



MAINE  
DENTAL  
ASSOCIATION



**Establishing Safe Dental Care  
in the Era of COVID-19**

A UNIFIED VISION FOR SAFELY REOPENING  
DENTAL PRACTICES IN MAINE

# Establishing Safe Dental Care in the Era of COVID-19

*A unified vision for safely reopening dental practices in Maine*

## Introduction

Dental Health Care Providers (DHCP) follow recommendations and guidance set forth by the American Dental Hygiene Association ([ADHA](#)), the American Dental Association ([ADA](#)), the Center for Disease Control and Prevention ([CDC](#)), the Occupational Safety and Health Administration ([OSHA](#)), the Organization for Safety Asepsis and Prevention ([OSAP](#)) and the Maine Board of Dental Practice ([MBDP](#)).

A task force assembled by the Maine Dental Association ([MDA](#)) consists of representatives from Maine's dentists, dental hygienists, denturists and dental assistants to provide common guidelines for re-opening dental practices. Task force members include:

Mr. Patrick Allen, Denturist  
Dr. Norma Desjardins, General Dentist, Non-profit dental clinic  
Ms. Cara Dionne, Registered Dental Hygienist/ Dental Practice Manager  
Dr. Mike Dowling, Pediatric Dentist  
Dr. Heather Keeling, General Dentist, Chair of Task Force  
Dr. David Kerr, General Dentist  
Dr. Matthew Lawler, Oral Surgeon  
Dr. Christopher Murphy, Orthodontist  
Dr. Brad Rand, General Dentist  
Dr. Stephen Tangredi, Endodontist  
Cathy Turbyne, PhD, Registered Dental Hygienist/ Infection Control Specialist  
Ms. Amanda Willette, CDA, EFDA, M.S.Ed, Assistant Professor University of Maine at Augusta

On April 28, 2020, Governor Janet Mills published her plan for restarting Maine's economy entitled "[Together We Are Maine: Restarting Maine's Economy Plan.](#)" The restart plan establishes four stages of reopening focusing on guiding principles of protecting public health, maintaining healthcare readiness, building reliable and accessible testing, and prioritizing public-private collaboration.

Consistent with the Guidelines for "[Opening Up America Again](#)" and the Centers for Medicare and Medicaid Services ([CMS](#)), health care services, including dental, are set to reopen in Stage 1 of Governor Mills' plan. The task force has come together in order to establish a unified vision and comprehensive guidance for dental offices to safely re-open. It is imperative that dental professionals use their best clinical judgement. To that end, dental health care providers in Maine should adhere to the following:

## Dental Team Safety Guidance

Prior to reopening, practice owners or managers will meet with all employees to provide and document COVID-19 training for safely returning to work. See attached Dental Team Training Checklist.

Plastic or glass barriers will be installed where structurally permitted to protect office staff at patient check in/check out.

Team members will wear a mask upon entering the office space. No employee will be allowed to work if she or he has a fever (>100.0 °F), any other symptoms of COVID-19, or is confirmed positive for COVID-19. A daily record for employees' temperatures should be maintained. See attached COVID-19 Employee Health Record. Team members are expected to maintain social distancing guidelines at all times if not wearing appropriate PPE (i.e.: lunch).

Employees will follow guidance for infection control as recommended by OSHA, and CDC using proper hand hygiene and the most appropriate commercially available Personal Protective Equipment (PPE) including FDA approved level 1, 2, 3 surgical masks, face shields or goggles, gloves, and gowns for non-aerosol procedures. ([CDC PPE Illustration](#)).

When aerosol producing procedures (simultaneous use of air and water, rotary handpiece, ultrasonic scaler, air polishing) are indicated, and if N95 masks are not [available](#), an FDA approved level 3 surgical mask with a face shield is [acceptable](#). All dental professionals should use their clinical judgment to avoid aerosol production if any alternative exists. See [ADA Interim Mask and Face Shield Guidelines](#).

Offices should have a continuing supply of appropriate PPE for 14 days. If you are unable to acquire recommended supplies to manage infection control, reconsideration of the decision to reopen practice is warranted.

Methods to reduce aerosolization production in the office will be explored. Consider options for High Velocity Evacuation (HVE) in all operatories.

