



## ALASKA BOARD OF DENTAL EXAMINERS ANNOUNCEMENT

UPDATED April 24th, 2020

### 1) HEALTH MANDATE 015: Services by Health Care Providers

The Governor's office issued mandate 015 on April 15th, 2020. It will go into effect in phases with section II having gone into effect as of April 20<sup>th</sup> and section IV taking effect May 4th. Mandate 015 supersedes our previous oral health mandate 006. This mandate DOES NOT require providers to go back to work or dental office to reopen. There is a new Mandate 015 [FAQ page](#) provided by the DHSS.

#### **SECTION I. APPLICABILITY:**

Dentists and Dental Hygienists

#### **SECTION II. HEALTH CARE DELIVERY:**

The Board is *issuing requirements* for dentists and dental hygienists on what it considers proper enhanced health screening protocol and what it considers an aerosol producing procedure *in order to stay in compliance with mandate 015*. **Note:** As more information regarding non-aerosol vs aerosol producing procedures and PPE requirements become available from the ADA or the CDC the Board will reevaluate these requirements.

*\*One of the key themes in this mandate is "aerosol generating procedures." For the purposes of these requirements, aerosols are particles that can be suspended in the atmosphere and are 50 microns or less in size. Aerosol generating procedure in a dental or dental hygiene setting include: 1) The use of a high-speed handpiece, whether intra-oral or extra-oral. 2) The use of ultrasonic scalers, (ie. Cavitron) and air polishing or air abrasion devices. 3) The simultaneous spray of compressed air and water into the oral cavity. 4) Use of lasers, electrosurge or any similar device creating a vapor. More information can be found in this [2004 JADA article](#). Until May 4<sup>th</sup>, non-emergency/non-urgent dental procedures which generate aerosols are prohibited.*

*\*The Board considers procedures that produce "splatter" as those which may result in airborne droplets or particles larger than 50 microns in diameter that could land on masks, protective eye wear, dental uniforms, skin, hair or other surfaces. Example: Droplets or particles produced during rubber-cup polishing.*

## **MANDATE 015 REQUIREMENTS IN SECTION II:**

**A) Every effort should continue to be made to deliver care without being in the same physical space, such as utilizing telehealth, phone consultation, and physical barriers between providers and patients.**

**Board Requirement:** *If you are able to achieve the same level of care by the use of tele-dentistry, then do so. If you are not, then an office visit is warranted.*

**B) All health care, delivered both in and out of health care facilities, (this includes hospitals, surgical centers, long-term care facilities, clinic and office care, as well as home care) shall deploy universal masking procedures in coordination with the facility infection control program. This may be a combination of cloth face coverings (for employees not present for provision of services or procedures, such as front desk staff) and surgical masks for those involved in non-aerosolizing direct-patient care.**

**Board Requirement:** *All employees regardless of their position should wear masks. Anyone not involved in direct patient care is encouraged to conserve PPE for the clinic by utilizing cloth face coverings. Per CDC guidance, basic PPE which includes gloves, face masks, protective eye wear like goggles or face shields and protective clothing with long sleeves that fit snugly at the wrist must be worn by all clinical staff. In addition, per CDC guidance, masks should be N95 if an aerosol is generated. If N95 masks are unavailable, then wear surgical mask and a full face shield or goggles. PPE will be considered appropriate if it prevents blood and other potentially infectious materials from reaching the skin and clothing. While wearing the appropriate PPE, if the treating clinician chooses to wear loupes, then the use of solid side shields are required. Face shields, loops and goggles must be cleaned and sanitized after each patient. Latest ADA interim mask and face shield guidelines can be found [here](#). Remember, until May 4th, non-emergency/non-urgent dental procedures which generate aerosols are prohibited.*

**C) Regardless of symptoms, all health care facilities should screen all patients for recent illness, travel, fever, or recent exposure to COVID-19, and to the extent that is possible, begin testing all admitted patients.**

**Board Requirement:** *A rigorous screening protocol which involves both telephonic and in-office screenings should be adopted for the safety of patients and staff. Using your best professional judgement, please make an effort to postpone non-emergent procedures on elderly and medically compromised patients if possible. Below is an example of a screening protocol that should be used in the dental setting. The first part is completed over the telephone prior to the office visit and is utilized to determine if the appointment involves routine non-aerosol generating dental care or emergency/urgent dental care ([ADA flow chart](#)) along with a screening for potential COVID-19 exposure. The second part of the screening is to be completed when the patient arrives for their appointment.*

### **REQUIRED TELEPHONE SCREENING QUESTIONS**

1. Have you traveled outside of Alaska within the past 14 days?
2. Have you had any of the following symptoms in the past 14 days? (Fever, cough, shortness of breath or other respiratory problems, loss of sense of smell or taste)?
3. Have you had close contact (within 6 feet) of a person known to have COVID-19 in the last 14 days?
4. Have you been in a large group of people (greater than 10) within the last 14 days?
5. Have you had close contact with 2 or more people exhibiting symptoms of fever, cough, shortness of breath or other respiratory problems, loss of sense of smell or taste in the last 14 days?

