

# NEVADA STATE BOARD of DENTAL EXAMINERS



## INFECTION CONTROL COMMITTEE MEETING

SEPTEMBER 23, 2020

6:00 P.M.

**PUBLIC BOOK**

## **Agenda Item 4**

### **Senior Smiles: Request for Clarification regarding IC Inspection**

*Program previously approved by Board March 12, 2020*

Nevada State Board of Dental Examiners  
6010 S. Rainbow Blvd., Ste. A-1  
Las Vegas, NV 89118

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June 30, 2020

Dear Nevada State Board of Dental Examiners,

I am writing you this letter to inform you of the activities of the Public Health Program, Senior Smiles. Unfortunately the program has not been able to be implemented due to the COVID-19 Pandemic. The nursing home in which I had hoped to begin providing care in has been on a strict lockdown since February 2020 and it is now very difficult to obtain the new CDC recommended personal protective equipment. Therefore, Senior Smiles is postponed.

There is an issue requiring clarification by the board. Upon the initial approval of the Senior Smiles Program, the board decided the program would have to have an infection control inspection prior to beginning to provide care. However, as stated in my program protocol, I will only be using single use items hence making an infection control inspection unnecessary. I am asking the board to please clarify that the Senior Smiles Program will require an infection control inspection only if and or when I submit a request to the board to allow me to provide prophylaxis treatment with reusable instruments. At this time the program is designed to only brush patients' dentition and removable dentures and partials.

Sincerely,

Dea Minnitte-Hamrey, RDH  
License # 101499

[REDACTED]  
[REDACTED]

***Senior Smiles PHE Program Information***

***Program previously approved by Board  
on 03/12/2020***

Nevada State Board of Dental Examiners  
6010 S. Rainbow Blvd. Bldg. A, Ste. 1  
Las Vegas, NV 89118

February 21, 2020

Dear Nevada State Board of Dental Examiners,

I am the director of the Senior Smiles program. I would like to introduce myself. My name is Dea Minnitte-Hamrey. I am a Nevada native, and I have been a dental hygienist for 12 years. I live and work in Hawthorne, Nevada. For nine years, I have been a hygienist for Dr. Bruce Dow, D.D.S in Hawthorne. For those of you who do not know, Hawthorne is a small rural community of approximately 3200 people located 133 miles south of Reno, Nevada.

When Mr. Hugh Qualls, our local hospital's director, approached myself and co-worker, Stephanie Ramsey, RDH regarding providing weekly preventative care to our community's nursing home residents we both were enthusiastic to meet with him and begin the process of creating a program that has become, Senior Smiles.

As the dental director of, Senior Smiles, I assume responsibility of providing safe preventative oral care in accordance with OSHA guidelines, as well as maintaining strict patient privacy. Patient medical histories and treatment records will be kept in their electronic charts through Mt. Grant General Hospital where all nursing home residents are established with primary care providers. Patients will be referred to Dr. Bruce Dow, D.D.S. for care beyond the scope of a dental hygienist.

Both myself and colleague, Stephanie Ramsey, RDH, BS, will be responsible for transporting reusable items to either Mt. Grant Hospital's sterilization area or Dr. Bruce Dow's office for proper processing. We will also be sure to keep both sterilization logs and weekly spore testing results. However, at this time, only single use items will be used because I do not have the funding to purchase reusable instruments.

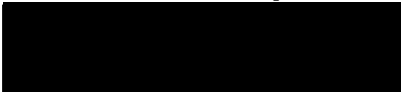
I am aware that I will be required to update the board bi-annually regarding the activity of the Senior Smiles Program. I am also aware that any registered dental hygienist who wishes to participate in my program must be a registered hygienist in the state of Nevada, have their Nevada Public Health Endorsement, have a current CPR training, maintain malpractice insurance coverage, and be in compliance with NAC 631.210.

Thank you for your consideration of my application for both P.H.E. and the Senior Smiles program. I look forward to implementing my program and helping to address basic oral health care needs in my community. Please refer to the attached Senior Smiles Oral Health Protocol for details of the Senior Smiles program.

Sincerely,



Senior Smiles Program Director  
Dea Minnitte-Hamrey, RDH, BS



## **Senior Smiles Oral Health Program Protocol**


### Dental Director of Senior Smiles:

Dea Minnitte-Hamrey, RDH, BS



### Hospital Director:

Hugh Qualls



### Oral Hygiene Care Providers with active Nevada licenses with P.H.E and current CPR

\*\*\*PHE for the listed RDH's is awaiting approval from the board\*\*\*

Dea Minnitte-Hamrey, RDH, BS License # 101499

Stephanie Ramsey, RDH, BS License # 3670

### Population/s:

Letha L. Seran Nursing Home Facility Residents

Mt Grant General Hospital



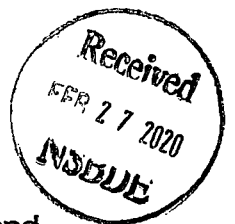
Home bound residents residing in Mineral County and/or neighboring counties including, but not limited to Churchill, Lyon, and Esmerelda.

\*\*At this time, Senior Smiles, does not have the funding to purchase portable dental equipment to provide preventative care to home bound residents, but it is a future goal of the program.

### Procedures:

- \* Periodontal charting
- \* Existing restoration charting
- \* Oral cancer screening
- \* Basic oral hygiene care such as, brushing, flossing both the dentition and removable dentures and/or partials

Each patient will have their own toothbrush, floss and toothpaste labeled with their name that will be kept in zip-lock bags in their rooms at the nursing home. These items we will used daily by certified nursing assistants and weekly by dental hygienists on the



patient. These items will be changed out every three-four months or unless the patient has been sick then the items will be replaced with new ones.

- \* Application of local intra-oral chemotherapeutic agents
  - \* topical anesthetics
  - \* topical desensitizing agents
  - \* fluoride varnish
  - \* silver diamine fluoride
- \* Full mouth debridement (in the future depending on funding)
- \* Scaling and Root Planing (in the future depending on funding)
- \* Prophylaxis (in the future depending on funding)

#### Sterilization Protocol:

Single use items will be utilized until more funding is available to purchase sterilizable equipment/instruments. When sterilizable equipment is purchased, then sterilization will be done at Mt. Grant General Hospital. If sterilization is not able to be completed at Mt. Grant Hospital, such as if their sterilizers fail spore testing, then Dr. Dow, D.D.S. has agreed to allow sterilization to be done in his office. Weekly spore testing will be performed along with sterilization logs.

#### Medical Emergency Protocol:

The Letha L. Seran Nursing Care facility is literally connected to Mt. Grant General Hospital where there are nurses and medical doctors on staff who can assist and treat a medical emergency. The hospital is also equipped with all required medical emergency medications and equipment (Please refer to Mr. Hugh Qualls's attached letter).

When the Senior Smiles program is able to expand and provide care to home bound patients then a portable medical emergency kit will be assembled and taken into each home of the patient for quick access if needed.

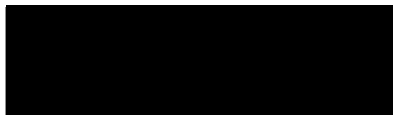
#### Time-Line:

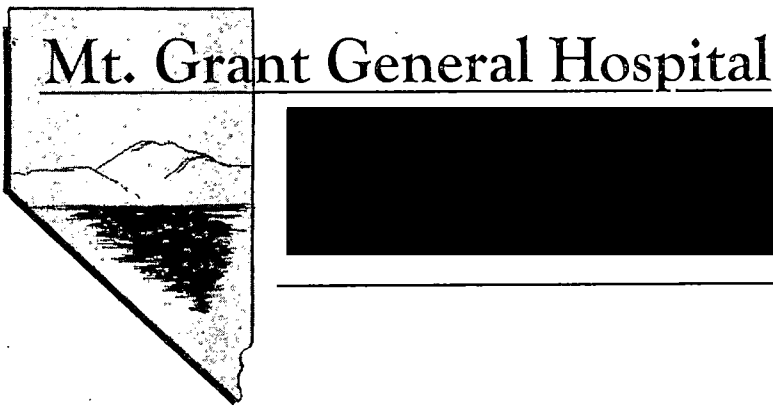
Weekly, starting March 2020 until either Mt. Grant Hospital is no longer able to pay for the service and/or the provider/s are no longer available

#### Referral Mechanism:

Referrals for care beyond the scope of practice of the P.H.E. R.D.H. will be made to:

Dr. Bruce Dow, D.D.S





January 15, 2020

Nevada State Board of Dental Examiners  
6010 S. Rainbow Blvd.  
Las Vegas, NV 89118

Dear Board:

This letter verifies that Mt. Grant General has the requested Dental Emergency Kit items available for use by dental hygienists and our staff; these items include:

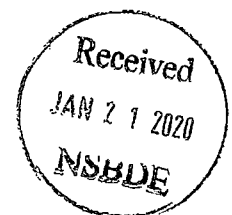
Epinephrine 1:1000 (injectable)  
Histamine-blocker (injectable)  
Oxygen with positive-pressure administration capability  
Nitroglycerin (sublingual tablet or aerosol spray; be aware of contraindications)  
Bronchodilator (asthma inhaler)  
Sugar (quick source of glucose such as orange juice)  
Aspirin

Please contact me if you have any further questions.

Sincerely,

A handwritten signature in black ink, appearing to read "H. Qualls", is written over a horizontal dashed line.

Hugh Qualls, Administrator





Nevada State Board of Dental Examiners  
6010 S. Rainbow Blvd. Bldg. A, Ste. 1  
Las Vegas, NV 89118

January 10, 2020

Mt. Grant General Hospital  
Letha L. Seran Skilled Nursing Facility  


Dear Nevada State Board of Dental Examiners,

I am writing to receive approval to implement an oral health program titled, Senior Smiles. Senior Smiles will provide weekly oral hygiene care to residents who currently reside in the Letha L. Seran Skilled Nursing Facility at Mount Grant General Hospital located in Hawthorne, Nevada. Registered Dental Hygienists will be performing the oral hygiene services. The hospital's director, Hugh Qualls, is in strong support of this program and has informed me that after a recent audit an oral health program needs to be established.

The oral hygiene care that will be provided to the nursing home residents will include, full mouth debridement, prophylaxis, periodontal charting, existing restoration charting, oral cancer screening, and cleaning of removable dentures and partials. Also, when indicated, there will be the application of local intra-oral chemotherapeutic agents that will include topical anesthetics, topical desensitizing agents, fluoride varnish, and silver diamine fluoride. The facility is equipped with necessary supplies to treat a patient who may have an adverse reaction. Please refer to Mr. Hugh Quall's attached letter confirming this statement.

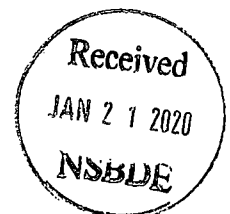
In addition to providing care to the nursing home patients, the dental hygienists will also educate the nursing home's staff on proper oral hygiene care. The frequency of staff training is currently being determined by Hugh Qualls.

Dr. Bruce Dow, D.D.S., the Dental Director of Senior Smiles, has agreed to perform exams, interpret radiographs, and provide restorative care as indicated. Upon approval of Senior Smiles, Dea Minnitte-Hamrey, RDH, BS and Stephanie Ramsey, RDH, BS will apply for Special Health Endorsements.

Sincerely,



Dea Minnitte-Hamrey, RDH, BS License # 101499  

## **Agenda Item 5**

### **PHE Program: Heavenly Smiles Mobile Dental Program**



June 8, 2020

To Nevada State Board of Dental Examiners

CC:	D. Kevin Moore, DDS	President
	David Lee, DMD	Secretary-Treasurer
	Ronald Lemon, DMD	Board Member
	Elizabeth Park, DDS	Board Member
	Ronald West, DMD	Board Member
	W. Todd Thompson, DMD	Board Member
	Jana McIntyre, RDH	Board Member
	Gabrielle Cioffi	Public Member

Re: Approval for a New Public Health Program and Endorsements

From: Janet Crosswhite RDH, BS

Hello, My name is Janet Crosswhite I am a Registered Licensed Dental Hygienist here in Las Vegas, Nevada. I am seeking approval for my mobile dental public health program. I have been working in the dental field for the past 25 years helping to provide the best dental hygiene care possible. Public Health is a very important part of me, I grew up in an inner city where there were areas of extreme poverty. My first dental office position was an office that serviced a community of individuals that could not afford dental services, we serviced a majority of those with Medicaid and other state funded insurances. On several occasions, we would provide those experiencing homelessness an opportunity to have routine exams, dental cleanings, and basic restorative procedures. This was my first experience with servicing the underserve community. I will always have a passion to serve those individuals in need. I am currently working in a small corporation based practice, I absolutely love my position. We are contracted to provide services to Medicaid recipients however, my company has decided to no longer

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service this community due to the population needing care vs private insurance recipients. I feel like there is something I have to do to help get those individuals the care that's needed to help them maintain great oral hygiene and one that's free from disease. As we all know our total wellness of health begins with our oral cavity and if there is not enough providers to service a particular community than we know that particular community would have an increased amount of oral disparities. Heavenly smiles mobile dental would be honored to help reduce the amount of individuals suffering from lack of dental care. I know that there are several barriers that prevent those in our community to obtain care, one being transportation. Heavenly Smiles Mobile will come to those who are experiencing these types barriers. Education is the key, I am very happy to announce that in 2017 I returned to school and I enrolled in a dental hygiene bachelor's degree in science program. My main focus was education and public health. I felt this would help me in gaining knowledge for my targeted population of those to serve. I feel very confident that I am able and willing to provide the necessary care under my scope of dental hygiene practice to those individuals in need. I have enclosed a copy of my public health program in full detail and application for an Public Health Endorsement. I can be reached by mobile phone 313-806-4786 for any questions that may arise. Thank you in advance for taking the time out to look over the program and for approval.

Respectively,

 RDH, BS  
Janet Crosswhite RDH, BS

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*A Preventative Dental Hygiene Wellness Provider*

*Heavenly Smiles Mobile Dental LLC*

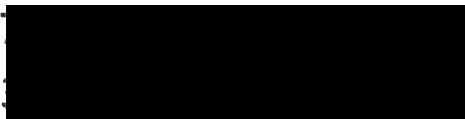
**A Total Health Wellness Public Health Endorsed Dental Hygiene Program**

[www.heavenlysmilesmobiledental.com](http://www.heavenlysmilesmobiledental.com)

email:



contact :



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## About the Founder/ CEO Program Director



Janet Crosswhite RDH, BS graduated with her dental hygiene degree from Oakland Community College in Waterford, MI in 2008. In 2019, Janet graduated with her Bachelor's of Science dental hygiene from Northern Arizona University focusing on Public Health and education.

Janet is actively working as a dental hygienist in private practice.

Janet Started her love for dentistry while in high school during her junior year, she was enrolled in an Office Co-op class where she was introduced to gaining skills in clerical and customer service. The program was designed to offer students the opportunity to gain work experience while obtaining a high school diploma. Janet started working for Dr. David Beal DDS as part of the front office team and Janet was trained and introduced to the clinical setting of dentistry. This was a very exciting time for Janet. She would quickly hone skills that has currently helped shape her dental hygiene career.


When moving to Las Vegas the end of 2008, Janet was very excited and nervous to start her career in a new state. When Janet obtained her license in Nevada, one of her first job opportunities was to work in public health with Reachout of America. Reachout was a public health mobile dental company that provided underserved children in a school setting a variety of dental health services such as preventative and restorative dentistry. This was a great experience for Janet and she developed the love for public health. Throughout her practicing years in dental hygiene, Janet has taken pride in learning ways to enhance her delivery of dental hygiene care. Becoming laser certified was a big accomplishment for her practice in preventative care.

Janet, has a great deal of passion for dentistry. She is very passionate in ensuring that everyone has access to dental care, this has led her to reconsider the public health sector in dental hygiene care within rural and underserved communities in Nevada.

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# Nevada Business License


SECRETARY OF STATE




**NEVADA STATE BUSINESS LICENSE**  
**Heavenly Smiles Mobile Dental LLC**

**Nevada Business Identification # NV20201789255**  
**Expiration Date: 05/31/2021**

In accordance with Title 7 of Nevada Revised Statutes, pursuant to proper application duly filed and payment of appropriate prescribed fees, the above named is hereby granted a Nevada State Business License for business activities conducted within the State of Nevada.  
Valid until the expiration date listed unless suspended, revoked or cancelled in accordance with the provisions in Nevada Revised Statutes. License is not transferable and is not in lieu of any local business license, permit or registration.  
**License must be cancelled on or before its expiration date if business activity ceases. Failure to do so will result in late fees or penalties which, by law, cannot be waived.**



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 05/27/2020.



BARBARA K. CEGAVSKE  
Secretary of State

Certificate Number: B20200527815634  
You may verify this certificate  
online at <http://www.nv.sos.gov>

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JUN 09 2020  
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SECRETARY OF STATE



## DOMESTIC LIMITED-LIABILITY COMPANY (86) CHARTER

I, BARBARA K. CEGAVSKE, the duly qualified and elected Nevada Secretary of State, do hereby certify that **Heavenly Smiles Mobile Dental LLC** did, on 05/27/2020, file in this office the original Articles of Organization that said document is now on file and of record in the office of the Secretary of State of the State of Nevada, and further, that said document contains all the provisions required by the law of the State of Nevada.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 05/27/2020.

