



NC Department of Health and Human Services

DHHS COVID-19 Guidance for Dental Professionals: CDC Recommendations

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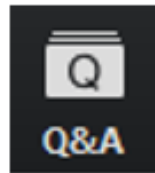
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Logistics for today's COVID-19 Forum

Question during the live webinar



Technical assistance

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CDC Updates

- Updated definition of fever to ≥ 100.0 F
- Added language that protective eyewear with gaps between glasses and face do not protect eyes from all splashes and sprays
- Rearranged guidance for clarity
 - Delivery of care during pandemic
 - Delivery of care for patients suspected/confirmed COVID
- Clarification on engineering controls for open bay operatories, reprocessing treatment areas between patients, alternative disinfection methods
- Additional guidance of physical distancing and how to respond to COVID exposures among DHCP

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/dental-settings.html>

CDC Updates

Moderate to Substantial Community Transmission (patients not suspected of COVID infection)

- DHCP should implement the **use of universal eye protection** and wear eye protection in addition to their surgical mask to ensure the eyes, nose, and mouth are all protected from exposure to respiratory secretions during patient care encounters, including those where splashes and sprays are not anticipated.
- Use N95 respirator or higher during aerosol-generating procedure

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/dental-settings.html>

Engineering Controls – Open Bay

- At least 6 ft between patient chairs
- Physical barriers between patient chairs.
- Oriented parallel to the direction of airflow.

Alternative Disinfection Methods

- Efficacy of alternative disinfection methods (ultrasonic waves, high intensity UV radiation, LED blue light) is not known.
- CDC does not recommend the use of sanitizing tunnels.
- EPA only recommends the use of surface disinfectants identified on List N (EPA registered disinfectants) for COVID 19.

Gentle Reminder: Social Distancing

- **Remind DHCP**
 - exposure is not only limited to direct patient care
 - Social distance in non-patient care areas
ie. break room
 - Should wear a face mask or cloth face covering at all times while they are in the dental setting, including breakrooms or other spaces they may encounter co-workers.
- **Designate areas to take breaks that allow 6ft social distancing**

Gentle Reminder: Extended Use/Reuse

- Only used in contingency or crisis capacity
- Office has implemented all applicable administrative and engineering controls
 - Selectively canceling non-urgent procedures

Extended use of PPE is not intended to encourage dental facilities to practice at a normal patient volume during a PPE shortage...

Gentle Reminders: Respirators

- **Discard N95 respirators:**
 - following use during aerosol generating procedures.
 - contaminated with blood, respiratory or nasal secretions, or other bodily fluids from patients.
 - following close contact with, or exit from, the care area of any patient co-infected with an infectious disease requiring contact precautions.
- **Perform hand hygiene with soap and water or an alcohol-based hand sanitizer before and after touching or adjusting the respirator (if necessary for comfort or to maintain fit).**
- **Discard any respirator that is obviously damaged or becomes hard to breathe through.**

<https://www.cdc.gov/niosh/topics/hcwcontrols/recommendedguidanceextuse.html>



General Principles for Dental Offices

Screen everyone (staff & patients)

- Symptomatic employees should be sent home
- *Symptomatic patients should not be seen, but rescheduled; if severe symptoms, refer for medical care

Use appropriate PPE

Clean and disinfect following CDC guidelines

Practice source control

- Everyone wears a mask at all times; patients can remove only for care

*If emergency dental care is necessary for a suspected or confirmed case, follow [CDC guidance](https://www.cdc.gov/coronavirus/2019-ncov/hcp/dental-settings.html)

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/dental-settings.html>

General Principles for Dental Offices

Exposure & Response

Symptomatic or COVID+ patients

- Symptomatic or known COVID+ - should not be seen
- Patients to call if become symptomatic or COVID+ within 2 days *following* dental treatment
- Contact local health department using *general COVID-19 hotline (866) 462-3821

Symptomatic or COVID+ dentist/staff

- Symptomatic - should not report to work, should be sent home
- COVID+ - Practice should expect call from LHD as part of contract tracing efforts

*Some counties have their own designated hotline

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/dental-settings.html>

General Principles for Dental Offices

Exposure & Response

Confirmed patient, staff, dentist returning to the practice?

