



Arkansas Department of Health

4815 West Markham Street • Little Rock, Arkansas 72205-3867 • Telephone (501) 661-2000
Governor Asa Hutchinson
Nathaniel Smith, MD, MPH, Secretary of Health

Effective June 15, 2020

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

On May 11, Arkansas dental facilities and dental health care providers (DHCP) resumed clinical services while adhering to the Directive on Resuming Elective Dental Services. Since dental work often creates aerosols, it carries an added risk of spreading COVID-19, especially to the DHCP, who may then spread it to others. The Arkansas Department of Health Directive and associated Guidelines follows the peer-reviewed recommendations of the CDC and other professional organizations in a conscientious effort to keep patients, DHCP and the community safe. In light of recent updates and new information from the CDC, the Guidelines for Resuming Non-Urgent/Non-Emergent Elective Services have been revised to reflect the current knowledge for safely practicing dentistry during the pandemic.

Screening Guidelines

- To address asymptomatic and pre-symptomatic transmission, implement source control (require facemasks or cloth face coverings) for everyone entering the dental setting (DHCP and patients), regardless of whether they have COVID-19 symptoms.
 - Ask patients to provide their own face covering or provide disposable mask at the time of appointment.
- Actively screen everyone (DHCP and patients) on the spot for fever ($\geq 100.4^{\circ}\text{F}$) and symptoms of COVID-19 (described below) immediately upon entering the facility.
- Patients/DHCP who meet the following criteria **SHOULD NOT BE TREATED** (or remain at work) at this time:
 - Returned from international travel within the last 14 days;
 - Has a fever of $100.4^{\circ}\text{F}+$ or greater (use digital thermometer to check each person entering facility);
 - Have symptoms associated with COVID-19 (fever, cough, shortness of breath, difficulty breathing, chills, repeated shaking with chills, muscle pain, headache, sore throat, new loss of taste or smell);
 - Had contact with a person known to be infected with COVID-19 within the previous 14 days;
 - Awaiting a pending COVID-19 test result;
 - Have compromised immune system.

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. Advised to place proper signage within the facility as reminders.
- All patients should be screened in a phone interview prior to the appointment. Patients with an acute respiratory illness should be identified during a phone screening interview and defer treatment unless it is

an emergency case. This emergency patient should be asked to remain in their automobile until summoned directly to the treatment area with a preferred time toward latter part of schedule.

- 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;
 - 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

While maintaining an adherence to the proper screening and disinfectant protocols that have been established, the DHCP may utilize their own professional judgement regarding patient flow and treatments that are performed. Examples of dental procedures according to relative risk for aerosol generation is found at the conclusion of this document. 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:

- Dental team members that are 65 years of age and older may provide dental treatment provided said member passes the daily screening process.
- 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, is the recommended standard for the treatment team (dentist, dental hygienist, dental assistant) which provides the lowest risk of infection to the DHCP during the COVID-19 pandemic. Clerical staff should always wear surgical masks or cloth face mask. For additional guidance, refer to the [ADA's Return to Work Interim Guidance Toolkit](#).
- 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.
- Routine cleaning and disinfection strategies used during influenza seasons can be applied to the environmental management for COVID-19 (see links below).
- Patients should use a preprocedural mouth rinse of 1% hydrogen peroxide or 0.2% providone to reduce the oral microflora.
- If treatment requires the use of dental instruments which produces aerosols:
 - In addition to the typical eye protection and gloves, the treatment team members are to utilize face shields (or goggles) and a long sleeve jacket or disposable gown.
 - Cloth gowns can be laundered and reused indefinitely;
 - Due to the shortage of such PPE, disposable gowns may be worn the entire day unless visibly soiled or the integrity of the gown is compromised.
 - Using a dental dam is considered the best isolation of the treatment area.
 - Place HVE (high-volume evacuation) as close to the surgical site as possible to capture the generated aerosols;
 - Ultrasonic or piezo instrumentation may be utilized but highly recommend the usage of a four-handed approach to better capture generated aerosols;
 - Other HVE devices such as Isolite, Dry Shield, SafetySuction, Zirc Mr. Thirsty, etc. may be deemed suitable.
 - Implement procedures to minimize exposures after procedures:
 - Ask patients to wash their hands for 20 seconds and to wear their 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.
- Potentially contaminated aerosols may linger in the treatment room.
 - Once the patient departs the treatment area, isolate the room and allow 15 minutes of rest time before proper disinfectant protocols can be performed (see below links); utilize signage to indicate room to be cleaned and the proper passage of time.

