

Recommended Rhode Island Dental Office Opening Protocols

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Introduction

Following the guidance of the American Dental Association (ADA) and the Centers for Disease Control and Prevention (CDC), The Rhode Island Department of Health (RIDOH) [recommended on March 24, 2020](#) that dentists restrict their practices to all but urgent and emergent care until April 6. This recommendation was later [extended until May 1](#) at the earliest. The intent of the recommendation was to help mitigate the spread of the 2019 Novel Coronavirus, observe social distancing, and conserve essential personal protective equipment (PPE) for frontline healthcare workers. Dental treatment was limited to urgent and emergent dental care with the goal of avoiding overburdening hospital emergency departments.

As Rhode Island dental practices begin to plan for reopening, the Rhode Island Dental Association (RIDA) believes that dentists should exercise professional judgement and carefully consider the availability of appropriate PPE to minimize the risk of virus transmission. The American Dental Association is communicating with the Federal Emergency Management Agency (FEMA), other federal agencies, and relevant organizations to advocate that dentists, as essential healthcare workers and those at a very high risk of exposure ([page 18](#)), are prioritized for PPE.

As of April 23, 2020, Food and Drug Administration (FDA) approved tests for COVID-19 are not available to dentists in the United States. Dentists should therefore be aware that asymptomatic healthy appearing patients can still transmit COVID-19.

The American Dental Association has developed [interim guidance](#) for minimizing the risk of COVID-19 transmission in order to treat urgent and emergent patients during this pandemic. ***Additional guidance from the ADA, CDC, and RIDA will likely be forthcoming.***

The American Dental Association, Rhode Island Dental Association, and all other state dental associations are vigorously lobbying the US Department of Health and Human Services (HHS) to [recognize licensed dentists to administer point of service COVID-19 tests](#).

The longer dental practices remain closed to preventative care and treatment, the more likely the patient's untreated disease will progress, increasing the complexity and cost for dental treatment in the future.

The decision to reopen a dental office or to remain closed, is a decision to be made by each individual practice. The following guidelines were developed to assist dentists in making that decision, as well as to encourage a concerted effort in making the reopening of dental offices the safest environment possible for patients, staff, and dentists. The RIDA presents the following guidelines not as mandates, but as recommendations to aid dental teams in the reopening of their offices.

These guidelines are presented in a phased in approach based on the continuous availability of additional PPE to our dental providers, expanded access to testing, and the behavior of the 2019 Novel Coronavirus.

Guidelines for Reopening Dental Offices Safely During the COVID-19 Pandemic

The Rhode Island Dental Association (RIDA) is recommending that Rhode Island dental practices open on May 1, 2020 and shift from seeing only urgent and emergent cases into Phase I described in this document. The following strict infection control guidelines and office protocols are designed to protect patients, dentists, and members of the dental team during the COVID-19 pandemic. Each individual office shall use its discretion as to when they will begin operating in the Phase I protocol based on their office preparedness and the availability of necessary PPE.

These guidelines have been reviewed and approved by representatives acting on behalf of the Rhode Island Dental Association, Rhode Island Association of Oral and Maxillofacial Surgeons (RIOMS), Rhode Island Dental Hygienist Association (RIDHA), and the Rhode Island Dental Assistants Association (RIDAA). A task force comprised of individual dentists representing the following dental specialties; endodontics, general dentistry, oral surgery, orthodontics, pediatric dentistry, and periodontics, together with representatives of the Rhode Island Dental Hygiene Association and the Rhode Island Dental Assistants Association collectively drafted these recommendations.

Background

Rhode Island dental regulations require dentists and all dental care workers to comply with the evidenced-based guidelines from the Centers for Disease Control and Prevention (CDC). CDC Standard Precautions are the minimum infection control guidelines, regardless of suspected or confirmed infection status of the patient, in any setting where dental care is delivered.

These practices are designed to protect both patients and Dental Health Care Personnel (DHCP) and prevent DHCP from spreading infections among patients. Standard Precautions include:

- Hand hygiene;
- Use of personal protective equipment (i.e., gloves, masks, eyewear);
- Respiratory hygiene/cough etiquette;
- Sharps safety (engineering and work practice controls);
- Safe injection practices (i.e., aseptic technique for parenteral medications);
- Sterile instruments and devices; and
- Clean and disinfected environmental surfaces

[CDC Guidelines for Infection Control in Dental Health-Care Settings 2003 \(MMWR Vol. 52, No. RR-17\) Summary of Infection Prevention Practices in Dental Settings: Basic Expectation for Safe Care](#)

Mitigating Risk

Dental offices routinely mitigate the risk of infectious disease transmission. According to the CDC, [“To date in the United States, clusters of healthcare workers positive for COVID-19 have been identified in hospital settings and long-term care facilities, but no clusters have yet been reported in dental settings or personnel.”](#)

Personal Protective Equipment

Considering that patients who are asymptomatic may still transmit COVID-19, **it should be assumed that all patients can transmit the disease**, absent a negative test prior to rendering treatment. Bear in mind that even with testing there can be false negatives.

