

Alabama Board of Dental Examiners

On April 28, 2020, at 11:00 A.M., Governor Ivey's office released the following statement: Effective April 30, 2020, at 5:00 P.M., dental, medical or surgical procedures may proceed unless the State Health Officer or his designee later determines that performing such procedures, or any category of them (statewide or regionally), would unacceptably reduce access to PPE or other resources necessary to diagnose and treat COVID-19. Providers performing these procedures shall follow all applicable COVID-19 related rules adopted by the Board of Dental Examiners of Alabama or by the Alabama Department of Public Health. The Board of Dental Examiners of Alabama believes that providers should take reasonable steps to comply with Board Rules/Guidelines as well as guidelines from the Centers for Medicare and Medicaid Services (CMS) and the CDC.

Please note: This protocol can be extended or alleviated by the Board of Dental Examiners of Alabama to conform to any mandate made by the Alabama Department of Public Health or the Alabama Governor's office. This protocol is issued as a Board opinion interpreting current CDC guidance, CDC communications directly to the Board, and orders issued by Governor Ivey and the Alabama Department of Public Health.

Issued April 29, 2020. Revised May 7, 2020; May 30, 2020; June 11, 2020.

DENTAL PROTOCOL for return to practice in response to COVID-19 mandates

PRE-VISIT

Utilize teledentistry or phone for patients of record for consultations and to screen them for care.

If possible, send patient forms to be completed and returned by email, text, or other digital means prior to arranging an appointment. Include the CDC recommended COVID-19 survey.

Ask patients to thoroughly brush their teeth prior to the meeting.

VISIT

1. Scheduled patients are instructed to remain in their vehicle and call or text the dental office upon arrival in the parking lot.
2. Once the treatment area is prepared to seat the patient, the patient will be met by a team member wearing a mask and gloves for a screening process. This process will include asking the CDC COVID-19 PATIENT DISCLOSURE questions, taking their temperature (less than 100.4), assessment of cough, previous COVID-19 exposure, or presence of any other infection. If any symptoms are present, the patient should not enter the office and should be referred to a physician or to the local hospital emergency room to be evaluated ASAP. If they check out OK escort them in. Only the scheduled patient (or one parent or caregiver if patient is a minor or a person with a mental/physical disability) will be allowed into the office for the appointment.
3. ALL PATIENTS MUST STOP AT A DESIGNATED CLEANING STATION where they will sanitize their hands before being taken back to the treatment room. ALL PATIENT BELONGINGS MUST GO BACK TO TREATMENT ROOM WITH THEM.

4. Use of the waiting room is allowed for a patient and attendant (if necessary), if every individual in the waiting room wears a mask and remains six (6) feet away, in all directions, from every other individual who is not from the same household as the patient.

5. As soon as a patient is in the treatment room, if the patient is able, have them rinse/gargle for 60 seconds with at least 1% hydrogen peroxide or 0.2% povidone prior to continuing with evaluation and treatment.

IMPLEMENTATION

1. Clinical team members will wear clean scrubs and disposable or reusable cloth gowns (or any other garment that covers the clothes of the health care worker when working). All team members will wear Level 2 or 3, or N95 masks, a face-shield, and gown (or other garment) for any procedure that involves an aerosol. Procedures such as a hygiene check will only require a Level 1 mask with gloves and a disposable or reusable gown (or other garment).

2. If you opt to use an N95 (or KN95) mask, they may be used repeatedly, by wearing a surgical mask over the N95. Your N95 can be stored in a paper bag with your name on it for 48 hours which will allow enough time for the virus to die.

3. Professional judgement is essential in aerosol-creating procedures. The use of Isolite or rubber dam with HVE under ALL aerosol creating situations is highly recommended unless the intraoral procedure prohibits the use of a rubber dam (i.e. complex fixed prosthodontic preparations). If a patient is unable to tolerate the Isolite or rubber dam with HVE, consider reappointing the patient to be seen with anxiolysis provided under minimal sedation.

4. Hygiene: Proper PPE and evacuation are required for all aerosol-generating procedures. An ultrasonic scaler should be limited to necessary use only as prescribed by the supervising dentist. If aerosol-generating procedures are necessary, you shall use four-handed dentistry, high-

evacuation suction, or isolation systems to minimize droplet spatter and aerosols. The patient shall rinse with a solution of 1/2 3% hydrogen peroxide and 1/2 mouthwash for 30 seconds before and after hygiene procedures. If a hygienist cannot safely use high volume aerosol evacuation working alone, an assistant must be utilized. Alternative methods of intra- and extra-oral evacuation may make an assistant unnecessary. The lowest safe level of coolant/irrigant is to be used with ultrasonic scalers. Since ultrasonic scalers create aerosol, attention to the dental office's environment of care must be closely monitored by the attending dentist. Saliva ejectors are not considered to be high-volume evacuation.

