



## Frequently Asked Questions About Dental Care During COVID-19

(Updated April 21, 2020; please check back for updates given the rapidly evolving situation)

### **When can dental offices resume all routine and elective services and how is this determined?**

- On March 31, 2020, the Rhode Island Department of Health (RIDOH) asked offices to postpone routine and elective services but to be available to all patients for emergencies until May 1, 2020, subject to extension.
- In the days ahead, guidance on a phased return will be developed by RIDOH in collaboration with the Rhode Island Dental Association (RIDA), based on guidance from the American Dental Association, Centers for Disease Control and Prevention (CDC), and the Association of State and Territorial Dental Directors, along with data trends here in Rhode Island. Availability of personal protective equipment (PPE), spread of testing, and prevalence of disease are key factors.
- Some populations, including older adults and those with chronic conditions, continue to benefit from reduced exposure. Postponing elective and routine care further reduces their health risks.

### **Are dental offices included in the Governor's order for business closures?**

- The Governor's order is for non-health services, such as restaurants and hair salons.
- Dental offices provide essential healthcare and should be available for urgent needs.

### **Why is it recommended to postpone routine or elective care?**

- Many dental procedures produce an aerosol. When this occurs in patients infected with COVID-19 virus, there is significant risk of spread to providers, staff, and patients.
- This measure supports recommendations to stay home.
- This conserves PPE for urgent or emergent procedures and front-line healthcare workers.

### **What are urgent or emergent needs?**

- Bleeding, acute pain or infection, and dental trauma are examples. Denture issues impacting function may also be considered.
- Professional judgment should be used to determine what can predictably wait for 30 days. See American Dental Association (ADA) definition of [emergencies](#).

### **What are examples of elective/routine procedures?**

- Most preventive procedures such as cleanings, periodontal procedures to manage chronic conditions, and restorations for asymptomatic caries are considered elective/routine procedures.

### **Is dental care safe during COVID-19?**

- There is much we still don't know. There are no documented cases of COVID-19 spread from dental care, but it is possible, because dental care is considered a very high-risk interaction requiring close contact by the [Occupational Safety and Health Administration](#).

- Dental offices have traditionally had high adherence to infection control procedures using PPE and cleaning surfaces with high level disinfectant. This combination has resulted in a history of safety. Additional PPE and disinfection is required for safe care during the COVID-19 pandemic, including use of N95 respirators. Providers must follow [guidelines issued by the CDC](#).

#### **What is aerosol and how does it relate to COVID-19 and dental care?**

- Aerosol is a spray of fluid droplets. During some procedures in dental care, such as cleanings and fillings, an air-water spray is produced.
- COVID-19 is thought to be transmitted through respiratory droplets. When someone with the infection coughs, sneezes, or speaks, particles or droplets containing virus material may be transmitted to another person, or may be transmitted to a surface, which is touched later by another person. Virus particles may also enter the saliva.
- While virus material has been found in saliva after coughing, it is not clear to what extent virus particles exist without coughing. There is data that these particles exist in saliva, but further research is needed to understand ways to minimize risk.
- It is also not clear to what extent saliva becomes incorporated during production of an air-water aerosol produced by dental instruments, and if it does, what risk diluted viral material from the saliva presents in the aerosol.

#### **What dental procedures produce an aerosol?**

- Procedures using high and low-speed handpieces, air-water syringes, cavitron or other sonic scalers, or polishers all produce aerosol.

#### **What procedures do not produce an aerosol?**

- Suture removal, snipping protruding orthodontic wires, examination, radiographs, removal of debris via cotton or brush, drying with gauze, simple extractions, atraumatic temporary restorations, or silver diamine fluoride placement do not produce an aerosol. However, if these procedures lead to coughing, that may place staff at risk.

#### **How can dental healthcare providers be safe with procedures unlikely to produce aerosol?**

- [Screen patients](#) regarding any symptoms to minimize the risk of coughing resulting in droplets. Do not treat symptomatic patients. Do not treat COVID-19 positive patients in the office. Manage their conditions using telehealth and treat them once they have tested negative.
- Use a N95 respirator, goggles or face shield, gown, and gloves, and perform frequent handwashing as recommended by the CDC. Use a head covering or wash hair frequently.

#### **How can dental providers be safe with procedures likely to produce aerosol?**

- In addition to above recommendations, incorporate a face shield for additional protection.
- Perform an antiseptic oral rinse (diluted peroxide, chlorhexidine, others) pre-procedure.
- Use a rubber dam whenever possible. Alternative isolation devices that separate the oropharynx from the field of work are also acceptable.
- Procedures that cannot be performed with a rubber dam or effective isolation, including cavitron scaling and polishing, should continue to be postponed.