Dentists must exercise their independent professional judgement and carefully consider the availability of appropriate PPE to minimize risk of virus transmission. Use the highest level of Personal Protective Equipment (PPE) available when treating patients to reduce the risk of exposure.

American Dental Association: [Interim Mask and Face Shield Guidelines](#)

American Dental Association: [Understanding Mask Types](#)

Dental Health Care Personnel Considerations

- Prior to reopening, dentists will meet with all staff and present the COVID-19 guidelines and instructions. Dentists will train staff accordingly and answer any questions.
- Remind personnel of strict adherence to hand hygiene including: before and after contact with patients; after contact with contaminated surfaces or equipment; and after removing PPE.
- Encourage all dental health care personnel to receive their seasonal flu vaccine.
- Clothing: If possible, use isolation gowns. Disposable gowns should be discarded in a dedicated waste container after use. Cloth isolation gowns should be laundered after each use. If scrubs are worn, change out of regular clothes and into scrubs at the dental office. Scrubs should be laundered after each use. Staff should consider wearing a separate pair of shoes that do not leave the dental office or wearing surgical shoe coverings when in the office.

Daily DHCP Health Screening

- Take all DHCP temperatures before each workday begins. If below [100.4 degrees, fine](#). If above 100.4 degrees, staff sent home or referred to a testing center based on answers to the [COVID-19 questionnaire](#).
- If DHCP is sick, tests positive for COVID-19, or is caring for an individual that test positive for COVID-19, the DHCP should not report to work.
- Follow [ADA guidelines regarding if a staff member tests positive](#).
- Pregnancy: There is limited data currently available regarding susceptibility of COVID-19 and the severity of infection in pregnant women. Pregnant staff are encouraged to consult with their health care provider.

Resources:

[ADA: Interim Guidance for Minimizing Risk of COVID-19 Transmission](#)
[CDC Hand Hygiene in Healthcare Settings](#)
[CDC: Strategies for Optimizing the Supply of PPE and Equipment](#)
[CDC: Steps Healthcare Facilities Can Take Now to Prepare for COVID-19](#)
[CDC: COVID-19 and Pregnancy](#)
[CDC: Characteristics of Health Care Personnel with COVID-19](#)

Patient Pre-Appointment Screenings and Pre-Treatment Screenings

- Patients should be screened at the time of scheduling their appointment with the COVID-19 questionnaire. Consider asking the patient to take their own temperature at home if possible.
- Consider asking the patient to sign a [COVID-19 release form](#).
- If possible, all forms and paperwork should be filled out online prior to the patient's appointment.
- Repeat taking patient's temperature and COVID-19 questionnaire upon patient's arrival at the office and before proceeding with dental appointment.
- Positive responses to the COVID-19 questionnaire – refer patient to primary healthcare provider and/or refer for testing. Do not schedule patient for dental treatment.
- If patient reports no symptoms, no possible contact with COVID-19 infected person, no out-of-state travel, and no fever, schedule patient for dental appointment.
- If a patient has a fever strongly associated with a dental diagnosis (i.e., pupal and periapical dental pain and intraoral swelling is present), but no other signs/symptoms of COVID-19 infection (i.e., fever, sore throat, cough, difficulty breathing), they can be seen in dental settings with appropriate protocols and PPE in place.
- As the pandemic progresses, some patients will recover from the COVID-19 infection. It is important to determine when a patient who was diagnosed with the disease is ready to discontinue home isolation. [CDC suggests two approaches to determine clearance to abandon quarantine](#).
 - [Time-since-illness-onset and time-since-recovery strategy \(non-test-based strategy\)](#): Persons with COVID-19 who have symptoms and were directed to care for themselves at home may discontinue home isolation under the following conditions:
 - At least 3 days (72) hours) have passed since recovery defined as resolution of fever without the use of fever-reducing medications and improvement in respiratory symptoms (i.e., cough, shortness of breath); and,
 - At least 7 days have passed since symptoms first appeared.
 - [Test-based strategy](#): Persons who have COVID-19 who have symptoms and were directed to care for themselves at home may discontinue home isolation under the following conditions:
 - Resolution of fever without the use of fever-reducing medications and,
 - Improvement in respiratory symptoms (i.e., cough, shortness of breath) and,

