COVID-19 Dental Clinic Reopening Listening Sessions
Summary of Findings

NNOHA conducted three oral health listening sessions on May 20, 21 and 22 to provide an opportunity for health center dental programs to share their lessons learned and strategies for reopening their dental clinic and providing non-emergent dental services during the COVID-19 pandemic. 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 948 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. It is important for health centers and dental team members to review their state and county reopening regulations.

Protecting the Dental Team and Community

<table>
<thead>
<tr>
<th>Promising Practices</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Dental Team Safety Protocols</strong></td>
</tr>
<tr>
<td>• Developed a committee that includes dental team members to create new policies and protocols for infection control and prevention, dental workforce, etc.</td>
</tr>
<tr>
<td>• Dental leadership had conversations with each staff member prior to returning to work to review new policies and protocols. Also, gives an opportunity to address any concerns and assess the staff member’s comfort level in returning to work.</td>
</tr>
<tr>
<td>• Staff encouraged to maintain social distancing outside of the health center to ensure the safety of patients and team members when returning to work.</td>
</tr>
<tr>
<td>• Breakrooms are not used or have limited chairs spaced by at least 6 feet.</td>
</tr>
<tr>
<td>• Staff members take their lunch and breaks in their car or outside.</td>
</tr>
<tr>
<td>• Signage throughout the back areas of the clinic to remind staff to maintain social distancing.</td>
</tr>
<tr>
<td>• Lunch breaks are staggered to encourage social distancing.</td>
</tr>
<tr>
<td>• Staff answers COVID-19 screening questions and complete temperature checks at the start of the day.</td>
</tr>
</tbody>
</table>

| **Patient Safety Protocols** |
| • Patients asked to wash their hands before and after the appointment. |
| • Acknowledgment of COVID-19 exposure risk is added into the consent form. |
| • Letter and/or email sent out to patients to notify them of what to expect at their dental appointment (i.e. types of services offered, new PPE, screening questions, temperature checks, and other safety protocols). |
| • Hand sanitation stations outside the dental clinic and/or in the waiting room. Hand sanitizer offered to the patient before and after procedures. |
• COVID-19 screening questions and temperatures taken outside of the clinic by dental team members. If patient does not pass the screening, they are sent to the medical clinic for further evaluation.
• Waiting room chairs are spaced out by at least 6 feet.
• Plexi glass installed at front desk and other areas of the dental clinic.
• Patients are asked to wait in their car and call the dental clinic to notify the front desk. The dental clinic calls the patient to enter the clinic when ready for their appointment.
• No accompanying individuals allowed with adult patients. Parents/guardians do not enter the operatory with child patients unless pre-cooperative or the patient has special health care needs.

**Attendee Questions**

• Should dental team members be tested for COVID-19 prior to returning to work?
• How are medical and dental programs collaborating to test patients for COVID-19 before performing any dental procedure?
• How do health centers manage patients who had COVID-19, but are no longer sick? Should these patients require a clearance letter from a physician prior to care?

**Infection Control and Prevention**

**Promising Practices**

**Personal Protective Equipment (PPE)**

• Practice universal precautions. Consider all patients to be infectious.
• Face shields being used for all procedures and all providers. Face shields are being used by dental assistants during procedures as well. Face shields that can fit over loupes:
  o Op-D-Op
  o Euroshields
  o Honeywell Uvex Bionic Face Shield
• Disinfection with UV lights following wiping down surfaces.
• Safety glasses or loupes should be worn for all procedures.
• Full PPE used during denture adjustments.
• N95 masks
  o Used for every aerosol generating procedure (AGP).
  o All dental team members who will be involved with AGPs should have a fit test for N95 masks.
  o Level 3 surgical masks worn on top of the N95 masks to prolong use.
  o CDC Guidance for Extended Use of N95 Masks
  o Health centers have begun using decontamination services for N95 masks such as Battelle and Lumin.
• Gowns and head coverings
  o New gowns after every patient, especially after AGP.
  o Long gowns are preferred.
  o Use head covers as part of PPE.
  o Disposable gowns may be costly, using gowns that can be laundered may be more cost effective.
Health centers are using companies who launder and deliver gowns, etc. such as Centus and Aramark.

- Accessing adequate PPE
  - Health centers may consider joining a buying consortiums with other health centers to purchase PPE in bulk.
  - Contact local health department and state primary care associations.
- Dedicating an area to don and doff PPE. For example, donning PPE in an empty operatory and doffing PPE in a different operatory.
- CDC Guidance on Donning and Doffing PPE
- CDC Guidance for Reopening Dental Services

Air Purification and Filtration
- Using HEPA air filters. Some products used by health centers include:
  - IQ Air
  - Medify Air Filter
- Air purifiers to help reduce aerosols. Some products used by health centers include:
  - USA Nanocoat
  - Jade Air Purifier
- Health centers may consider having the air flow and circulation evaluated for each operatory, which may help determine how long to wait to particles to settle before using the operatory for the next patient. CDC Guidance for Air Circulation and Air Flow.

