



## FAQs: Return to Non-Urgent/Emergent Dental Care

### **What date was non-urgent/emergent dental care in Kentucky allowed to resume?**

On April 23, Governor Beshear and Commissioner Stack announced that non-urgent and non-emergent dental care would be included in Phase I of the Healthy at Work initiative for restarting Kentucky's economy. This became effective on April 27 with a [memo](#) from the Cabinet for Health and Family Services formally rescinding its previous order to postpone elective dental procedures.

### **When does the 90-day temporary license for recent graduates expire?**

As per the Board of Dentistry's April 17 [memo](#), all provisional dental licenses, regardless of the date of issue, shall expire 90 days after the order that occurred on April 27. Provisional licenses are currently set to expire on Saturday, July 25, 2020, pending further board action.

### **Providing test results with 72 hours will be hard to meet. Is this a requirement?**

Testing and contact tracing are ideal but not readily available at this time. Robust screening must be used when testing is not available. More recommendations may come as testing becomes more available and results have faster turnarounds.

### **Are fit tests currently required for N95 masks?**

On April 8, the U.S. Department of Labor issued a [memo](#) providing for enforcement discretion and other temporary OSHA guidance for N95 fit-testing during the COVID-19 outbreak. For more guidance on masks, visit the ADA's [Understanding Mask Types](#).

### **What should I do if the N95 masks I received do not look like other N95 mask?**

We recommend contacting your [local health department](#). Also, please view the CDC's page on [identifying NIOSH-approved respirators](#).

### **How can we go can to work if CDC guidelines still say we should only provide emergent care?**

As of May 19, the CDC's COVID-19 [Guidance for Dental Settings](#) has been updated to provide for non-urgent/emergent care. Further, these particular guidelines have never been mandatory. Kentucky law requires that oral health professionals follow the CDC's [Guidelines for Infection Control in Dental Health-Care Settings](#). Gov. Beshear, with guidance from the Kentucky Dept. for Public Health, has determined the risk to oral health professionals can be mitigated with these existing protocols being supplemented by the Cabinet for Health and Family Services' Phase I [memo](#) and further expanded on in our own [guidelines](#).

### **Do we need face shields or will L3 masks with eye protection work?**

Face shields or eye protection with side shields were already part of the CDC's [Guidelines for Infection Control in Dental Health-Care Settings](#). However, these were written for blood borne disease transmission, meaning enhanced protocols for respiratory droplet transmission are appropriate. Please consult the University of Louisville School of Dentistry's [PPE matrix](#).



### **What are the cleaning/disinfecting guidelines between patients?**

We recommend using the [CDC guidelines](#) and [EPA list](#) for effective disinfectants. Dr. Stack's requirement for 50% of pre-covid capacity should allow for extra time in between patients and at the end of the business day. Treatment areas should be free of items that can not be disinfected. Additionally, high touch point areas (restrooms, break rooms, door handles, light switches, etc.) outside of treatment rooms should be disinfected at an increased frequency.

### **Do we need to wear gowns?**

The CDC's [Standard Precautions](#) and [Guidelines for Infection Control in Dental Health-Care Settings](#) already require gowns for aerosol generating procedures. Please take into consideration that these guidelines were established for blood borne pathogens and not airborne disease, meaning that gown changes may need to occur more frequently to prevent aerosol transmission. Please consult the University of Louisville's [PPE matrix](#), which has been adopted as part of our [guidelines](#).

### **How do we deal with patients with >100.4F Temp? If it is not dentally related, do we have to make them go? Or contact health department, etc.?**

A patient's medical history and current symptoms must be factored into this decision. If temperature is likely associated with acute dental infection and no other respiratory symptoms are reported or evident, dental treatment is recommended. Dentists should consider a referral plan for patients who are febrile and otherwise symptomatic of COVID-19. An example of a patient screening form is included in the ADA's [Return to Work Toolkit](#).

### **What do you suggest for dental team members who are pregnant?**

Information on COVID-19 during pregnancy is still very limited. If possible, take additional precautions and limit your exposure to patients during higher risk procedures. Consult regularly with your obstetrician for the latest recommendations based on your situation.

### **Should I use my high-speed handpiece, cavitron, slow-speed handpiece or air/water syringe?**

During aerosol generating procedures we recommend adding clinical protocols such as HVE, rubber dam isolation, four handed dentistry and other advanced aerosol mitigating procedures based upon clinical judgment of the provider and the needs of the patient.

### **This guidance document has been made possible in collaboration with the following entities:**

Kentucky Dental Association  
Kentucky Dental Hygienists Association  
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