- Negative test results of an FDA Emergency Use Authorized molecular assay for COVID-19 from at least two consecutive nasopharyngeal swab specimens collected ≥ 24 hours apart (total of two negative specimens).
 - Individuals with laboratory-confirmed COVID-19 who have not had any symptoms may discontinue home isolation when at least 7 days have passed since the date of their first positive COVID-19 diagnostic test and have had no subsequent illness.”
 - Trace instructions: instruct patient to contact office if they experience COVID-19 symptoms within 14 days after dental appointment.
- Inform patients of new office protocols prior to appointment and provide instructions on:
 - Keeping 6 feet from all other persons when possible,
 - Proper hand hygiene,
 - Proper respiratory hygiene and cough etiquette and,
 - Wearing a cloth mask or face covering if possible, to the office so long as the RIDOH advises to do so.

Resources:

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

[CDC: Interim Clinical Guidance for Management of Patients with Confirmed Covonavirus Disease \(COVID-19\)](#)

Office Considerations – while social distancing is in effect

- If possible, stagger appointment times to help minimize possible contact between patients in the waiting room.
- If possible, separate patients by 6 feet in the waiting area.
- Depending on office size, patients may need to wait in their personal vehicles or outside the dental office until their appointment.
- Remove all items that cannot be disinfected from the waiting area such as magazines, other paper materials, remote controls, toys, etc. Place barriers to cover high touch items when possible.
- If possible, each individual office should consider team assignments for specific duties (i.e., seating patients, triage, transporting materials and instruments, sterilization, and clinical assisting).
- Prevent patients from bringing companions to their appointment, except for instances where the patient requires assistance (i.e., pediatric patients, people with special needs, elderly patients, etc.). If companions are allowed for patients receiving treatment, they should also be screened for signs and symptoms of COVID-19 during patient check-in and should not be allowed entry into the facility if signs and symptoms are present (i.e., fever, cough, shortness of breath, sore throat). Companions should not be allowed in the dental office if perceived to be at a high risk of contracting COVID-19 (i.e., having a pre-existing medically compromised condition). Any person accompanying a patient should be prohibited in the dental operatory during procedure.

- If possible, considering having a clear barrier separating front desk staff from patients. Otherwise, try to maintain distance when possible between front desk and patients when conducting office functions such as accepting payments, scheduling future appointments, etc. Perhaps mark the floor with tape.
- Consider placing hand sanitizer in the entry area for patient use.
- Avoid taking patient's paper records into the operatory.
- DHCP should always adhere to Standard Precautions
 - Regular disinfection protocol of the operatory between patients.
 - Disinfect high touch surfaces often including, the waiting area and entry/exit door handles.
 - Provide hand sanitizer throughout the dental office containing at least 60% alcohol.
 - If possible, limit number of staff in operatory with the patient.
 - Dentist should decide patient treatment using independent clinical judgement in context of patient needs and risk. Some risk to DHCP and patient is inherent in all treatment scenarios and varies with level of PPE used when treating patients.
 - Use professional judgement to limit aerosol generating procedures and employ the lowest aerosol generating procedures whenever possible. If possible, hand scale rather than ultrasonic scale. If possible, use high-velocity suction and dental dams to minimize droplet spatter and aerosols. Use extraoral radiographs as an alternative whenever possible.
 - Treating patients at higher-risk: COVID-19 is a new disease and there is limited information regarding risk factors for severe illnesses. If possible, consider separate office hours for patients at higher-risk due to comorbidities or age.

Resources

[EPA Disinfectants List N: Disinfectants for Use Against SARS-CoV-2](#)

[CDC: Guidelines for Infection Control in Dental Health-Care Settings – 2003](#)

[OSHA: Guidance on Preparing Workplaces for COVID-19](#)

[CDC: Groups at Higher Risk for Severe Illness](#)

During Dental Care

Standard and Transmission-based Precautions and Personal Protective Equipment (PPE)

- DHCP should adhere to Standard Precautions, which [“are the minimum infection prevention practices that apply to all patient care, regardless of suspected or confirmed infection status of the patient, in any setting where healthcare is delivered.”](#)
- If available, DHCP should implement Transmission-Based Precautions. [“Necessary transmission-based precautions should include patient placement \(i.e., isolation\), respiratory protection \(i.e., N-95 masks or equivalent or best available\) for DHCP, or postponement of nonemergency dental procedures.”](#)
- For aerosol procedures: Wear a surgical mask (N-95 if available or equivalent or best available) and eye protection with solid side shields or face shield to protect mucous membranes of the eyes, nose, and mouth during procedures likely to generate splashing or splattering (large droplets) of blood or other body fluids. Wear a gown and if available,

a head cover.