Modifications to Dental Operatories
- If appropriate air flow and circulation exist, close off open operatories to prevent the spread of aerosols.
  - Use rooms with a door for all AGP.
  - ZipDoors by ZipWall
- If closing the operatory is not an option, only seat patients in every other operatory.

Attendee Questions/Needs
- How do dental clinics manage team members who are unable to tolerate wearing N95 masks?
- Are health centers billing patients for the additional PPE needed to provide care?

Scope of Services

Promising Practices

Services Provided
- Slow openings for dental clinics that include non-AGP such as comprehensive and limited exams, denture adjustments, and crown and denture deliveries.
- Use of silver diamine fluoride (SDF) as appropriate. SDF application requires very little aerosol production compared to restorative care with a handpiece.
- Provide minimally invasive dentistry. Utilize equipment and materials that reduce production of aerosols (i.e. spoons instead of handpieces, glass ionomer).
- Fluoride varnish applications for young children via drive-thru fluoride varnish appointments. Patient and parent are able to stay in their vehicle in the parking lot. Provider applies fluoride varnish with full PPE.
• Prioritize patients who had palliative care to return for definitive care.
• Teledentistry used to triage patients where allowed. Health centers should review their state Medicaid regulations and practice acts for guidance on teledentistry.

Equipment and Adaptations to Care Delivery
• Rubber dams should be used for all AGPs. Rubber dams are effective in reducing aerosols. [American Institute of Dental Public Health](https://www.aiodental.org) article discussing aerosols and rubber dams. Rubber dam use does not preclude the need to use an N95 mask. Rubber dams should not be used if the patient cannot tolerate or has a latex allergy.
• If a rubber dam is not an option for an AGP, utilize hands-free suctions or isolation tools to help reduce aerosols during AGP (i.e. ReLeaf, Isolite, Isodry, Dentsply Purevac HVE Mirror Tips).
• Extraoral suction devices to help reduce aerosols such as the ADS Extraoral Suction unit.
• Limited to no use of air/water syringes. Cotton rolls and gauze to dry the tooth if needed. If air/water syringe is in use, team members are advised to not use both air and water at the same time.
• Limited to no use of nitrous oxide. If nitrous is used, components are autoclaved after each use. Use disposable nose guards.

Dental Hygiene Procedures
• No or limited use of ultrasonic scalers due to high production of aerosols. Handscale only.
• Continue to delay lengthy scaling and root planing procedures.
• Dental hygienists wear full PPE (N95, face shield, gowns, gloves, safety glasses, etc.) for all procedures.
• Use caution with toothbrush prophylaxis as it still produces aerosols.
• Dental hygienists have a dental assistant for high volume evacuation (HVE) suction during hygiene procedures.
• No polishing during prophylaxis to reduce aerosols.
• Unbundling exams during hygiene visits for new and non-regular dental patients. Reduces the need for the dentist to change PPE for an exam during a hygiene visit.

Dental Sealants
• Using dental sealant materials that minimize production of aerosols (i.e. glass ionomer sealants).
  - GC America Fuji Triage glass ionomer sealant material does not require rinsing/drying the tooth using the air/water syringe. Sealant can be placed with minimal aerosol production.
• Upon appointment confirmation, patient is asked to brush their teeth prior to arriving to the clinic if possible to help reduce amount of debris on occlusal surfaces.
  - Patient can be given sugar-free gum to help lift up debris on occlusal surfaces.
  - Explorer can be gently used to remove food debris.
  - Press firmly with wet cotton pellet or cotton swab into the occlusal surface to remove food debris.

**Attendee Questions/Needs**
• What adaptations will be made for school-based health programs?
**Dental Workforce**

### Promising Practices

**Dental Team Member Roles**

- Dental team members continue to be redeployed in other areas of the health center as needed (medical clinic, pharmacy, etc.).
- Dental assistants and dental hygienists continue to triage and screen patients over the phone for symptoms of COVID-19. These dental team members also conduct screenings outside of the clinic including taking temperatures.
- Rotate dentists to be assigned to complete only exams while other dentists are assigned to AGP and other procedures. Eliminates interruption during an AGP for a hygiene exam/check. Dentists need to be aware if AGP were performed by the dental hygienist prior to having the dentist enter the room to complete an exam/check. If ultrasonic scaler was used, the dentist would wear full PPE and change PPE after the hygiene exam.

**Scheduling and Staffing**

- Dental team members are separated into teams (Team A and Team B). The teams rotate shifts to encourage social distancing.
- Slowly bring back staff that were furloughed or laid off. Dental hygienists are the last staff members to return back to work due to the high production of aerosols during hygiene procedures.
- Strategic scheduling of AGP: non-AGP are scheduled in the morning along with children and patients who have existing medical conditions. AGP scheduled in the afternoon.

### Attendee Questions/Needs

- How are health centers managing capacity issues given the possibility of a large backlog of patients?
- Should dental clinics prioritize specific populations for care first? (i.e. pregnant women, children, patients with diabetes)
- How do health centers manage dental team members who do not feel safe returning to work?