

Preparing for a New Normal in the Dental Practice

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Where We Are Now...



Image Source: ADA.org

- ADA, CDC recommend postponing elective procedures until 4/30
 - Treat emergencies only – to help reduce ED visits for dental patients
 - https://success.ada.org/en/practice-management/patients/covid-19-state-mandates-and-recommendations?utm_source=adaorg&utm_medium=covid-resources-lp&utm_content=stateaction&utm_campaign=covid-19
- ADA and CDC have guidance on preventing exposures during emergencies
 - <https://www.cdc.gov/oralhealth/infectioncontrol/statement-COVID.html>
 - https://www.ada.org/~/media/CPS/Files/COVID/ADA_COVID_Int_Guidance_Treat_Pts.pdf?utm_source=adaorg&utm_medium=covid-resources-lp&utm_content=cv-pm-ebd-interim-response&utm_campaign=covid-19?utm_source=adaorg&utm_medium=adanews&utm_content=cv-pm-ebd-interim-response&utm_campaign=covid-19

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ADA Interim Guidance for Triaging Patients

- https://www.ada.org/~media/CPS/Files/COVID/ADA_Int_Guidance_Mgmt_Emerg-Urg_Dental_COVID19.pdf?utm_source=cpsorg&utm_medium=covid-cps-virus-lp&utm_content=cv-pm-ebd-interim-flowchart&utm_campaign=covid-19



What Constitutes a Dental Emergency?

The ADA recognizes that state governments and state dental associations may be best positioned to recommend to the dentists in their regions the amount of time to keep their offices closed to all but emergency care. This is fluid situation and those closest to the issue may best understand the local challenges being faced.

DENTAL EMERGENCY
 This guidance may change as the COVID-19 pandemic progresses. Dentists should use their professional judgment in determining a patient's need for urgent or emergency care.

<p>Dental emergencies are potentially life threatening and require immediate treatment to stop ongoing tissue bleeding, alleviate severe pain or infection, and include:</p> <ul style="list-style-type: none"> Uncontrolled bleeding Cellulitis or a diffuse soft tissue bacterial infection with intra-oral or extra-oral swelling that potentially compromise the patient's airway Trauma involving facial bones, potentially compromising the patient's airway 	<p>Urgent dental care focuses on the management of conditions that require immediate attention to relieve severe pain and/or risk of infection and to alleviate the burden on hospital emergency departments. These should be treated as minimally invasively as possible.</p> <ul style="list-style-type: none"> Severe dental pain from pulpal inflammation Pericoronitis or third-molar pain Surgical post-operative osteitis, dry socket dressing changes Abscess, or localized bacterial infection resulting in localized pain and swelling Tooth fracture resulting in pain or causing soft tissue trauma Dental trauma with avulsion/luxation Dental treatment required prior to critical medical procedures Final crown/bridge cementation if the temporary restoration is lost, broken or causing gingival irritation Biopsy of abnormal tissue 	<p>Other urgent dental care:</p> <ul style="list-style-type: none"> Extensive dental caries or defective restorations causing pain Manage with interim restorative techniques when possible (silver diamine fluoride, glass ionomers) Suture removal Denture adjustment on radiation/oncology patients Denture adjustments or repairs when function impeded Replacing temporary filling on endo access openings in patients experiencing pain Snipping or adjustment of an orthodontic wire or appliances piercing or ulcerating the oral mucosa
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DENTAL NON EMERGENCY PROCEDURES
Routine or non-urgent dental procedures includes but are not limited to:

- Initial or periodic oral examinations and recall visits, including routine radiographs
- Routine dental cleaning and preventive therapies
- Orthodontic procedures other than those to address acute issues (e.g. pain, infection, trauma) or other issues critically necessary to prevent harm to the patient
- Extraction of asymptomatic teeth
- Restorative dentistry including treatment of asymptomatic carious lesions
- Aesthetic dental procedures

FOR THE LATEST UPDATES, VISIT ADA.ORG/VIRUS

Updated 3/31/20

What Is a Dental Emergency?