Once an aerosol producing procedure is started, every effort should be made to take that procedure to completion. Upon completion disposable PPE should be disposed of within that operatory. PPE that is reusable should be left in the operatory and disinfected along with the operatory or sterilized. Consideration should be given to utilizing two operatories if possible. Disinfect the operatory upon completion of the procedure allowing it to set while the other operatory is in use. Disinfect again before reusing. Hygiene exams should be done between aerosol producing procedures and not during aerosol producing procedures.

- For non-aerosol procedures: Adhere to Standard Precautions.
- “If your mask is damaged soiled, or if breathing through the mask becomes difficult, you should remove the face mask, discard it safely, and replace it with a new one.”

Instructions for Donning and Doffing PPE

DHCP should adhere to the [standard sequence of donning and doffing PPE](#). Consideration should be given to posting instructions in the office for staff to review.

Order of Donning PPE

1. Gown
2. Head cover and feet covers if using
3. Mask or respirator
4. Eye protection and face shield
5. Gloves

Order of Doffing PPE

1. Gloves (if double gloving)
2. Face shield and eye protection
3. Gown
4. Head and feet covers
5. Mask
6. Gloves

Hang used respirators in a designated storage area or keep them in a clean breathable container, such as a paper bag, between uses. To minimize cross contamination, store respirators so that they do not touch each other and the person using the respirator is clearly identified. Storage containers should be disposed of or cleaned regularly. Clean hands with soap and water or hand sanitizer before and after touching or adjusting the respirator. Use a pair of clean non-sterile gloves when donning a used N95 respirator and performing a user seal check. Discard gloves after the N95 respirator is donned and any adjustments are made to ensure the respirator is sitting comfortably on your face with a good seal.

[N95 Respirator Extended Use Recommendations](#)

To obtain extended use, remember to use a standard surgical mask over N95 respirator while in use. Discard the surgical mask after every patient.

Phase I – Expansion of Necessary Dental Treatment: Procedures That Cannot Be Postponed

- During this phase minimal testing is available
- Office protocols would be similar to those already in use to treat dental emergencies such as: including possible alternative check-in and check-out procedures to avoid prolonged time spent in the waiting room, social distancing, prescreening patients prior to scheduling appointments and at time of treatment for symptoms/history including temperature.
- Treatment for disease and trauma management, restoration of function, prevention, and maintenance as determined by clinical judgement of the operating dentist.
- Special management of medically compromised and otherwise vulnerable patients.
- Isolation of operatories being used for aerosol generating procedures.
- All materials unable to be appropriately disinfected or receive barrier protection should be removed from the room.
- Consider pre-treatment with appropriate anti-microbial rinse.
- Use of available appropriate personal protective equipment as recommended by the American Dental Association and Centers for Disease Control and Prevention, based on the level of aerosol production including approved respirators, moisture resistant surgical masks, gloves, face shields, eye protection, and disposable garments.
- When possible, aerosol mitigation techniques which may include rubber dams and enhanced evacuation systems.
- Protocol adjustments will be made as virus trends change.
- RIDA COVID-19 task force will review all new information/data to ensure constant patient and staff safety.

Phase II – Expansion of Procedures

Implemented when rapid testing is available

- Rapid testing* with limited availability, perhaps at cooperative testing sites serving multiple medical and dental offices.
- Staff tested regularly as available.
- Patients cleared for treatment involving aerosol generating procedures at screening location within 24 hours before appointment.
- Social distancing encouraged while recommendations are in effect.
- Consider pre-treatment with appropriate anti-microbial rinse.
- Standard Precautions per CDC recommendations for non-infectious patients.
- No limit on procedures or number of patients if screened as non-infectious.
- Protocol adjustments will be made as virus trends change.
- RIDA COVID-19 task force will review all new information/data to ensure constant patient and staff safety.

Phase III

Implemented when testing* is available in-office

- Random testing as warranted.
- Continued screening of patients.
- Patients identified as potentially positive based on screening procedures are tested in office for definitive diagnosis.
- Social distancing encouraged while recommendations are in effect.
- Consider pre-treatment with appropriate anti-microbial rinse.
- Standard Precautions per CDC recommendations for non-infectious patients.
- No limit on procedures or number of patients if screened as non-infectious.
- Protocol adjustments will be made as virus trends change.
- RIDA COVID-19 task force will review all new information/data to ensure constant patient and staff safety.

Phase IV

Implemented when effective vaccine and/or herd immunity is established.

- Random testing as warranted.
- Routine symptom/history screening as standard health history
- Standard Precautions per CDC recommendations for non-infectious patients.
- No limit on procedures or number of patients if screened as non-infectious.

**These tests look for fragments of the virus itself to determine active infection and possible infectiousness as opposed to rapid antibody tests which detect previous infection or exposure with a possible degree of immunity.*