



## Reopening Healthcare: Dentistry's Plan After One Year of Practice During a Pandemic

The length of the global pandemic due to coronavirus caused dentists, dental hygienists and dental specialists to be eager to get back to work. They and their dental teams have taken an extreme and difficult hit to their businesses while waiting for this pandemic to subside. While it is true that dental personnel have contracted COVID-19, it hasn't been from the dental environment. In the past year, studies and experience has shown us that coronavirus transmission is almost non-existent between the dental provider to their patient, the patient to their provider or staff or between patients in the same practice.

The revision of our original document includes changes based on research, information and experience that dental providers have picked up during this past year.

In order to resume the business of dentistry, the risks of this unknown and highly contagious virus were weighed with the risks of the declining oral health in our patients. We provided urgent care during the beginning of the pandemic and slowly brought back non-emergent dental needs as they were impacting the dental and overall health of our patients. Many dental procedures that were postponed as a result of the Secretary Friedlander's original directive were able to be addressed as these needs were more urgent and medically necessary than before the shut down across Kentucky.

Beginning April 27, 2020, Kentucky's licensed dental professionals were able to provide services to their patients by resuming non-urgent, non-emergent dental services. Across the state, the dental community adopted the Commissioner's standard of patient encounters and adopted developing enhanced aerosol protections in our dental healthcare settings. This document updates the efforts and redefines some standards that will continue to protect the dental team and the patients, while still adhering to the revised "Healthy at Work" for healthcare providers that were released in the middle of April issued by the Governor as long as they are in effect.

### Addressing Commissioner Steve Stack's Points of Concern:

While a 'resume date' of April 27<sup>th</sup>, 2020 was provided, we observed that many practices employed phased, gradual reopening of services. The professions continue to recognize that a COVID-19 resurgence may require adjustment to the provision of dental services, especially if Personal Protection Equipment (PPE) returns to being in short supply for the front line healthcare workers, thus the dental community. Supplies of PPE seem to wax and wane as to what shortages are in place at any point in time. Practices continue to be proactive in assuring that their locations have at least a 14 day supply of appropriate PPE.

Dentists continue to use teledentistry for some triage, assessment, educational and counseling visits and appreciate the Department for Medicaid Services' work to facilitate this new technology into dentistry. The workgroup also recognizes its limitations yet see it as a valuable adjunct in our new world of patient management.

Dental practices have drastically changed the patient experience. Dental offices continue to collect pertinent health histories and screening for COVID-19 during the time the appointment is made. After a year's experience with the pandemic, we better understand how the virus and its impact has changed over the year. The workgroup now suggests dental offices apply screening questions that they feel are



pertinent and may include or limit questions to the following: 1) Recent contact with a positive case, 2) Unexplained headache and 3) Loss of smell or taste.

During the acute phases of the pandemic in Kentucky, waiting rooms were no longer used for their traditional purpose, but were empty as patients waited outside the office location and were called to the treatment area. Only a parent or guardian of children or special needs adults were allowed to accompany patients to the office. This workgroup proposes that waiting rooms be used applying professional judgement. We propose that our waiting rooms observe current physical distancing guidelines as described the revised “Healthy at Work” guidelines for healthcare providers with proper space between groups of people. We recognize that this still reduces the total number of people in waiting rooms and will work with patients and family so they may understand.

Masks or fabric face coverings will be continue to be worn by non-dental team members at all times within the dental office, both in waiting areas and treatment areas.

Patients will be screened upon entry to the dental office. Persons accompanying the patient will be screened for COVID-19 or other Aerosol Transmitting Disease (ATD). Screening questions are included earlier in this document.

At any time in the office, the physical distancing of patients to dental team members or other patients will still be observed, using standard of a distance equal to or greater than six feet between persons or whatever the current accepted distance is. Dental offices have redesigned their patient flow and treatment arrangement to assure that at least six feet exists between patients and impermeable barriers continue to exist between patients to contain any aerosolization that may occur during dental procedures.