The ADA recognizes that members of the public have questions about whether they should continue to visit their dentist during the COVID-19 pandemic. Because the ADA is currently recommending dentists close their offices to all but emergency care, we have provided guidelines to help patients determine when to consult with their dentist as to whether care should be rescheduled. When in doubt, please call your dentist to determine the best course of action.

X Dental care you can reschedule for another time:

- Regular visits for exams, cleanings, and x-rays
- Regular visits for braces
- Removal of teeth that aren't painful
- Treatment of cavities that aren't painful
- Tooth whitening

✓ Dental care that you should have taken care of by a dentist at this time:

- Bleeding that doesn't stop
- Painful swelling in or around your mouth
- Pain in a tooth, teeth or jaw bone
- Gum infection with pain or swelling
- After surgery treatment (dressing change, stitch removal)
- Broken or knocked out tooth
- Denture adjustment for people receiving radiation or other treatment for cancer
- Snipping or adjusting wire of braces that hurts your cheek or gums
- Bloppy of abnormal tissue

For more information, visit [MouthHealthy.org/virus](https://www.mouthhealthy.org/virus).

Updated 3/19/20

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What does OSHA say about COVID-19 Coronavirus???

- All safety standards must be observed:
 - General Workplace Safety
 - Bloodborne Pathogens
 - Hazard Communication
- New guidance on COVID-19 issued
 - <https://www.osha.gov/Publications/OSHA3990.pdf>

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Reliable Sources of Information

- Centers for Disease Control and Prevention (CDC)
- World Health Organization (WHO)
- ADA and state dental associations
- Organization for Asepsis Prevention and Safety
- Local and state health departments
- White House daily briefing 5pm ET



Image Source: Daily Mail

Don't rely solely on social media!

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Accessing Information



CDC - www.cdc.gov

CDC mobile app – 24/7 information

<https://www.cdc.gov/coronavirus/2019-ncov/about/index.html>

WHO – www.who.int

<https://www.who.int/emergencies/diseases/novel-coronavirus-2019>

State and County Health Departments

<https://www.publichealthonline.org/state-public-health-resources/>

OSAP – www.osap.org

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What to do while the practice is limited or closed?

- Post a sign on your door with an explanation
- Let patients know how to contact you if they have an emergency or questions
 - Website
 - Social media
 - Text/email
- During the closure:
 - Stay engaged with patients through social media



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What we've learned about COVID-19 coronavirus so far...

- Incubation time 2-14 days
 - Symptoms typically start by day 4
- Asymptomatic patients can shed virus and can be infectious
- Patients who have recovered and developed antibodies are immune to the virus going forward
- There is no longer a “most susceptible” group
 - The virus appears to be affecting people of all ages
 - Higher mortality in individuals with underlying medical conditions

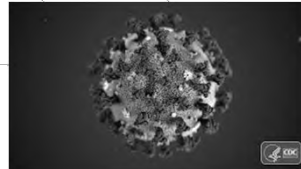
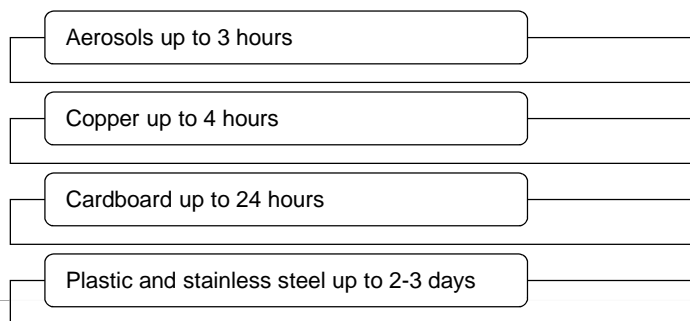


Image Source: Oral Health Kansas

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What we've learned about COVID-19 coronavirus so far...