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).
- Follow the contact times, as appropriate for the disinfectant product used, assuring the surface being disinfected stays wet for the duration of the recommended time (refer to product label).
- Gloves should be doffed upon leaving the treatment room, immediately followed by performing hand hygiene procedures; face shields should be disinfected prior to next patient care.
- Signage to indicate room is clean and ready for next patient

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

- EPA: [List N: Disinfectants for Use Against COVID-19](#)
- American Chemistry Council & Center for Biocide Chemistries: [Novel Coronavirus-Fighting Products](#)

Procedure for Disinfection of PPE:

- While there is a shortage of vital PPE such as N95 respirators the CDC has recommended decontamination methods: [Decontamination and Reuse of Filtering Facepiece Respirators](#)

Considerations for COVID-19 Positive Results in Patients or Staff Member

The ADH does not advise nor require that a patient demonstrate a negative COVID-19 test result in order to receive dental treatment. However, any patient or staff member that reports signs or symptoms related to COVID-19 should be sent to the nearest local health unit for testing.

- A patient that test positive should not be treated for 14 days unless reporting pain and requires immediate attention and all precautions are taken as outlined previously in this guideline;
- Any staff member that tests positive for COVID-19 are to not return to the dental facility until 14 days have passed from the time of the test confirmation;
- An essential staff member may return to work after 10 days providing:
 - Provides a negative test result to indicate no longer contagious;
 - No longer show symptoms;
 - Accommodations can be made to protect other employees at the worksite
 - Wears a mask at all time allowing 10-minute breaks every two hours outside the facility or to eat;
 - Works in an isolated work area apart from another employees;
 - Be tested again in seven days.

References:

CDC: [Guidance for Dental Settings: Interim Infection Prevention and Control Guidance for Dental Settings During the COVID-19 Response](#)

OSHA: [COVID-19 Control and Prevention: Dentistry Workers and Employees](#)

CDC webinar June 3: [CDC Emergency Preparedness and Response - Clinical Outreach and Communication Activity: Guidance for Dental Settings During the COVID-19 Response](#)

EXAMPLES OF DENTAL PROCEDURES ACCORDING TO RELATIVE RISK OF AEROSOL GENERATION

Very Low Risk: no close contact	Low Risk: close contact but minimal or no aerosol generated*	Moderate to High Risk: close contact with controlled aerosol**	Very High Risk: close contact and difficult to control aerosol
<p>Diagnostic: panoramic, cephalometric, or other extraoral radiographs; teledentistry consultation</p> <p>Preventive: oral hygiene and dietary guidance</p>	<p>Diagnostic: exam, intraoral radiographs</p> <p>Preventive: scaling by hand, nonrestorative treatment for carious lesions, such as application of fluoride, including silver diamine fluoride</p> <p>Restorative: minimally invasive treatment, such as application of silver diamine fluoride followed by atraumatic restorative technique using glass ionomer</p> <p>Oral Surgery: simple extraction</p> <p>Orthodontics: appliance adjustment</p>	<p>Preventive: sealant placement with a rubber dam</p> <p>Restorative: restorations with a rubber dam</p> <p>Endodontics: endodontic procedures with a rubber dam</p> <p>Removable Prosthodontics: extraoral denture adjustments after appliance disinfection</p> <p>Fixed Prosthodontics: preparation with a rubber dam, cementations with adjustments done extra-orally</p> <p>Orthodontics: minor handpiece use, with HVE suction</p>	<p>Preventive: ultra-sonic scaling</p> <p>Restorative: use of handpieces without a rubber dam</p> <p>Endodontics: any procedure without a rubber dam (not recommended)</p> <p>Periodontics: ultra-sonic scaling</p> <p>Dental Implants: any procedure using a handpiece</p> <p>Fixed Prosthodontics: any preparation without a rubber dam</p> <p>Oral Surgery: surgical extractions</p> <p>Orthodontics: any procedure requiring intense use of a handpiece</p>

* without the use of the air/water syringe

** with use of high-volume evacuation suction

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