. Many of our urgent care needs patients need extractions. How are we able to complete their diagnosis and treatment plan via teledentistry? What about patients who require pre-authorization for extraction?

8. Dental has never had to wear an N95 mask and now there is guidance recommending this. According to OSHA guidelines, if we provide respirators we have to have a respiratory program plan with a trained person to administrate. What are the recommendations to achieve this with so little time to do so?

9. We are an FQHC so our dentists are co-located with medical, what are the recommendations to help decrease risk to all staff during aerosolizing procedures?

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1. **If OSHA / CDC / VDHA are recommending we only treat emergent or urgent dental needs at this time, why are we opening?**

   It is important to understand that the expiration of the Governor's Executive Order #53 and recommendations from the ADA and VDA indicate that you *can* return to non-urgent

or non-emergent care the order does not require clinics to offer all services. There are other factors you can consider if your clinic is preparing to re-open, (these are not exhaustive): :

- Community status
    - E.g., Is the number of confirmed COVID-19 cases in your area increasing? Decreasing? Unchanged?
- Reliable access to appropriate PPE for the next 2 weeks
- Testing availability
- Staff, including provider, availability
    - Are these individuals at a high-risk category for COVID-19?
- Patient population
    - Are these individuals at a high-risk category for COVID-19?

2. **If our clinic is providing elective care is this contradicting the Virginia Board of Dentistry guidance at this time?**

The following are specific references the Virginia Board of Dentistry has highlighted during this past week:

Virginia Code of Virginia § 54.1-2706. Revocation or suspension; other sanctions.
The Board may refuse to admit a candidate to any examination, refuse to issue a license to any applicant, suspend for a stated period or indefinitely, or revoke any license or censure or reprimand any licensee or place him on probation for such time as it may designate for any of the following causes… which includes the following 2 provisions:

- Intentional or negligent conduct in the practice of dentistry or dental hygiene which causes or is likely to cause injury to a patient or patients;
- Practicing or causing others to practice in a manner as to be a danger to the health and welfare of his patients or to the public;

Regulations Governing the Practice of Dentistry 18VAC60-21-60. General responsibilities to patients.
A dentist is responsible for conducting his practice in a manner that safeguards the safety, health, and welfare of his patients and the public by:

- Maintaining a safe and sanitary practice, including containing or isolating pets away from the treatment areas of the dental practice. An exception shall be made for a service dog trained to accompany its owner or handler for the purpose of carrying items, retrieving objects, pulling a wheelchair, alerting the owner or handler to medical conditions, or other such activities of service or support necessary to mitigate a disability.

Board of Dentistry Guidance Document 60-15 Standards for Professional Conduct In The Practice of Dentistry states:
Practitioner Responsibility

- Follow the rules and regulations of HIPAA, OSHA, FDA, and the laws governing health practitioners in the Code of Virginia.
- Follow the applicable CDC infection control guidelines and recommendations.

That being said, the CDC does not have regulatory authority over the operation of dental practices. The guidance issued by the CDC on April 27 is a non-binding recommendation. The CDC puts the onus on local and state authorities to make the final decision based on all the factors that should be considered. According to the CDC's guidance, "Dental health care professionals should regularly consult their state dental boards or other regulating agencies for requirements specific to their jurisdictions."

While federal law generally trumps state law, OSHA guidelines are voluntary recommendations and are not binding like OSHA rules are. Dental offices should consider the recommendations of other entities, such as OSHA and CDC, but they can also fully reopen dental sites if they feel they can do so safely providing appropriate protections for staff and patients.