*Barbara K. Cegavske*

Certificate Number: B20200527815633

You may verify this certificate

online at <http://www.nvss.gov>

BARBARA K. CEGAVSKE  
Secretary of State

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## **Policies and Procedures**

### **Table of Contents**

1. Vision and Mission of the program
2. Program Parameters
4. Population Served
5. Documentation
6. Mobile Dental Equipment/Van
7. Services Provided
8. Referral/Case Management
9. Infection Control ,Clinical Duties, Sterilization Protocol
10. X-ray Protocol and Equipment
11. Prophylaxis and Scaling and Root Planning
12. Sealant and Fluoride Protocol
13. Emergency Protocol
14. Additional References
15. Finance Statement and Timeline
16. Contact Information

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*JUN 09 2020*  
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## **Vision Purpose**

Provide communities with a healthy, happy, disease free oral cavity with an infectious Smile.

## **Mission**

Provide access to dental care services to vulnerable populations in a safe, convenient and cost-effective manner, regardless of their ability to pay.

Optimal oral health is a critical component of overall health. We aim to provide free or low-cost dental hygiene services, case management and dental referrals to low income and underserved populations in Nevada in an effort to improve oral and overall wellness. Oral healthcare needs would be met through dental screenings, oral hygiene instruction, problem prevention, education, prophylaxis, scaling and root planning, fluoride application and sealants through evidence-based clinical Best Practices. All patients would receive follow up case management and referrals.

## **Program Parameters**

Heavenly Smiles Mobile Dental, LLC is a cost effective and efficient healthcare delivery model. This program allows licensed dental professionals to deliver mobile care in a variety of settings with minimal overhead costs. The program is founded in a dental hygiene-based model to ensure focus remains on education and disease prevention and obtaining access to available care, versus focusing on collection goals.

All volunteers and employees must and will follow Nevada Statutes, Rules and Regulation that govern the practice of dentistry and dental hygiene as listed in NRS 631 and NAC 631 and 459. They must and will also follow the most current CDC guidelines for infection control in the dental office, and abide by HIPAA

regulations. Liability Insurance must be maintained during the duration of the program.

The program will operate on a full time basis as community needs dictate and on a year-round schedule. Hours may include week days and evenings and weekends. Since the intent is convenience, hours will be determined by site location and fall in line with standard operating hours of the site location. For example, if at a school- will follow school day schedule. All patients that provide consent forms signed by a parent or legal guardian will be seen.

All program locations will be provided, in writing (electronically), for locations being served to the Nevada State Board of Dental Examiners.

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### **Population Served**

At risk Children, Veterans, Elderly Adults at Nursing homes, Schools, Community Health Centers, Churches, Day centers, housing program locations, Shelters, Assisted living facilities and general Dental offices.

### **Documentation**

All patients will be presented with a social/medical history and data collection form. Data collection form may include, but not limited to: demographics, income, insurance, contact information and media release.

Minors must have a parent or legal guardian to complete forms, but in the case of at-risk minor that is homeless or part of a sex trafficking rehabilitation program and no legal guardian are present, then the recipient seeking care and an adult who is affiliated with a program Heavenly Smiles Mobile Dental LLC partners with will sign the consent for treatment.

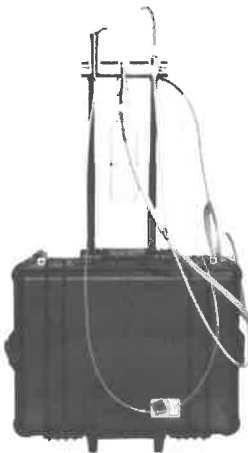
Before treatment, patients will produce a signed medical history form and positive consent for Heavenly Smiles Mobile Dental LLC staff to render treatment. Patients can opt out of any services at any given time.

All records will be kept for a minimum of 5 years and Heavenly Smiles Mobile Dental LLC will adhere to all current state recordkeeping laws.

A form will always be given at the end of the appointment to ensure the patient is aware of all services provided. This form will also have 24-hour contact information for Heavenly Smiles Mobile Dental LLC and will always include a dental referral recommendation to promote establishment of a dental home and need for follow up care.

### **Portable Dental Equipment**

- Mobile dental equipment has been purchased: DNTL Works ProSeal I
- <https://dntlworks.com/product/proseal-i/>
- Impact-resistant case incorporates built-in wheels and retractable handle
- Powerful, quiet vacuum pump with dual hoses for HVE and saliva ejector use
- Integrated, non-retracting water source with air/water syringe for irrigating and drying
- Large waste container with automatic overflow shutoff
- Mini-compressor for air/water syringe use
- Hospital grade power cord with 15 amp circuit breaker
- Made with pride in the USA
- Additional Features
- One-piece design is both durable and rugged
- Powerful vacuum pump with dual-hose design accommodates many brands of HVE and saliva ejector tips
- Impact-resistant case with built-in wheels and retractable handle
- Efficient mini-compressor for air/water syringe use
- Built-in carrying handle



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## **Portable Dental Equipment**



### **Portable Dental Stools Soft-Sided Carrying Case**

- Rugged, large, soft-sided carrying case that will accommodate any one of our DNTLworks portable dental stools. One carrying case for each stool, chair



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### **UltraLite Patient Chair Arm Slings**

Arm slings made specifically for the DNTLworks UltraLite™ Portable Patient Chair

## **Mobile Dental Van** **(in near future)**

**Kare Mobile, Inc.**

[www.kare.mobi](http://www.kare.mobi)

This Van will be personally customized to Heavenly Smiles mobile provider needs by Kare Mobile Inc. All of the equipment is safe and portable besides the dental chair to use within homes, schools, or nursing facilities/ assisted living homes.

**\*\*Upon receiving van the Nevada Board of dental examiners will be notified for inspection before the mobile dental van will be in use.**

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This Van will also give clients a private and calming experience when privacy is an issue. There will be sterilization and handwashing available. Infection Control will be maintained while in use at all times.

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## **Services Offered**

Oral health education, Nutritional Counseling, and problem prevention strategies (including the risks of sugar, tobacco, biofilm, oral piercings), home care instructions (including brushing, flossing, and fluoride), discuss the benefits of dental treatments like prophylaxis, sealants, and fluoride and then provide those services when appropriate to do so. Explain post-operative instructions for all services rendered. Oral screenings to assess oral health needs (including oral cancer exam and periodontal assessment), referrals for follow up dental care and radiographic exam at a partnering dental office location. Dental hygiene services allowed under the Nevada Board of Dental Examiners Dental Hygiene scope of practice.

## **Referral Program/Case Management**

Upon screening and an evidence-based assessment, referrals to a partnering dental office or public dental health clinic will be provided for the treatment and continuing care when: patient experiences regular dental pain, abscess present, rampant caries in multiple quadrants of the mouth, deep caries in one quadrant of the mouth, heavy calculus buildup or deep pocketing requiring local anesthetic versus topical anesthetic to maintain comfort, abnormality found during oral cancer screening, or when regular recall is due. Patient will initial that they have received a referral, explained the reason and its urgency in their chart for documentation.

- Referrals/education shall be given to assist with reimbursement options: NV Medicaid and NV Health Link

Referral Network may include:

1. All dental public health entities in surrounding area. For example: Future Smiles, College of Southern Nevada Department of Dental Hygiene
2. Local dental offices in surrounding area that accept Medicaid and/or accepting New Patients.
  - a. Heavenly Smiles Mobile Dental LLC staff will reach out to local offices and determine if office may be used as part of referral program.
  - b. Referrals will be based on location, transportation and availability.

Heavenly Smiles Mobile Dental will be working very closely to these providers to ensure that the population served will get the best available restorative and comprehensive dentistry possible

Dr. Sheronda Strider-Barraza: Valley Dental 702-644-2222

Dr. Beatrice Stark: Enhance Dental 702-437-1007

Dr. Trudy Reese: Crown Dental 702-804-1500

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## **Infection Control and Clinical Duties**

- Inventory and order program supplies
- Monitor program budget and expenses
- Maintain equipment following manufacturers recommendations, seeking repairs on a as needed
- Set up treatment materials and daily paperwork
- Provide oral health education
- Utilize electronic health records when possible using Tab32 dental software, and maintain paper charts when electronic is not available
- Utilize Personal Protective Equipment as outlined by CDC and OSHA, Nitrile gloves and surgical face masks and shields
- Disposable lab gowns will be available upon site visit
- Assess oral health status and provide oral prophylaxis, using topical anesthetic as needed for patient comfort (referring when topical is not sufficient). Local anesthesia will ONLY be provided while doctor is present at site at all times when necessary. The doctor at site will provide the anesthetic and necessary equipment.
- Assess recall needs and explain reasoning to patient, giving a referral for continued care
- Assess teeth suitable for fluoride and sealant placement
- Provide post-operative instructions for treatment rendered
- Sterilize equipment and instruments for the next treatment day. Instruments will be transported to and from sites in a large plastic tackle box labeled on for clean and one for dirty. Also there will onsite sterilization using the Prestige Medical 2100 classic portable Sterilizer with required spore testing using a third party spore testing company by one of the dental supply companies providing the best cost efficient service.
- Maintain compliance with HIPPA and OSHA requirements

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- Adhere and follow the Current CDC guidelines for handwashing and infection control in the dental office, including the use of plastic barriers, cavi-cide wipes, etc.

<https://www.cdc.gov/infectioncontrol/guidelines/hand-hygiene/index.html>

<https://www.cdc.gov/oralhealth/infectioncontrol/guidelines/index.htm>

- Will have biennial OSHA Infection Control site evaluation and training done by an outside entity/infection control professional.

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## **Sterilization Protocol**



### **Prestige Medical 2100 Classic Portable Sterilizer**

**Onsite and offsite sterilization will be performed**

**Transporting instruments safely in a clear tackle box designated for clean and one for dirty will be available at every site**

The Prestige Medical Classic Portable Dental Autoclave is compact and easy to use, with an 18 minute sterilization cycle.

#### **Dimensions & Capacity:**

- Total Height: 13.2"
- Total Width: 13.4"
- Chamber Diameter: 8.3"
- Chamber Height: 9.3"
- Maximum Load Weight: 6.6 lbs.
- Maximum Instrument Size: 9"

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FDA listed and approved, Light, compact , portable, robust, top loading autoclave easy to operate fast 11 minute, 258.8°F sterilizing cycle. Only weighs 11.5 lbs., 9 L Capacity. Light sequence indicators showing Power to unit, Cycle in Progress, Sterilization in progress, cycle is successful or cycle has failed. Interlock system prevents the lid from being removed while pressure remains in the vessel. TST indicator strips provide independent verification the correct combination of temperature, steam and time has been achieved for successful sterilization. Includes Instrument basket, Depressurization valve to reduce cooling time.

Also use of disposable single use dental instruments will be supplied when available.

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## Radiographic Services

Tele-health using Mouthwatch intra-oral cameras with disposable sleeve protectors will be used and changed after each patient When funding permits; Use of an Apex intraoral sensor and KaVo Nomad Pro 2 Handheld portable Dental X-ray with disposable barriers will be used to allow for an complete exam during synchronized tele-health communication with the doctor.



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X-rays may also be obtained through a licensed dental office under the Doctor's prescription of advised care. Heavenly Smiles Dental, LLC licensed staff may take X-rays if volunteering if/when partnering Dentists open their office for Pro Bono care of the underserved and provide duplicate copies to Community Dental Connections.

## **Prophylaxis and Scaling and Root Planing Protocol**

<https://www.adha.org/resources-docs/2016-Revised-Standards-for-Clinical-Dental-Hygiene-Practice.pdf>

Intra and Extra Oral Exam, Prophylaxis or S/RP , Post-Operative Instructions

1. Introduce yourself and ask if patient has any concerns
2. Review medical history and assess special needs. If patient requires premedication and did not take it prior to appointment, they will be given a referral for the next available date to receive treatment at a dental office versus mobile hygiene service where premed can be given or prescribed by the authority of a dentist. If their medical health is in question, then refer to a medical provider and forgo treatment today. If Blood Pressure is >180 systolic and/or >120 diastolic, then recheck in 5 minutes. If still elevated to this level, do not perform dental treatment and refer to nearest Emergency Room. If blood pressure is above 140/90, continue treatment but monitor during appointment. Recommend consulting a physician to address the

elevated blood pressure condition. \*Adhere to the American Heart Association Guidelines for Blood Pressure (see chart below)

## Blood Pressure Categories



BLOOD PRESSURE CATEGORY	SYSTOLIC mm Hg (upper number)		DIASTOLIC mm Hg (lower number)
<b>NORMAL</b>	<b>LESS THAN 120</b>	<b>and</b>	<b>LESS THAN 80</b>
<b>ELEVATED</b>	<b>120 – 129</b>	<b>and</b>	<b>LESS THAN 80</b>
<b>HIGH BLOOD PRESSURE (HYPERTENSION) STAGE 1</b>	<b>130 – 139</b>	<b>or</b>	<b>80 – 89</b>
<b>HIGH BLOOD PRESSURE (HYPERTENSION) STAGE 2</b>	<b>140 OR HIGHER</b>	<b>or</b>	<b>90 OR HIGHER</b>
<b>HYPERTENSIVE CRISIS (consult your doctor immediately)</b>	<b>HIGHER THAN 180</b>	<b>and/or</b>	<b>HIGHER THAN 120</b>

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[heart.org/bplevels](http://heart.org/bplevels)

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3. Put on Personal Protective Equipment and give patient safety glasses
  4. Place bib around patient and recline if possible, in treatment chair
  5. Do Extra and Intra Oral exams to check for abnormalities
  6. Assess gingival health, complete periodontal charting, and explore dentition to devise a dental hygiene treatment plan. This may include prophylaxis, scaling and root planning, sealants, fluoride varnish, and a dental partner referral. Discuss benefits of these treatments. All patients will receive a periodontal assessment.
  7. Identify treatment urgency= 0- no obvious problems, 1- early dental problems, 2- significant dental issues and 3- severe problems, need immediate attention (decay all 4 quads, visible abscess, pain, inability to eat).
- All patients will receive risk assessments: periodontal disease and caries
8. Strategize preventive dental care plan after assessing plaque, bleeding, amount of calculus, time since last dental visit, diet, and oral habits.
  9. Discuss findings and educate patient in an encouraging way, to invite positive changes and trust. (Likely this will happen during the prophylaxis).

10. Remove plaque, calculus, biofilm, stain, and food debris with sterilized instruments.
11. Coronal polish with prophylactic paste, rinse, floss, rinse.
12. Demonstrate proper brushing and flossing techniques if indicated. Tailor individual needs to include other adjuncts, diet recommendations, etc. using evidence-based clinical Best Practices.
13. Apply sealants and or fluoride varnish if needed.
14. Discuss the need for regular recalls and the importance of referrals if indicated. Document by having patient initial receiving the referral and the reason why it was indicated.

### **Sealant Protocol**

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\*Sealant material will not be placed if tooth cannot be isolated, or caries is present and cavitation is >1mm

Reference: <https://ebd.ada.org/en/evidence/guidelines/pit-and-fissure-sealants>

#### **Follow manufacturer directions.**

1. Provide orange safety glasses to patient
2. Isolate teeth to be sealed, dry excess saliva, and etch 30 seconds (variable
3. depending on etch used)
4. Rinse thoroughly, isolate, dry off with air
5. Apply sealant, lightly covering all pits and grooves, cure 20 seconds
6. Check for adequate coverage, and reapply if needed and cure another 20
7. seconds.
8. Remove isolation, check for excess flash.
9. Give post-operative instructions



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## **Fluoride Protocol**

### **Fluoride Varnish Protocol**

#### **Follow manufacturer directions.**

1. After prophylaxis or sealant placement (whichever was last), dry teeth
2. Paint thin layer of fluoride varnish on all teeth without large areas of decay
3. Give post-operative instructions not to have anything hot or very crunchy (not
4. abrasive) food/drink for 4 hours, and avoid to also avoid brushing and flossing
5. for 4 hours. Explain the “waxy/coated” feeling will go away after brushing, but discuss again the benefits of fluoride applications (not more than quarterly).

### **Silver Diamine Protocol**

Informed Consent Required (with photos)

Reference and Protocol Parameters:

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4778976/>

Silver Diamine Fluoride (SDF) UCSF Protocol for Arresting Dental Carious Lesions or Treating Tooth Sensitivity

Material: Advantage Silver Arrest (38% SDF, purified water) from Elevate Oral Care. Shelf life: three years unopened. Do not refrigerate. Avoid freezing or extreme heat.

#### **Indications:**

1. Extreme caries risk (xerostomia or severe early childhood caries).
2. Treatment challenged by behavioral or medical management.
3. Patients with carious lesions that may not all be treated in one visit.
4. Difficult to treat dental carious lesions.
5. Patients without access to dental care.
6. Patients with extreme hypersensitivity.

Maximum dose: 25 µL (1 drop) / 10kg per treatment visit. SDF

Contraindication: Silver allergy.

SDF Relative Contraindications: Ulcerative gingivitis, stomatitis.

SSKI Contraindications: Pregnancy, breastfeeding.

Considerations: • Decayed dentin will darken as the caries lesions arrest. Most will be dark brown or black. • SDF can stain the skin, which will clear in two to three

weeks without treatment. • SDF can permanently stain operatory surfaces and clothes. • A control restoration (e.g., GI via ART or other material) may be considered after SDF treatment. • Saturated solution of potassium iodide (SSKI, Lugol's Solution, various sources) can be used after SDF to decrease color changes. • Re-application is usually recommended, biannually until the cavity is restored or arrested or the tooth exfoliates.