Gowns can be disposable or constructed of materials which would allow them to be laundered and sanitized on site. Gowns should be prioritized for aerosol generating procedures and for clinical procedures where splashes and sprays are anticipated. Gowns will be changed when visibly soiled. There are also "[Guidelines for Optimizing the Supply of Isolation Gowns](#)."

A designated area to don and doff PPE will be assigned and well-delineated. [See attachment for proper don and doff of PPE](#).

### **Patient Safety Guidance**

Prior to arrival at the dental facility, patients will be pre-screened using the ADA "[Patient Screening Form](#)."

Upon arrival at the dental facility, the "[Patient Screening Form](#)" will be verified to assure no changes have occurred. Anyone accompanying the patient will also complete the "Patient Screening Form." If either the patient, or the person accompanying the patient, fail the "Patient Screening Form" the appointment will be rescheduled.

Any patient that is suspected to have symptoms consistent with COVID-19 will be rescheduled.

Advise all patients that a mask is required to enter the building, if they do not have a mask, one will be provided for him/her. Hand sanitizer will be made available for all patients to use upon entering and exiting the building. A temperature reading for each patient of <100.0 °F will be verified prior to treatment.

Self-serve kiosks are to be sanitized following use by each patient. Reading materials and other items that are difficult to disinfect should be removed from reception areas. Any bathroom in the office will be sanitized regularly.

No additional persons will be allowed in the waiting room or patient treatment rooms unless social distancing of six feet can be maintained. Consideration should be made for minor children, patients with disabilities, or those requiring interpreters. Patients will be separated from each other at all times by at least 6 feet. Employees will wear PPE as described above.

All equipment will be sterilized or disinfected according to CDC and OSHA guidelines, [as were practiced prior to COVID-19](#). See a list of [products](#) that meet EPA's criteria.

Upon departure, ask patients to contact the office immediately if they test positive for COVID-19 within two (2) days of office visit.

## Definitions of Dental Emergencies

Dental providers are reminded to use their best clinical judgment when determining when to treat patients during the COVID-19 pandemic or other public health emergencies.

1. Emergent: Is the patient experiencing a dental emergency as outlined by the ADA (pain, swelling, difficulty breathing, swallowing or opening)
2. Urgent: If the procedure is not performed would the patient suffer any of the following:
  - a. Irreversible damage (e.g.: require more extensive treatment: RCT, tooth loss, orthodontic appliances causing continuous unwanted tooth movement)
  - b. Inability to seek other medically necessary treatment (e.g. oncology treatment, orthopedic or cardiovascular surgery)
  - c. Diminished ability to function (e.g.: the patient requires dentures)
  - d. Disease progression (e.g.: biopsy of pathology, periodontal disease)
3. Non-urgent: Is the procedure elective or not considered time sensitive (ie: hard or soft tissue removal for cosmetic purposes only)

## Timeline:

**Nearterm** - while diagnostic tools and tests to indicate COVID-19 infection status are not broadly available to dentists, any increase in dental care beyond emergencies must ensure treatment can be provided safely in the dental office for patients and the dental team. Considering that patients who are asymptomatic may still be COVID-19 contagious, it should be assumed that all patients can transmit the disease. This means that all dental personnel must have the following when providing any type of aerosol producing procedure:

-A face shield or goggles and a level 3 surgical mask may be used as an acceptable alternative if N95 (or equivalent) masks are not available. Those who cannot wear N95 masks for medical reasons may select this alternative. (See [ADA Interim Mask and Face Shield Guidance](#)).

-Dental office staff must also have access to physical barriers or appropriate PPE, including non- medical masks and gloves consistent with requirements for essential business personnel not involved in patient treatment.

**Midterm** - when tools become available to increase screening accuracy, standard precautions can be utilized as appropriate.

-Community-wide virus-activity testing, with dentists having access to results.

-Rapid point-of-care virus-activity testing that can be administered in the dental office for the purpose of determining appropriate dental care.

-Antibody testing or other processes to confirm immunity, with dentists having access to results.