- CDC Return-to-Work criteria
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html>
 - Symptom-based
 - Test-based
 - Time-based
- BUT ultimately rely on guidance from LHD

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html>

General Principles for Dental Offices

Return to Work

- Test-based strategy is no longer recommend (except in special circumstances)
- Symptom-based and Time-based strategy is being used
 - HCP with mild to moderate illness who are not severely immunocompromised
 - HCP with severe to critical illness **or** who are severely immunocompromised¹

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html>

General Principles for Dental Offices

Return to Work

HCP with mild to moderate illness who are not severely immunocompromised:

- At least 10 days have passed *since symptoms first appeared* **and**
- At least 24 hours have passed *since last* fever without the use of fever-reducing medications **and**
- Symptoms (e.g., cough, shortness of breath) have improved

Note: HCP **asymptomatic** throughout their infection may return to work when at least 10 days have passed since the date of their first positive viral diagnostic test.

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html>

General Principles for Dental Offices

Return to Work

- *HCP with severe to critical illness or who are severely immunocompromised*
- At least 10 days and up to 20 days have passed *since symptoms first appeared*
- At least 24 hours have passed *since last* fever without the use of fever-reducing medications **and**
- Symptoms (e.g., cough, shortness of breath) have improved
- Consider consultation with infection control experts
- HCP who are **severely immunocompromised** but who were **asymptomatic** throughout their infection may return to work when at least 10 days and up to 20 days have passed since the date of their first positive viral diagnostic test.

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html>

General Principles for Dental Offices

Return to Work

Test-based strategy

- *HCP who are symptomatic:*
 - Resolution of fever without the use of fever-reducing medications **and**
 - Improvement in symptoms (e.g., cough, shortness of breath), **and**
 - Results are negative from at least two consecutive respiratory specimens collected ≥ 24 hours apart
- *HCP who are not symptomatic:*
 - Results are negative from at least two consecutive respiratory specimens collected ≥ 24 hours apart

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html>

General Principles for Dental Offices

Exposed SARS-CoV-2 at work

- HCP who had prolonged close contact with a patient, visitor, or HCP with confirmed COVID-19 or **any duration** during an aerosolizing procedure and
 - ✓ *HCP not wearing a respirator or facemask*
 - ✓ *HCP not wearing eye protection if the person with COVID-19 was not wearing a cloth face covering or facemask*
 - ✓ *HCP not wearing all recommended PPE (i.e., gown, gloves, eye protection, respirator) while performing an aerosol-generating procedure*

Exclude from work 14 days after last exposure, monitor symptoms

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>

General Principles for Dental Offices

Exposed SARS-CoV-2 at work

- HCP without prolonged contact or with prolonged contact and proper PPE

No work restrictions; Continue source control, self monitoring and daily temperature screening/questionnaire

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>

General Principles for Dental Offices

Exposed SARS-CoV-2 off work

- Staff member had prolonged, close contact with a person with COVID-19 who has symptoms (in the period from 2 days before symptom onset until they meet criteria for discontinuing home isolation).
- Staff member had prolonged, close contact with a person who has tested positive for COVID-19 (laboratory confirmed) but has not had any symptoms (in the 2 days before the date of specimen collection until they meet criteria for discontinuing home isolation).

<https://www.cdc.gov/coronavirus/2019-ncov/php/public-health-recommendations.html>

General Principles for Dental Offices

Exposed SARS-CoV-2 off work

- ✓ Stay home until 14 days after last exposure and maintain social distance (at least 6 feet) from others at all times
- ✓ Self-monitor for symptoms: check temperature twice a day, watch for fever, cough, or shortness of breath, or other symptoms of COVID-19
- ✓ Avoid contact with people at high risk for severe illness from COVID-19

<https://www.cdc.gov/coronavirus/2019-ncov/php/public-health-recommendations.html>

General Principles for Dental Offices

Exposure & Response

To close or not to close?

- At the discretion of the provider
- Factors to consider:
 - Sufficient and appropriate PPE?
 - Enough employees available?

What can HCPs do at home to prevent spread/transmission?

- Unknown exposure – usual prevention strategies (ie hand washing, etc)
- Optional personal practices – insufficient evidence

FAQs: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/faq.html>

Recommendations for Community-Related Exposure: <https://www.cdc.gov/coronavirus/2019-ncov/php/public-health-recommendations.html>

Your local health department is your partner!

Questions

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