

COVID-19 Practice Guidance for Licensees and Facilities
Alaska Board of Dental Examiners, 05/16/21

The Alaska Board of Dental Examiners wants to help oral health professionals minimize the risk of COVID-19 transmission when seeing patients by using the appropriate Personal Protective Equipment (PPE) and evaluating engineering controls. This document provides recommendations and guidelines as we continue to navigate through the effects of COVID-19.

At this time, guidelines and recommendations from many sources, most notably the CDC and OSHA, are months out of date. Dentistry in Alaska has proven to be a safe and essential part of the healthcare system. Please continue to have awareness of the COVID-19 situation in your community.

Please keep in mind that during this pandemic, we are in a situation of evolving understanding of coronavirus and COVID-19, these are interim guidelines and guidance, and may change as further evidence is reviewed.

Practitioners are advised to be aware of rates of community transmission in their service area and mitigate risks accordingly. Each community is unique, and appropriate mitigation strategies will vary based on the level of community transmission, characteristics of the community and its population, and the local capacity to implement strategies. Vaccination numbers and recovered cases are other factors to consider.

Applicability: This guidance applies to all dental offices and providers regulated by the Board of Dental Examiners to practice dentistry and dental hygiene in the State of Alaska.

Health Care Delivery

Providers and facilities are encouraged to adhere to the following practices when delivering health care:

Risk Mitigation Strategies

Patient Considerations:

- 1) If the same level of care may be achieved through the use of phone consultation as achieved through in-office service, then this delivery method can be used.
- 2) A screening protocol which involves screening dental healthcare workers, patients and building visitors should be used.
 - a) Temperature may be elevated in the case of an odontogenic infection; consider all other screening questions when elevated temperature is noted, and use professional best judgement.
- 3) Testing guidelines for care delivery: Pre-procedural testing is up to the discretion of each facility.
 - a) Factors to consider include COVID-19 infection rates, availability of testing, vaccination status of patient. Molecular based PCR testing remains the most accurate form of testing to date.
- 4) Each facility should maintain a plan to stop performing non-emergent procedures in the event of an outbreak or resurgence of COVID-19 or a shortage of PPE.
- 5) Strongly consider the balance of risks vs. benefits for patients in higher-risk groups. Persons over age 60 and those of any age with serious underlying medical conditions are at higher risk for severe illness from COVID-19. These include but are not limited to those with compromised immune systems, diabetes, hypertension, chronic kidney disease, lung and heart function problems.

- a) To mitigate risk for high-risk groups, consider delaying routine care if appropriate, or scheduling these patients for dental care at the first appointment of the day. Non-emergent and elective procedures should be prioritized based on indication and urgency.
- 6) Consider social distancing when deciding to have patients utilize the waiting room vs waiting outside or in their vehicles.
- 7) Consider the use of public and universal facemasks for your facility.
- 8) At time of patient discharge ask the patient to inform the dental facility if they develop symptoms or are diagnosed with COVID-19 within 48 hours following their appointment.

Facilities:

- 1) It is recommended that offices re-evaluate HVAC and other facility controls and improvements for efficacy.
- 2) Facilities and practices should have a plan in place for patient isolation in the case of a suspected or positive COVID-19 case.
- 3) Implement social distancing measures within waiting rooms and other areas of the office.
- 4) Post visual alerts (e.g., signs, posters) at the entrance and in strategic places (e.g., waiting areas, elevators, break rooms) to provide instructions in the appropriate language(s) about hand and respiratory hygiene and cough etiquette. Instructions should include wearing a cloth face covering or facemask for source control, and how and when to perform hand hygiene.
- 5) Provide supplies for respiratory hygiene and cough etiquette, such as alcohol-based hand rub, tissues, and no-touch receptacles for disposal.

Dental Health Care Providers:

- 1) Dental offices should maintain a plan to address the potential of a dental healthcare worker contracting COVID-19
- 2) It is the responsibility of each provider to ensure the safety of their staff and patients. This includes ensuring providers and staff do not come to work while ill and providing appropriate personal protective equipment (PPE).
- 3) All staff should be screened and their temperature should be taken at the beginning of each shift, and those displaying respiratory symptoms and/or fever ($\geq 100.4^{\circ}$ F) should immediately leave. Staff should not report to work with fever or respiratory symptoms that are unrelated to seasonal allergies.

Practice Operations:

- 1) Minimize potential of dental aerosols and spatter.
- 2) Aerosol generating procedures include but are not limited to:
 - a) The use of a dental handpiece.
 - b) The use of an ultrasonic scaler (e.g., Cavitron)
 - c) The simultaneous spray of compressed air and water into the oral cavity; air/water syringe use.
 - d) Use of lasers, electro-surge or any similar device creating a vapor
 - e) Use of intra-oral air-polishing or air-abrasion unit
- 3) Use high volume evacuator when possible
- 4) Use dental isolation devices such as dental dams or isolating-type mouth props when possible.

- 5) Utilize low-aerosol techniques such as hand scaling in dental hygiene procedures when appropriate.
- 6) Infection control should be practiced in all patient-accessed areas:
 - a) Unused supplies and instruments should be in covered storage, such as drawers and cabinets, and away from potential contamination. Any supplies and equipment that are exposed but not used during a procedure should be considered contaminated and should be disposed of or reprocessed properly after completion of the procedure.
- 7) It is recommended to use HEPA filtration in the operatories to provide further protection from airborne particles

Personal Protective Equipment (PPE)

- 1) DHCP shall adhere to standard precautions, which include but are not limited to: hand hygiene, use of personal protective equipment (PPE), respiratory hygiene/etiquette, sharps safety, safe injection practices, sterile instruments and devices, clean and disinfected environmental surfaces.
- 2) Enhanced PPE such as respirators, face-shields, gowns, foot coverings are covered in CDC and OSHA recommendations. The efficacy of these compared with standard PPE (surgical mask, protective eyewear, gloves) has not been established in the delivery of dental care for asymptomatic patients.
- 3) The dental office should have enough recommended PPE in inventory for its workforce for 2 weeks without the need for emergency PPE- conserving measures. If an office experiences an inability to source PPE for a period of one week, the office should close for non-emergent procedures until sufficient PPE has been obtained. If a facility proposes to extend the use of or reuse PPE, it should follow CDC guidance.
- 4) If a practice chooses to treat a known COVID-19 positive patient, CDC and OSHA guidance should be followed