- The virus is easily killed with disinfectants.
- The NIH, CDC, UCLA and Princeton scientists found that the virus is detectable in/on:



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Respiratory Protection for Emergency Patients

- CDC issues guidance on optimizing supplies of N95 respirators
 - <https://www.cdc.gov/coronavirus/2019-ncov/hcp/respirators-strategy/crisis-alternate-strategies.html>

- KN95 masks



Image Source: globalsources.com



Image Source: 3M



Image Source: Crosstex



Image Source: Halyard Health

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<https://youtu.be/ovSLAuY8ib8>

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What if N-95 masks are not available?

- Use ASTM Level 3 – with chin length face shield
- Use KN95 – with face shield



Image Source: Henry Schein



Image Source: pressdemocrat.com



Image Source: Crosstex



Image Source: 3M

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Which disinfectant is effective?

ORGANISMS:		
Bacteria:	<ul style="list-style-type: none"> Pseudomonas aeruginosa (Pseudomonas) Salmonella enterica (Salmonella) Serratia marcescens Shigella flexneri serotype 1B Staphylococcus aureus (Staph) Streptococcus pyogenes (Strep) 	<ul style="list-style-type: none"> Herpes Simplex Virus Type 1 Herpes Simplex Virus Type 2 Human Coronavirus (the cold virus) Human Immunodeficiency Virus Type 1 (HIV-1) Influenza A Virus (the flu virus) Influenza Virus Type B Mesles Virus MERS (Middle Eastern Respiratory Syndrome)-Associated Coronavirus Mumps Virus Newcastle Disease Virus Parainfluenza Virus Type 3 Respiratory Syncytial Virus (RSV) Ebola virus Rotavirus
<ul style="list-style-type: none"> Bordetella pertussis Burkholderia cepacia Corynebacter jeikei Cefepime-resistant Klebsiella pneumoniae Enterobacter aerogenes Escherichia coli O157:H7 (E. coli) Extended-Spectrum beta-lactamase-producing Escherichia coli (ESBL-producing E. coli) Klebsiella pneumoniae (Klebs) Legionella pneumophila Listeria monocytogenes (Listeria) Methicillin-resistant Staphylococcus aureus (MRSA) Multi-drug resistant (MDR) Acinetobacter baumannii Multi-drug resistant (MDR) Enterobacter faecium Multi-drug resistant Staphylococcus pneumoniae 	<ul style="list-style-type: none"> Viewers: **2009-H1N1 Influenza A Virus (New H1N1) *Avian Influenza A Virus* *Avian Influenza A (H7N9) Virus* *Avian Influenza A (H3N2) Virus* (Avian Reassortant) *Avian Influenza Type A Virus (H5N1)* *Bovine Viral Diarrhea Virus* (surrogate for Human Hepatitis C Virus) *Canine Distemper Virus *Dytomogalovirus *Duck Hepatitis B Virus (DHV) (Human Hepatitis E surrogate) 	<ul style="list-style-type: none"> Flaviviruses: Candida albicans

This product kills the following organisms in 1 minute on pre-cleaned, hard, non-porous surfaces at room temperature

Methicillin-Resistant Staphylococcus aureus (MRSA)
 Staphylococcus aureus
 Staphylococcus aureus Rosenbach
 Vancomycin-Resistant Enterococcus faecalis (VRE)
 Vancomycin Intermediate Staphylococcus aureus (VISA)
 Methicillin Resistant Staphylococcus epidermidis (MRSE)
 Enterococcus faecium
 Acinetobacter baumannii
 Multi-Drug Resistant (MDR) Acinetobacter baumannii
 Pseudomonas aeruginosa ATCC 15442
 Pseudomonas aeruginosa ATCC BAA-2108
 Salmonella enterica
 Carbapenem Resistant Klebsiella pneumoniae
 Klebsiella pneumoniae
 Bordetella pertussis

Extended-Spectrum beta-lactamase Escherichia coli (ESBL)
 Enterobacter aerogenes
 Enterobacter cloacae
 Carbapenem Resistant Escherichia coli
 Hepatitis B Virus* (HBV)
 Hepatitis C Virus* (HCV)
 Herpes Simplex Virus Type 2
 Herpes Simplex Virus Type 1
 Human Immunodeficiency Virus* (HIV-1) associated with AIDS
 Influenza A Virus (H3N2)
 Influenza A Virus (H1N1)
 Listeria monocytogenes
 Rotavirus
 Norovirus
 Trichophyton interdigitale (ringworm)

* This symbol indicates a 30 second contact time is required to kill this organism.