## **Additional Considerations**

*(Additional items dental office may consider implementing as precautions)*

Signage: Place a sign on the door with screening questions that were asked at appointment confirmation call. Other signage available on the CDC website may be utilized to educate team members and patients. See [CDC COVID-19 Education Posters](#).

Air Quality: Research about air quality and the potential for SARS-CoV-2 to act opportunistically as an aerosolized virus is mixed. There is no current standard for air quality in dental health care facilities. As such, dentists should employ one or a combination of the following: HEPA filtration/supplemental evacuation/Ultraviolet disinfection/allowing additional time between patients.

Scheduling: Consider postponing treatment for patients at the highest risk based on: age, presence of comorbidities or those in living facilities. Also consider scheduling the most high risk patients for the first appointment of the day.

When scheduling patients consider postponing “elective” procedures. “Elective” could be defined as “hard and/or soft tissue removal for cosmetic purposes.”

Pre-Procedure Rinse: Consider a 1% hydrogen peroxide or 1% povidone iodone pre-procedural rinse prior to initiating treatment.

During Treatment: Consider use of a rubber dam or High Velocity Evacuation (HVE) assistant for further control of aerosols.

Check out: Virtual or touchless check out following appointments.

Tracking Log: Consider a log documenting all persons accompanying patients for contact tracing.

## Checklists:

1. Office Safety Checklists
  - a. Dental Team Training and Office Readiness Checklist- See Addendum B
  - b. Dental Office Equipment Re-Opening Checklist- See Addendum C
  - c. [COVID-19 Employee Health Record](#)
2. [Patient Screening Form](#)
3. [Don and Doff of PPE](#)

## References:

ADHA Interim Guidance on Returning to Work <https://www.adha.org/adha-interim-guidance-on-returning-to-work>. Accessed May 6, 2020.

ADA Return to Work Interim Guidance Toolkit [https://success.ada.org/~media/CPS/Files/Open%20Files/ADA\\_Return\\_to\\_Work\\_Toolkit.pdf](https://success.ada.org/~media/CPS/Files/Open%20Files/ADA_Return_to_Work_Toolkit.pdf). Accessed May 6, 2020

CDC Guidance for Providing Dental Care During COVID-19: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/dental-settings.html>. Accessed May 6, 2020

Organization for Safety Asepsis and Prevention (OSAP): <https://www.osap.org/default.aspx>. Accessed May 6, 2020.

United States Department of Labor, Occupational Safety and Health Administration: Dentistry Workers and Employers: <https://www.osha.gov/SLTC/covid-19/dentistry.html>. Accessed May 6, 2020.



**Summary of Task Force Meeting Dates/Action Items**

<b>Meeting Date:</b>	<b>Discussion Items:</b>	<b>Outcomes:</b>
April 30, 2020	<ul style="list-style-type: none"> <li>• Introduction of Task Force Members</li> <li>• Role/ Purpose of the Group</li> <li>• Members review key resources including ADA/ CDC/ OSHA/ ADHA</li> <li>• Discussion of concerns/ issues</li> <li>• Next steps with drafting guidance</li> </ul>	Task Force members understand role & purpose and subcommittee begins to draft roadmap to re-opening.
May 5, 2020	<ul style="list-style-type: none"> <li>• Task Force discusses draft Re-Opening Guidance document, which is embargoed at this point</li> <li>• Feedback on document</li> <li>• Discussion of PPE and air quality recommendations</li> <li>• Set next meeting date</li> </ul>	Draft Re-Opening Document was reviewed.
May 7, 2020	<ul style="list-style-type: none"> <li>• Task Force Reviews edits to Re-Opening Guidance</li> <li>• Votes on proceeding with document</li> </ul>	Task force votes unanimously to proceed with the document as drafted and to release the guidance as a public document on May 8 <sup>th</sup> .
June 2, 2020	<ul style="list-style-type: none"> <li>• Task Force is convened to discuss CDC Interim Infection Prevention and Control Guidance for Dental Settings updated May 19<sup>th</sup>.</li> </ul>	Task forces discusses CDC guidance and its synergy with the current Re-Opening Guidance. The Task force votes unanimously to take no action at this time.
June 16, 2020	<ul style="list-style-type: none"> <li>• The group voted to postpone the meeting as there was no pressing new information to discuss and reconvene in another two weeks.</li> </ul>	No action.
June 30, 2020	<ul style="list-style-type: none"> <li>• Task force met to review the updated CDC Recommendations for Dental Settings (updated: June 17) and updates to the ADA Return to Work Toolkit (updated: June 9, 2020).</li> <li>• Task force specifically discussed changes to CDC Recommendations for Dental Settings including:               <ol style="list-style-type: none"> <li>a. Eliminating 15 min wait period prior to disinfecting the room</li> <li>b. Changes to Patient notification time frame of two days if they develop symptoms or are diagnosed with COVID-19</li> </ol> </li> </ul>	The Task Force determined that the updated CDC Recommendations were still consistent with the “other considerations” section of the MDA Re-Opening Guidelines and no changes were warranted at this time.

