



April 27, 2020



The Honorable Laura Kelly, Governor
Kansas Statehouse, 2nd Floor
300 SE 10th Street
Topeka, KS 66612

Re: Reopening Dental Offices

Dear Governor Kelly,

On behalf of the 1,200 member dentists of the Kansas Dental Association (KDA) we would like to thank you for your leadership during the current COVID-19 pandemic. We recognize the unprecedented times and commend you and your administration for taking a proactive approach to rapidly reduce the spread of COVID-19 while allowing urgent and emergency dental treatment to continue.

As the statewide “stay-at-home” order is set to expire on May 3, the KDA respectfully requests you include the statewide lifting of the guidance restricting all elective dental treatment and procedures as part of the strategy of restarting the Kansas economy. This can be done with strict infection control guidelines and office protocols which are designed to protect patients, dentists, members of the dental team and the public at large.

BACKGROUND

To preserve personal protective equipment (PPE) for the fight against the COVID-19, on March 18, the Kansas Department of Health and Environment (KDHE), Bureau of Oral Health “strongly recommended” Kansas’ dentists delay all non-essential procedures and surgeries. This had the effect of shutting down dental offices, only opening occasionally to provide emergency dental surgery to their patients to keep them out of hospital emergency rooms which are dealing with COVID-19 patients. While the need to preserve PPE resources is understandable in order to ensure front line healthcare workers are protected in dealing with the COVID-19 pandemic, the state’s guidance has had a devastating impact on Kansas’s dental practices and a detrimental impact on the oral health of Kansans.

PERSONAL PROTECTIVE EQUIPMENT (PPE) FOR DENTAL OFFICES

To date, the American Dental Association reports that there are NO identified instances of COVID-19 transmission from dental treatment from dental personnel to patients or patient to dental personnel. As PPE becomes more available, with additional production and importation of equipment and supplies, and the expansion of the ability to disinfect masks and other protective wear, the guidance to delay these important healthcare procedures should be lifted and not categorized as a high-risk profession.

The American Dental Association (ADA) has recently released specific guidance for dental offices including the use of PPE for dentists and dental office employees, strict patient and employee screening, setup and sterilization for the clinical and non-clinical areas of the office to name a few. This “Return to Work Interim Guidance Toolkit” was put together by a team of practicing dentists and infection control scientists and is [attached for your review](#).

Diagnostic tools and tests to indicate COVID-19 infection status are not broadly available to dentists AT THIS TIME. Since patients who are asymptomatic may still be COVID-19 contagious, it should be assumed that all patients can transmit the disease. This means that dental staff must have the following when providing any type of aerosol producing procedure:

- Access to appropriate and plentiful PPE to protect against potentially infectious aerosol transmission. This includes a face shield or eye protection with side shields, an N95 or higher respirator, one pair of clean non-sterile gloves. Additionally, professional judgment should be used regarding the use of a head cover, isolation gown and shoe covers/alternate shoes.
- Alternatively, a face shield or eye protection with side shields and a level 2 or 3 surgical mask may be used if an N95 respirator mask is not available. (See [ADA Interim Mask and Face Shield Guidance](#)). Dentists should seek viable options for eliminating, reducing, or containing aerosol production during care. These options could include:
 - the use of an enhanced high volume evacuation system, or;
 - limiting or discontinuing the use of ultrasonic/sonic scaling devices, or;
 - postponing some elective procedures until appropriate PPE is acquired.
- Front office dental staff must also have access to appropriate patient separation/distancing and PPE, including non-medical masks and gloves consistent with requirements for essential business personnel not involved in patient treatment.

In addition, dentists should be authorized to administer newly developed tests to determine whether a person has developed COVID-19 antibodies. Dental offices exist in virtually every community in Kansas and such serology testing will be crucial to quickly reopening the economy and will help determine whether patients are eligible to donate plasma for COVID-19 treatments. The results of the testing may also benefit patients as they get dental and other healthcare services by giving providers important information to determine the appropriate precautions (related to PPE, etc.)

As is spelled out prominently in the guidance from the ADA, dental offices should utilize robust patient screening protocols prior to treatment. Patients should ideally check-in through a virtual waiting room outside the dental office that involves a pre-screening questionnaire. If possible, patients should remain in their cars outside the dental offices until the treatment room is ready. Patient temperatures should be taken upon arrival in the office and patients should be asked about other COVID-19 symptoms prior to the initiation of treatment. Dental offices should abide by the Centers for Disease Control healthcare worker guidance concerning “close contact” with a COVID-19 patient.