## **SUGGESTED DECISION MATRIX FOR TELEPHONE SCREENING**

1. If the patient answers “no” to questions 1-5 then document the screening questions and responses in the patient record and proceed with the office visit.
2. **If the patient answers “yes” to any of the screening questions**, then potential COVID-19 exposure must be considered.
3. **If a patient answers “yes” to any of the screening questions and they do not have an emergency or urgent dental need**, then the patient **should not** be seen for routine dental care. Additionally, if the patient answers “yes” to question #2 during the telephone interview, then they should be advised to seek medical evaluation and possible testing for COVID-19. Document the screening questions and responses in the patient record as well as the recommended course of action.
4. **If it is determined that the patient is going to be seen in the dental office**, then secondary screening applies to both emergency/urgent dental patients and patients to be seen for **routine non-aerosol generating procedures**.

## **REQUIRED SECONDARY IN-OFFICE SCREENING PROTOCOL**

**Board Requirement:** Patient should be instructed to perform hand hygiene immediately either by washing vigorously with soap and water for at least 20 seconds, or using a minimum 60% ethanol based hand sanitizer to manufacturer specifications.

Next bring patient to treatment room and the screening assistant takes body temperature with a temporal scanner and records the reading. If a temporal scanner is unavailable, an intra-oral reading should be taken.

*\*99° F is the threshold for temporal temperature, while 100° F is the threshold for oral temperature.*

### **The patient should answer the questionnaire a second time**

1. Have you traveled outside of Alaska within the past 14 days?
2. Have you had any of the following symptoms in the past 14 days? (Fever, cough, shortness of breath or other respiratory problems, loss of sense of smell or taste)?
3. Have you had close contact (within 6 feet) of a person known to have COVID-19 in the last 14 days?
4. Have you been in a large group of people (greater than 10) within the last 14 days?
5. Have you had close contact with 2 or more people exhibiting symptoms of fever, cough, shortness of breath or other respiratory problems, loss of sense of smell or taste in the last 14 days?

*\*When answers differ from telephone screening, this is concerning and makes the validity of the answers questionable*

## **SUGGESTED DECISION MATRIX**

- 1) **If the patient answers “no” to all questions and the temperature is at or below threshold**, then proceed with visit. Patient should rinse with 1.5% hydrogen peroxide for at least 60 seconds prior to treatment and high speed suction should be used when possible even for non-aerosol producing treatment.
- 2) **If the patient answers “no” to all questions and the temperature is above threshold:**  
**Routine non-emergency:** Patient is dismissed and instructed to go to urgent care for an evaluation. Dental visit should be reappointed at least 14 days after resolution of symptoms.

**Emergency/Urgency:** The dentist must determine if the cause of the fever is from an oral infection. If yes, then treat as indicated. If no, then the patient is dismissed and instructed to go to urgent care for evaluation. Dental symptoms can be treated with appropriate pharmaceutical therapy for interim relief.

**3) If a patient answers “yes” to any of the screening questions and the temperature is at or below threshold:**

**Routine non – emergency:** The patient should not be seen for routine dental care. Additionally, if the patient answers “yes” to question #2 during the interview, then they should be advised to seek medical evaluation and possible testing for COVID-19. Document the screening questions and responses in the patient record as well as the recommended course of action.

**Emergency/Urgent care patients:** Treat emergency/urgency with extreme caution. Avoid any aerosol generating procedures if possible.

**4) If the patient answers “yes” to any question and has a temperature above threshold:**

**Routine non- emergency:** Patient is handed a face mask, instructed to turn their cell phone on and return to their vehicle. Have the patient wait for a phone call from the dentist with further instructions. Referral to a medical professional for evaluation should be made immediately.

**Emergency/Urgent Care:** The dentist must determine if the cause of the fever is from an oral infection. If “yes”, then treat as indicated with extreme caution. Avoid any aerosol generating procedure if possible. If “no” then the patient is handed a face mask, instructed to turn their cell phone on and return to their vehicle. Have the patient wait for a phone call from the dentist with further instructions. Referral to a medical professional for evaluation should be made immediately. Dental symptoms can be treated with appropriate pharmaceutical therapy for interim relief.

**Board Requirement:** Make sure to document all screening conversations, answers to questions, temperature readings and decisions made whether or not it is decided to see the patient in your office.