3. **Should we be polishing teeth during hygiene care?**

At this time, the ADHA is recommending the following:

- Use selective plaque and stain removal versus full-mouth coronal polishing
- Avoid air-polishing procedures
- Do not use the air and water functions on the syringe, together, at the same time

4. **What is best practice when it comes to reusing PPE after it's been re-sterilized? Is this allowed?**

- CDC has provided guidance on extended use and limited reuse of N95 respirators as well as strategies for optimizing the supply of isolation gowns
    - Lack of extensive evidence-based protocols for re-sterilization of respirators
        - Consult with your N95 manufacturer on use and extended use
    - NIH published several potential strategies to consider
- Remember, there are specific laundry requirements to clean reusable gowns
    - If you are unable to provide laundry services on-site, consider contracting with a medical uniform company who can provide appropriate laundry services
- Gowns are to be changed between patients
    - Consider disposable gowns that are to be changed between each patient treatment
- Never, ever reuse gloves!
- Remember, you should have task appropriate PPE available for all members of the dental team, this includes front desk

5. **How can we protect patients from inter-patient spread of virus droplet nuclei in workspaces, even if procedures are limited to low aerosol production?**

Interim Guidance for Businesses and Employers to Plan and Respond to Coronavirus Disease 2019 (COVID-19)

- **Consider improving the engineering controls using the building ventilation system.** This may include some or all of the following activities:
    - Increase ventilation rates.

    - Increase the percentage of outdoor air that circulates into the system.
- **Support respiratory etiquette and hand hygiene for employees, customers, and worksite visitors:**
    - Provide tissues and no-touch disposal receptacles.
    - Provide soap and water in the workplace. If soap and water are not readily available, use alcohol-based hand sanitizer that is at least 60% alcohol. If hands are visibly dirty, soap and water should be chosen over hand sanitizer. Ensure that adequate supplies are maintained.
    - Place hand sanitizers in multiple locations to encourage hand hygiene.
    - Place posters that encourage hand hygiene to help stop the spread at the entrance to your workplace and in other workplace areas where they are likely to be seen.
    - Discourage handshaking – encourage the use of other non-contact methods of greeting.
    - Provide masks to visitors to center if they arrive without one
- **Encourage physical distancing practicing:**
    - Minimal individuals in the building at the time
        - E.g., request patients wait in the car prior to appointments
        - E.g., no additional companions to dental appointment
    - 6 feet physical distancing measures
    - If physical distancing is not possible, additional barriers such as sneeze guards should be considered
- **Perform routine environmental cleaning and disinfection:**
    - Routinely clean and disinfect all frequently touched surfaces in the workplace, such as workstations, keyboards, telephones, handrails, and doorknobs.
        - If surfaces are dirty, they should be cleaned using a detergent or soap and water prior to disinfection.
        - A list of products that are EPA-approved for use against the virus that causes COVID-19 is available. Follow the manufacturer's instructions for all cleaning and disinfection products (e.g., concentration, application method and contact time, etc.).
    - Discourage workers from using other workers' phones, desks, offices, or other work tools and equipment, when possible. If necessary, clean and disinfect them before and after use.
    - Provide disposable wipes so that commonly used surfaces (for example, doorknobs, keyboards, remote controls, desks, other work tools, and equipment) can be wiped down by employees before each use.
- **Perform enhanced cleaning and disinfection after persons suspected/confirmed to have COVID-19 have been in the facility:**
    - If a sick employee is suspected or confirmed to have COVID-19, follow the CDC cleaning and disinfection recommendations.
- **Advise employees before traveling to take additional preparations**
- **Take care when attending meetings and gatherings:**
    - Consider using videoconferencing or teleconferencing when possible for work-related meetings and gatherings.
    - Consider canceling, adjusting, or postponing large work-related meetings or gatherings that can only occur in-person.

- When videoconferencing or teleconferencing is not possible, hold meetings in open, well-ventilated spaces.

6. **None of the guidance available CDC, ADA, VDA refer to engineering controls and only mention them as 'under review or being studied'. I know that different practices are doing whatever they think is right for them (e.g. filters, UV lights) but is there a consensus on how effective any of this is for elective procedures?**

   Currently, there is no specific guidance for investment in HEPA filtration, extra oral suction units, UV lights, or other engineering upgrades. There is no general consensus from any national organizations at this time.