Procedure:

1. Plastic-lined cover for counter, plastic-lined bib for patient.
2. Standard personal protective equipment (PPE) for provider and patient.
3. One drop of SDF into the deep end of a plastic dapping dish (also obtain one drop of SSKI in a separate dapping dish if selected).
4. Remove bulk saliva with saliva ejector.
5. Isolate tongue and cheek from affected teeth with 2-inch by 2-inch gauze or cotton rolls.
6. If near the gingiva, consider applying petroleum jelly with a cotton applicator for safety.
7. Dry affected tooth surfaces with triple syringe or if not feasible dry with cotton.
8. Bend micro sponge, immerse into SDF, remove excess on side of dapping dish.
9. Apply directly onto the affected tooth surface(s) with micro sponge.
10. Allow SDF to absorb for up to one minute if reasonable, then remove excess with gauze or cotton roll. (If using SSKI, apply with a different micro sponge. Repeat one to three times until no further white precipitates are observed. Wait five to 10 seconds between applications. Remove excess with cotton.)
11. Rinse with water.
12. Place gloves, cotton and micro brushes into plastic waste bag

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## **Emergency Protocol**

Emergency Protocol (As Determined by 2015 AHA Update for CPR and ECC)  
Emergency equipment: determine where emergency kit and AED is located at each facility services may be provided and include in policies and procedure manual.

Heavenly Smiles Mobile Dental, LLC Emergency kit will include:

- A. Portable blood pressure cuff and stethoscope, CPR barrier
- B. Emergency Eye Wash Equipment
- C. AED unit will be purchased when funding allows, we will locate an AED unit at ALL sites before procedures are started.

1. Determine responsiveness
2. Check breathing and pulse simultaneously. If no pulse or irregular breathing, activate emergency response system
3. Call 911, ask for help from anyone else at immediate location. Bring emergency kit and AED to the scene when possible
4. Start CPR, but attach/activate AED as soon as it arrives
5. Maintain CPR until rescue personnel take over, only pausing if shock is being delivered as directed by AED.
6. Document

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## References

- American Heart Association, “2015 Guidelines Update for CPR and ECC.”
- <https://eccguidelines.heart.org/wp-content/uploads/2015/10/2015-AHA-Guidelines-Highlights-English.pdf>.
- <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4778976/>
- Bronstein, Diana, DDS, MS, MS, and Jon B. Suzuki, DDS, PhD, MBA.
- “Periodontal Disease Management.” Dimensions of Dental Hygiene Journal, July 2018: 42-45.
- Center for Disease Prevention and Control. “Infection Prevention & Control in Dental Settings.” <https://www.cdc.gov/oralhealth/infection-control/index.html>.
- Claiborne, Denise M, PhD, RDH. “The Role of Fluoride in Caries Prevention.” Dimensions of Dental Hygiene Journal, February 2018: 34-36.
- Cuny, Eve J, BA, MS. “Surface Disinfection Strategies.” Dimensions of Dental Hygiene Journal, January 2018: 24-28.
- Dye, Bruce A, DDS, MPH. et.al. “Oral Health Disparities as Determined by Selected Healthy People 2020 Oral Health Objectives for the United States, 2009-2010.” Centers for Disease Control and Prevention. Center for Health Statistics Data Brief No. 104, August 2012. <https://www.cdc.gov/nchs/data/databriefs/db104.htm>.
- Edwards, Julie. “HIPAA, Patient Privacy and Electronic Dental Records.” ACCESS Journal, ADHA, August 2018: 11-13.
- Garland, Kandis V., RDH, MS, and Crystal L. Kanderis Lane, RDH, BS.
- “Technology-Related Infection Control Challenges.” Dimensions of Dental Hygiene Journal, August 2018: 30-33.
- Glasscoe Waterson, Dianne, MBA, RDH. “Safe standards for high blood pressure.” RDH Magazine, August 2018: 28-30.
- Murria, Alicia, RDH. “Homelessness: A Public Health Problem.” ACCESS Journal, ADHA, March 2018: 13-14.
- Osuna, Tricia, RDH, BSDH, FAADH. “Arming your operator.” RDH Magazine, July 2018: 52-54.
- U. S. Department of Health & Human Services. “Oral Health in America: A Report of the Surgeon General.” U. S. National Library of Medicine. National Institutes of Health, May 2000. <https://www.surgeongeneral.gov/library/reports/>.
- Pitts, Elizabeth, RDH, MS and Margherita Fontana, DDS, PhD. “The Role

of the Dental Hygienist in Caries Risk Assessment.” Dimensions of Dental Hygiene Journal, July 2018: 21-24.

- U. S. Department of Health & Human Services, Public Health Service, Centers for Disease Control and Prevention. “A National Call to Action to Promote Oral Health.” NIH, National Institute of Dental and Craniofacial Research, May 2003: 1-53.
- Walters, Molly A., RDH, BSDH, and Laura J. Sleeper, RDH, DHSc.
- “Benefits and Risks of Dental Sealants.” Dimensions of Dental Hygiene Journal, February 2018: 21-23.
- - Walters Hunt, Amber, RDH, BSDH, MS et.al. “Strategies for Treating Seniors.” Dimensions of Dental Hygiene, August 2018: 41-4

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## **Public Health Endorsement**

### **NRS 631.287 Dental hygienists: Special endorsement of license to practice public health dental hygiene; renewal.**

1. The Board shall, upon application by a dental hygienist who is licensed pursuant to this chapter and has such qualifications as the Board specifies by regulation, issue a special endorsement of the license allowing the dental hygienist to practice public health dental hygiene. The special endorsement may be renewed biennially upon the renewal of the license of the dental hygienist.

2. A dental hygienist who holds a special endorsement issued pursuant to subsection 1 may provide services without the authorization or supervision of a dentist only as specified by regulations adopted by the Board (Added to NRS by [2001, 2691](#); A [2013, 479](#)

### **NAC 631.145 Dental hygienists: Renewal of special endorsement of license to practice public health dental hygiene. ([NRS 631.190, 631.287](#))**

1. A special endorsement of a license that allows a dental hygienist to practice public health dental hygiene issued by the Board may be renewed biennially in accordance with [NRS 631.287](#).

2. A dental hygienist may apply to renew the special endorsement upon the renewal of his or her license by submitting a report summarizing the services performed by the dental hygienist under the authority of the special endorsement during the immediately preceding biennium.

(Added to NAC by Bd. of Dental Exam'rs by R231-03, eff. 5-25-2004; A by R020-14, 6-23-2014)

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## **Finance Statement and Timeline**

Heavenly Smiles Mobile Dental, LLC will seek grants, private donations, state Medicaid and Private insurance companies to help provide services to those individuals being seen.

*Heavenly Smiles Mobile Dental LLC*  
can be reached at:

Janet E. Crosswhite, RDH, BS

- email at [REDACTED]
- by mail at [REDACTED]
- by phone at [REDACTED]

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**Agenda Item (6)(a):**

**Application for part-time IC Inspector:**  
**Stacia Dimmitt, RDH**



NEVADA STATE BOARD OF DENTAL EXAMINERS

IC Committee Meeting - Page 41

6010 S Rainbow Boulevard, Building A, Suite 1

Las Vegas, NV 89118

(702) 486-7044 (Telephone) / (702) 486-7046 (FAX)

FULL NAME (please print)

Stacia Dimmitt

FULL MAILING ADDRESS

TELEPHONE

EMAIL

LICENSE NO:

102009

(06-27-2014)

APPLICATION FOR INFECTION CONTROL (IC) INSPECTOR

I hereby make application for the part-time position of Infection Control (IC) Inspector:

REQUIREMENTS:

- ✓ 1. Must be licensed and practicing as a dentist or dental hygienist in Nevada for the 5 years preceding the submission of this application;
- ✓ 2. Nevada dental or dental hygiene license must be active and in good standing;
- ✓ 3. Submit a curriculum vitae and any other information you may want considered

1. List ALL states you hold, or have held (regardless of license status), a license to practice dentistry (attach additional sheet if necessary):

NV

2. List of all office addresses in the State of Nevada in which you are currently practicing dentistry (attach additional sheet if necessary):

Office (1) name:

West Reno Dental

Office (1) address:

9680 S. McCarran Blvd 89523

Office (1) telephone:

Office (2) name:

Office (2) address:

Office (2) telephone:

SIGNATURE OF LICENSEE

Stacia Dimmitt

DATE

6/14/2020

Received

JUN 17 2020

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Received

JUN 17 2020

NSRD

**Agenda Item (6)(b):**

**Application for part-time IC Inspector:**  
**Jennifer Nightingale, RDH**

**NEVADA STATE BOARD OF DENTAL EXAMINERS**

6010 S Rainbow Boulevard, Building A, Suite 1

Las Vegas, NV 89118

(702) 486-7044 (Telephone) / (702) 486-7046 (FAX)

FULL NAME (please print) Jennifer NightingaleFULL MAILING ADDRESS [REDACTED]TELEPHONE [REDACTED]EMAIL [REDACTED]LICENSE NO: 101672*(07-14-2010)***APPLICATION FOR INFECTION CONTROL (IC) INSPECTOR****I hereby make application for the part-time position of Infection Control (IC) Inspector:****REQUIREMENTS:**

- ✓ 1. Must be licensed and practicing as a dentist or dental hygienist in Nevada for the 5 years preceding the submission of this application;
- ✓ 2. Nevada dental or dental hygiene license must be active and in good standing;
- ✓ 3. Submit a curriculum vitae and any other information you may want considered

1. List ALL states you hold, or have held (regardless of license status), a license to practice dentistry (attach additional sheet if necessary):

NV

2. List of all office addresses in the State of Nevada in which you are currently practicing dentistry (attach additional sheet if necessary):

Office (1) name: Dr. Eric Park DDSOffice (1) address: 1126 Bell St. Gardnerville, NV 89410Office (1) telephone: (775) 782-2251

Office (2) name: \_\_\_\_\_

Office (2) address: \_\_\_\_\_

Office (2) telephone: \_\_\_\_\_

SIGNATURE OF LICENSEE

*Jennifer Nightingale*DATE Aug 7, 2020

**Agenda Item (7):**

**Proposed Draft/Changes to  
IC Inspector Application**

# Nevada State Board of Dental Examiners



6010 S. Rainbow Blvd., Bldg. A, Ste. 1 • Las Vegas, NV 89118 • (702) 486-7044 • (800) DDS-EXAM • Fax (702) 486-7046

## PROPOSED DRAFT RECRUITMENT FOR INFECTION CONTROL INSPECTORS

The Nevada State Board of Dental Examiners (NSBDE) is actively recruiting part-time employees as on-site Infection Control (IC) Inspectors. As an IC Inspector for the Board, you will be assigned to inspect/re-inspect dental offices or facilities (where dental treatments are to be performed) to ensure compliance with the *Guideline for Disinfection and Sterilization in Healthcare Facilities 2008*, adopted by the Centers for Disease Control and Prevention and adopted by NSBDE by reference in NAC 631.178.

Schedules are flexible as you will determine your availability.

### Requirements:

Those who wish to be considered for part-time employment as an IC Inspector for the Board must meet the following:

- Must hold an active Nevada dental or dental hygiene license and have been practicing as a dentist or dental hygienist in Nevada for the 5 years preceding the submission of application.

### Honoraria and Continuing Education:

The Board pays a rate of \$50.00 per hour for those who participate in on-site infection control inspections. In addition, mileage/per diem reimbursement will be made at the current rate for all State of Nevada employees. Inspectors will also receive four (4) hours of continuing education credit for completion of the Infection Control Inspector calibration.

Any licensee interested in part-time employment as an Infection Control Inspector for the Board, may submit the application by email to [nsbde@nsbde.nv.gov](mailto:nsbde@nsbde.nv.gov); by facsimile to (702) 486-7046 or by mail to the address above. If you have any questions, feel free to contact the Board office at (702) 486-7044. Applications received will be placed before the Board for consideration at a regularly scheduled meeting of the Board. Those applicants approved by the Board are required to complete the following:

- Complete the Infection Control Inspector calibration

**NEVADA STATE BOARD OF DENTAL EXAMINERS**

IC Committee Meeting - Page 46

**6010 S Rainbow Boulevard, Building A, Suite 1**

**Las Vegas, NV 89118**

**(702) 486-7044 (Telephone) / (702) 486-7046 (FAX)**

FULL NAME (please print) \_\_\_\_\_

FULL MAILING ADDRESS \_\_\_\_\_

TELEPHONE \_\_\_\_\_

EMAIL \_\_\_\_\_ LICENSE NO: \_\_\_\_\_

**PROPOSED DRAFT**

**APPLICATION FOR INFECTION CONTROL (IC) INSPECTOR**

**I hereby make application for the part-time position of Infection Control (IC) Inspector:**

**REQUIREMENTS:**

1. Must be licensed and practicing as a dentist or dental hygienist in Nevada for the 5 years preceding the submission of this application;
2. Must hold an active Nevada dental or dental hygiene license

1. Submit a curriculum vitae and any other information you may want considered

2. List any prior experience pertaining to Infection Control inspections.

\_\_\_\_\_

3. Do you have any pending Board complaints against you? YES / NO

4. Do you have any history of Board Action(s)? YES / NO

If yes, please describe below (attach additional sheet if necessary):

\_\_\_\_\_

\_\_\_\_\_

5. List ALL states you hold, or have held (regardless of license status), a license to practice dentistry or dental hygiene (attach additional sheet if necessary):

\_\_\_\_\_

6. List of all office addresses in the State of Nevada in which you are currently practicing dentistry or dental hygiene (attach additional sheet if necessary):

Office (1) name: \_\_\_\_\_

Office (1) address: \_\_\_\_\_

Office (1) telephone: \_\_\_\_\_

**SIGNATURE OF LICENSEE** \_\_\_\_\_

**DATE** \_\_\_\_\_

**Agenda Item (7):**

**Current Application for IC  
Inspector**

# Nevada State Board of Dental Examiners



6010 S. Rainbow Blvd., Bldg. A, Ste. 1 • Las Vegas, NV 89118 • (702) 486-7044 • (800) DDS-EXAM • Fax (702) 486-7046

## RECRUITMENT FOR INFECTION CONTROL INSPECTORS

The Nevada State Board of Dental Examiners (NSBDE) is actively recruiting part-time employees as on-site Infection Control (IC) Inspectors. As an IC Inspector for the Board, you will be assigned to inspect/re-inspect dental offices or facilities (where dental treatments are to be performed) to ensure compliance with the *Guideline for Disinfection and Sterilization in Healthcare Facilities 2008*, adopted by the Centers for Disease Control and Prevention and adopted by NSBDE by reference in NAC 631.178.

Schedules are flexible as you will determine your availability.

### Requirements:

Those who wish to be considered for part-time employment as an IC Inspector for the Board must meet the following:

- Must hold an active Nevada dental or dental hygiene license in good standing for the past five (5) years

### Honoraria and Continuing Education:

The Board pays a rate of \$50.00 per hour for those who participate in on-site infection control inspections. In addition, mileage/per diem reimbursement will be made at the current rate for all State of Nevada employees. Inspectors will also receive four (4) hours of continuing education credit for completion of the Infection Control Inspector calibration.

Any licensee interested in part-time employment as an Infection Control Inspector for the Board, may submit the application by email to [nsbde@nsbde.nv.gov](mailto:nsbde@nsbde.nv.gov); by facsimile to (702) 486-7046 or by mail to the address above. If you have any questions, feel free to contact the Board office at (702) 486-7044. Applications received will be placed before the Board for consideration at a regularly scheduled meeting of the Board. Those applicants approved by the Board are required to complete the following:

- Complete the Infection Control Inspector calibration



**NEVADA STATE BOARD OF DENTAL EXAMINERS**

Committee Meeting - Page 49

**6010 S Rainbow Boulevard, Building A, Suite 1  
Las Vegas, NV 89118  
(702) 486-7044 (Telephone) / (702) 486-7046 (FAX)**

FULL NAME (please print) \_\_\_\_\_

FULL MAILING ADDRESS \_\_\_\_\_

TELEPHONE \_\_\_\_\_

EMAIL \_\_\_\_\_ LICENSE NO: \_\_\_\_\_

**APPLICATION FOR INFECTION CONTROL (IC) INSPECTOR**

**I hereby make application for the part-time position of Infection Control (IC) Inspector:**

**REQUIREMENTS:**

1. Must be licensed and practicing as a dentist or dental hygienist in Nevada for the 5 years preceding the submission of this application;
2. Nevada dental or dental hygiene license must be active and in good standing;
3. Submit a curriculum vitae and any other information you may want considered

1. List ALL states you hold, or have held (regardless of license status), a license to practice dentistry (attach additional sheet if necessary):  
\_\_\_\_\_

2. List of all office addresses in the State of Nevada in which you are currently practicing dentistry (attach additional sheet if necessary):

Office (1) name: \_\_\_\_\_

Office (1) address: \_\_\_\_\_

Office (1) telephone: \_\_\_\_\_

Office (2) name: \_\_\_\_\_

Office (2) address: \_\_\_\_\_

Office (2) telephone: \_\_\_\_\_

**SIGNATURE OF LICENSEE** \_\_\_\_\_

**DATE** \_\_\_\_\_

# **IC Inspection Evaluation Form**



## INFECTION CONTROL INSPECTION/SURVEY FORM

Rev 10/2016

Dental Office Name:			Date of Inspection:		
Licensee Name:			Owner Dentist:		
Address:			INSPECTOR(S)		
			(1) _____ (2) _____		
City:	State: Nevada	Zip Code:	PURPOSE OF INSPECTION		
			Initial Inspection: <input type="checkbox"/> Random Inspection: <input type="checkbox"/>		

### COMPLIANCE LEVEL CRITERIA – LEVEL # 1-4

**# 1 - CRITICAL: MUST BE MET. COULD RESULT IN IMMEDIATE TERMINATION OF PATIENT CARE AND EXTENDED OFFICE INABILITY TO TREAT PATIENTS.**