5. HVE & AEROSOLS: Techniques for assistants holding the suction, the angle and positioning the suction are all meant to capture the spray or aerosol and vacuum it away before it has a chance to escape the oral cavity.

6. OPERATORY PRE-PREP: Procedure set up in the operatory needs to be timely, prior to each patient's visit, but not left for hours prior to visit which would allow room aerosols to settle on the exposed instruments and cassettes. Therefore, room set up should be completed as close to the patient's visit time as possible, or draped/covered if there's a waiting time between setup and the actual appointment time. In addition, all counters shall remain clean of any items or those items need to be covered with disposable plastic wrap to prevent any potential contamination from aerosols.

7. Face shields and Safety glasses: Face shields are required for all procedures that produce an aerosol. Safety glasses are appropriate in non-splatter situations. Both face shields and safety glasses should be cleaned between patients.

8. Isolation gowns: disposable isolation gowns or cloth gowns, or other garments that cover the clothing of the health care worker, that can be laundered shall be available for use under high aerosol situations. In non-splatter situations, gowns or other garments may be worn more than once.

The coverings should never leave the treatment room, nor be worn to the front of the office.

9. The Administrative team member will wear a mask and disposable gloves. This will prevent potential cross contamination to other areas of the office. If a patient has to sign a document, the pen must be sanitized once it has been used. If the patient presents a credit card for payment, the credit card will be sanitized before and after use.

10. Patient Dismissal & Scheduling Next Appointment: **ONLY ONE (1) PATIENT AT A TIME AT FRONT DESK CHECK OUT AREAS.** Once treatment is completed, hold patient in the treatment room. Notify the front desk that patient is ready to be checked out. When advised it is safe, bring patient to the front desk. **FRONT DESK TEAM MEMBERS MUST WEAR FACE MASK WHEN DEALING WITH PATIENTS.** Credit card machines should be covered with disposable plastic wrap and wrap should be changed if a patient touches the plastic wrap. If a pen is used it should be wiped with a disinfectant. When possible, patient checkout should occur in treatment room.

11. Check out areas should be sanitized with disinfecting wipes prior to seeing the next patient.

12. All front administrative computer workstations should be wiped off with disinfecting wipes at the beginning of each day, and at any time it is deemed necessary.

13. All treatment room workstations should be wiped off at the end of each appointment and prior to seeing the next patient.

14. Dental Chairs and treatment rooms will be sanitized after each patient.

APPOINTMENT SCHEDULING GUIDELINES

1. Routine Dental Hygiene appointment intervals shall be long enough to allow proper disinfection between appointments.

2. If two hygienists are scheduled to work, then one hygiene patient should be scheduled on the hour and another should be scheduled on the half hour. This will help keep front desk traffic to a minimum.

3. Consultations will occur in the treatment rooms for the foreseeable future to prevent cross contamination. Any display items used in the consultation will be sanitized and disinfected at the end of the appointment and prior to being stored or used again.

4. With social distancing required and no use of the waiting room, offices must limit the number of patients in the office at any time. This may result in seeing fewer patients during the day. It will not be possible to double book patients because PPE use dictates that staff and clinicians cannot leave the treatment room until treatment is complete.

SOCIAL DISTANCING GUIDELINES

1. Patients should ALWAYS be kept at least 6 feet from other patients and/or team members unless team members are wearing appropriate PPE. This means that when moving through the office, every staff member should wear a mask.

2. Team members should social distance themselves in the break room and maintain a minimum of 6 feet from each other. Lunches/breaks should be staggered to accommodate these guidelines.

PATIENT PROTECTION

1. No team member will be allowed to work unless their temperature is less than 100.4 degrees and they are free from any other symptoms of COVID-19.

2. Patients will be brought into the office by a team member one at a time following appropriate PPE and screening guidelines.

3. All equipment, chairs, etc., will be cleaned and sanitized before each patient is seated.

4. No reading materials will be provided to patients. Patients may bring in their own reading material and it must be kept on their person or with their belongings at all times. Any area in the treatment room or the office that has been touched by the patient's personal belongings will be sanitized and disinfected.

5. Any bathroom in the office will be sanitized by the dental team after each use.

6. Dental health care personnel should change clothes at the office to avoid contamination going home to your family or coming into the clinic setting.