	c. Adding clarifying language to Engineering Controls	
July 28, 2020	<ul style="list-style-type: none"> <li>Task Force convened to discuss definitions of urgent, emergent, and non-urgent care and the ADA proposed resolution definition of essential care.</li> <li>Review updated CDC Guidelines on Return to Work for HealthCare Personnel (Updated July 17<sup>th</sup>)</li> <li>Also reviewed ADA Return to Work Toolkit new resources including: <ul style="list-style-type: none"> <li><i>a. Steps to Take if A Patient Reports COVID-19 Exposure After Treatment</i></li> <li><i>b. What to Do if Someone On Your Staff Tests Positive for COVID-19</i></li> </ul> </li> </ul>	<p>Definitions of urgent, emergent and non-urgent care will be revised.</p> <p>Reviewed CDC Guidelines, Updated July 17<sup>th</sup></p> <p>Reviewed ADA Toolkit, updated July 27<sup>th</sup></p> <p>Task Force determined no changes were required to the MDA Re-Opening Guidelines because we reference CDC and ADA resources.</p>
August 25, 2020	<ul style="list-style-type: none"> <li>Task force met to discuss the Updated CDC Guidelines (Aug. 4<sup>th</sup>, 2020) and to vote on proposed changes to the MDA re-opening guidelines. Proposed changes included also adding definitions of emergent, urgent and non-urgent care.</li> <li>The group also discussed the World Health Organization (WHO) article on dental treatment during the pandemic as well as the ADA/ MDA response to the article.</li> <li>Updates were also provided regarding on-going discussions with the Governor's office.</li> </ul>	<p>The Task Force unanimously voted to approve the following changes to the MDA Re-Opening Guidelines:</p> <ol style="list-style-type: none"> <li>Change temperature threshold as &lt;100.0 °F to be verified prior to treatment, per CDC recommendation</li> <li>Patient notification period of 14 days post treatment, reduced to 2 days per CDC recommendation</li> <li>Add ADA Fact Sheet entitled, "What to Do if Someone on Your Staff Tests Positive for COVID-19" (dated Aug. 24, 2020) to the resource section.</li> <li>Add definitions of Emergent, Urgent and non-Urgent care.</li> </ol>

## **Addendum A. Additional Resources:**

### **ADA Tool Kit Links:**

[Welcome Back Reassurance Letter](#)

[Patient Screening Questionnaire](#)

[COVID-19 Infection Control Protocols and Procedures Webinar](#)

[What To Do if Someone On Your Staff Tests Positive for COVID-19](#)