**# 2 - REMEDIAL ACTION REQUIRED: REQUIRES CORRECTIVE COMPLIANCE WITHIN 7DAYS.**

**# 3 - ACTION REQUIRED: REQUIRES CORRECTIVE COMPLIANCE WITHIN 30 DAYS.**

**# 4 - ACTION RECOMMENDED: NOT REQUIRED FOR COMPLIANCE AT THIS TIME – COMPLIANCE REQUIREMENTS SUBJECT TO CHANGE AS CENTER FOR DISEASE CONTROL (CDC) REQUIREMENTS MAY CHANGE.**

### RECORD KEEPING – EACH PRACTICE MUST HAVE

		LEVEL 1-4	Y	N
1	Written infection control program that is specific for the owner of this location	3	Y	N

### EDUCATION & TRAINING

2	Documentation of review of the infection control plan at least annually to ensure compliance with best practices	3	Y	N
3	Documentation of Bloodborne Pathogen training at the date of hire for practice	3	Y	N
4	Documentation of education and training that is appropriate to the assigned duties of the specific DHCP (dental health care personnel) and include hands on training for all staff assigned to process semi critical and critical instruments	3	Y	N
5	Training records kept for 3+ years	3	Y	N
6	Mechanism for corrective action for any deviation from written policy. Documentation of any corrective actions	3	Y	N

### CONFIDENTIAL VACCINATION RECORDS, EXPOSURE AND POST EXPOSURE MANAGEMENT, MEDICAL CONDITIONS, WORK RELATED ILLNESS AND WORK RESTRICTIONS

7	Does the Licensee have written policies and procedures to address whether a dentist, hygienists or dental assistants who has an acute or chronic medical condition(s) that render them susceptible to opportunistic infection which may expose a patient to the risk of infection.	3	Y	N
8	Documentation of vaccinations offered to DHCP (Hepatitis B, Influenza, MMR, Varicella, Tetanus ,Meningococcal), informed consent of exposure risk, and declinations of such vaccinations or immunizations	3	Y	N
9	Employee health records include any exposure and post exposure and follow up records	3	Y	N
10	Written policies and procedures regarding all occupational exposures which include a post exposure medical plan (e.g. use CDC needle stick/sharps injury/exposure protocol)	3	Y	N
11	24/7 contact telephone number listed and posted for qualified healthcare provider	3	Y	N
12	Exposure and incident reporting forms	3	Y	N
13	Sharps injury log	3	Y	N
14	Written policy and procedure for patients known to have communicable disease upon arrival	3	Y	N

### BLOODBORNE PATHOGEN ELEMENTS

15	Written policies and procedures for the prevention of transmission of bloodborne pathogens	3	Y	N
16	Written policies for hand hygiene, including documentation of training and appropriate selection of antiseptic agents	3	Y	N
17	Written policies for use of personal protective equipment	3	Y	N
18	Monitoring and documentation of compliance with PPE	3	Y	N
19	Written policies and procedures for handling and management of sharps	3	Y	N

00000

1<sup>ST</sup> INSPECTION Inspector Initials \_\_\_\_\_ Licensee Initials \_\_\_\_\_

DISINFECTION AND STERILIZATION OF PATIENT CARE ITEMS					
20	Written policies and procedures for managing semi-critical and critical items	3	Y	N	
21	Written system outlining entire sterilization process (written policies and procedures for transporting and processing of all contaminated critical and semi-critical instruments, the instrument processing area, preparation and packaging of instruments, sterilization and storage of sterilized and clean dental instruments)	3	Y	N	
22	Written policy and procedures for sterilization monitoring	3	Y	N	
23	Weekly biological monitoring logs	1	Y	N	
24	Current maintenance logs for sterilization equipment	3	Y	N	
25	Weekly biological monitoring logs kept for 2+ years or since opening date: _____	3	Y	N	
26	Written policy for managing failed chemical, heat or biological monitoring test	3	Y	N	
27	Equipment and maintenance logs	3	Y	N	
ENVIRONMENTAL INFECTION CONTROL ELEMENTS					
28	Written policy and procedure for aseptic management during patient care	3	Y	N	
29	Written policy and procedure for surface disinfection and environmental barrier protection	3	Y	N	
30	Written policy and procedure for medical waste management	3	Y	N	
31	Name/telephone number of licensed waste hauler for regulated waste	3	Y	N	
32	Written Policy and procedure for decontaminating spills of blood or other body fluids	3	Y	N	
33	Written policy and procedure to improve dental unit water quality	3	Y	N	
34	Documentation of dental unit water lines testing to meet potable water standard of EPA (<500 CFU/ml)	4	Y	N	
35	Documentation of action taken to meet EPA potable water standard, including re-testing	4	Y	N	
36	Written policy and procedure to maintain asepsis and prevent cross contamination when taking and processing dental radiographs	3	Y	N	
37	Written policy and procedure to maintain asepsis and prevent cross contamination during dental laboratory procedures	3	Y	N	
OTHER					
38	A comprehensive and annually up-dated medical history form is used to evaluate patients	3	Y	N	
COMMUNICABLE DISEASE CONTROL PROCEDURES		LEVEL 1-4	Y	N	N/A
39	Single use or sterilization for critical items	1	Y	N	N/A
40	Multi - dose vials used		Y	N	
41	a) if yes, vials are only entered with new, sterile syringe with a new, sterile needle	1	Y	N	N/A
42	b) Cap of multi-dose vial cleaned with alcohol based wipe before being accessed	2	Y	N	N/A
43	c) Are multi-use vials discarded when expired or 28 days after initial access (as applicable) - Must have date when first accessed	2	Y	N	N/A
44	d) is initial access dated on the multi-use vials	2	Y	N	N/A
45	Fluid infusion and administration sets (IV bags, tubing and connectors) used?		Y	N	
46	a) if yes, used only on one patient	1	Y	N	N/A
47	b) Disposed of after single use?	1	Y	N	N/A
48	c) Single IV bag is <u>not</u> used to mix medications for more than one patient	1	Y	N	N/A
49	d) Single dose medication/infusions are used for only one patient and discarded after use	1	Y	N	N/A
50	Personnel wear utility gloves when processing contaminated instruments - Not latex type for patient care	2	Y	N	
51	Supplies for hand hygiene accessible to employees at point of need	2	Y	N	
52	Soap and water easily accessible	2	Y	N	
53	Alcohol based rubs easily accessible-if used	2	Y	N	
54	Team members display appropriate hand hygiene techniques	1	Y	N	

APPROPRIATE PPE SUPPLIES ACCESSIBLE & EMPLOYEES WITH EXPOSURE RISKS					
55	Gloves (Latex and latex free or just latex free) Sterile Surgical Gloves---for surgical procedures	1 2	Y Y	N N	
56	Masks	1	Y	N	

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1<sup>ST</sup> INSPECTION

Inspector Initials \_\_\_\_\_

Licensee Initials \_\_\_\_\_

		IC Committee Meeting - Page 53	1	Y	N	
57	Safety glasses with side shield or full face shields		1	Y	N	
58	Disposable gowns/laundered gowns offered		1	Y	N	
59	Health care workers display appropriate use of PPE barriers		2	Y	N	
60	Running water eye wash station accessible		3	Y	N	
61	Appropriate barrier products available ( dental dams, protective eyewear, other)		2	Y	N	
62	Basic first aid products and equipment available (Recommended to include: nitroglycerin, Benadryl, epipen, oxygen, aspirin, albuterol, glucose, glucagon)		4	Y	N	
<b>DENTAL UNIT WATER QUALITY</b>						
63	Dental unit water lines flushed between patients for a minimum of 20 seconds		2	Y	N	
64	Dental unit water lines are treated to remove biofilm		4	Y	N	
65	Maintain documentation of dental unit water line testing to meet the potable water standard of EPA (< 500 CFU/ml)		4	Y	N	
66	Maintain documentaion of dental unit water lines not meeting the potable water standard of EPA are treated and retested		4	Y	N	N/A
<b>CLEANING, DISINFECTION &amp; STERILIZATION OF PATIENT CARE ITEMS</b>						
67	Biofilm and organic matter are removed from critical and semi-critical instruments using detergents or enzymatic cleaners prior to sterilization		2	Y	N	
68	Sterilization equipment available and fully functional		1	Y	N	
69	Number of working autoclaves: _____		1	Y	N	N/A
70	Number of working chemiclaves: _____		1	Y	N	N/A
71	Number of working dry heat sterilizers: _____		1	Y	N	N/A
72	Number of working Flash steam sterilizers (Statim): _____		1	Y	N	N/A
73	Number of working ultrasonic cleaners: _____		1	Y	N	
74	Endodontic files/instrumentation sterilized or disposed		1	Y	N	
75	Is Biological testing of sterilizer completed weekly		1	Y	N	
76	If independent biological testing service, Name: _____			Y	N	N/A
77	If in-office biological testing, is control processed?		2	Y	N	N/A
78	Sterilization cycles are verified with chemical/heat indicator. Both interior and external indicators		2	Y	N	
79	Critical items (any instrument that penetrates soft tissue or bone) instruments are sterilized after each use		1	Y	N	
80	Use a biological indicator for every sterilizer load that contains a non-sterile Implantable device. Verify results before using the implantable device, whenever possible.		1	Y	N	N/A
81	Proper sterilization loading technique, not overloading		2	Y	N	
82	Heat Tolerant Handpieces are sterilized after each use (including high & low speed handpieces, prophylaxis angles, ultrasonic and sonic scaling tips, air abrasion devices, air and water syringe tips, and motors--with exception of electric type models)		1	Y	N	
83	Sterile packs are inspected for integrity, compromised packs are reprocessed		2	Y	N	
84	Event-related monitoring is used to monitor package integrity and packages are appropriately stored with a minimum of an initial date stamp		2	Y	N	
85	Single use instruments or devices are not processed and re-used		1	Y	N	
86	Semi-critical items are sterilized after each use if not heat sensitive		1	Y	N	
87	Heat sensitive semi-critical are at a minimum high level disinfected after each use or chemical sterilized after each use		1	Y	N	
88	Practice is using an FDA approved chemical sterilant		2	Y	N	N/A
89	All applicable label instruction are followed on FDA approved chemical sterilant (dilution, expiration date, shelf life, storage, safe use, disposal and material compatibility)		2	Y	N	N/A
90	Practice is using a FDA approved method as high level disinfectant (for heat-sensitive semicritical patient care items)		2	Y	N	N/A
91	Method used for high level disinfection are prepared and follow the manufacturer's instructions of use (dilution, expiration date, shelf life, storage, safe use, disposal and material compatibility)		2	Y	N	N/A
<b>Aseptic Techniques:</b>						
92	Splash shields and equipment guards used on dental laboratory lathes		4	Y	N	N/A
93	Fresh pumice and a sterilized, or new rag wheel used for each patient		2	Y	N	N/A

94	Are devices used to polish, trim or adjust contaminated intraoral devices being disinfected or sterilized	2	Y	N	N/A
95	Intraoral items such as impressions, bite registrations, prostheses and orthodontic appliances are cleaned and disinfected	2	Y	N	
<b>Environmental Infection Control</b>			LEVEL 1-4	Y	N
96	Clinical contact surfaces (frequently touched surface that could potentially allow secondary transmission to HCW or patients) that are not barrier-protected are cleaned and disinfected using an EPA registered hospital disinfectant with low to intermediate claim after each patient. Uses intermediate level disinfectant (TB claim) if visibly contaminated with blood.	2	Y	N	
97	Housekeeping surfaces (sinks, floors, walls) are cleaned on a routine basis	2	Y	N	
98	Environmental surfaces are disinfected with an EPA registered low intermediate disinfectant (TB claim) at beginning and end of day	2	Y	N	
99	EPA registered disinfectants are prepared and follow the manufacturer's instruction of use (dilution, shelf life, storage, use of material compatibility)	2	Y	N	
100	All clinical contact surfaces are protected with barriers (especially areas that are difficult to clean)	2	Y	N	
101	Clinical contact barriers are changed between patients	2	Y	N	
102	Decontamination and clean areas separated in the instrument processing area	2	Y	N	
103	Biohazardous waste is disposed of properly	2	Y	N	
<b>Sharps</b>					
104	Approved sharps containers utilized and accessible	2	Y	N	
105	Sharps container taken out of service and processed appropriately	2	Y	N	
106	Safe recapping techniques/devices used	2	Y	N	
107	Sharps (needles, blades...) are single use	1	Y	N	
108	Employees use engineering controls (e.g., forceps) to retrieve contaminated sharps from trays or containers	2	Y	N	

#### ACKNOWLEDGEMENT AND RECEIPT OF COPY BY OWNER/AUTHORIZED AGENT

The owner of the dental practice hereby acknowledges that by executing this document below and initialing each page's lower right hand corner on the line "Licensee Initials," receipt of a copy of this inspection/survey form is acknowledged.

In the event the dental practice has satisfactorily completed the inspection, as noted in this inspection/survey form, the owner/licensee will receive from the Board's Executive Director and/or representative, written notice of satisfactorily completing the inspection conducted.

If an owner/licensee has commenced the practice of dentistry prior to an Initial Inspection (NAC 631.1785) at any given location that inspection shall be deemed to be a Random Inspection pursuant to NAC 631.179.

If the inspection indicates "critical" deficiencies (items listed as "#1's") the owner/licensee will receive written notice from the Board's Executive Director and/or representative of the "critical" deficiencies and that a re-inspection will be conducted within seventy-two (72) hours of the written notice. However in the event the "critical" deficiencies noted, pose an immediate threat to the public health, safety and/or welfare the President of the Board, may without any further action of the Board, issue an Order of Summary Suspension pursuant to NAC 631.179(4).

In the event the inspection indicates "remedial action required" deficiencies (items listed as "#2's"), the owner/licensee will receive written notice from the Board's Executive Director and/or representative of the "remedial action required" deficiencies and that a re-inspection will be conducted within seven (7) days of the written notice.

In the event the inspection indicates "action required" deficiencies (items listed with a "#3"), the owner/licensee will receive written notice from the Board's Executive Director and/or representative of the "action required" deficiencies and that a re-inspection will be conducted within thirty (30) days of the written notice.

Receipt of a copy of the foregoing is hereby acknowledged;

By \_\_\_\_\_

Print name: \_\_\_\_\_

this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ at \_\_\_\_\_:\_\_\_\_\_.m.

Title and/or position/capacity: \_\_\_\_\_

## **Agenda Item (6)(k):**

**CDC Guidelines • August 28, 2020**

# Coronavirus Disease 2019 (COVID-19)

## Guidance for Dental Settings Dental Settings

Interim Infection Prevention and Control Guidance for Dental Settings During the Coronavirus Disease 2019 (COVID-19) Pandemic

Updated Aug. 28, 2020

[Print](#)

### Key Points

- Recognize dental settings have unique characteristics that warrant specific infection control considerations.
- Prioritize the most critical dental services and provide care in a way that minimizes harm to patients from delaying care and harm to personnel and patients from potential exposure to SARS-CoV-2 infection.
- Proactively communicate to both personnel and patients the need for them to stay at home if sick.
- Know the steps to take if a patient with COVID-19 symptoms enters your facility.

This guidance was updated August 28, 2020 and complements CDC's

- Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic
- Framework for Healthcare Systems Providing Non-COVID-19 Clinical Care During the COVID-19 Pandemic

### Summary of Recent Changes

- Guidance has been rearranged for clarity.
- Updated the definition of fever to either measured temperature  $\geq 100.0^{\circ}\text{F}$  or subjective fever to align with CDC's Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic.
- In areas with moderate to substantial community transmission, during patient encounters with patients not suspected of SARS-CoV-2 infection, CDC recommends that dental healthcare personnel (DHCP):
  - Wear eye protection in addition to their facemask 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 an N95 respirator or a respirator that offers an equivalent or higher level of protection during aerosol generating procedures.
- Added language that protective eyewear (e.g., safety glasses, trauma glasses) with gaps between glasses and the face likely do not protect eyes from all splashes and sprays.
- Included additional guidance on physical distancing and how to respond to SARS-CoV-2 exposures among DHCP and others.



## Background

This interim guidance has been updated based on currently available information about coronavirus disease 2019 (COVID-19) and the current situation in the United States. As dental healthcare facilities begin to restart elective procedures in accordance with guidance from local and state officials, there are precautions that should remain in place as a part of the ongoing response to the COVID-19 pandemic. Most recommendations in this updated guidance are not new (except as noted in the summary of changes above); they have been reorganized into the following sections:

1. Recommended infection prevention and control (IPC) practices for routine dental healthcare delivery during the pandemic
2. Recommended IPC practices when providing dental healthcare for a patient with suspected or confirmed SARS-CoV-2 infection

Dental settings should balance the need to provide necessary services while minimizing risk to patients and dental healthcare personnel (DHCP). CDC has developed a framework for healthcare personnel and healthcare systems for delivery of non-emergent care during the COVID-19 pandemic. DHCP should regularly consult their state dental boards and state or local health departments for current local information for requirements specific to their jurisdictions, including recognizing the degree of community transmission and impact, and their region-specific recommendations.

**Transmission:** SARS-CoV-2, the virus that causes COVID-19, is thought to spread primarily between people who are in close contact with one another (within 6 feet) through respiratory droplets produced when an infected person coughs, sneezes, or talks. Airborne transmission from person-to-person over long distances is unlikely. However, COVID-19 is a new disease, and we are still learning about how the virus spreads and the severity of illness it causes. The virus has been shown to persist in aerosols for hours, and on some surfaces for days under laboratory conditions. SARS-CoV-2 can be spread by people who are not showing symptoms.