**D) Every effort shall be made to minimize aerosolizing procedure (such as a nerve block over deep sedation or intubation).**

**Board Requirement:** *Utilization of a high-speed handpiece, ultrasonic scaler, air abrasion or air polishing devices, simultaneous spray of water with compressed air, or use of lasers/electrosurge should only be done with standard PPE with the addition of a face shield on properly prescreened or tested emergency or urgent dental need patients. Until May 4th, generating an aerosol is only allowed to treat the urgent or emergency dental need and NOT adjacent or additional teeth on the same patient unless no additional aerosols are produced by doing so.*

**E) It is the duty of the provider to ensure the health considerations of staff and patients. This includes the health of the provider, ensuring providers not come to work while ill, minimizing travel of providers, and adequate personal protective equipment. They are also encouraged to utilize the following means of protection:**

- 1) Pre-visit telephonic screening and questionnaire.
- 2) Entry screening.
- 3) Lobbies and waiting rooms with defined and marked social distancing and limited occupancy.
- 4) Other personal and environmental mitigation efforts such as gloves, exceptional hand hygiene, environmental cleaning, and enhanced airflow.

### **HIGHLY RECOMMENDED STEPS TO ADDRESS #3 AND #4 ABOVE**

- *Have patients wait in their cars instead of waiting areas to prevent inadvertent spread*
- *Stagger appointment times to reduce waiting room exposure*
- *Limit access to waiting room use to only patients*
- *Remove all magazines and or toys to prevent contamination*
- *Call patient from car when room is ready*
- *Before any treatment commences, patient needs to rinse mouth with hydrogen peroxide (1.5%)*
- *Use rubber dam*
- *Use HVE and supplemental suction*
- *Extend appointment times to allow for cleaning of the rooms.*
- *Spray/wipe/spray. If using cavi-wipes need to allow time surfaces to soak*
- *Wear disposable gowns if supplies allow*
- *Full face shields worn by assistants*
- *Full face shield worn by dentist (may be a challenge with loupes)*
- *Staff take temperature on themselves morning, noon and before leaving; each keep a log*
- *Clean and disinfect common areas (door handles, lobby, countertops, restrooms) throughout the day*
- *Wipe items a patient uses after use (pens, iPad's etc)*

### **SECTION III. URGENT AND EMERGENT SERVICES:**

**Board Requirement:** If the patient is being appointed for an emergent or urgent dental issue, whether or not aerosols are produced, use the rigorous enhanced health screening protocols laid out in section II **if** a testing facility is unable to test for Covid-19 within the previous 48 hours of the appointment. The Board strongly recommends using the ADA Interim Guidance for Management of Emergency and Urgent Dental Care [decision tree and flow chart](#).

### **SECTION IV. PROVISION FOR RESUMING NON-URGENT/NON-EMERGENT ELECTIVE SERVICES:**

On May 4th, 2020, section IV will take effect which adds Covid-19 testing requirements to all routine non-emergent procedures that produce aerosols. The Board continues to ask for more clarification on the details of this requirement. We are trying to determine if the Board has authority to modify testing requirements in this section and we are drafting a position letter to DHSS.

## **SECTION V. OTHER CONSIDERATIONS:**

Dental work carries an added risk of spreading COVID-19, especially to the dentist who can spread it to others and so dental guidance should be followed and are listed [here](#):

Mandate 015 recommends the CDC as a source for guidance; we encourage the use of the CDC's recommendations as well as the American Dental Association and the American Dental Hygienists' Association for additional guidance.

**2) TELEDENTISTRY:** Boards policy statement has been posted on the COVID-19 [website](#).

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The Board of Dental Examiners' next meeting will be on 4/29/2020 at 1:30PM – 2:30 PM. If you would like to attend this teleconference you will need to call in remotely using your phone. Please note: you do not need a smart phone, lap top or to download the Zoom app to call in. There is no password necessary.

**DIRECTIONS:** *Using your dial pad, dial the remote call in number provided. You will then be asked to dial the zoom meeting ID. Please listen to the directions on how to unmute yourself. The meetings are set up that each guest is muted so that the conference line is noise free. The public may speak only during public comment.*

**Remote Call in Number: 1(408) 638-0968**  
**Zoom Meeting ID: 636-052-621**

There have been recent incidents involving Zoom meetings and malicious individuals. The FBI has received multiple reports of conferences being disrupted by pornographic and/or hate images and threatening language. In the wake of reports of this activity being reported to the FBI's Internet Crime Complaints Center (IC3 -ic3.gov), they have published recommendations. As a result the State Security Office has placed restrictions on how meetings are being conducted.

- For the moment, we are no longer publishing meeting contact info on the website or in the agendas. The public will need to contact the program emails for receiving the call in info.
- ONLY Board members will be provided the meeting info, they are not to share this info with anyone. All requests for joining the meeting must go through the program email.