COVID-19 Oral Health Listening Sessions
Summary of Findings

NNOHA conducted three oral health listening sessions on March 18, 19 and 20 to provide an opportunity for health center dental programs to share their concerns and strategies in response to COVID-19 in their communities. The listening sessions were divided by HRSA regions: Regions 1, 2, 3 and 5, Regions 8, 9, and 10, and Regions 4, 6 and 7. There were 941 total attendees. The following is a summary of findings from the listening sessions that share promising practices from health center dental programs and areas where more information and direction is needed.

Protecting the Community

<table>
<thead>
<tr>
<th>Promising Practices</th>
</tr>
</thead>
<tbody>
<tr>
<td>Waiting room protocols</td>
</tr>
<tr>
<td>• Remove magazines and toys from the waiting room</td>
</tr>
<tr>
<td>• Space chairs 6 feet apart, regulating number of individuals allowed in the waiting room at one time</td>
</tr>
<tr>
<td>• “Parking lot waiting room” – patients wait in the car, call to let the clinic know they have arrived, then get a phone call when the clinic staff is ready</td>
</tr>
<tr>
<td>• Only 1 parent per child patient, no accompanying person for adult patients (does not apply to clients with special needs, dementia etc.)</td>
</tr>
<tr>
<td>• Utilize dental assistants to perform additional disinfection of waiting rooms</td>
</tr>
<tr>
<td>Reducing clinical services</td>
</tr>
<tr>
<td>• Suspend elective and non-urgent dental care; priority is emergency and urgent dental care to divert cases from hospital emergency rooms as much as possible</td>
</tr>
<tr>
<td>• Patient email and text messages to communicate temporary changes of scope of dental services</td>
</tr>
<tr>
<td>• Reassure the community through social media, newspaper, radio ads, etc., that emergency/urgent care is still available and all known Standards Precautions are being used to prevent infection in the dental office</td>
</tr>
<tr>
<td>• Utilize dental assistants and dental hygienists to make phone calls to reschedule and triage dental patients</td>
</tr>
<tr>
<td>• Discontinue use of nitrous oxide to help prevent cross-contamination</td>
</tr>
<tr>
<td>Patient triage and engagement</td>
</tr>
<tr>
<td>• Patient phone triage before appointments – assessment questions (health centers must continue to monitor lists of evidence-based symptoms of COVID-19 and update assessment questions accordingly). Dental programs should consider using the same assessment questions as their medical clinic which may include:</td>
</tr>
<tr>
<td>• Fever</td>
</tr>
<tr>
<td>• Respiratory symptoms</td>
</tr>
</tbody>
</table>
Contact with positive/presumptive COVID-19 case
Recent international and/or cruise travel
- Use American Association of Endodontists – Figure 4- Questionnaire, for phone triage
- Pre-procedural rinse – 1% hydrogen peroxide rinse prior to procedures
  - Standard hydrogen peroxide from drug stores (brown bottle) is 3%. Therefore, to obtain 1% the ratio should be 1 part hydrogen peroxide to 2 parts water if using a 3% hydrogen peroxide.
  - American Dental Association (ADA) FAQ – guidance of pre-procedural rinse
  - For children that cannot rinse and spit – peroxide rinse may be brushed onto patient’s teeth and gums
  - Consider rinses that may be more pleasant and still have the correct hydrogen peroxide concentration ( Peroxyl or whitening rinses)
- Patient hand sanitation before and after dental services

### Teledentistry
- ADA Billing and Coding Guidance
- For private insurance patients, review company websites – some companies are reimbursing for teledentistry temporarily during this emergency, for example, United Concordia is reimbursing for D0140 via teledentistry for the next 90 days
- For Medicaid patients, check with your individual state Medicaid agency to see if dental emergency/urgent care triage phone visits are reimbursable
- Develop and or review your dental clinic emergency/urgent care phone triage protocols
- Review HIPPA guidelines for telehealth

### Attendee Questions/Needs
- Are there examples of workflows and protocols for teledentistry?
- Is there a standard protocol for servicing, preparing and shutting down equipment for clinics that are closing?
- Are there any guidelines for outdoor COVID-19 testing? (i.e. using tents outside, drive-thru testing)

### Dental Workforce Changes

#### Promising Practices
Redeploy dental staff – help to alleviate the workload of medical staff
- Triage patients before they are seen in both the medical and dental clinic
- Use bilingual dental staff to help with translation in the medical clinic
- Utilize dental assistants to help with pharmacy
- Assist with disinfection in the medical clinic

Resources for staff reductions
- Use paid time of (PTO), sick leave
- Issuing additional PTO hours for dental staff for the time that clinical services are reduced
- Dental staff furloughed
- Unemployment benefits for dental staff
- Option to apply for FMLA
- Additional resources:
  - NNOHA Workforce and Staffing Operations Manual
  - NNOHA Retention and Recruitment Resources
## Attendee Questions/Needs

- How does furlough of dental staff affect health centers’ HRSA 330 grant?
- Will there be issues with contracted dental providers completely discontinuing services under these circumstances?
- What are health center criteria to select which staff members will be reduced or retained?
- How are health centers using dental team members to help support the medical clinic?
- Are clinics partnering with specialists (i.e. oral surgeons) to help manage emergencies?

## Protecting the Dental Team

### Promising Practices

#### Clinical care strategies

- Reduce aerosol-producing procedures as much as possible
  - Silver diamine fluoride (SDF) and interim therapeutic restorations (ITR) when possible for emergency/urgent care (non-endodontic, extraction cases)
  - Use of rubber dam and high-volume suction
- Prosthetic services
  - Consider as non-emergent dental care
  - Complete adjustments if causing pain. Soak prosthetic in antimicrobial rinse before handling
- **ASTDD Emergency Preparedness**

#### Personal Protective Equipment (PPE)

- N95 masks
  - N95 mask use for all aerosol generating procedures (AGPs)
  - [Video on N95 fittings](#)
  - Clinics are finding N95 masks at hardware stores, paint stores, talking with private practices for their supply vendors. Receiving donations from private practices that have closed
  - [Centers for Disease Control and Prevention (CDC)](https://www.cdc.gov) Guidance for Prolonging N95 Masks
    - Prolonging N95 masks by wearing lower level face masks on top of the N95.
- Utilizing face shields for most procedures
- [CDC Strategies to Optimize PPE](#)

#### Dental team precautions

- Immunosuppressed dental team members provided option to work in non-direct patient care, work from home if possible, and option to use PTO
- Screening of dental team daily before work – using the same questionnaire for patients
  - Temperature checked in the morning and after lunch
- Promotion of self-care resources
  - [American Psychological Association](https://www.apa.org) self-care resources
- Regular staff check-ins to discuss infection control protocols and self-care

## Attendee Questions

- When will CDC release revised dental infection control recommendations?
- Is a negative pressure room necessary for aerosol generating procedures even when using a N95 mask?
- Should dental staff who have not been fitted with a N95 mask see emergency patients? What
patients should these dental staff allowed to see?

- If there is a general shortage of N95 masks in dental clinics, should we perform AGPs?
- Are dental providers able to administer COVID-19 tests?
- Are UV boxes effective sterilization for non-soiled N95 masks?
- What are some strategies to help boost provider and staff morale?