**Risk:** The practice of dentistry involves the use of rotary dental and surgical instruments, such as handpieces or ultrasonic scalers and air-water syringes. These instruments create a visible spray that can contain particle droplets of water, saliva, blood, microorganisms, and other debris. Surgical masks protect mucous membranes of the mouth and nose from droplet spatter, but they do not provide complete protection against inhalation of infectious agents. There are currently no data available to assess the risk of SARS-CoV-2 transmission during dental practice.

## Recommendations

### 1. Recommended infection prevention and control (IPC) practices for routine dental healthcare delivery during the pandemic

CDC recommends using additional infection prevention and control practices during the COVID-19 pandemic, along with standard practices recommended as a part of routine dental healthcare delivery to all patients. These practices are intended to apply to all patients, not just those with suspected or confirmed SARS-CoV-2 infection (See Section 2 for additional practices that should be used when providing dental healthcare for patients with suspected or confirmed SARS-CoV-2 infection). These additional practices for all patients include:

**Consider if elective procedures, surgeries, and non-urgent outpatient visits should be postponed in certain circumstances.**


Provide dental treatment only after you have assessed the patient and considered both the risk to the patient of deferring care and the risk to DHCP and patients of healthcare-associated SARS-CoV-2 transmission. Ensure that you have the appropriate amount of personal protective equipment (PPE) and supplies to support your patients. If PPE

and supplies are limited, prioritize dental care for the highest need, most vulnerable patients first – those at most risk if care is delayed. DHCP should apply the guidance found in the Framework for Healthcare Systems Providing Non-COVID-19 Clinical Care During the COVID-19 Pandemic to determine how and when to resume non-emergency dental care. DHCP should stay informed and regularly consult with the state or local health department for region-specific information and recommendations. Monitor trends in local case counts and deaths, especially for populations at higher risk for severe illness.

## Implement Teledentistry and Triage Protocols

- Contact all patients prior to dental treatment.
  - Telephone screen all patients for symptoms consistent with COVID-19. If the patient reports symptoms of COVID-19, avoid non-emergent dental care and use the Phone Advice Line Tool for Possible COVID-19 patients. If possible, delay dental care until the patient has ended isolation or quarantine.
  - Telephone triage all patients in need of dental care. Assess the patient's dental condition and determine whether the patient needs to be seen in the dental setting. Use teledentistry options as alternatives to in-office care.
  - Request that the patient limit the number of visitors accompanying him or her to the dental appointment to only those people who are necessary.
  - Advise patients that they, and anyone accompanying them to the appointment, will be requested to wear a cloth face covering or facemask when entering the facility and will undergo screening for fever and symptoms consistent with COVID-19.

## Screen and Triage Everyone Entering a Dental Healthcare Facility for Signs and Symptoms of COVID-19

- Take steps to ensure that everyone (patients, DHCP, visitors) adheres to respiratory hygiene and cough etiquette and hand hygiene while inside the facility.
  - Post visual alerts  (e.g., signs, posters) at the entrance and in strategic places (e.g., waiting areas, elevators, break rooms) to provide instructions (in appropriate languages) about hand hygiene and respiratory hygiene and cough etiquette. Instructions should include wearing a cloth face covering or facemask for source control, and how and when to perform hand hygiene.
  - Provide supplies for respiratory hygiene and cough etiquette, including alcohol-based hand rub (ABHR) with at least 60% alcohol, tissues, and no-touch receptacles for disposal, at healthcare facility entrances, waiting rooms, and patient check-ins.
  - Install physical barriers (e.g., glass or plastic windows) at reception areas to limit close contact between triage personnel and potentially infectious patients.
  - Remove toys, magazines, and other frequently touched objects from waiting room that cannot be regularly cleaned and disinfected.
- Ensure that everyone has donned their own cloth face covering, or provide a facemask if supplies are adequate.
- Screen everyone entering the dental healthcare facility for fever and symptoms consistent with COVID-19 or exposure to others with SARS-CoV-2 infection.
  - Document absence of symptoms consistent with COVID-19.
  - Actively take their temperature. Fever is either measured temperature  $\geq 100.0^{\circ}\text{F}$  or subjective fever.
  - Ask them if they have been advised to self-quarantine because of exposure to someone with SARS-CoV-2 infection.
- Properly manage anyone with symptoms of COVID-19 or who has been advised to self-quarantine:
  - If a patient is found to be febrile, has signs or symptoms consistent with COVID-19, or experienced an exposure for which quarantine would be recommended, DHCP should follow all precautions recommended in Section 2 Recommended IPC practices when providing dental healthcare for a patient with suspected or confirmed SARS-CoV-2 infection.

- If a patient has a fever strongly associated with a dental diagnosis (e.g., pulpal and periapical dental pain and intraoral swelling are present) but no other symptoms consistent with COVID-19 are present, dental care can be provided following the practices recommended in Section 1. Recommended infection prevention and control (IPC) practices for routine dental healthcare delivery during the pandemic.
- If a DHCP is found to be febrile or has signs or symptoms consistent with COVID-19, he or she should immediately return home, should notify occupational health services or the infection control coordinator to arrange for further evaluation, or seek medical attention.
- People with COVID-19 who have ended home isolation can receive dental care following Standard Precautions.

## Monitor and Manage DHCP

- Implement sick leave policies for DHCP that are flexible, non-punitive, and consistent with public health guidance.
- As part of routine practice, DHCP should be asked to regularly monitor themselves for fever and symptoms consistent with COVID-19.
- DHCP should be reminded to stay home when they are ill and should receive no penalties when needing to stay home when ill or under quarantine.
- If DHCP suspect they have COVID-19:
  - Do not come to work.
  - Notify their primary healthcare provider to determine whether medical evaluation is necessary.
- Information about when DHCP with suspected or confirmed COVID-19 may return to work is available in the Interim Guidance on Criteria for Return to Work for Healthcare Personnel with Confirmed or Suspected COVID-19.
- For information on work restrictions for health care personnel with underlying health conditions who may care for COVID-19 patients, see CDC's Healthcare Workers Clinical Questions about COVID-19: Questions and Answers on COVID-19 Risk.

## Create a Process to Respond to SARS-CoV-2 Exposures Among DHCP and Others

- Request that patients contact the dental clinic if they develop signs or symptoms or are diagnosed with COVID-19 within 2 days following the dental appointment.
- If DHCP experience a potential work exposure to COVID-19, follow CDC's Interim U.S. Guidance for Risk Assessment and Work Restrictions for Healthcare Personnel with Potential Exposure to COVID-19.
  - Information on testing DHCP for SARS-CoV-2 is available in the Interim Guidance on Testing Healthcare Personnel for SARS-CoV-2.
- If patients or DHCP believe they have experienced an exposure to COVID-19 outside of the dental healthcare setting, including during domestic travel, they should follow CDC's Public Health Guidance for Community-Related Exposure. Separate guidance is available for international travelers.
- For more information, including frequently asked questions on infected healthcare personnel, see CDC's Healthcare Workers Clinical Questions about COVID-19: Questions and Answers on Infection Control.

## Implement Universal Source Control Measures

Source control refers to use of facemasks (surgical masks or procedure masks) or cloth face coverings to cover a person's mouth and nose to prevent spread of respiratory secretions when they are talking, sneezing, or coughing. Because of the potential for asymptomatic and pre-symptomatic transmission, source control measures are recommended for everyone in a healthcare facility, even if they do not have signs and symptoms of COVID-19.

- Patients and visitors should, ideally, wear their own cloth facemask covering (if tolerated) upon arrival to and throughout their stay in the facility. If they do not have a facemask covering, they should be offered a facemask or cloth face covering, as supplies allow.

- Patients may remove their cloth facemask covering when in their rooms or patient care area but should put it back on when leaving at the end of the dental treatment.
- Facemasks and cloth face coverings should not be placed on young children under age 2, anyone who has trouble breathing, or anyone who is unconscious, incapacitated or otherwise unable to remove the mask without assistance.
- DHCP should wear a face mask or cloth face covering at all times while they are in the dental setting, including in breakrooms or other spaces where they might encounter co-workers.
  - When available, surgical masks are preferred over cloth face coverings for DHCP; surgical masks offer both source control and protection for the wearer against exposure to splashes and sprays of infectious material from others.
  - Cloth face coverings should NOT be worn instead of a respirator or facemask if more than source control is required, as cloth face coverings are not PPE.
  - Respirators with an exhalation valve are not currently recommended for source control, as they allow unfiltered exhaled breath to escape. If only a respirator with an exhalation valve is available and source control is needed, the exhalation valve should be covered with a facemask that does not interfere with the respirator fit
  - Some DHCP whose job duties do not require PPE (such as clerical personnel) may continue to wear their cloth face covering for source control while in the dental setting.
  - Other DHCP (such as dentists, dental hygienists, dental assistants) may wear their cloth face covering when they are not engaged in *direct patient care* activities, and then switch to a respirator or a surgical mask when PPE is required.
  - DHCP should remove their respirator or surgical mask, perform hand hygiene, and put on their cloth face covering when leaving the facility at the end of their shift.
- Educate patients, visitors, and DHCP about the importance of performing hand hygiene immediately before and after any contact with their facemask or cloth face covering.

## Encourage Physical Distancing

Dental healthcare delivery requires close physical contact between patients and DHCP. However, when possible, physical distancing (maintaining 6 feet between people) is an important strategy to prevent SARS-CoV-2 transmission. Examples of how physical distancing can be implemented for patients include:

- Limiting visitors to the facility to those essential for the patient's physical or emotional well-being and care (e.g., care partner, parent).
  - Encourage use of alternative mechanisms for patient and visitor interactions such as video-call applications on cell phones or tablets.
- Scheduling appointments to minimize the number of people in the waiting room.
  - Patients may opt to wait in a personal vehicle or outside the dental facility where they can be contacted by mobile phone when it is their turn for dental care.
  - Minimize overlapping dental appointments.
- Arranging seating in waiting rooms so patients can sit at least 6 feet apart.

For DHCP, the potential for exposure to SARS-CoV-2 is not limited to direct patient care interactions. Transmission can also occur through unprotected exposures to asymptomatic or pre-symptomatic co-workers in breakrooms or co-workers or visitors in other common areas. Examples of how physical distancing can be implemented for DHCP include:

- Reminding DHCP that the potential for exposure to SARS-CoV-2 is not limited to direct patient care interactions.

- Emphasizing the importance of source control and physical distancing in non-patient care areas.
- Providing family meeting areas where all individuals (e.g., visitors, DHCP) can remain at least 6 feet apart from each other.
- Designating areas for DHCP to take breaks, eat, and drink that allow them to remain at least 6 feet apart from each other, especially when they must be unmasked.

## Consider Performing Targeted SARS-CoV-2 Testing of Patients Without Signs or Symptoms of COVID-19

In addition to the use of universal PPE (see below) and source control in healthcare settings, targeted SARS-CoV-2 testing of patients without signs or symptoms of COVID-19 might be used to identify those with asymptomatic or pre-symptomatic SARS-CoV-2 infection and further reduce risk for exposures in some healthcare settings. Depending on guidance from local and state health departments, testing availability, and how rapidly results are available, facilities can consider implementing pre-admission or pre-procedure diagnostic testing with authorized nucleic acid or antigen detection assays for SARS-CoV-2. Testing results might inform decisions about rescheduling elective procedures or about the need for additional Transmission-Based Precautions when caring for the patient. Limitations of using this testing strategy include obtaining negative results in patients during their incubation period who later become infectious and false negative test results, depending on the test method used.

## Administrative Controls and Work Practices

- DHCP should limit clinical care to one patient at a time, whenever possible.
- Set up operatories so that only the clean or sterile supplies and instruments needed for the dental procedure are readily accessible. All other supplies and instruments should be in covered storage, such as drawers and cabinets, and away from potential contamination. Any supplies and equipment that are exposed but not used during the procedure should be considered contaminated and should be disposed of or reprocessed properly after completion of the procedure.
- Avoid aerosol generating procedures (see below for definition) whenever possible, including the use of high-speed dental handpieces, air/water syringe, and ultrasonic scalers. Prioritize minimally invasive/atraumatic restorative techniques (hand instruments only).
- If aerosol generating procedures are necessary for dental care, use four-handed dentistry, high evacuation suction and dental dams to minimize droplet spatter and aerosols. The number of DHCP present during the procedure should be limited to only those essential for patient care and procedure support.
- Preprocedural mouth rinses (PPMR)
  - There is no published evidence regarding the clinical effectiveness of PPMRs to reduce SARS-CoV-2 viral loads or to prevent transmission. Although SARS-CoV-2 was not studied, PPMRs with an antimicrobial product (chlorhexidine gluconate, essential oils, povidone-iodine or cetylpyridinium chloride) may reduce the level of oral microorganisms in aerosols and spatter generated during dental procedures.

## Implement Universal Use of Personal Protective Equipment (PPE)

For DHCP working in facilities located in areas with no to minimal community transmission

- DHCP should continue to adhere to Standard Precautions (and Transmission-Based Precautions, if required based on the suspected diagnosis).
- DHCP should wear a surgical mask, eye protection (goggles or a face shield that covers the front and sides of the face), a gown or protective clothing, and gloves during procedures likely to generate splashing or spattering of blood or other body fluids. Protective eyewear (e.g., safety glasses, trauma glasses) with gaps between glasses and the face likely do not protect eyes from all splashes and sprays.


For DHCP working in facilities located in areas with moderate to substantial community transmission

- DHCP working in facilities located in areas with moderate to substantial community transmission are more likely to encounter asymptomatic or pre-symptomatic patients with SARS-CoV-2 infection. If SARS-CoV-2 infection is not suspected in a patient presenting for care (based on symptom and exposure history), DHCP should follow Standard Precautions (and Transmission-Based Precautions, if required based on the suspected diagnosis).
- 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.
- During aerosol generating procedures DHCP should use an N95 respirator or a respirator that offers an equivalent or higher level of protection such as other disposable filtering facepiece respirators, powered air-purifying respirators (PAPRs), or elastomeric respirators.
  - Respirators should be used in the context of a comprehensive respiratory protection program, which includes medical evaluations, fit testing and training in accordance with the Occupational Safety and Health Administration's (OSHA) Respiratory Protection standard (29 CFR 1910.134 [\[4\]](#) ).
  - Respirators with exhalation valves are not recommended for source control and should not be used during surgical procedures as unfiltered exhaled breath may compromise the sterile field. If only a respirator with an exhalation valve is available and source control is needed, the exhalation valve should be covered with a facemask that does not interfere with the respirator fit.

There are multiple sequences recommended for donning and doffing PPE. One suggested sequence for DHCP is listed below. Facilities implementing reuse or extended use of PPE will need to adjust their donning and doffing procedures to accommodate those practices (see PPE Optimization Strategies).

- Before entering a patient room or care area:
  1. Perform hand hygiene (wash your hands with soap and water for at least 20 seconds or use a hand sanitizer).
  2. Put on a clean gown or protective clothing that covers personal clothing and skin (e.g., forearms) likely to become soiled with blood, saliva, or other potentially infectious materials.
    - Gowns and protective clothing should be changed if they become soiled.
  3. Put on a surgical mask or respirator.
    - Mask ties should be secured on the crown of the head (top tie) and the base of the neck (bottom tie). If mask has loops, hook them appropriately around your ears.
    - Respirator straps should be placed on the crown of the head (top strap) and the base of the neck (bottom strap). Perform a user seal check each time you put on the respirator.
  4. Put on eye protection (goggles or a face shield that covers the front and sides of the face).
    - Protective eyewear (e.g., safety glasses, trauma glasses) with gaps between glasses and the face likely do not protect eyes from all splashes and sprays.
    - Personal eyeglasses and contact lenses are NOT considered adequate eye protection.
  5. Put on clean non-sterile gloves.
    - Gloves should be changed if they become torn or heavily contaminated.
  6. Enter the patient room or care area.
- After completion of dental care:
  1. Remove gloves.
  2. Remove gown or protective clothing and discard the gown in a dedicated container for waste or linen.
    - Discard disposable gowns after each use.
    - Launder cloth gowns or protective clothing after each use.
  3. Exit the patient room or care area.
  4. Perform hand hygiene (wash your hands with soap and water for at least 20 seconds or use a hand sanitizer).
  5. Remove eye protection.

- Carefully remove eye protection by grabbing the strap and pulling upwards and away from head. Do not touch the front of the eye protection.
  - Clean and disinfect reusable eye protection according to manufacturer's reprocessing instructions prior to reuse.
  - Discard disposable eye protection after use.
6. Remove and discard surgical mask or respirator.
- Do not touch the front of the respirator or mask.
  - Surgical mask: Carefully untie the mask (or unhook from the ears) and pull it away from the face without touching the front.
  - Respirator: Remove the bottom strap by touching only the strap and bring it carefully over the head. Grasp the top strap and bring it carefully over the head, and then pull the respirator away from the face without touching the front of the respirator.
7. Perform hand hygiene.

Employers should select appropriate PPE and provide it to DHCP in accordance with OSHA's PPE standards (29 CFR 1910 Subpart I) . DHCP must receive training on and demonstrate an understanding of:

- when to use PPE;
- what PPE is necessary;
- how to properly don, use, and doff PPE in a manner to prevent self-contamination;
- how to properly dispose of or disinfect and maintain PPE;
- the limitations of PPE.

Dental facilities must ensure that any reusable PPE is properly cleaned, decontaminated, and maintained after and between uses. Dental settings also should have policies and procedures describing a recommended sequence for safely donning and doffing PPE.

