

## **Additional Guidance for Preventing Spread of COVID-19 for the Oral Health Community and Dental Practices Vol.2**

### **Purpose**

This guidance is to provide continued information and recommendations for the Oral Health Community and Providers. This guidance is supplemental to the Clinical and Public Health Guidance for Managing COVID-19 Interim Guidance (subject to change); March 18, 2020, published by IDPH and can found here:

<http://www.dph.illinois.gov/sites/default/files/COVID19/Interim%20Clinical%20Guidance%203.18.2020%20v2.pdf>

### **Information and Recommendations**

Cases of COVID-19 are increasing across Illinois. It is a critical time for Illinois oral health providers to protect the health and wellbeing of the population, ourselves and to support measures that guard and limit the spread of this virus. Oral health providers are at an increased risk for acquiring COVID-19 as they work closely with patients and during procedures are exposed to aerosols, saliva, and other potentially infectious materials.

1. If you have not done so already, it is strongly recommended that all elective, non-emergency, non-urgent oral health care cease immediately. This limits unnecessary exposure due to population mobility, limited availability of personal protective equipment (PPE) and focuses on urgent care that will divert people seeking care in hospitals.
2. The American Dental Association has provided useful guidance on the determination of emergency and urgent care. Examples of clinical situations for these designations can be found at [https://success.ada.org/~media/CPS/Files/Open%20Files/ADA\\_COVID19\\_Dental\\_Emergency\\_DDS.pdf](https://success.ada.org/~media/CPS/Files/Open%20Files/ADA_COVID19_Dental_Emergency_DDS.pdf)  
It is important to continue to meet the urgent care needs of your patients, reserving some complete PPE so that you can safely provide the needed treatment.
3. Oral health providers should use their professional judgment in determining a patient's need for emergency and urgent care on a case-by-case basis. When possible, provide care without the use of aerosol creating equipment such as high-speed handpiece, ultrasonic and sonic scalers, and air/water syringe. In some cases, prescribing antibiotics, analgesics, over the counter medications and use of silver diamine fluoride until definitive care is available should be carefully considered.
4. Oral health providers should work together with area dental school, local health department and FQHCs to identify Regional Oral Health Hubs (ROHHs) to care for persons with urgent dental care needs. Aggressive triage procedures will need to be instituted so that the ROHHs are not overwhelmed. ROHHs should be fitted with required PPE and adequate staffing for the safety of healthcare workers and the public. This is so that patients are diverted from hospitals which may be overburdened caring for complex health needs.
5. If you have surplus PPE, please reach out to your local hospital or health department. The list of local health departments can be found [here](#).

6. For patients in need of urgent oral health care who are a possible or confirmed case of COVID-19: oral health and medical providers should work together to determine an appropriate facility for treatment. Higher-level PPE will be needed to protect the healthcare worker during critical and medically necessary aerosol-generating procedures (e.g., intubation, suctioning, use of handpieces or ultrasonic or sonic scalers in dental care). If you have access to a fit-tested N95 mask, you will be better equipped to safely provide urgent care needs. A layered approach to infection control should be instituted: barrier protection that includes masks, gloves, and eye protection should be followed; a preprocedural rinse with hydrogen peroxide; rubber dam should be used where possible, and high volume evacuation should be used for all procedures that have the potential to produce aerosols.
7. According to the new [\*Report on the WHO-China Joint Missions on Coronavirus Disease 2019\*](#): "Airborne spread has not been reported for COVID-19 and it is not believed to be a major driver of transmission based on available evidence;" however, aerosol-generating procedures, such as those conducted in dental clinics are likely to promote airborne transmission of COVID-19. Produced aerosols can linger in the air for 30 minutes to 2 hours.
8. Standard infection control precautions, including proper PPE, should be followed when caring for any patient. These practices are designed to both protect and prevent health care workers from spreading infections among patients. CDC has provided updated options for extended use, reprocessing, and reuse of the various PPE components given current shortages of PPE being reported in many areas of the country. PPE optimization strategies can be found here <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html>