
How Dental Clinics are Re-opening Live Q&A

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Speakers

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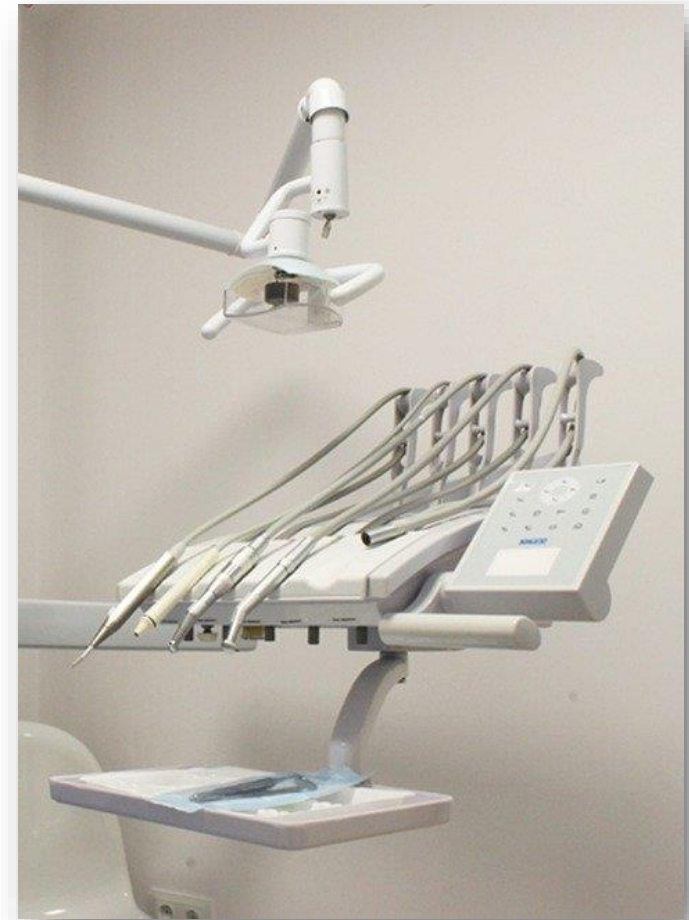
Guidance Documents from Professional Organizations

Presented by McAllister Castelaz, DMD



ADA / VDA guidance documents

- **Pre-op**
 - Screening (via teledentistry if possible)
 - Workflow and staff adjustments
 - Additional engineering controls
- **During op**
 - PPE guidance
 - Additional engineering controls
- **Post-op**
- Enhanced dental team health monitoring
- COVID-19 testing
- Exposure protocols



Key differences between ADA and VDA guidance

Consider staggering appointments to decrease number of individuals in the office at a time

Consider follow up discussion via phone or teledentistry following hygiene check to decrease time spent in the room

Weigh risk vs. benefit of treatment for high risk, screened COVID negative patients. If treatment is necessary, schedule early in the day when less traffic in the office has occurred. High-risk populations include:

- Over 60 years of age
- People with compromised immune systems
- Those with lung or cardiac dysfunction
- Those with diabetes

Split your workforce if possible; alternate days the providers, assistants, other dental team members are in the office

Rubber dam placement is recommended for restorative/aerosol producing procedures



Note from the VDA

The ADA Council on Dental Practice has taken up issues and plans for longer-term studies on:

- Preprocedural mouthrinse
- HEPA filtration
- UV light sterilization



ADHA

- Prior to opening
- Work environment
- Patient preparation
- PPE recommendations
 - Donning and doffing
- Disinfection
- Special Considerations
- Patient follow up



Key differences between ADHA and ADA/VDA

- Postpone elective, non-emergency treatment
- Standards for Clinical Dental Hygiene Practice
- ADHA Code of Ethics
 - Consider Executive Order #60 from Governor Northam
- Specific donning and doffing location outside operatory
- Additional barrier recommendations
- Follow up with patients 48 *following* care with COVID-19 screening as well



CDC Interim Guidance Key Concepts



Dental settings have unique characteristics that warrant additional **infection control** considerations

Postpone elective procedures, surgeries, and non-urgent dental visits

Proactively **communicate to both staff and patients** the need for them to stay at home if sick

Know steps to take if a patient with **COVID-19 symptoms** enters your facility



CDC Interim Guidance

- **Pre-op**
 - Screening
- **During op**
 - Engineering controls
 - PPE guidance
 - Persons who are not COVID (+)
 - Persons who are COVID (+) or PUIs
- **Post-op**
- Enhanced dental team health monitoring
- Exposure guidance
- Crisis and contingency planning



Dentistry work tasks associated with exposure risk levels

Dentistry work tasks associated with exposure risk levels

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

The table above describes dentistry work tasks associated with the exposure risk levels in OSHA's occupational exposure risk pyramid, which may serve as a guide to employers in this sector.