## PPE Supply Optimization Strategies

Major distributors in the United States have reported shortages of PPE, especially surgical masks and respirators. The anticipated timeline for return to routine levels of PPE is not yet known. CDC has developed a series of strategies or options to optimize supplies of PPE in healthcare settings when there is limited supply, and a burn rate calculator that provides information for healthcare facilities to plan and optimize the use of PPE for response to the COVID-19 pandemic. Optimization strategies are provided for gloves, gowns, facemasks, eye protection, and respirators.

These policies are only intended to remain in effect during times of shortages during the COVID-19 pandemic. DHCP should review this guidance carefully, as it is based on a set of tiered recommendations. Strategies should be implemented sequentially. Decisions by facilities to move to contingency and crisis capacity strategies are based on the following assumptions:

- Facilities understand their current PPE inventory and supply chain;
- Facilities understand their PPE utilization rate;
- Facilities are in communication with local healthcare coalitions and federal, state, and local public health partners (e.g., public health emergency preparedness and response staff) regarding identification of additional supplies;
- Facilities have already implemented engineering and administrative control measures;
- Facilities have provided DHCP with required education and training, including having them demonstrate competency with donning and doffing, with any PPE ensemble that is used to perform job responsibilities, such as provision of patient care.

For example, extended use of facemasks and respirators should only be undertaken when the facility is at contingency or crisis capacity and has reasonably implemented all applicable administrative and engineering controls. Such controls include selectively canceling elective and non-urgent procedures and appointments for which PPE is typically used by DHCP. Extended use of PPE is not intended to encourage dental facilities to practice at a normal patient volume during a PPE shortage, but only to be implemented in the short term when other controls have been exhausted. Once the supply of PPE has increased, facilities should return to conventional strategies.

Respirators that comply with international standards may be considered during times of known shortages. CDC has guidance entitled *Factors to Consider When Planning to Purchase Respirators from Another Country* which includes a webinar, and *Assessments of International Respirators*.

## Hand Hygiene

Ensure DHCP practice strict adherence to hand hygiene, including:

- Before and after all patient contact, contact with potentially infectious material, and before putting on and after removing personal protective equipment (PPE), including gloves. Hand hygiene after removing PPE is particularly important to remove any pathogens that might have been transferred to bare hands during the removal process.
- Use ABHR with at least 60% alcohol or wash hands with soap and water for at least 20 seconds. If hands are visibly soiled, use soap and water before returning to ABHR.
- Dental healthcare facilities should ensure that hand hygiene supplies are readily available to all DHCP in every patient care location.

## Equipment Considerations

- After a period of non-use, dental equipment may require maintenance and/or repair. Review the manufacturer's instructions for use (IFU) for office closure, period of non-use, and reopening for all equipment and devices. Some considerations include:
  - Dental unit waterlines (DUWL):
    - Test water quality to ensure it meets standards for safe drinking water as established by the Environmental Protection Agency (< 500 CFU/mL) prior to expanding dental care practices.
    - Confer with the manufacturer regarding recommendations for need to shock DUWL of any devices and products that deliver water used for dental procedures.
    - Continue standard maintenance and monitoring of DUWL according to the IFUs of the dental operatory unit and the DUWL treatment products.
  - Autoclaves and instrument cleaning equipment
    - Ensure that all routine cleaning and maintenance have been performed according to the schedule recommended per manufacturer's IFU.
    - Test sterilizers using a biological indicator with a matching control (i.e., biological indicator and control from same lot number) after a period of non-use prior to reopening per manufacturer's IFU.
  - Air compressor, vacuum and suction lines, radiography equipment, high-tech equipment, amalgam separators, and other dental equipment: Follow protocol for storage and recommended maintenance per manufacturer IFU.
- For additional guidance on reopening buildings, see CDC's *Guidance for Reopening Buildings After Prolonged Shutdown or Reduced Operation*.

## Optimize the Use of Engineering Controls

CDC does not provide guidance on the decontamination of building heating, ventilation, and air conditioning (HVAC)






systems potentially exposed to SARS-CoV-2. To date, CDC has not identified confirmatory evidence to demonstrate that viable virus is contaminating these systems. CDC provides the following recommendations for proper maintenance of ventilation systems and patient placement and volume strategies in dental settings.


- Properly maintain ventilation systems.
  - Ventilation systems that provide air movement in a clean-to-less-clean flow direction reduce the distribution of contaminants and are better at protecting staff and patients. For example, in a dental facility with staff workstations in the corridor right outside the patient operatories, supply-air vents would deliver clean air into the corridor, and return-air vents in the rear of the less-clean patient operatories would pull the air out of the room. Thus, the clean air from the corridor flows past the staff workstations and into the patient operatories. Similarly, placing supply-air vents in the receptionist area and return-air vents in the waiting area pulls clean air from the reception area into the waiting area.
  - Consult with facilities operation staff or an HVAC professional to
    - Understand clinical air flow patterns and determine air changes per hour.
    - Investigate increasing filtration efficiency to the highest level compatible with the HVAC system without significant deviation from designed airflow.
    - Investigate the ability to safely increase the percentage of outdoor air supplied through the HVAC system (requires compatibility with equipment capacity and environmental conditions).
  - Limit the use of demand-controlled ventilation (triggered by temperature setpoint and/or by occupancy controls) during occupied hours and when feasible, up to 2 hours post occupancy to assure that the ventilation rate does not automatically change. Run bathroom exhaust fans continuously during business hours.
  - Consider the use of a portable high-efficiency particulate air (HEPA) air filtration unit while the patient is undergoing, and immediately following, an aerosol generating procedure.
    - Select a HEPA air filtration unit based on its Clean Air Delivery Rate (CADR). The CADR is an established performance standard defined by the Association of Home Appliance Manufacturers and reports the system's cubic feet per minute (CFM) rating under as-used conditions. The higher the CADR, the faster the air cleaner will work to remove aerosols from the air.
    - Rather than just relying on the building's HVAC system capacity, use a HEPA air filtration unit to reduce aerosol concentrations in the room and increase the effectiveness of the turnover time.
    - Place the HEPA unit near the patient's chair, but not behind the DHCP. Ensure the DHCP are not positioned between the unit and the patient's mouth. Position the unit to ensure that it does not pull air into or past the breathing zone of the DHCP.
  - Consider the use of upper-room ultraviolet germicidal irradiation (UVGI) as an adjunct to higher ventilation and air cleaning rates.
- Patient placement
  - Ideally, dental treatment should be provided in individual patient rooms, whenever possible.
  - For dental facilities with open floor plans, to prevent the spread of pathogens there should be:
    - At least 6 feet of space between patient chairs.
    - Physical barriers between patient chairs. Easy-to-clean floor-to-ceiling barriers will enhance effectiveness of portable HEPA air filtration systems (check to make sure that extending barriers to the ceiling will not interfere with fire sprinkler systems).
    - Operatories should be oriented parallel to the direction of airflow if possible.
  - Where feasible, consider patient orientation carefully, placing the patient's head near the return air vents, away from pedestrian corridors, and toward the rear wall when using vestibule-type office layouts.

- Patient volume
  - Ensure to account for the time required to clean and disinfect operatories between patients when calculating your daily patient volume.

## Environmental Infection Control

- DHCP should ensure that environmental cleaning and disinfection procedures are followed consistently and correctly after each patient (however, it is not necessary that DHCP should attempt to sterilize a dental operatory between patients).
  - Clean and disinfect the room and equipment according to the Guidelines for Infection Control in Dental Health-Care Settings—2003  .
- Routine cleaning and disinfection procedures (e.g., using cleaners and water to clean surfaces before applying an Environmental Protection Agency (EPA)-registered, hospital-grade disinfectant to frequently touched surfaces or objects for appropriate contact times as indicated on the product's label) are appropriate for SARS-CoV-2 in healthcare settings, including those patient-care areas in which aerosol generating procedures are performed.
  - Refer to List N  on the EPA website for EPA-registered disinfectants that have qualified under EPA's emerging viral pathogens program for use against SARS-CoV-2.
- Alternative disinfection methods
  - The efficacy of alternative disinfection methods, such as ultrasonic waves, high intensity UV radiation, and LED blue light against SARS-CoV-2 virus is not known. EPA does not routinely review the safety or efficacy of pesticidal devices, such as UV lights, LED lights, or ultrasonic devices. Therefore, EPA cannot confirm whether, or under what circumstances, such products might be effective against the spread of COVID-19.
  - CDC does not recommend the use of sanitizing tunnels. There is no evidence that they are effective in reducing the spread of COVID-19. Chemicals used in sanitizing tunnels could cause skin, eye, or respiratory irritation or damage.
  - EPA only recommends use of the surface disinfectants identified on List N  against the virus that causes COVID-19.
- Manage laundry and medical waste in accordance with routine policies and procedures.

## Sterilization and Disinfection of Patient-Care Items

- Sterilization protocols do not vary for respiratory pathogens. DHCP should perform routine cleaning, disinfection, and sterilization protocols, and follow the recommendations for Sterilization and Disinfection of Patient-Care Items present in the Guidelines for Infection Control in Dental Health Care Settings – 2003  .
- DHCP should follow the manufacturer's instructions for times and temperatures recommended for sterilization of specific dental devices.

## Education and Training

- Provide DHCP with job- or task-specific education and training on preventing transmission of infectious agents, including refresher training.
  - Training: Basic Expectations for Safe Care
- Ensure that DHCP are educated, trained, and have practiced the appropriate use of PPE prior to caring for a patient, including attention to correct use of PPE and prevention of contamination of clothing, skin, and the environment during the process of removing such equipment.
  - Using Personal Protective Equipment (PPE)

## 2. Recommended infection prevention and control (IPC) practices when providing dental healthcare for a patient with suspected or confirmed SARS-CoV-2 infection

Surgical procedures that might pose higher risk for SARS-CoV-2 transmission if the patient has COVID-19 include those that generate potentially infectious aerosols or involve anatomic regions where viral loads might be higher, such as the nose and throat, oropharynx, respiratory tract (see Surgical FAQ).

- If a patient arrives at your facility and is suspected or confirmed to have COVID-19, defer non-emergent dental treatment and take the following actions:
  - o If the patient is not already wearing a cloth face covering, give the patient a facemask to cover his or her nose and mouth.
  - o If the patient is not manifesting emergency warning signs for COVID-19, send the patient home, and instruct the patient to call his or her primary care provider.
  - o If the patient is manifesting emergency warning signs for COVID-19 (for example, has trouble breathing), refer the patient to a medical facility, or call 911 as needed and inform them that the patient may have COVID-19.
- If emergency dental care is medically necessary for a patient who has, or is suspected of having, COVID-19, DHCP should follow CDC's Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic.
- Dental treatment should be provided in an individual patient room with a closed door.
- DHCP who enter the room of a patient with suspected or confirmed SARS-CoV-2 infection should adhere to Standard Precautions and use a NIOSH-approved N95 or equivalent or higher-level respirator (or facemask if a respirator is not available), gown, gloves, and eye protection. Protective eyewear (e.g., safety glasses, trauma glasses) with gaps between glasses and the face likely do not protect eyes from all splashes and sprays.
  - o Avoid aerosol generating procedures (e.g., use of dental handpieces, air/water syringe, ultrasonic scalers) if possible.
  - o If aerosol generating procedures must be performed
    - Aerosol generating procedures should ideally take place in an airborne infection isolation room.
    - DHCP in the room should wear an N95 or equivalent or higher-level respirator, such as disposable filtering facepiece respirator, PAPR, or elastomeric respirator, as well as eye protection (goggles or a face shield that covers the front and sides of the face), gloves, and a gown.
    - The number of DHCP present during the procedure should be limited to only those essential for patient care and procedure support. Visitors should not be present for the procedure.
    - Clean and disinfect procedure room surfaces promptly as described in the section on environmental infection control.
  - o Limit transport and movement of the patient outside of the room to medically essential purposes.
    - Patients should wear a facemask or cloth face covering to contain secretions during transport. If patients cannot tolerate a facemask or cloth face covering or one is not available, they should use tissues to cover their mouth and nose while out of their room or care area.
  - o Consider scheduling the patient at the end of the day.
  - o Do not schedule any other patients at that time.
- To clean and disinfect the dental operatory after a patient with suspected or confirmed COVID-19, DHCP should delay entry into the operatory until a sufficient time has elapsed for enough air changes to remove potentially infectious particles. CDC's Guidelines for Environmental Infection Control in Health-Care Facilities (2003) provides a table to calculate time required for airborne-contaminant removal by efficiency.

# Definitions

**Aerosol generating procedures** – Procedures that may generate aerosols (i.e., particles of respirable size,  $<10\ \mu\text{m}$ ). Aerosols can remain airborne for extended periods and can be inhaled. Development of a comprehensive list of aerosol generating procedures for dental healthcare settings has not been possible, due to limitations in available data on which procedures may generate potentially infectious aerosols and the challenges in determining their potential for infectivity. There is neither expert consensus, nor sufficient supporting data, to create a definitive and comprehensive list of aerosol generating procedures for dental healthcare settings. Commonly used dental equipment known to create aerosols and airborne contamination include ultrasonic scaler, high-speed dental handpiece, air/water syringe, air polishing, and air abrasion.

**Airborne infection isolation rooms** – Single-patient rooms at negative pressure relative to the surrounding areas, and with a minimum of 6 air changes per hour (12 air changes per hour are recommended for new construction or renovation). Air from these rooms should be exhausted directly to the outside or be filtered through a high-efficiency particulate air (HEPA) filter directly before recirculation. Room doors should be kept closed except when entering or leaving the room, and entry and exit should be minimized. Facilities should monitor and document the proper negative-pressure function of these rooms.

**Air changes per hour:** the ratio of the volume of air flowing through a space in a certain period of time (the airflow rate) to the volume of that space (the room volume). This ratio is expressed as the number of air changes per hour.


**Cloth face covering:** Textile (cloth) covers that are intended for source control. They are not personal protective equipment (PPE) and it is uncertain whether cloth face coverings protect the wearer.

## Community Transmission

- **No to minimal community transmission:** Evidence of isolated cases or limited community transmission, case investigations underway; no evidence of exposure in large communal setting
- **Minimal to moderate community transmission:** Sustained transmission with high likelihood or confirmed exposure within communal settings and potential for rapid increase in cases
- **Substantial community transmission:** Large scale community transmission, including communal settings (e.g., schools, workplaces)

**Dental healthcare personnel (DHCP)** – Refers to all paid and unpaid persons serving in dental healthcare settings who have the potential for direct or indirect exposure to patients or infectious materials, including:

- body substances
- contaminated medical supplies, devices, and equipment
- contaminated environmental surfaces
- contaminated air

**Facemask**  : Facemasks are PPE and are often referred to as surgical masks or procedure masks. Use facemasks according to product labeling and local, state, and federal requirements. FDA-cleared surgical masks are preferred in dental settings because they are designed to protect against splashes and sprays and are prioritized for use when such exposures are anticipated, including surgical procedures. Facemasks that are not regulated by FDA, such as some procedure masks, which are typically used for isolation purposes, may not provide protection against splashes and sprays.

**Respirator:** Is a personal protective device that is worn on the face, covers at least the nose and mouth, and is used to reduce the wearer's risk of inhaling hazardous airborne particles (including dust particles and infectious agents), gases, or vapors. Respirators are certified by CDC/National Institute for Occupational Safety and Health (NIOSH), including those

intended for use in healthcare.

Respirator use must be in the context of a complete respiratory protection program in accordance with OSHA Respiratory Protection standard (29 CFR 1910.134 [\[7\]](#)). DHCP should be medically cleared and fit tested if using respirators with tight-fitting facepieces (e.g., a NIOSH-approved N95 respirator) and trained in the proper use of respirators, safe removal and disposal, and medical contraindications to respirator use.

Last Updated Aug. 28, 2020

**Agenda item (9):**

**08/04/2020**

**CDC Dental Settings  
Guidelines**

# Coronavirus Disease 2019 (COVID-19)

MENU >

## Guidance for Dental Settings Dental Settings

Interim Infection Prevention and Control Guidance for Dental Settings During the Coronavirus Disease 2019 (COVID-19) Pandemic

Updated Aug. 4, 2020

[Print](#)

Updated Aug. 4, 2020

### Key Points

- Recognize dental settings have unique characteristics that warrant specific infection control considerations.
- Prioritize the most critical dental services and provide care in a way that minimizes harm to patients from delaying care and harm to personnel and patients from potential exposure to SARS-CoV-2 infection.
- Proactively communicate to both personnel and patients the need for them to stay at home if sick.
- Know the steps to take if a patient with [COVID-19 symptoms](#) enters your facility.

This guidance was updated August 4, 2020 and complements CDC's

- [Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 \(COVID-19\) in Healthcare Settings](#)
- [Framework for Healthcare Systems Providing Non-COVID-19 Clinical Care During the COVID-19 Pandemic](#)

### Summary of Recent Changes

- Guidance has been rearranged for clarity.
- Updated the definition of fever to either measured temperature  $\geq 100.0^{\circ}\text{F}$  or subjective fever to align with CDC's [Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 \(COVID-19\) in Healthcare Settings](#).
- In areas with moderate to substantial community transmission, during patient encounters with patients not suspected of SARS-CoV-2 infection, CDC recommends that dental healthcare personnel (DHCP):
  - Wear eye protection in addition to their facemask 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 an N95 respirator or a respirator that offers an equivalent or higher level of protection during aerosol generating procedures.
- Added language that protective eyewear (e.g., safety glasses, trauma glasses) with gaps between glasses and the face likely do not protect eyes from all splashes and sprays.
- Included additional guidance on physical distancing and how to respond to SARS-CoV-2 exposures among DHCP and others.

