

May 29, 2020

Interim Guidance for Resuming Dental Services in Vermont – AS OF JUNE 1, 2020.

Dental procedures can resume if dental health care professionals fully adhere to the guidance outlined below, and comply with COVID-19 Response. Patients must be confident that the environment where they will receive care is safe.

To minimize the risks associated with the provision of aerosol-generating procedures, dental health care professionals shall comply with CDC's <u>Standard</u> and <u>Transmission-Based</u> Precautions (including <u>Airborne Precautions</u>) and may provide procedures under all categories outlined in the table at the end of this guidance.

This guidance applies to dental health care professionals licensed under Title 26 of the Vermont Statutes Annotated.

COMPLIANCE REQUIREMENTS

Dental health care professionals must demonstrate that they are adhering to relevant <u>Vermont Department of Health</u>, <u>CDC</u>, and <u>OSHA</u> guidelines governing the provision of dental care to maintain a safe environment for patients and staff.

Dental health care professionals shall take the following precautions when providing care in dental clinical settings:

- Screening of Staff and Visitors: Adopt a written process to screen all dental health care
 professionals, staff, patients and essential visitors for COVID-related symptoms prior to
 entering facility. Symptomatic providers, staff and visitors should be excluded from the
 facility and referred to their primary care providers for assessment and testing as
 appropriate.
- **Testing of Providers:** Adopt a written a plan for the periodic PCR testing of dental health care professionals and staff. The plan shall include: 1) who is to be tested; 2) the laboratory to which specimens will be sent 3) frequency; and 4) plan for return to work for those who test positive for COVID-19.2

¹ Testing intervals should be determined by the practice and based on transmission risk associated with procedures.

https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html

- Personal Protective Equipment (PPE) and supplies must be worn to ensure staff and
 patient safety. This may require surgical, N95, KN95, or other equivalent masks and eyeprotection goggles or face shields. Dental health care professionals must adhere to
 CDC's <u>Standard</u> and <u>Transmission-Based Precautions</u>. In the event that shortages exist,
 practices shall prioritize urgent care and refer to <u>CDC Strategies for Optimizing the</u>
 <u>Supply of N95 Respirators during the COVID-19 Response</u>.
- All patients and patient companions must wear mouth and nose coverings (provided by the patient or by the practice) when in public areas or treatment areas when possible.
- Patient companions are permitted only if required for direct patient assistance.
- Only individuals who are essential to conducting the procedure shall be in the surgery or procedure suite or other patient care areas where PPE is required.
- Waiting room chairs must be spaced at a minimum of 6 feet to ensure CDC-recommended social distancing.

Dental health care professionals:

- Must have written procedures for disinfection of all common areas. Such procedures
 must be consistent with state and CDC guidelines. Refer to the <u>ADA Return to Practice</u>
 <u>Toolkit</u> and the <u>CDC's infection control guidelines for dental settings</u>.
- Must have signage to emphasize social restrictions (distancing, coughing etiquette, wearing of mouth and nose coverings, hand hygiene) and make hand sanitizer available to all patients, visitors, and staff.
- Shall continue to offer alternative care delivery models, including tele-dentistry, when appropriate.
- Shall reevaluate and reassess policies and procedures consistent with guidance set forth by the CDC and the Health Department.
- Shall comply with current and future guidance issued by the Commissioner of Health and relevant licensing boards.
- Must maintain all plans and processes required by this guidance and make them immediately available to the State upon request.

RESUMING ELECTIVE DENTAL PROCEDURES

The SARS-CoV-2 pandemic presents special hazards and challenges for the dental sector, mainly associated with aerosol-generating procedures. Practitioners shall evaluate the necessity of the dental care based on urgency of dental problems. Priority should be given to care that was previously postponed and for conditions likely to lead to dental emergencies if treatment is deferred. Dental health care professionals should evaluate community transmission rates, testing availability, and PPE supply when deciding which services to provide, taking measures to minimize aerosol generation.

Minimally invasive treatments, such as <u>nonrestorative management of carious lesions</u> and <u>glass ionomer cement restorations to protect teeth with arrested decay</u>, should be considered before procedures with higher risk of generating aerosol.

Each outpatient clinic will be responsible to ensure that it has adequate supplies of PPE, through its own suppliers, to comply with these and future guidelines. All practices shall maintain the level of PPE needed to protect themselves, staff and others, employing necessary measures such as limiting patient volume. Dental health care professionals will not rely on State sources or State supply chain for PPE.

SUSPENSION OF OPERATIONS

If the Vermont Department of Health determines that a COVID-19 outbreak has occurred and providers cannot safely care for Vermonters in a way that: (1) limits the exposure of patients and staff to COVID-19; (2) preserves PPE and ventilators; and (3) preserves inpatient hospital capacity, the department will notify and require all dental health care professionals in the region to return to the standards set out in the executive order issued on March 20, 2020. Depending on the severity of the outbreak, the Vermont Department of Health may require all Vermont providers to adhere to issued guidance.

RESOURCES FOR GUIDANCE GOVERNING THE PROVISION OF DENTAL CARE

- <u>CDC Interim Infection Prevention and Control Guidance for Dental Settings During the</u> COVID-19 Response
- CDC Summary of Infection Prevention Practices in Dental Settings: Basic Expectations for Safe Care
- CDC Guidelines for Infection Control in Dental Health-Care Settings—2003

EXAMPLES OF DENTAL PROCEDURES ACCORDING TO RELATIVE RISK OF AEROSOL GENERATION

Very Low Risk: no close contact	Low Risk: close contact but minimal or no aerosol generated*	Moderate to High Risk: close contact with controlled aerosol**	Very High Risk: close contact and difficult to control aerosol
Diagnostic: panoramic, cephalometric, or other extraoral radiographs; teledentistry consultation Preventive: oral hygiene and dietary guidance	Diagnostic: exam, intraoral radiographs Preventive: scaling by hand, nonrestorative treatment for carious lesions, such as application of fluoride, including silver diamine fluoride Restorative: minimally invasive treatment, such as application of silver diamine fluoride followed by atraumatic restorative technique using glass ionomer Oral Surgery: simple extraction Orthodontics: appliance adjustment	Preventive: sealant placement with a rubber dam Restorative: restorations with a rubber dam Endodontics: endodontic procedures with a rubber dam Removable Prosthodontics: extraoral denture adjustments after appliance disinfection Fixed Prosthodontics: preparation with a rubber dam, cementations with adjustments done extra-orally Orthodontics: minor handpiece use, with HVE suction	Preventive: ultra-sonic scaling Restorative: use of handpieces without a rubber dam Endodontics: any procedure without a rubber dam (not recommended) Periodontics: ultra-sonic scaling Dental Implants: any procedure using a handpiece Fixed Prosthodontics: any preparation without a rubber dam Oral Surgery: surgical extractions Orthodontics: any procedure requiring intense use of a handpiece

^{*} without the use of the air/water syringe

^{**} with use of high-volume evacuation suction