



March 23, 2020

## **Interim Guidance for Dentists in Response to COVID-19 Outbreak**

### **Deferral of routine, non-urgent dental care**

On March 19, 2020, the Governor issued Executive Order 20-10 directing all healthcare providers including dentists to cease all elective, non-urgent procedures that require the use of personal protective equipment (PPE), until after June 15, 2020. This includes all routine dental hygiene care. The purpose of the Executive Order is to preserve supplies of PPE. This decision was not made lightly, and the Governor recognizes the implications for routine preventive care and the financial burden it represents. However, given anticipated surges in healthcare need due to COVID-19, and the importance of preserving scarce PPE for situations in which it is most needed, the action is necessary.

Procedures that if delayed for three months would put a patient at risk of irreversible harm, are not subject to the Executive Order. Criteria for determining whether irreversible harm exists include but are not limited to: (1) threat to the patient's life; (2) threat of irreversible harm to the patient's physical or mental health; (3) threat of permanent dysfunction of an extremity or organ system; (4) risk of metastasis or progression of staging; and (5) risk of rapidly worsening to severe symptoms.

### **Potential roles for dentists in COVID-19 response.**

We are working with the Oregon Board of Dentistry to get a clearer picture of dental scope of practice, and to determine where dentists might be able to step in and help with aspects of routine health care, freeing physicians and nurses for acute care responsibilities.

### **Infection prevention strategies if urgent or emergent procedures can't be avoided**

Dental personnel should perform hand hygiene (e.g., hand washing with soap and water, alcohol-based hand rub, or antiseptic handwash) between patients and after any possible contact with respiratory secretions and contaminated objects or materials.

Routine cleaning and disinfection strategies used during influenza seasons can be applied to the environmental management for COVID-19. More information can be found at [http://www.cdc.gov/ncidod/dhqp/gl\\_environinfection.html](http://www.cdc.gov/ncidod/dhqp/gl_environinfection.html).

If possible, urgent dental procedures should be deferred for any patient with an acute respiratory illness, until 14 days after the symptoms have resolved or until COVID-19 testing is negative. Operatories often are open and have air circulation in common with other parts of the dental office. Use of equipment that results in generation of aerosols (ultrasonic scaling instruments, high-speed drills), should be avoided in these settings while COVID-19 is circulating in the community.

If possible, dentists within a community could consider identifying operatories in their area that are isolated and have a closable door. Urgent or emergent cases requiring aerosol-generating dental procedures could be concentrated in those operatories with the door closed. The room would be left closed for two hours after the procedure, and anyone entering the room during that time would need to wear gown, gloves, respiratory protection of N95 or higher, and eye protection. The room would then undergo standard disinfection and could return to use.

Patients with an acute respiratory illness who require an urgent or emergent procedure should be identified immediately at check-in, given a mask, and, if possible, seated away from others, ideally in a single room with the door closed.

Any care provided using aerosol-generating procedures should be done in a way that exposes the minimum possible number of staff. All staff involved should use full contact and airborne precautions, with gown, gloves, respiratory protection of N95 or higher, and eye protection.

If care is not possible in an isolated operatory with the door closed, and aerosol-generating procedures are anticipated, please consider the following recommendations.

- Use hand instruments only and avoid the use of ultrasonic scaling instruments for debridement.
- Use a dental dam to isolate the treatment area and place the high-volume suction as close to the surgical site as possible to capture any generated aerosols.
- If supply allows, change respirator, gloves and gown, and follow proper disinfection protocol (including eyewear) between patients.

### **Guidance on length of deferral for patients with respiratory illness consistent with COVID-19; length of exclusion from work for staff with these symptoms**

COVID-19 is currently circulating in the community. After developing a respiratory illness characterized by fever, cough or trouble breathing, dental staff should stay off work until 72 hours after resolution of both fever and cough, without the use of fever-reducing medication.

Dental offices should ask the same of patients who have been ill with similar respiratory illness. Again, if any aerosol-generating procedure is anticipated, unless full contact and airborne precautions can be taken (gown, gloves, respiratory protection with fit-tested N-95 mask or higher, and eye protection) in a setting that doesn't expose staff or other clients, patients who had COVID-19 should not undergo dental-office care until 14 days after symptom resolution or their follow-up COVID-19 testing is negative.

Regarding exposure of dental staff to a patient with COVID-19, please see Table 1 from OHA's [Provisional Guidance: Clinical Care and Healthcare Infection Prevention and Control for COVID-19](#). Depending on the nature of exposure—especially whether aerosol-generating procedures were performed—and the specific personal protective equipment used, monitoring of staff for fever, cough or trouble breathing for 14 days from the last exposure is recommended. Should these symptoms develop at any time, symptomatic staff should immediately withdraw from care and go home until they have been free of both fever and cough for 72 hours, without the use of fever-reducing medication.

Collective actions taken by the dental community can help slow the tempo of COVID-19 spread. By rescheduling elective procedures, dental health professionals will help prevent community spread and preserve limited supplies of personal protective equipment that are critical for frontline healthcare personnel responding to this outbreak.