## Background

This interim guidance has been updated based on currently available information about coronavirus disease 2019 (COVID-19) and the current situation in the United States. As dental healthcare facilities begin to restart elective procedures in accordance with guidance from local and state officials, there are precautions that should remain in place as a part of the ongoing response to the COVID-19 pandemic. Most recommendations in this updated guidance are not new (except as noted in the summary of changes above); they have been reorganized into the following sections:

1. Recommended infection prevention and control (IPC) practices for routine dental healthcare delivery during the pandemic
2. Recommended IPC practices when providing dental healthcare for a patient with suspected or confirmed SARS-CoV-2 infection

Dental settings should balance the need to provide necessary services while minimizing risk to patients and dental healthcare personnel (DHCP). CDC has developed a [framework](#) for healthcare personnel and healthcare systems for delivery of non-emergent care during the COVID-19 pandemic. DHCP should regularly consult their state dental boards and [state or local health departments](#) for current local information for requirements specific to their jurisdictions, including recognizing the degree of community transmission and impact, and their region-specific recommendations.

**Transmission:** SARS-CoV-2, the virus that causes COVID-19, [is thought to spread](#) primarily between people who are in close contact with one another (within 6 feet) through respiratory droplets produced when an infected person coughs, sneezes, or talks. Airborne transmission from person-to-person over long distances is unlikely. However, COVID-19 is a new disease, and we are still learning about how the virus spreads and the severity of illness it causes. The virus has been shown to persist in aerosols for hours, and on some surfaces for days under laboratory conditions. SARS-CoV-2 can be spread by people who are not showing symptoms.

**Risk:** The practice of dentistry involves the use of rotary dental and surgical instruments, such as handpieces or ultrasonic scalers and air-water syringes. These instruments create a visible spray that can contain particle droplets of water, saliva, blood, microorganisms, and other debris. Surgical masks protect mucous membranes of the mouth and nose from droplet spatter, but they do not provide complete protection against inhalation of infectious agents. There are currently no data available to assess the risk of SARS-CoV-2 transmission during dental practice.

## Recommendations

### 1. Recommended infection prevention and control (IPC) practices for routine dental healthcare delivery during the pandemic

CDC recommends using additional infection prevention and control practices during the COVID-19 pandemic, along with standard practices recommended as a part of routine dental healthcare delivery to all patients. These practices are intended to apply to all patients, not just those with suspected or confirmed SARS-CoV-2 infection (See [Section 2 for additional practices that should be used when providing dental healthcare for patients with suspected or confirmed SARS-CoV-2 infection](#)). These additional practices for all patients include:

**Consider if elective procedures, surgeries, and non-urgent outpatient visits should be postponed in certain circumstances.**

Provide dental treatment only after you have assessed the patient and considered both the risk to the patient of deferring care and the risk to DHCP and patients of healthcare-associated SARS-CoV-2 transmission. Ensure that you have the appropriate amount of personal protective equipment (PPE) and supplies to support your patients. If PPE and supplies are limited, prioritize dental care for the highest need, most vulnerable patients first – those at most risk if care is delayed. DHCP should apply the guidance found in the [Framework for Healthcare Systems Providing Non-COVID-19 Clinical Care During the COVID-19 Pandemic](#) to determine how and when to resume non-emergency dental care. DHCP should stay informed and regularly consult with the [state or local health department](#) for region-specific information and recommendations. [Monitor trends](#) in local case counts and deaths, especially for populations at higher risk for severe illness.


### Implement Teledentistry and Triage Protocols

- Contact all patients prior to dental treatment.



- Telephone screen all patients for symptoms consistent with COVID-19. If the patient reports symptoms of COVID-19, avoid non-emergent dental care and use the Phone Advice Line Tool for Possible COVID-19 patients. If possible, delay dental care until the patient has ended isolation or quarantine.
- Telephone triage all patients in need of dental care. Assess the patient's dental condition and determine whether the patient needs to be seen in the dental setting. Use teledentistry options as alternatives to in-office care.
- Request that the patient limit the number of visitors accompanying him or her to the dental appointment to only those people who are necessary.
- Advise patients that they, and anyone accompanying them to the appointment, will be requested to wear a cloth face covering or facemask when entering the facility and will undergo screening for fever and symptoms consistent with COVID-19.

## Screen and Triage Everyone Entering a Dental Healthcare Facility for Signs and Symptoms of COVID-19

- Take steps to ensure that everyone (patients, DHCP, visitors) adheres to respiratory hygiene and cough etiquette and hand hygiene while inside the facility.
  - Post visual alerts  (e.g., signs, posters) at the entrance and in strategic places (e.g., waiting areas, elevators, break rooms) to provide instructions (in appropriate languages) about hand hygiene and respiratory hygiene and cough etiquette. Instructions should include wearing a cloth face covering or facemask for source control, and how and when to perform hand hygiene.
  - Provide supplies for respiratory hygiene and cough etiquette, including alcohol-based hand rub (ABHR) with at least 60% alcohol, tissues, and no-touch receptacles for disposal, at healthcare facility entrances, waiting rooms, and patient check-ins.
  - Install physical barriers (e.g., glass or plastic windows) at reception areas to limit close contact between triage personnel and potentially infectious patients.
  - Remove toys, magazines, and other frequently touched objects from waiting room that cannot be regularly cleaned and disinfected.
- Ensure that everyone has donned their own cloth face covering, or provide a facemask if supplies are adequate.
- Screen everyone entering the dental healthcare facility for fever and symptoms consistent with COVID-19 or exposure to others with SARS-CoV-2 infection.
  - Document absence of symptoms consistent with COVID-19.
  - Actively take their temperature. Fever is either measured temperature  $\geq 100.0^{\circ}\text{F}$  or subjective fever.
  - Ask them if they have been advised to self-quarantine because of exposure to someone with SARS-CoV-2 infection.
- Properly manage anyone with symptoms of COVID-19 or who has been advised to self-quarantine:
  - If a patient is found to be febrile, has signs or symptoms consistent with COVID-19, or experienced an exposure for which quarantine would be recommended, DHCP should follow all precautions recommended in Section 2 Recommended IPC practices when providing dental healthcare for a patient with suspected or confirmed SARS-CoV-2 infection.
  - If a patient has a fever strongly associated with a dental diagnosis (e.g., pulpal and periapical dental pain and intraoral swelling are present) but no other symptoms consistent with COVID-19 are present, dental care can be provided following the practices recommended in Section 1. Recommended infection prevention and control (IPC) practices for routine dental healthcare delivery during the pandemic.
  - If a DHCP is found to be febrile or has signs or symptoms consistent with COVID-19, he or she should immediately return home, should notify occupational health services or the infection control coordinator to arrange for further evaluation, or seek medical attention.
- People with COVID-19 who have ended home isolation can receive dental care following Standard Precautions.

## Monitor and Manage DHCP

- Implement sick leave policies for DHCP that are flexible, non-punitive, and consistent with public health guidance.
- As part of routine practice, DHCP should be asked to regularly monitor themselves for fever and symptoms consistent with COVID-19.
- DHCP should be reminded to stay home when they are ill and should receive no penalties when needing to stay home when ill or under quarantine.

- If DHCP suspect they have COVID-19:
  - Do not come to work.
  - Notify their primary healthcare provider to determine whether medical evaluation is necessary.
- Information about when DHCP with suspected or confirmed COVID-19 may return to work is available in the [Interim Guidance on Criteria for Return to Work for Healthcare Personnel with Confirmed or Suspected COVID-19](#).
- For information on work restrictions for health care personnel with underlying health conditions who may care for COVID-19 patients, see CDC's Healthcare Workers Clinical Questions about COVID-19: Questions and Answers on [COVID-19 Risk](#).

## Create a Process to Respond to SARS-CoV-2 Exposures Among DHCP and Others

- Request that patients contact the dental clinic if they develop signs or symptoms or are diagnosed with COVID-19 within 2 days following the dental appointment.
- If DHCP experience a potential work exposure to COVID-19, follow CDC's [Interim U.S. Guidance for Risk Assessment and Work Restrictions for Healthcare Personnel with Potential Exposure to COVID-19](#).
  - Information on testing DHCP for SARS-CoV-2 is available in the [Interim Guidance on Testing Healthcare Personnel for SARS-CoV-2](#).
- If patients or DHCP believe they have experienced an exposure to COVID-19 outside of the dental healthcare setting, including during domestic travel, they should follow CDC's [Public Health Guidance for Community-Related Exposure](#). Separate guidance is available for [international travelers](#).
- For more information, including frequently asked questions on infected healthcare personnel, see CDC's Healthcare Workers Clinical Questions about COVID-19: Questions and Answers on [Infection Control](#).

## Implement Universal Source Control Measures

Source control refers to use of [facemasks](#) (surgical masks or procedure masks) or [cloth face coverings](#) to cover a person's mouth and nose to prevent spread of respiratory secretions when they are talking, sneezing, or coughing. Because of the potential for asymptomatic and pre-symptomatic transmission, source control measures are recommended for everyone in a healthcare facility, even if they do not have signs and symptoms of COVID-19.

- Patients and visitors should, ideally, wear their own cloth facemask covering (if tolerated) upon arrival to and throughout their stay in the facility. If they do not have a facemask covering, they should be offered a facemask or cloth face covering, as supplies allow.
  - Patients may remove their cloth facemask covering when in their rooms or patient care area but should put it back on when leaving at the end of the dental treatment.
  - Facemasks and cloth face coverings should not be placed on young children under age 2, anyone who has trouble breathing, or anyone who is unconscious, incapacitated or otherwise unable to remove the mask without assistance.
- DHCP should wear a face mask or cloth face covering **at all times** while they are in the dental setting, **including in breakrooms or other spaces where they might encounter co-workers**.
  - When available, surgical masks are preferred over cloth face coverings for DHCP; surgical masks offer both source control and protection for the wearer against exposure to splashes and sprays of infectious material from others.
  - Cloth face coverings should NOT be worn instead of a respirator or facemask if more than source control is required, as cloth face coverings are not PPE.
  - Respirators with an exhalation valve are not currently recommended for source control, as they allow unfiltered exhaled breath to escape. If only a respirator with an exhalation valve is available and source control is needed, the exhalation valve should be covered with a facemask that does not interfere with the respirator fit
  - Some DHCP whose job duties do not require PPE (such as clerical personnel) may continue to wear their cloth face covering for source control while in the dental setting.
  - Other DHCP (such as dentists, dental hygienists, dental assistants) may wear their cloth face covering when they are not engaged in *direct patient care* activities, and then switch to a respirator or a surgical mask when PPE is required.
  - DHCP should remove their respirator or surgical mask, perform hand hygiene, and put on their cloth face covering when leaving the facility at the end of their shift.

- Educate patients, visitors, and DHCP about the importance of performing hand hygiene immediately before and after any contact with their facemask or cloth face covering.

## Encourage Physical Distancing

Dental healthcare delivery requires close physical contact between patients and DHCP. However, when possible, [physical distancing](#) (maintaining 6 feet between people) is an important strategy to prevent SARS-CoV-2 transmission. Examples of how physical distancing can be implemented for patients include:

- Limiting visitors to the facility to those essential for the patient's physical or emotional well-being and care (e.g., care partner, parent).
  - Encourage use of alternative mechanisms for patient and visitor interactions such as video-call applications on cell phones or tablets.
- Scheduling appointments to minimize the number of people in the waiting room.
  - Patients may opt to wait in a personal vehicle or outside the dental facility where they can be contacted by mobile phone when it is their turn for dental care.
  - Minimize overlapping dental appointments.
- Arranging seating in waiting rooms so patients can sit at least 6 feet apart.

For DHCP, the potential for exposure to SARS-CoV-2 is not limited to direct patient care interactions. Transmission can also occur through unprotected exposures to asymptomatic or pre-symptomatic co-workers in breakrooms or co-workers or visitors in other common areas. Examples of how physical distancing can be implemented for DHCP include:

- Reminding DHCP that the potential for exposure to SARS-CoV-2 is not limited to direct patient care interactions.
- Emphasizing the importance of source control and physical distancing in non-patient care areas.
- Providing family meeting areas where all individuals (e.g., visitors, DHCP) can remain at least 6 feet apart from each other.
- Designating areas for DHCP to take breaks, eat, and drink that allow them to remain at least 6 feet apart from each other, especially when they must be unmasked.

## Consider Performing Targeted SARS-CoV-2 Testing of Patients Without Signs or Symptoms of COVID-19

In addition to the use of universal PPE (see below) and source control in healthcare settings, targeted SARS-CoV-2 testing of patients without signs or symptoms of COVID-19 might be used to identify those with asymptomatic or pre-symptomatic SARS-CoV-2 infection and further reduce risk for exposures in some healthcare settings. Depending on guidance from local and state health departments, testing availability, and how rapidly results are available, facilities can consider implementing pre-admission or pre-procedure diagnostic testing with authorized nucleic acid or antigen detection assays for SARS-CoV-2. Testing results might inform decisions about rescheduling elective procedures or about the need for additional Transmission-Based Precautions when caring for the patient. Limitations of using this testing strategy include obtaining negative results in patients during their incubation period who later become infectious and false negative test results, depending on the test method used.

## Administrative Controls and Work Practices

- DHCP should limit clinical care to one patient at a time, whenever possible.
- Set up operatories so that only the clean or sterile supplies and instruments needed for the dental procedure are readily accessible. All other supplies and instruments should be in covered storage, such as drawers and cabinets, and away from potential contamination. Any supplies and equipment that are exposed but not used during the procedure should be considered contaminated and should be disposed of or reprocessed properly after completion of the procedure.
- Avoid aerosol generating procedures (see below for definition) whenever possible, including the use of high-speed dental handpieces, air/water syringe, and ultrasonic scalers. Prioritize minimally invasive/attraumatic restorative techniques (hand instruments only).
- If aerosol generating procedures are necessary for dental care, use four-handed dentistry, high evacuation suction and dental dams to minimize droplet spatter and aerosols. The number of DHCP present during the procedure should

- Preprocedural mouth rinses (PPMR)
  - There is no published evidence regarding the clinical effectiveness of PPMRs to reduce SARS-CoV-2 viral loads or to prevent transmission. Although SARS-CoV-2 was not studied, PPMRs with an antimicrobial product (chlorhexidine gluconate, essential oils, povidone-iodine or cetylpyridinium chloride) may reduce the level of oral microorganisms in aerosols and spatter generated during dental procedures.

## Implement Universal Use of Personal Protective Equipment (PPE)

### For DHCP working in facilities located in areas with no to minimal community transmission

- DHCP should continue to adhere to [Standard Precautions](#) (and [Transmission-Based Precautions](#), if required based on the suspected diagnosis).
- DHCP should wear a **surgical mask, eye protection (goggles or a face shield that covers the front and sides of the face), a gown or protective clothing, and gloves** during procedures likely to generate splashing or spattering of blood or other body fluids. Protective eyewear (e.g., safety glasses, trauma glasses) with gaps between glasses and the face likely do not protect eyes from all splashes and sprays.

### For DHCP working in facilities located in areas with moderate to substantial community transmission


- DHCP working in facilities located in areas with moderate to substantial community transmission are more likely to encounter asymptomatic or pre-symptomatic patients with SARS-CoV-2 infection. If SARS-CoV-2 infection is not suspected in a patient presenting for care (based on symptom and exposure history), DHCP should follow [Standard Precautions](#) (and [Transmission-Based Precautions](#), if required based on the suspected diagnosis).
- 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.
- **During aerosol generating procedures DHCP should use an N95 respirator or a respirator that offers an equivalent or higher level of protection such as other disposable filtering facepiece respirators, powered air-purifying respirators (PAPRs), or elastomeric respirators.**
  - Respirators should be used in the context of a comprehensive respiratory protection program, which includes medical evaluations, fit testing and training in accordance with the Occupational Safety and Health Administration's (OSHA) Respiratory Protection standard ([29 CFR 1910.134](#) [↗](#)).
  - Respirators with exhalation valves are not recommended for source control and should not be used during surgical procedures as unfiltered exhaled breath may compromise the sterile field. If only a respirator with an exhalation valve is available and source control is needed, the exhalation valve should be covered with a facemask that does not interfere with the respirator fit.

There are multiple [sequences recommended for donning and doffing PPE](#). One suggested sequence for DHCP is listed below. Facilities implementing reuse or extended use of PPE will need to adjust their donning and doffing procedures to accommodate those practices (see PPE Optimization Strategies).

- Before entering a patient room or care area:
  1. Perform hand hygiene (wash your hands with soap and water for at least 20 seconds or use a hand sanitizer).
  2. Put on a clean gown or protective clothing that covers personal clothing and skin (e.g., forearms) likely to become soiled with blood, saliva, or other potentially infectious materials.
    - Gowns and protective clothing should be changed if they become soiled.
  3. Put on a surgical mask or respirator.
    - Mask ties should be secured on the crown of the head (top tie) and the base of the neck (bottom tie). If mask has loops, hook them appropriately around your ears.
    - Respirator straps should be placed on the crown of the head (top strap) and the base of the neck (bottom strap). Perform a user seal check each time you put on the respirator.
  4. Put on eye protection (goggles or a face shield that covers the front and sides of the face).
    - Protective eyewear (e.g., safety glasses, trauma glasses) with gaps between glasses and the face likely do not protect eyes from all splashes and sprays.
    - Personal eyeglasses and contact lenses are NOT considered adequate eye protection.
  5. Put on clean non-sterile gloves



5. Put on clean non-sterile gloves.
  - Gloves should be changed if they become torn or heavily contaminated.
6. Enter the patient room or care area.
- After completion of dental care:
  1. Remove gloves.
  2. Remove gown or protective clothing and discard the gown in a dedicated container for waste or linen.
    - Discard disposable gowns after each use.
    - **Launder** cloth gowns or protective clothing after each use.
  3. Exit the patient room or care area.
  4. Perform hand hygiene (wash your hands with soap and water for at least 20 seconds or use a hand sanitizer).
  5. Remove eye protection.
    - Carefully remove eye protection by grabbing the strap and pulling upwards and away from head. Do not touch the front of the eye protection.
    - Clean and disinfect reusable eye protection according to manufacturer's reprocessing instructions prior to reuse.
    - Discard disposable eye protection after use.
  6. Remove and discard surgical mask or respirator.
    - Do not touch the front of the respirator or mask.
    - Surgical mask: Carefully untie the mask (or unhook from the ears) and pull it away from the face without touching the front.
    - Respirator: Remove the bottom strap by touching only the strap and bring it carefully over the head. Grasp the top strap and bring it carefully over the head, and then pull the respirator away from the face without touching the front of the respirator.
  7. Perform hand hygiene.