   In terms of chairside care, 4 handed dentistry with the use of HVE is recommended at this time, especially during aerosol producing procedures.
   - When considering chairside suction and isolation such as Isolite, DryShield, or PureVac systems, consider handling of the device by the operator and additional support with HVE by an assistant to minimize aerosol spread

7. **Many of our urgent care needs patients need extractions. How are we able to complete their diagnosis and treatment plan via teledentistry? What about patients who require pre-authorization for extraction?**

   Teledentistry is a useful strategy to complete collection of a patient's health history, history of their Chief Complaint, visuals, and additional screening as discussed in Crisis Teledentistry Implementation Guide. This also may allow you to prescribe an antibiotic prior if appropriate to manage infection to ensure the best possible outcome when treatment is performed.

   If possible, consider utilization of a Nomad (or other portable x-ray unit) and laptop to complete curbside screening of the patient. Be prepared for same-day treatment whenever possible for these patients.

   Many dental insurance plans, have waived the requirement for pre-authorization requirements or modified how benefits function including extractions. Always confirm with the patient's individual insurance plan if pre-authorization is still required.

   It is important to remember that pre-COVID, authorizations for extractions were not required for children or adults for the Smiles For Children program. Providers can request a prior authorization if they prefer to have one before rendering services. However, it is not required. What is a requirement is that providers submit an x-ray with the claim for adult extractions. This is referred to as "pre-payment review" and the x-ray with the claim will be reviewed before making a payment.

8. **Dental has never had to wear an N95 mask and now there is guidance recommending this. According to OSHA guidelines, if we provide respirators we have to have a**

respiratory program plan with a trained person to administrate. What are the recommendations to achieve this with so little time to do so?

- The relaxation of OSHA guidance regarding respirators is only applicable in specific situations. These include, but are not limited to,
    - Discretion in annual enforcement of fit testing as long as employers demonstrate specific criteria including good faith efforts to comply
    - Switching model of respirator used following appropriately administered fit test
- A fit test is still *required* to be performed by a trained individual to ensure the correct size respirator is selected for the individual
- Included in OSHA's Temporary Enforcement Guidance, qualitative (e.g., odor threshold, taste threshold) or quantitative (uses negative pressure and specific instrumentation to measure volumetric leak rate of the respirator) methods are acceptable at this time
- In addition to utilizing qualitative and/or quantitative testing, perform test exercises when donning a respirator is important
    - Normal breathing, deep breathing, turn head side to side, moving head up and down, speaking
- Details on non-COVID-19 fit testing protocols can be found here
- If possible, try to contact your local occupational health clinics and urgent care facilities to see if they can provide fit testing
- Some medical supply companies are able to provide test kits as well, however, you still required a *trained* individual to administer this fit test
- Consider having one of your medical staff complete the Respirator Medical Evaluation Questionnaire with any member of your team who will be wearing a respirator as a first step in this process
    - Not all individuals in the office may be able to tolerate wearing a respirator

9. **We are an FQHC so our dentists are co-located with medical, what are the recommendations to help decrease risk to all staff during aerosolizing procedures?**

    First, you should consider the HVAC system and additional engineering controls. How does the airflow through the buildings? Is there a way it can be changed? Reach out to your building engineer to discuss your options. Additionally, COVID-19 OSHA guidance includes:
    - Use local exhaust ventilation to capture and remove mists or aerosols generated during dental care
    - If possible, use directional airflow, such as from fans, to ensure that air moves through staff work areas before patient treatment areas—not the reverse. A qualified industrial hygienist, ventilation engineer, or other professionals can help ensure that ventilation removes, rather than creates, workplace hazards

    Currently, there are no specific recommendations that speak to co-location challenges of medical and dental centers. Other strategies you may wish to consider include:
    - Rotating medical and dental teams through the shared space e.g., one day is dental care one and one day is medical care only, or morning is medical care only and the afternoon is dental care only

- Consider reserving a day at the end of the week for aerosol producing dental procedures only. This allows the building to stand over the weekend with no traffic in or out
- Physical separation of dental procedures as far from medical exam rooms as possible