- Procedures on removable prosthetics are appropriate if intraoral adjustment is not required.
- Note: due to scarcity of N95 respirators, [conservation measures](#) should be in place.

**I have chosen to close my practice during this period and have told people to call 911 if they have a dental emergency. Is this appropriate?**

- It is not appropriate to tell a patient to call 911, as EMTs or other first responders may not have the knowledge or skills to address dental concerns. This may also lead to use of emergency room services, which are reserved for life-threatening emergencies. Providers should review the ADA Code of Ethics regarding management of emergencies.
- Consider telehealth as an option. Most insurers are paying for care coordination or consultation via phone or videoconference.
- Identify a local dental practice or health center that is providing emergency services with appropriate PPE and refer patients with emergent or urgent dental issues to that location. Speak with that provider now, if possible, to alert them that your office is closed during this time and that you will be referring all dental emergencies to their care.
- Leave an outgoing message on your office voicemail (or with the answering service) as well as on your website if applicable, providing patients with the necessary information about who they can contact in the event of a dental emergency.

**What is telehealth and what codes should I use to bill for it?**

- Telehealth is a way to communicate with a patient remotely, assess their needs, and make recommendations using information available and professional judgment. During this time when we are encouraging people to stay at home, it provides an opportunity to determine if in-office care is required.
- Check with the insurer to see which codes are being used. For most, conventional procedure codes are used along with an indicator of telehealth as a “place of service.” For more information, [see insurer websites listed below under Additional Resources](#).

**What should I do if I am a dental healthcare provider and feel sick?**

- Stay home or go home if you are sick. Do not work if symptoms develop.
- Contact your physician, who can arrange for COVID-19 testing if appropriate.

**Can dentists order COVID-19 testing for asymptomatic patients?**

- COVID-19 testing is currently being prioritized for specific populations, including healthcare workers and symptomatic individuals.
- Knowing the patient’s history, including quarantining after being in close contact with a COVID-19 positive individual, is also critical.
- Knowing the COVID-19 status of patients will be important for safe care, so supporting dentists to order tests is a goal in the future. Further information will be provided as additional testing becomes available.

**Should dental office staff be tested for COVID-19?**

- Testing asymptomatic workers is not advisable at this time.

- Asymptomatic staff should continue to practice social distancing both at work and outside of work. They should routinely wear a mask.
- Asymptomatic staff who have had close contact with a person who tested positive for COVID-19 should complete a 14-day quarantine period before returning to work.

**A dental healthcare provider has had a close contact (within 6 feet) with a COVID positive individual. Can the provider continue to work if asymptomatic? What should they do?**

- It is strongly recommended that the exposed worker self-quarantine at home from the time of exposure for the next 14 days. They do not need to be tested if asymptomatic.
- If they develop symptoms, they should reach out to their medical provider.
- If their work is critical to operations, they may consider working but under strict conditions including wearing a mask, and temperature monitoring every 4 hours.
- No staff with symptoms should ever work. Refer to the RIDOH website for the latest guidance

**How can we obtain appropriate PPE for our office to provide emergency care?**

- RIDOH has provided RIDA with N-95 respirators. Call RIDA at 401-825-7700 to learn more.
- For offices providing emergencies to those both in and outside of their practice, including those who may be uninsured or underinsured, email [RIDOH.ProviderQuestions@health.ri.gov](mailto:RIDOH.ProviderQuestions@health.ri.gov) with your name and contact information, indicating your need for PPE for dental emergencies.

**How should surfaces be cleaned after treating patients?**

- Follow CDC guidance and clean surfaces with products with EPA-approved emerging viral pathogens claims—refer to the [EPA-Registered Disinfectant List](#) for products that have qualified under EPA’s emerging viral pathogens program for use against SARS-CoV-2. Follow recommended contact time for all disinfectants.
- Follow Universal Precautions and use disposable barriers.

**Additional resources:**

- [CDC Guidance for Providing Dental Care During COVID-19](#)
- [ADA COVID-19 Practice Resources](#)
- [COVID-19 Update from Delta Dental of RI](#)
- [COVID-19 TeleHealth Delivery Policy and Procedure Guidance for RI Medicaid](#)
- [UnitedHealthcare RIte Smiles: Stay Informed About COVID-19](#)
- [Rhode Island COVID-19 Information](#)
- [Delta Dental of Rhode Island \(DDRi\)](#)
- [Blue Cross Blue Shield of Rhode Island \(BCBSRI\)](#)

**For those needing dental care**

**How can I find a dentist if my dentist is unavailable or I do not have a dentist?**

- Go to <http://health.ri.gov/oralhealth> and select [Find Dental Care](#) to see names of health centers with dental clinics and private practices in your area. Call first as telehealth services may be available.
- Contact the [Rhode Island Dental Association](#) (RIDA) at 401-825-7700.