



## Phase I Healthcare Services Reopening: Dentistry's Plan

Beginning April 27, Kentucky's licensed dental professionals will be able to provide services to their patients by resuming non-urgent, non-emergent dental services

Each practice may work toward a phased, gradual reopening of services.

Teledentistry for some triage assessment, educational and counseling visits is encouraged.

Dental offices will screen for COVID-19 during the time the appointment is made.

Waiting rooms are no longer used for their traditional purpose; patients will wait in their cars to be called to the treatment area.

Only a parent or guardian of children or special needs adults are allowed to accompany patients to the office.

Masks or fabric face coverings will be worn by non-dental team members at all times within the dental office, both in waiting areas and treatment areas. Patients and visitors will supply their own mask, or cloth covering.

Patients will be screened outside the dental office, usually in their cars or upon entry to the dental office.

Social distancing of patients in regard to dental team members or other patients will be observed, using standard of a distance equal to or greater than six feet between persons.

The dental industry 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 symptoms and body temperatures and will be recorded and retained in the office;

End-of-day temperature records are encouraged.

Staff that are ill will be required to stay home.

Anyone on the dental team that has contracted AND recovered from COVID-19 will return to work using the Department for Public Health's "Guidance for Healthcare Workers Returning to Work." <https://chfs.ky.gov/agencies/dph/covid19/HCPreturrtoworkguidelines.pdf>

Dental offices will be sanitized and disinfected in an enhanced manner including disinfecting surfaces in treatment areas between each patient and at the end of the business day.

Handwashing and other hand hygiene measures should be enhanced for both the members of the dental team and patients (and necessary visitors).





Appropriate PPE must be available in the dental facility to adequately protect the dental team members and the patients alike.

Masks (of some level) at all times will 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 a surgical mask, a cloth mask or other appropriate face covering while anywhere in the dental office, even in the waiting areas.

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

High-aerosol production management:

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

The waiting room is to be used only for one necessary visitor, who is masked. The room should still observe the six foot rule.

Dental team members will be masked at all times in the dental office.

Social distancing is vital to aerosol mitigation.

Dental procedures, when possible, should include rubber dam use, and high speed evacuation.

The impact of N95 masks can be reached by using the combination of already-used dental armamentaria: a Level III surgical mask, a face shield and a functioning High Speed Evacuation (HSE) System with a tip opening minimum of 8 mm.

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.

Patients that are COVID-19 positive should be appointed for the last appointment of the day.

Appropriate PPE will be respected for different dental procedures.

Other methods of airborne virus load that should be considered are 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.





## **Miscellaneous Recommendations for the Dental Office that weren't a direct part of Dr. Stack's requests:**

Testing is limited for the dental setting.

Dentists may request that a patient present proof of a negative test that is less than 72 hours old.

When this is not available, robust screening and temperature taking must be rigidly adhered to.

To best treat patients in the future, dentists would benefit from any register of citizens that record COVID-19 status. Coupled with that, the dental community should be an active participant in 'contact tracing' of their staff, their patients and anyone moving their office space.

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

Offices may want to do 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.

While COVID-19 positive patients should be the last patient of the day, seeing the medically vulnerable during the first appointments of the day is recommended.

Signage explaining the changes being made in the dental environment is encouraged to educate patients.

### **Summary**

This pandemic is changing how we provide dental care to address and reduce disease. 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 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.

