



Arkansas Department of Health

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Provision for Resuming Non-Urgent/Non-Emergent Elective Services

Dental facilities and dental health care providers (DHCP) may resume services that require minimal protective equipment on May 18, 2020. Since dental work often creates aerosols, it carries an added risk of spreading COVID-19, especially to the DHCP, who can spread it to others.

Screening Guidelines

Patients who meet the following criteria should NOT be treated by DHCPs at this time:

- Have returned from overseas travel or from states/metropolitan areas considered hot spots for COVID-19 spread within the last 14 days;
- Have a fever of 100.4°F+ or greater (DHCPs should use digital thermometer to check each patient prior to treatment);
- Have a cough, shortness of breath or other symptoms typical of COVID-19;
- Had contact with a person known to be infected with COVID-19 within the previous 14 days;
- Have compromised immune systems and/or present with chronic disease (ASA 2 and above);
- Aged 65 and older with other chronic systemic conditions.

Management of Patients

Patients with an acute respiratory illness may present for dental treatment at outpatient dental settings. It may not be possible to know the cause of any patient's illness, so it is always important to follow this guidance and standard precautions.

- Seek to prevent the transmission of respiratory infections in healthcare settings by adhering to respiratory hygiene/cough etiquette.
- Patients with an acute respiratory illness should be identified during a phone screening interview and defer treatment unless it is an emergency case. The patient should be asked to remain in their automobile until summoned to the treatment area.
- Reception rooms should:
 - Follow screening guidelines for all patients as indicated above;
 - Only allow the patient and caregiver, if patient is a minor or elderly that requires assistance, into the office/reception area. If possible, place seating arrangement to allow maximum distance between patients;
 - Offer a disposable surgical mask to all arriving patients that does not already have their own cloth mask to limit spread of respiratory droplets;
 - Provide tissues and no-touch receptacles for used tissue disposal.
 - Remove all magazines, journals, TV remotes, toys or any other objects that may typically be handled by patients.

Treatment Considerations of Patients

Universal precautions are to be strictly followed in order to minimize the possibility of disease transmission. Because of the frequent production of aerosols during dental treatments, the ADH recommends the following:

- The ADA has provided [guidelines for mask types](#) for consideration for dental healthcare providers for utilization during patient treatment. Utilization of N95 masks or comparable type will serve as the new universal standard for the treatment team considering the COVID-19 pandemic. For future updated guidance, refer to [ADA's 2020 News Archive](#).
- Patient and dental healthcare workers should perform hand hygiene (e.g., hand washing with antimicrobial soap and water, alcohol-based hand rub, or antiseptic handwash) after possible contact with respiratory secretions and contaminated objects/materials.
- Have the patient use an antimicrobial mouth rinse as a pretreatment measure.
- Routine cleaning and disinfection strategies used during influenza seasons can be applied to the environmental management for COVID-19.
- If treatment requires the use of a dental handpiece which are aerosol produces:
 - Required PPE for the treatment team members will consist of N95 respirator masks (or comparable type), face shields or goggles, long sleeve gown and gloves. Clerical staff should wear surgical masks.
 - Isolate the treatment area using a dental dam.
 - Place HVE (high-volume evacuation) as close to the surgical site as possible to capture the generated aerosols.
 - Avoid the use of ultrasonic or piezo instrumentation during this early return to practice due to the high volume of aerosol production.
- Potentially contaminated aerosols may linger in the treatment room for up to two hours.
 - If possible, close room until proper disinfectant protocols can be performed
 - Wipe down all surfaces, replace barriers and display a sign indicating when the room has been cleared.
- Dental staff (including dentists) should record their own temperatures and physical status daily.

Procedure Room Disinfection

- Personnel must wear recommended PPE to wipe down all surfaces.
- Clean and disinfect procedure room surfaces (including faucet handles and all other handles in room).
- Observe dwell times, i.e., contact times, as appropriate for the product, assuring the surface being disinfected stays wet for the duration of the dwell time.
- PPE should be doffed upon leaving the treatment room, immediately followed by performing hand hygiene procedures.

Information on disinfectants for use against SARS-CoV-2, the virus that causes COVID-19:

- EPA: <https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>
- Center for Biocide Chemistries: <https://www.americanchemistry.com/Novel-Coronavirus-Fighting-Products-List.pdf>

Procedure for Disinfection of PPE:

- While there is a shortage of vital PPE such as N95 respirators the CDC has recommended decontamination methods:
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/decontamination-reuse-respirators.html>

The return to safe practice of dental services should be considered in phases while keeping a mindful watch on the pandemic and its effect on Arkansans. Movement into the subsequent phases will be determined by data gathered and reviewed by the Arkansas Department of Health. Announcements for extending services will be disseminated via the Board of Dental Examiners, the Arkansas State Dental Association, the Arkansas State Dental Hygiene Association and the ADH website.

Phase I

- Reduce patient schedule to minimize interpersonal contact in reception and business areas of the facility.
- Allot longer appointment times to allow proper disinfecting protocols to be completed. The goal is to reduce the 'rapid turnover' and allow surface disinfectants the proper amount of time to be effective and aerosols to settle.
- Focus on treatment to address dental decay, active periodontitis and preventive services.
- **Do NOT use ultrasonic/piezo/sonic instrumentation at this time.** Limit dental hygiene procedures to hand instrumentation and slow speed hand piece for coronal polishing.
- Implement procedures to minimize exposures after procedures:
 - Ask patients to wash their hands for 20 seconds and to wear the provided surgical mask when they leave the treatment area.
 - When possible, provide all necessary information to patients in the procedure room to avoid congregation at the front desk/waiting area on their way to exit the clinic.
 - Complete paperwork electronically before or after the appointment if possible.

Phase II

- Adhere to Phase I, but consider increasing volume, while still allowing sufficient time for room disinfection.

Phase III

- Adhere to Phases I and II, while implementing other treatment options, including:
 - utilization of ultrasonic/piezo/sonic instrumentation once either in-office testing or aerosol mitigation is available;
 - crown and bridge rehabilitation;
 - cosmetic dental treatment.

*** These guidelines are subject to change as the COVID-19 pandemic progresses ***