The dental profession is committed to the control of COVID-19 or other ATDs by incorporating the following procedures in their daily work.

Every member of the dental team will be screened every day for COVID-19 symptoms and may be recorded and retained in the office. Staff that are ill will be required to stay home. Anyone on the dental team that has contracted AND recovered from COVID-19 will continue to return to work using the Department for Public Health’s “Guidance for Healthcare Workers Returning to Work.”  
<https://chfs.ky.gov/agencies/dph/covid19/HCPreturntoworkguidelines.pdf>

During the progression of the pandemic, researchers and health care providers learned more about the transmission of the virus from surfaces; actually looking at study results that the virus is not easily transmitted from hard surfaces to infect people. Yet, dental offices continue to be sanitized and disinfected in treatment areas between each patient and at the end of the business day. And because of this research, dental offices can resume posting educational materials on walls and other surfaces that assist in treating patients.

Handwashing and other hand hygiene measures continue to be a focus for both the members of the dental team and patients (and necessary visitors). Many providers still provide ready access of hand sanitizer throughout the practice for everyone and assure that hand washing stations are well-stocked for proper cleaning.



Practices understand that appropriate PPE must be available in the dental facility to adequately protect the dental team members and the patients alike. It is recognized that the securing of PPE for the provision of comprehensive dental care remains a challenge although shortages are more sporadic and less severe than one year ago. Dental offices will continue to comply with the “Healthy at Work” expectations that a 14 day supply of appropriate PPE will be available to the office staff.

Masks (of some level) at all times continue to be the standard of this ‘new normal’ for protections against COVID-19. All dental team members will wear surgical or appropriate procedural mask while in the dental office. All patients (and limited visitors) will wear their own surgical mask, a cloth mask or other appropriate face covering while anywhere in the dental office, even in the waiting areas until the state’s mask mandate is lifted. Even after that time, dentists may continue to practice mask hygiene as they find appropriate to their business.

In addition to enhanced hand hygiene, dental team members will wear gloves and change between patients, preferably disposed of in the treatment area in which the gloves were used.

The dental profession appreciates the Commissioner and his team in recognizing that some dental procedures include high-aerosol production. The following paragraphs discuss the steps that dental offices take to increase the safety of all to potential pathogens that may be in the aerosol produced by dental equipment yet recognize shifts in some techniques, procedures and practices learned during the one year of experience with dental practice during a pandemic. Some of our steps are also included in previous sections of this plan, but repeated for consistency in our revised proposals. Research on aerosol patterns in dentistry and the control of these patterns have greatly increased in the past year and we look forward to finding of this research.

There are steps that each office can adopt in order to reduce and control aerosols in the dental office. Each office is arranged and functions differently and we rely on the professional judgement of the dentists, the dental hygienists and the rest of the dental team that work daily in their own unique environment to adjust their practice for the enhanced protection of others.

For enhanced aerosol protection, we offer the following recommendations for different aspects of the dental experience.

Reduced interaction between the patient and the dental team begins with the repurposing of the waiting room—to be used only for patients whose groups are physically distanced according to current accepted standards. Masks will be worn by patients in the waiting area as well. Dental team members will be masked at all times in the dental office.

Physical distancing remains vital to aerosol mitigation; its implication in a dental office is outlined earlier in this document.

Dental procedures, when possible, should include aerosol controlling measures such as rubber dam use, and high speed evacuation. The addition of atraumatic restorative procedures should be considered that both arrest dental disease and have no aerosol-generating aspects to them.

N95 masks offer an elimination of 95% of airborne particulates yet dentistry understands their need in other more acute healthcare settings, such as hospitals. In our previous submission, the workgroup recognized that a combination of a Level III surgical mask, a face shield and High Speed evacuation, used





correctly, offer the same protection of the n95 masks, reserving them for those other settings. With a year's worth of dental experience, it was a strong recommendation that we eliminate the requirement of a face shield. Face shields have greatly interfered with good, fine-detail vision for the provision of dental care and is seen as one of the greatest impediments to dentistry during the pandemic. Currently, the standard of practice always includes eye protection anyway.