Employers should select appropriate PPE and provide it to DHCP in accordance with [OSHA's PPE standards \(29 CFR 1910 Subpart I\)](#) . DHCP must receive training on and demonstrate an understanding of:

- when to use PPE;
- what PPE is necessary;
- how to properly **don, use, and doff PPE** in a manner to prevent self-contamination;
- how to properly dispose of or disinfect and maintain PPE;
- the limitations of PPE.

Dental facilities must ensure that any reusable PPE is properly cleaned, decontaminated, and maintained after and between uses. Dental settings also should have policies and procedures describing a recommended sequence for safely donning and doffing PPE.

## PPE Supply Optimization Strategies

Major distributors in the United States have reported shortages of PPE, especially surgical masks and respirators. The anticipated timeline for return to routine levels of PPE is not yet known. CDC has developed a [series of strategies or options to optimize supplies of PPE](#) in healthcare settings when there is limited supply, and a [burn rate calculator](#) that provides information for healthcare facilities to plan and optimize the use of PPE for response to the COVID-19 pandemic. Optimization strategies are provided for gloves, gowns, facemasks, eye protection, and respirators.

These policies are only intended to remain in effect during times of shortages during the COVID-19 pandemic. DHCP should review this guidance carefully, as it is based on a set of tiered recommendations. Strategies should be implemented sequentially. Decisions by facilities to move to contingency and crisis capacity strategies are based on the following assumptions:

- Facilities understand their current PPE inventory and supply chain;
- Facilities understand their PPE utilization rate;

- Facilities are in communication with local healthcare coalitions and federal, state, and local public health partners (e.g., public health emergency preparedness and response staff) regarding identification of additional supplies;
- Facilities have already implemented engineering and administrative control measures;
- Facilities have provided DHCP with required education and training, including having them demonstrate competency with donning and doffing, with any PPE ensemble that is used to perform job responsibilities, such as provision of patient care.

For example, extended use of facemasks and respirators should only be undertaken when the facility is at contingency or crisis capacity and has reasonably implemented all applicable administrative and engineering controls. Such controls include selectively canceling elective and non-urgent procedures and appointments for which PPE is typically used by DHCP. Extended use of PPE is not intended to encourage dental facilities to practice at a normal patient volume during a PPE shortage, but only to be implemented in the short term when other controls have been exhausted. Once the supply of PPE has increased, facilities should return to conventional strategies.

Respirators that comply with international standards may be considered during times of known shortages. CDC has guidance entitled [Factors to Consider When Planning to Purchase Respirators from Another Country](#) which includes a [webinar](#), and [Assessments of International Respirators](#).

## Hand Hygiene

Ensure DHCP practice strict adherence to [hand hygiene](#), including:

- Before and after all patient contact, contact with potentially infectious material, and before putting on and after removing personal protective equipment (PPE), including gloves. Hand hygiene after removing PPE is particularly important to remove any pathogens that might have been transferred to bare hands during the removal process.
- Use ABHR with at least 60% alcohol or wash hands with soap and water for at least 20 seconds. If hands are visibly soiled, use soap and water before returning to ABHR.
- Dental healthcare facilities should ensure that hand hygiene supplies are readily available to all DHCP in every patient care location.




## Equipment Considerations

- After a period of non-use, dental equipment may require maintenance and/or repair. Review the manufacturer's instructions for use (IFU) for office closure, period of non-use, and reopening for all equipment and devices. Some considerations include:
  - Dental unit waterlines (DUWL):
    - Test water quality to ensure it meets standards for safe drinking water as established by the Environmental Protection Agency (< 500 CFU/mL) prior to expanding dental care practices.
    - Confer with the manufacturer regarding recommendations for need to shock DUWL of any devices and products that deliver water used for dental procedures.
    - Continue standard maintenance and monitoring of DUWL according to the IFUs of the dental operator unit and the DUWL treatment products.
  - Autoclaves and instrument cleaning equipment
    - Ensure that all routine cleaning and maintenance have been performed according to the schedule recommended per manufacturer's IFU.
    - Test sterilizers using a biological indicator with a matching control (i.e., biological indicator and control from same lot number) after a period of non-use prior to reopening per manufacturer's IFU.
  - Air compressor, vacuum and suction lines, radiography equipment, high-tech equipment, amalgam separators, and other dental equipment: Follow protocol for storage and recommended maintenance per manufacturer IFU.
- For additional guidance on reopening buildings, see CDC's [Guidance for Reopening Buildings After Prolonged Shutdown or Reduced Operation](#).


## Optimize the Use of Engineering Controls

CDC does not provide guidance on the decontamination of building heating, ventilation, and air conditioning (HVAC) systems potentially exposed to SARS-CoV-2. To date, CDC has not identified confirmatory evidence to demonstrate that viable virus is contaminating these systems. CDC provides the following recommendations for proper maintenance of ventilation systems and patient placement and volume strategies in dental settings.

- Properly maintain ventilation systems.
  - Ventilation systems that provide air movement in a clean-to-less-clean flow direction reduce the distribution of contaminants and are better at protecting staff and patients. For example, in a dental facility with staff workstations in the corridor right outside the patient operatories, supply-air vents would deliver clean air into the corridor, and return-air vents in the rear of the less-clean patient operatories would pull the air out of the room. Thus, the clean air from the corridor flows past the staff workstations and into the patient operatories. Similarly, placing supply-air vents in the receptionist area and return-air vents in the waiting area pulls clean air from the reception area into the waiting area.
  - Consult with facilities operation staff or an HVAC professional to
    - Understand clinical air flow patterns and determine air changes per hour.
    - Investigate increasing filtration efficiency to the highest level compatible with the HVAC system without significant deviation from designed airflow.
    - Investigate the ability to safely increase the percentage of outdoor air supplied through the HVAC system (requires compatibility with equipment capacity and environmental conditions).
  - Limit the use of demand-controlled ventilation (triggered by temperature setpoint and/or by occupancy controls) during occupied hours and when feasible, up to 2 hours post occupancy to assure that the ventilation rate does not automatically change. Run bathroom exhaust fans continuously during business hours.
  - Consider the use of a portable high-efficiency particulate air (HEPA) air filtration unit while the patient is undergoing, and immediately following, an aerosol generating procedure.
    - Select a HEPA air filtration unit based on its Clean Air Delivery Rate (CADR). The CADR is an established performance standard defined by the Association of Home Appliance Manufacturers and reports the system's cubic feet per minute (CFM) rating under as-used conditions. The higher the CADR, the faster the air cleaner will work to remove aerosols from the air.
    - Rather than just relying on the building's HVAC system capacity, use a HEPA air filtration unit to reduce aerosol concentrations in the room and increase the effectiveness of the turnover time.
    - Place the HEPA unit near the patient's chair, but not behind the DHCP. Ensure the DHCP are not positioned between the unit and the patient's mouth. Position the unit to ensure that it does not pull air into or past the breathing zone of the DHCP.
  - Consider the use of [upper-room ultraviolet germicidal irradiation \(UVGI\)](#) as an adjunct to higher ventilation and air cleaning rates.
- Patient placement
  - Ideally, dental treatment should be provided in individual patient rooms, whenever possible.
  - For dental facilities with open floor plans, to prevent the spread of pathogens there should be:
    - At least 6 feet of space between patient chairs.
    - Physical barriers between patient chairs. Easy-to-clean floor-to-ceiling barriers will enhance effectiveness of portable HEPA air filtration systems (check to make sure that extending barriers to the ceiling will not interfere with fire sprinkler systems).
    - Operatories should be oriented parallel to the direction of airflow if possible.
  - Where feasible, consider patient orientation carefully, placing the patient's head near the return air vents, away from pedestrian corridors, and toward the rear wall when using vestibule-type office layouts.
- Patient volume
  - Ensure to account for the time required to clean and disinfect operatories between patients when calculating your daily patient volume.

- DHCP should ensure that environmental cleaning and disinfection procedures are followed consistently and correctly after each patient (however, it is not necessary that DHCP should attempt to sterilize a dental operatory between patients).
  - Clean and disinfect the room and equipment according to the [Guidelines for Infection Control in Dental Health-Care Settings—2003](#)  .
- Routine cleaning and disinfection procedures (e.g., using cleaners and water to clean surfaces **before** applying an Environmental Protection Agency (EPA)-registered, hospital-grade disinfectant to frequently touched surfaces or objects for appropriate contact times as indicated on the product's label) are appropriate for SARS-CoV-2 in healthcare settings, including those patient-care areas in which aerosol generating procedures are performed.
  - Refer to [List N](#)  on the EPA website for EPA-registered disinfectants that have qualified under EPA's emerging viral pathogens program for use against SARS-CoV-2.
- Alternative disinfection methods
  - The efficacy of alternative disinfection methods, such as ultrasonic waves, high intensity UV radiation, and LED blue light against SARS-CoV-2 virus is not known. EPA does not routinely review the safety or efficacy of pesticidal devices, such as UV lights, LED lights, or ultrasonic devices. Therefore, EPA cannot confirm whether, or under what circumstances, such products might be effective against the spread of COVID-19.
  - CDC does not recommend the use of sanitizing tunnels. There is no evidence that they are effective in reducing the spread of COVID-19. Chemicals used in sanitizing tunnels could cause skin, eye, or respiratory irritation or damage.
  - EPA only recommends use of the [surface disinfectants identified on List N](#)  against the virus that causes COVID-19.
- Manage [laundry](#) and [medical waste](#) in accordance with routine policies and procedures.

## Sterilization and Disinfection of Patient-Care Items

- Sterilization protocols do not vary for respiratory pathogens. DHCP should perform routine cleaning, disinfection, and sterilization protocols, and follow the recommendations for Sterilization and Disinfection of Patient-Care Items present in the [Guidelines for Infection Control in Dental Health Care Settings – 2003](#)  .
- DHCP should follow the manufacturer's instructions for times and temperatures recommended for sterilization of specific dental devices.

## Education and Training

- Provide DHCP with job- or task-specific [education and training](#) on preventing transmission of infectious agents, including refresher training.
  - [Training: Basic Expectations for Safe Care](#)
- Ensure that DHCP are educated, trained, and have practiced the appropriate use of PPE prior to caring for a patient, including attention to correct use of PPE and prevention of contamination of clothing, skin, and the environment during the process of removing such equipment.
  - [Using Personal Protective Equipment \(PPE\)](#)
  - [Healthcare Respiratory Protection Resources Training](#)

## 2. Recommended infection prevention and control (IPC) practices when providing dental healthcare for a patient with suspected or confirmed SARS-CoV-2 infection

Surgical procedures that might pose higher risk for SARS-CoV-2 transmission if the patient has COVID-19 include those that generate potentially infectious aerosols or involve anatomic regions where viral loads might be higher, such as the nose and throat, oropharynx, respiratory tract (see [Surgical FAQ](#)).

- If a patient arrives at your facility and is suspected or confirmed to have COVID-19, defer non-emergent dental treatment and take the following actions:



- If the patient is not already wearing a cloth face covering, give the patient a facemask to cover his or her nose and mouth.
- If the patient is not manifesting [emergency warning signs for COVID-19](#), send the patient home, and instruct the patient to call his or her primary care provider.
- If the patient is manifesting [emergency warning signs for COVID-19](#) (for example, has trouble breathing), refer the patient to a medical facility, or call 911 as needed and inform them that the patient may have COVID-19.
- If emergency dental care is medically necessary for a patient who has, or is suspected of having, COVID-19, DHCP should follow CDC's [Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 \(COVID-19\) in Healthcare Settings](#).
- Dental treatment should be provided in an individual patient room with a closed door.
- DHCP who enter the room of a patient with suspected or confirmed SARS-CoV-2 infection should adhere to [Standard Precautions](#) and **use a NIOSH-approved N95 or equivalent or higher-level respirator (or facemask if a respirator is not available), gown, gloves, and eye protection**. Protective eyewear (e.g., safety glasses, trauma glasses) with gaps between glasses and the face likely do not protect eyes from all splashes and sprays.
  - Avoid aerosol generating procedures (e.g., use of dental handpieces, air/water syringe, ultrasonic scalers) if possible.
  - If aerosol generating procedures must be performed
    - Aerosol generating procedures should ideally take place in an airborne infection isolation room.
    - DHCP in the room should wear an N95 or equivalent or higher-level respirator, such as disposable filtering facepiece respirator, PAPR, or elastomeric respirator, as well as eye protection (goggles or a face shield that covers the front and sides of the face), gloves, and a gown.
    - The number of DHCP present during the procedure should be limited to only those essential for patient care and procedure support. Visitors should not be present for the procedure.
    - Clean and disinfect procedure room surfaces promptly as described in the section on [environmental infection control](#).
  - Limit transport and movement of the patient outside of the room to medically essential purposes.
    - Patients should wear a facemask or cloth face covering to contain secretions during transport. If patients cannot tolerate a facemask or cloth face covering or one is not available, they should use tissues to cover their mouth and nose while out of their room or care area.
  - Consider scheduling the patient at the end of the day.
  - Do not schedule any other patients at that time.
- To [clean and disinfect the dental operatory after a patient with suspected or confirmed COVID-19](#), DHCP should delay entry into the operatory until a sufficient time has elapsed for enough air changes to remove potentially infectious particles. CDC's Guidelines for Environmental Infection Control in Health-Care Facilities (2003) provides a [table to calculate time required for airborne-contaminant removal by efficiency](#).

## Definitions

**Aerosol generating procedures** – Procedures that may generate aerosols (i.e., particles of respirable size, <10 µm). Aerosols can remain airborne for extended periods and can be inhaled. Development of a comprehensive list of aerosol generating procedures for dental healthcare settings has not been possible, due to limitations in available data on which procedures may generate potentially infectious aerosols and the challenges in determining their potential for infectivity. There is neither expert consensus, nor sufficient supporting data, to create a definitive and comprehensive list of aerosol generating procedures for dental healthcare settings. Commonly used dental equipment known to create aerosols and airborne contamination include ultrasonic scaler, high-speed dental handpiece, air/water syringe, air polishing, and air abrasion.

**Airborne infection isolation rooms** – Single-patient rooms at negative pressure relative to the surrounding areas, and with a minimum of 6 air changes per hour (12 air changes per hour are recommended for new construction or renovation). Air from these rooms should be exhausted directly to the outside or be filtered through a high-efficiency particulate air (HEPA) filter directly before recirculation. Room doors should be kept closed except when entering or leaving the room, and entry and exit should be minimized. Facilities should monitor and document the proper negative-pressure function of these rooms.

**Air changes per hour:** the ratio of the volume of air flowing through a space in a certain period of time (the airflow rate) to the volume of that space (the room volume). This ratio is expressed as the number of air changes per hour.


**Cloth face covering:** Textile (cloth) covers that are intended for source control. They are not personal protective equipment (PPE) and it is uncertain whether cloth face coverings protect the wearer.

### Community Transmission


- **No to minimal community transmission:** Evidence of isolated cases or limited community transmission, case investigations underway; no evidence of exposure in large communal setting
- **Minimal to moderate community transmission:** Sustained transmission with high likelihood or confirmed exposure within communal settings and potential for rapid increase in cases
- **Substantial community transmission:** Large scale community transmission, including communal settings (e.g., schools, workplaces)

**Dental healthcare personnel (DHCP)** – Refers to all paid and unpaid persons serving in dental healthcare settings who have the potential for direct or indirect exposure to patients or infectious materials, including:

- body substances
- contaminated medical supplies, devices, and equipment
- contaminated environmental surfaces
- contaminated air

**Facemask** : Facemasks are **PPE** and are often referred to as surgical masks or procedure masks. Use facemasks according to product labeling and local, state, and federal requirements. FDA-cleared surgical masks are preferred in dental settings because they are designed to protect against splashes and sprays and are prioritized for use when such exposures are anticipated, including surgical procedures. Facemasks that are not regulated by FDA, such as some procedure masks, which are typically used for isolation purposes, may not provide protection against splashes and sprays.

**Respirator:** Is a personal protective device that is worn on the face, covers at least the nose and mouth, and is used to reduce the wearer's risk of inhaling hazardous airborne particles (including dust particles and infectious agents), gases, or vapors. Respirators are certified by CDC/National Institute for Occupational Safety and Health (NIOSH), including those intended for use in healthcare.

Respirator use must be in the context of a complete respiratory protection program in accordance with OSHA Respiratory Protection standard ([29 CFR 1910.134](#) ). DHCP should be medically cleared and fit tested if using respirators with tight-fitting facepieces (e.g., a NIOSH-approved N95 respirator) and trained in the proper use of respirators, safe removal and disposal, and medical contraindications to respirator use.

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