**Addendum B.  
Dental Team Training and Office Readiness Checklist**

<b>Task:</b>	<b>Completed (Y/N):</b>
<p>Meet with employees to discuss strategies and TRAIN for re-opening practice including but not limited to:</p> <ol style="list-style-type: none"> <li>1. Ways to maintain social distancing in the work environment were reviewed.</li> <li>2. Signage is used where appropriate to inform and remind patients of new steps in the appointment process. For ex: social distancing reminders; face covering reminders; pre-screening questions are posted; hand sanitizing reminders are posted, etc. Use CDC Hand Hygiene signs in the reception area and throughout the office.</li> <li>3. Have pop-up tissue boxes and trash receptacles (no lid or foot operated) available in the reception room.</li> <li>4. Work areas and operatories are disinfected.</li> <li>5. Unnecessary objects (magazines, toys) are removed from the waiting room.</li> <li>6. Place chairs 6 feet apart, if possible use barriers</li> <li>7. Hand sanitizers are available for patients as they enter the office.</li> <li>8. Functioning thermometer is available. Contactless thermometer is preferred.</li> <li>9. When possible, touchless transactions at check out will be implemented.</li> </ol>	
<p>Meet with Employees to review Personal Protective Equipment issues such as inventory and new guidelines.</p> <ol style="list-style-type: none"> <li>1. Inventory PPE and appropriate disinfectant is completed and sufficient supplies are available.</li> <li>2. Discuss CDC, OSHA, ADA resources to determine which procedures require which type of PPE.</li> <li>3. Also explore strategies for optimization of PPE, including how to proceed in the absence of certain PPE.</li> <li>4. Clinical team members have received training and have demonstrated proper don and doff of PPE procedure prior to resuming treatment of patients.</li> <li>5. Designate areas for don and doff of PPE.</li> </ol>	
<p>Establish employee COVID-19 daily screening log. Assign one staff member to be responsible for ensuring this happens upon arrival each day.</p>	

Patient screening questionnaire is established and protocol for using is reviewed.	
Assign new duties to specific team members as necessary. (ie: disinfect common areas).	
Review of tools available for interoffice communication.	
Review and revise workflow patterns in your office as necessary.	
Dental Equipment Readiness: 1. See Dental Office Equipment Re-opening checklist (Addendum C).	

ALWAYS remember the BASICS:

- Standard Precautions still apply
- Social Distancing and/or face coverings/masks
- Hand hygiene
- Surface Disinfection with approved cleaner/disinfectant
- Appropriate PPE based upon procedure type

Team members have received training as noted above, which has been documented in a log to be created by the practice Safety officer, or Infection Control and Prevention Specialist (Assistant) to create this?

\*Refer to the ADA Toolkit as the resource for practice steps to reopen. There are many links within the document. Explore and use them where applicable to your practice.

## Addendum C.

### Dental Office Equipment/ Re-Opening Checklist

1. Turn water valves back on.
2. Water distillers: Refill reservoirs and carafes
3. Refill ultrasonic cleaner.
4. Turn on nitrous and O2 tanks.
5. Clean the inside of the autoclave chamber/cassette. Refill the water, run a cycle, then perform a spore test.
6. Lubricate and sterilize all handpieces, including slow speed motors and attachments.
7. Lubricate vacuum valves and O-rings on HVE and SE valves.
8. Turn on vacuum and check for proper operation.
9. Turn on compressor and ensure there are no air leaks.
10. Turn on all dental units and chairs and test for proper operation. Ensure there are no leaks.
11. Run shock treatment through delivery unit water lines. After 24 hours, flush with distilled water, then refill water bottles from delivery units and add tablets.
  - a. Before Returning to Routine Care
    - i. **Shock Your Waterlines:** Before resuming care on your dental unit, thoroughly shock all dental unit waterlines (including A/W syringes, handpieces and ultrasonic scalers (e.g. Cavitrons)) regardless of the chemical treatment product utilized.
      1. **If You Treat with Straws:** Never shock through a straw (exception: Sterisil Straw with Citrisil Shock). Remove the straw and utilize a “dummy straw” or uptake tube to shock.
    - ii. **Test to Verify CDC Compliance & Continue Treatment. Test After Shocking:** Before delivering dental unit water to patients, test the water quality to ensure biofilm development during non-use is completely cleaned and CDC guidelines are met ( $\leq 500$  CFU/mL)
12. Turn on X-rays, model trimmers, prophy jets, scalers, etc. and ensure they are functioning properly.
13. Plug pano/cone beam back into wall.
14. Plug milling units back in, refill water in the reservoir tank, add lubricant per manufacturer recommendation. Insert water tank and run water pump until a steady stream is observed from motor spray ports. Check and top off water in tank as necessary.
15. Ensure Cad/Cam scanners are connected to network and milling units. Run any new software updates on milling units and make sure scanners are functioning properly.
16. Ensure supply of regularly used infection control materials such as sterilization pouches, cassette wrap material, biological indicators.