If an n95 mask is to be used, its use should comply with recommendations and requirements of the Center for Disease Control and Prevention, the Occupational Safety and Health Administration and the National Institute for Occupation Safety and Health. Requirements for appropriate use of this type of mask include the wearer being medically cleared to wear them and the recognize that there is required "fit testing" that must be done initially and annually thereafter. This is to be complied with for each wearer of this type mask in the dental office.

Patients that are COVID-19 positive still need dental care and reappointment may not be in their best interest. Treatment of a positive patient should be appointed for the last appointment of the day and dental team members should be in a gown, gloves, appropriate level of mask, goggles with side protection, face shield, and hair covering. Dental surfaces will be disinfected both after the patient is dismissed and then again before the first patient of the morning.

While COVID-19 positive patients should be the last patient of the day, seeing the medically vulnerable during the first appointments of the day may protect them from a day's worth of airborne viruses and other pathogens.

Appropriate PPE will be respected for different dental procedures. PPE grids for dental procedures are available from our dental schools. It is highly recommended that dental professionals consider these scenarios of treatment for informed decisions relative to PPE.

Other methods of airborne virus load that have been considered and implemented include treatment boxes that fit over a patient's head, still with access to the mouth, HEPA filters, UV lights and ozone generators that can be used between patients and/or overnight in treatment areas. Applied science in this area is changing constantly and dentists are ready to explore emerging technologies. This plan still does not want to limit their opportunities in infection control. Studies in air flow within the dental office are continuing and the profession will consider their findings when they are made official, especially those from and influencing regulations or policies from the federal office of the Occupational Safety and Health Administration.

The dental community continues to look forward to the time that testing for COVID-19 is plentiful, accessible and affordable to dentists for in-office, 'point-of-care' testing. Until then, dentists may request that a patient present proof of a negative test that is less than 72 hours old.

Remote and advanced registration of patients, including payment arrangements and initial health history/COVID-19 screening should continue and take place outside the office, perhaps on-line, through a text application or by telephone. This reduces exposure time between the patient and the dental staff.





Placement of a Plexiglas or other clear barrier between the front office/check out desk and the waiting areas reduces air-borne viruses and bacteria. If not feasible, the office staff could be both masked and gloved at the same time.

Offices may offer a ‘follow up screening’ of their patients 2-3 days after their dental treatment for signs and symptoms of COVID-19 and take appropriate steps when their conditions have changed.

Appropriate attention will continue to focus on the sterilization of instruments and disinfection of equipment and surfaces to eliminate the coronavirus from the dental environment.

Signage explaining the changes being made in the dental environment is encouraged to educate patients and reflect the commitment of the dental professionals regarding protections during dental treatment. Using social media to explain the changes helps the dental team more comfortably continue safe care for their patient.

**Summary:**

This pandemic has changed how we provide dental care to address and reduce disease. It is also clear that situations, policies and recommendations continue to constantly change through experience and research in the past year. Kentucky’s licensed dental professionals will continue to adapt as situations present themselves. Professional judgement, based on education, training and experience will come into play as dental offices continue to change the way they practice. As importantly, they will continue to abide by standards and recommendations from the Centers for Disease Control and Prevention, the Center for Medicare and Medicaid Services and the American Dental Association.

This workgroup welcomes comments and suggestions for our intent to provide safe dental care.

Agreed upon by the following entities:

- |  |  |
|--|--|
| Kentucky Dental Association            | Kentucky Oral Health Coalition               |
| Kentucky Dental Hygienists Association | University of Kentucky College of Dentistry  |
| Kentucky Board of Dentistry            | University of Louisville School of Dentistry |
| Kentucky Department for Public Health  |  |

Submitted by the workgroup: May 16, 2021

Recognized by KDPH: Recognized by Commissioner Steven Stack, MD on May 18, 2021

