

INTERIM SOCIAL/PHYSICAL DISTANCING AND SANITATION GUIDELINES

DENTAL HEALTH CARE PERSONNEL

Dental health care personnel (DHCP) are in the very high risk category for exposure to SARS-CoV-2, the virus that causes COVID-19. The Center for Disease Control (CDC) recommended postponing elective procedures, surgeries, and non-urgent dental visits during the COVID-19 pandemic. The California Department of Public Health (CDPH) put out guidance on May 7, 2020 to resume dental services. This guidance relies on low community transmission rates and ample supplies of personal protective equipment (PPE) at the county level. At the present time, the County of San Luis Obispo Public Health Department recommends the resumption of dental services.

Considering existing constraints, and mindful of the importance of access to dental health care, the following are interim guidelines that DHCP employers should consider when readying their businesses for reopening. The best practices are written to describe the current understanding of actions that can be taken to limit or mitigate the spread of COVID-19 in the workplace. It is recognized that not all the best practices can be implemented in all workplaces.

Dental offices may provide care 1) that was previously postponed if it can no longer wait, and 2) for those conditions that are likely to lead to dental emergencies if treatment is not provided in a timely manner. In regards to what the CDPH refers to as “selected dental services”, dentists must be prudent in what restorative procedures they select at this moment in time; we are not at the stage in this pandemic where it can be considered “business as usual”.

These best practices and guidelines must be met until and unless the State publishes relevant guidance and best practices.

Additional Measures to Protect Health:

The following conditions must be met:

- Dental offices expanding access to care must be able to procure and maintain a 2-week supply of PPE for staff at all times, including N95 or higher level respirators, face shields, goggles, and surgical masks, gowns, and gloves following CDC contingency strategies for extended use and reuse of masks: i.e., one N95 mask may be used for 8-12 continuous hours. For most up-to-date recommendations on extended use and reuse, visit: <https://www.cdc.gov/niosh/topics/hcwcontrols/recommendedguidanceextuse.html>
- Dental staff must be fit tested for N95 respirators and must be properly trained in the donning and doffing of PPE following Americans with Disabilities Act (ADA) and CDC guidelines.
- Aerosol generating procedures should be avoided whenever possible. Techniques associated with increased aerosol production include, but are not limited to: Cavitron, air-water syringes, pumice prophylaxis, air turbine hand pieces, air coolants, air sprays, water coolants, and bristle brush polish restoration. If aerosolization is unavoidable due to a patient's semi-urgent condition, dental offices should employ aerosol management tools

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that may consist of the use of four-handed dentistry techniques, high evacuation suction, dental dams, or other appropriate equipment to minimize or capture splatter and aerosols.

- Preventive services such as topical fluoride application, sealants, and scaling may be resumed in San Luis Obispo County at this time within the confines of the limitations imposed by the PPE supply chain.
- All dental staff involved in the provision of care to a patient should be wearing an N95 or higher level respirator covered by a face shield, along with a gown and gloves in compliance with CDC recommendations for healthcare workers who will be within six feet of an unmasked patient.
- Dental offices must comply with CDC recommended workplace practices: infection control measures, including use of a facemask by all staff and patients in common areas; appropriate PPE use during clinical care; consistent hand hygiene on the part of patients and staff; screening and monitoring for evidence of COVID-19 infection of anyone entering the dental office; and appropriate patient management.
- All patients and dental practice staff must have their temperature taken with a reliable thermometer and be screened for symptoms of COVID-19 prior to entering the dental facility. The following symptoms should be included in the entry screening: cough, shortness of breath, unexplained fever ($\geq 100^{\circ}$ F), chills, muscle pain, headache, sore throat, and/or new loss of taste or smell within the prior two weeks.
- Patients and staff with suspected or confirmed COVID-19 and those with potential COVID-19 exposure should not enter the dental office. Consideration should be given to waiving patient fees associated with missed appointments due to the development of symptoms associated with COVID-19.
- Staff with signs or symptoms of COVID-19 upon arriving to work or developed during the work shift should be sent home immediately and asked to self-isolate pending testing confirmation.
- For persons with suspected or confirmed COVID-19, dental providers should wait until after symptoms have resolved (72 hours since last fever without anti-fever medications, and improved cough or other respiratory symptoms) AND at least 10 days have elapsed since symptom onset.
- Patients with active COVID-19 infection should not receive dental treatment in a dental office. Dentists and medical providers should work together to determine an appropriate facility for treatment.