OSHA Interim Guidance

- Supplements general interim guidance
- During emergency treatment and *any* aerosol-generating procedures follow standard precautions, contact precautions, and airborne precautions*
- Only patients needing urgent or emergency procedures should be seen during this pandemic**
- Engineering controls
- Administrative controls
- Safe work practices
- PPE
- Cleaning and disinfection

*This includes utilization of AIIR

**As guidance from federal, state, local, tribal, and/or territorial public health agencies and professional organizations, including the ADA, changes, consider appropriate modifications to patient procedures



New Horizons Healthcare

Presented by Brooke Crouch, RDH





NEW HORIZONS
HEALTHCARE

Solutions for a healthy community.

How is New Horizons Healthcare planning to reopen?

We have been seeing patients for emergency care only, since the start of the COVID pandemic.

We will be taking a 4 phase approach to reopening our clinic

We are continuing to read and understand guidance from the CDC and will adjust our infection control as needed



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Phase I

- ▶ Continuing emergency care
- ▶ Dentures
- ▶ Simple extractions
- ▶ Child prophylaxis appointments, including cleaning, fluoride, SDF, sealants with the use of a DryShield and HVE when possible. HVE when a patient can't tolerate the DryShield.



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Phase II

- ▶ Completing any RCT's that were started as an emergency appointment over the last 6 weeks
- ▶ Begin any necessary RCT's based on doctor discretion.
- ▶ Hygiene appointments not requiring the use of the cavitron



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Phase III

- ▶ Surgical extractions
- ▶ Restorative treatment, prioritized by larger restorations to prevent the patient from becoming an urgent case



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Phase IV

- ▶ Hygiene appointments requiring the use of the cavitron, which will be prioritized by the extent of build up and disease from previous notes
- ▶ In the beginning each provider will see 4-6 patients per day with adequate spacing for new workflow processes, disinfection, and PPE changes, etc.



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What factors
will determine
when we move
into a new
phase of
treatment?

- ▶ PPE supplies
- ▶ Workflow and safety measures implementation and refinement
- ▶ Staff comfortability and patient acceptance
- ▶ Our plan is flexible, ever changing, and gives us the ability to move forward or backwards within the phases
- ▶ Safety of our staff, providers and patients is our top priority



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What are our
biggest fears
when it comes to
going back to
work/practice?

- ▶ Safety for ourselves, our families, our patients
- ▶ PPE is one of the biggest concerns I am hearing from fellow hygienists
- ▶ Scheduling concerns and allowing enough time in between patients for proper disinfection
- ▶ Cavitron use without HVE suction or an assistant
- ▶ Not compromising patient care, but understanding we will have to find a middle ground



NEW HORIZONS
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New Horizons considerations for offices not opening immediately

- ▶ Allows more time to find a reliable, consistent source for PPE
- ▶ Allows more time for planning and preparing staff for re-opening
- ▶ Allows time for preventive measures to be put into place, which may consist of minor construction to some offices
- ▶ The more time that is taken in preparing for re-opening, the more likely the office will be to sustain their plan and not face having to close again
- ▶ Maintain full staff, not lose hygienists or other office staff due to fear

CROSSOVER

Healthcare Ministry

COMPASSIONATE HEALTHCARE FOR PEOPLE IN NEED

Overview of Dental Program

- Dental is provided only to patients of our Medical clinic;
- CrossOver serves patients who are:
 - Low income, uninsured
 - Medicaid
- Less than 15% of revenue is from services provided – 85% from philanthropy
- Volunteer dentists provide large percent of dental services

CrossOver Dental Staffing

- Dental Manager
- 1 Part time Dentist (20 hours per week)
- 1 Full time Hygienist
- 2 Part time Hygienists (8 hrs per week each)
- 1 Full time Dental Assistant
- 2 Part time Dental Assistants

During the Pandemic

- Emergency-only Dentistry with staff Dentist
 - Patients screened in advance via telephone
 - Temperature checks and symptom screening in medical clinic
- Hygienists have not been working
- Dental Assistants have been working regular schedule:
 - Returning phone calls
 - Scheduling and rescheduling patients
 - Conducting COVID-19 Outreach calls
 - Assisting as needed in the Medical Clinic

Phase 1: Re-opening

- May 4, 2020
- Conducting non-emergency dentistry with staff dentist – same protocol as emergency patients
- Dental Assistants:
 - Conducting reminder phone calls
 - Answering patient questions about dental appointments
 - CO has elected to place HEPA air circulators in every room of the dental clinic for aerosol reduction.

Phase 2: Hygiene Restarts

- May 8/12, 2020
- Full time hygienist returns
- 1 part time hygienist is returning
- 1 part time hygienist has decided to retire

Phase 3: Volunteers Return

- Timing is to be determined
- Considering how teledentistry will fit into the future dentistry program

Questions?



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Thank you!