- Any tuberculocidal disinfectant
 - gold standard for dentistry
 - tb bacteria most difficult to kill
 - too soon for COVID-19/SARS-CoV-2 label claim
- Some products have clearance to claim activity against
 - Human coronavirus
 - SARS-CoV
 - Enveloped coronavirus

How to prepare for reopening the practice?

- Review and update all OSHA compliance training and documentation
- Appoint a team member to be the Infection Control Coordinator
- Let patients know that you are spending your down time learning how to make the practice even safer



Image Source: DANB/OSAP

Infection Prevention Checklist

Section I: Policies and Practices

I.1 Administrative Measures

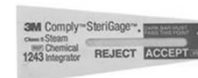
Facility name: _____
 Completed by: _____
 Date: _____

Elements To Be Assessed	Assessment	Notes/Areas For Improvement
A. Written infection prevention policies and procedures specific for the dental setting are available, current, and based on evidence-based guidelines (e.g., CDC Healthcare Infection Control Practices Advisory Committee (HICPAC), regulations, or standards)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
B. Infection prevention policies and procedures are reviewed at least annually or according to state or federal requirements, and updated if appropriate	<input type="checkbox"/> Yes <input type="checkbox"/> No	
C. At least one individual trained in infection prevention is assigned responsibility for coordinating the program	<input type="checkbox"/> Yes <input type="checkbox"/> No	
D. Supplies necessary for adherence to Standard Precautions are readily available	<input type="checkbox"/> Yes <input type="checkbox"/> No	
E. Facility has system for early detection and management of potentially infectious persons at initial points of patient encounter	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Note: System may include taking a travel and occupational history, as appropriate, and elements described under respiratory hygiene/cough etiquette

Preparing the office for a regular schedule:

- Shock water lines
 - Follow MIFU – especially when using “straws”
 - Test waterlines after shock is completed
 - Mail in or in office test
 - <https://proedgedental.com/covid19/>
- Run a spore test in sterilizers
 - Also run a chemical integrator strip for immediate validation
 - Type 5



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Review Patient Screening Procedures:

- **Prior to coming to the office**
 - Scheduling
 - Confirming
- **Asking about respiratory symptoms, travel history and potential exposures**
- **Reappointing all patients with respiratory symptoms**
 - Except emergencies



Image Source: Weave



Image Source: Henry Schein One

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New Patient Screening Procedures:



UPON
ENTERING
PLEASE
USE HAND
SANITIZER



- Ask patients to wash hands or use hand sanitizer when they enter the office.
- If patients come in with respiratory symptoms, give them a face mask.
- If a patient brings someone who has respiratory symptoms with them, ask that person to wait outside of the office.
- Taking patients' temperatures
 - Non-contact thermometers

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What happens next???

- Respiratory protection
 - N95?
 - Chin length face shield?
- Air filtration or purification
 - UV light?
 - HEPA or other filters?
- Scheduling of patients
 - More time in between patients?

Many unknowns...



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What happens next??? Many unknowns...

- Potential for increased regulatory oversight
 - OSHA regulation update and/or oversight?
 - Dental boards rules update?
- Patients will likely have heightened level of awareness
 - Fear and questioning?
 - Reluctance to proceed with treatment?
 - Influenced by social media?



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Any change, even a change for
the better, is always accompanied
by discomforts.

Arnold Bennett




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COURSE HANDOUT

Resource Manual – Coupon Code CT4720
https://www.marygovoni.com/store/p8/COVID-19_and_Respiratory_Infection_Resource_Manual.html#/

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Questions?

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