

## Continuing Education

### **Virginia Health Catalyst:** Special Needs Dentistry - You Can Do It!

5 Part Virtual Webinar series

- July 2 5:30 PM - 7:30 PM
- July 9 5:30 PM - 7:30 PM
- July 16 5:30 PM - 7:30 PM
- July 23 5:30 PM - 7:30 PM
- July 30 5:30 PM - 7:30 PM

Registration and additional details can be found [here](#)

## Upcoming Webinars

### **ADA HPI:** The Dental Care Rebound: What the Data for the Week of June 15th Tell Us

Tuesday, June 23rd at 11:00 AM

Register [here](#)

### **Virginia Health Catalyst:** Federal Policy Webinar: FMAP and Advocacy Opportunities

Wednesday, June 24th at 10:00 AM

No registration needed, access [here](#)

### **HRSA:** Clinical Leaders Peer to Peer Forum: Leading Together in Uncertain Times

Thursday, June 25th at 2:00 PM

Register [here](#)

### **NNOHA:** Dental Sealants in the COVID-19 World

Monday, July 6th at 2:00 PM

Register [here](#)

### Dental Hygiene Infection Control Protocols and Procedures During COVID-19

Wednesday, July 8th at 7:00 PM

Register [here](#)

## Clinical Guidance

### [Virginia Dental Safety Net Clinic Status](#)

Please remember to [contact Virginia Health Catalyst](#) to update your clinic's information accordingly!

### CDC: updated [interim guidance \(06.17.2020\)](#)

Remember, "If patients do not exhibit symptoms consistent with COVID-19, provide dental treatment only after you have assessed the patient and considered both the risk to the patient of deferring care and the risk to DHCP of healthcare-associated disease transmission."

- The recommendation to wait 15 minutes after completion of clinical care and exit of each patient without suspected or confirmed COVID-19 to begin to clean and disinfect room surfaces has been removed
  - CDC is still recommending DHCP should limit clinical care to **one patient at a time** whenever possible and **avoid aerosol-generating procedures** whenever possible
  - Routine cleaning and disinfection procedures (e.g., using cleaners and water to clean surfaces before applying an Environmental Protection Agency-registered, hospital-grade disinfectant to frequently touched surfaces or objects for appropriate contact times as indicated on the product's label) are appropriate for SARS-CoV-2 in healthcare settings, including those patient-care areas in which aerosol-generating procedures are performed
- The time period recommended for patients to inform the dental clinic if they develop symptoms or are diagnosed with COVID-19 following a dental appointment has been changed to **2 days**
- Clarifying language has been added to Engineering Controls
  - These recommendations are for proper maintenance of ventilation systems and patient placement and volume strategies in dental settings

- CDC does not provide guidance on the decontamination of building HVAC systems potentially exposed to SARS-CoV-2
- Ventilation systems that provide air movement in a clean-to-less-clean flow direction reduce the distribution of contaminants and are better at protecting staff and patients

*When is it safe to see a patient who tested positive for COVID-19 and requires non-emergency and/or elective dental treatment?*

- Unfortunately there is not much specific guidance at this time
  - CDC states, “People with COVID-19 who have [ended home isolation](#) can receive dental care following Standard Precautions.”
- During the OSAP/DentaQuest Webinar this past Thursday, June 18th the following was suggested
  - Consider: two negative swabs from the previously infected patient before they receive elective treatment
  - CDC guidance [When You Can be Around Others After You Had or Likely Had COVID-19](#)

*Friendly reminder!*

- PPE is only one part of infection control and should not be relied solely on for protecting your and your dental team and patients
- Extended use of facemasks and respirators should only be undertaken when the facility is at **contingency** or **crisis** capacity and has **reasonably** implemented all **applicable** administrative and engineering controls
  - Such controls include selectively canceling elective and non-urgent procedures and appointments for which PPE is typically used by DHCP
- Extended use of PPE is not intended to encourage dental facilities to practice at a normal patient volume during a PPE shortage, but only to be implemented in the short term when other controls have been exhausted.
  - Once the supply of PPE has increased, facilities should return to standard procedures

CDC Training: [Basic Expectations for Safe Care](#)

This training series covers the basic principles of infection prevention and control that form the basis for CDC recommendations for dental health care settings. It complements CDC’s Summary of Infection Prevention Practices in Dental Settings: Basic Expectations for Safe Care, and was developed to increase adherence to established infection prevention practices

## Community

According to the [CDC](#), “to date in the United States, clusters of healthcare personnel who have tested positive for COVID-19 have been identified in hospital settings and long-term care facilities, but no clusters have yet been reported in dental settings or among DHCP.”

- CBS: [Is it safe to go to the dentist?](#)