PREVENTIVE TREATMENT CARE

As mentioned previously, as dental offices reopen it may be necessary for routine preventive treatment to be adjusted as PPE becomes more readily available to dental offices. For example, the combination of the following PPE should be considered as minimum guidance for a patient receiving a routine prophylaxis/cleaning or other aerosol producing dental procedure. Any combination may be utilized by the dental clinician to decrease risk of aerosol transmission as follows:

1. Use of a N95 or KN95 respirator mask and eye protection with side shields, or;
2. Use of a level 2 or 3 surgical mask, eye protection with side shields and face shield, or;

3. Use of a level 2 or 3 surgical mask, eye protection with side shields and enhanced high volume evacuation system, or;
4. Use of a level 2 or 3 surgical mask, eye protection with side shields, and hand instrumentation – no use of ultrasonic/sonic scaler devices.

Professional judgment should be exercised with regard to the use of a head cover, gown and shoe cover or alternate shoes in all four above scenarios.

IMPACT ON DENTAL PATIENTS AND ALL KANSANS

Delaying non-emergency dental care is having a negative impact on Kansans' oral and overall health. It is through routine dental visits that dental and oral health abnormalities are diagnosed. A delay in these routine patient visits which generally are associated with prevention, diagnosis and treatment of dental disease, will lead to more invasive and expensive procedures and oral surgery.

These diagnoses could include periodontal disease or even oral cancer. Undiagnosed and untreated periodontal (gum) disease has been associated with a number of systemic health conditions, including heart disease, diabetes, stroke and pregnancy complications. Lifting the Order delaying these procedures will allow dentists to diagnose and treat important dental conditions that will preserve Kansan's oral and overall health. Delay in detecting and diagnosing oral cancer can lead to catastrophic consequences including serious oral surgery and other cancer treatments and even death.

IMPACT ON SMALL BUSINESS DENTAL PRACTICES

While the current COVID-19 pandemic has created difficulties for many small businesses in Kansas, it has been devastating for Kansas's small business dental offices. A recent ADA survey of dentists shows that during the current pandemic situation, in treating dental emergencies only, the typical dental office is seeing less than 5% of its normal patient visits. Working from home has not been an option for dentists and their staff who perform procedures that must be done in person in a dental office setting. This has created a devastating reality for dental offices with 15% or more at risk of failing. Because dental practices remain on call to treat emergencies in order to keep patients out of pain and from seeking care at hospital emergency departments, they still incur significant overhead expenses – including maintaining equipment and at least some staff – while generating next to no revenue.

The State should consider providing assistance through grants and low interest loans for dental offices so they can get through the shutdown and reopen after the crisis. A loan and grants program could provide assistance for dentists to recover at least a portion of their lost income so they can rehire staff, pay bills, and get their dental practice reestablished and treating Kansans. In addition, dental practices should be included in any state assistance that is made available to any other Kansas small businesses in light of the special role dentists have been asked to play in this crisis – essentially shutting down in order to conserve PPE.

CONCLUSION

The dentists of Kansas understand the gravity of the situation related to the COVID-19 pandemic and have done their part to assist in the state's efforts, along with many other Kansans. Kansas's dentists have basically shut down their practices (only treating emergencies) at significant cost to their employees and themselves. They have treated emergencies in order to keep patients from presenting at the hospital emergency rooms at a time when hospitals need to focus on treating COVID-19 patients and other emergencies. Kansas dentists have donated excess PPE and assisted with the use of 3D printing of nasal swabs and face shields to ensure their healthcare colleagues on the front lines are protected when

treating COVID-19 patients. Now, as Kansas looks to restart its economy, Kansas' dentists are prepared to provide Kansans the oral healthcare services they need with the heightened level of infection control protocols including personal protective equipment and social distancing safeguards that the circumstances require.

Sincerely,



Dr. Allen B. Reavis
KDA President



Dr. Douglas W. Fain, DDS, MD, FACS
Chair, KDA Reopening Task Force



Kevin J. Robertson, CAE
Executive Director

CC: Dr. Lee Norman, MD, Secretary, Kansas Department of Health and Environment
Dr. Dayna Brinckman, DDS, Director, KDHE, Bureau of Oral Health
Senator Susan Wagle, President, Kansas Senate
Representative Ron Ryckman, Speaker, Kansas House of Representatives

Enclosure: [ADA Return to Work Interim Guidance Toolkit](#)