NEVADA STATE BOARD of DENTAL EXAMINERS

ADDITIONAL PUBLIC COMMENT

APRIL 30, 2020
9:30 A.M.

PUBLIC BOOK
ADDITIONAL PUBLIC COMMENT
DATE: April 21, 2020

RE: Transition recommendations post-COVID19 for Orthodontic offices

TO: Dr. Ihsan Azzam, Ph.d., M.D.
Chief Medical Officer
Department of Health and Human Services
Division of Public & Behavioral Health
Public Health Informatics and Epidemiology (OPHIE)
4126 Technology Way
Suite 200
Carson City, NV 89706

In an effort to proactively plan for the upcoming transition period where orthodontic offices begin to provide non-emergency services to patients, the following recommendations are provided, that will allow patients' orthodontic needs to be met, while also minimizing risk of COVID-19 transmission. The goal here is to identify guidelines specific to orthodontic offices, as orthodontic care is qualitatively different from other dental specialties; hence, guidelines and restrictions placed on dental offices should be specific to their specialty area.

Most importantly, procedures in orthodontic offices can be performed, almost exclusively, without aerosolizing equipment. Secondly, orthodontic procedures are less invasive than those found in other dental offices. Third, orthodontic offices have rescheduled almost their entire patient caseload during this COVID-19 outbreak, however, given the amount of time passed, orthodontists cannot continue to extend patients who may then develop adverse or permanent medical consequences from spring-loaded devices and mechanical pressure in their mouth and jaw areas. These negative health consequences may include creating infection from wires left in too long and improper movement of jaw and TMJ areas into painful and clinically problematic locations. To that end, over time, orthodontic patients are becoming increasingly medically necessary to treat, and offices must adjust their procedures to begin to see patients while minimizing risk of COVID-19 transmission.

Foremost, dental training always has prioritized safety and minimization of infection transmission, given the unique nature of working in the mouth. We should assume any patient
that enters a dental office may have transmissible diseases, such as HIV, H1N1, and tuberculosis, just as we should assume any person who enters our office could have exposure to COVID-19. With the application of specific social distancing and infection control procedures during this interim period, there is reason to believe that infection transmission can be safely minimized, particularly for orthodontic offices.

The following represents our opinions on guidelines that should be applied to orthodontic offices in this interim transition back to a new normal. They are based on guidelines provided by the American Association of Orthodontics (AAO), the American Dental Association (ADA), as well as recent CDC and OSHA updates.

Foremost, orthodontists must continue to utilize deeply-engrained infection control programs of universal precautions, which already exist in every dental and specialty office. These include extensive sterilization procedures and the use of PPE. In the interim transition period for the COVID-19 outbreak, it is recommended that, when able, orthodontist offices include the following additional interim measures:

1. Orthodontic offices should not use aerosolizing instruments during this interim period, where at all possible. If necessary to perform these procedures, orthodontists should follow all guidelines for aerosolizing procedures as outlined by the Nevada State Board of Dental Examiners.

2. Orthodontic offices should continue to employ social distancing. Waiting rooms should be closed off. Entrance to the office should be restricted to patients only, excepting the cases of young minors or special-needs patients. No-touch check-in procedures should be utilized, including use of text messaging or phone calls to alert patients to enter the office. Payments and office paperwork should be taken over the phone or internet, where possible. Patients should be scheduled using a staggered patient flow.

3. Patients should be pre-screened prior to their appointment for COVID-19 status, illness symptoms, exposure, and travel. Patients with any concerns or increased risks should be rescheduled.

4. All staff and patients will have their temperature checked upon entering the office, and anyone with an elevated temperature will be sent home and rescheduled. Additionally, all patients will be required to disinfect their hands upon arrival and exit from the orthodontic office, and they will be required to use a clinical mouth rinse, pre- and post-treatment.

5. Staff must wear the highest level of available PPE, at all times in the office, including masks, gloves, and when available, face shields. Staff must be trained on the ADA and AAO interim guidelines for reducing the transmission of COVID-19. Staff will remove soiled scrubs and change into personal clothing upon leaving the office to return to home and community settings.
6. Bathrooms, doorknobs, and dental office surfaces will be cleaned multiple times per day.

7. At-risk patients (such as for older age, immune compromised, and/or positive COVID risk status) should be rescheduled during this interim period. If they must be seen, at-risk patients should be treated in a separate room from the general patient population.

8. Use of extraoral radiographs should be used in the orthodontic offices, when possible, and intraoral device use should be minimized or eliminated during this interim transition period.

9. Patients with spring-loaded or other pressure-related orthodontic devices should be monitored carefully, as should any patient with complaints of pain from poking wires or swelling, so as to reduce risk of infection.

10. Debonding procedures, should use non-aerosol methods such as hand scratching glue removal instrument.

11. If an orthodontist goes into a general dentist office to provide orthodontic treatment, they must follow the safety procedures outlined for that general dentist office, as designated by the Nevada Board of Dental Examiners.

If you would like for us to create a task-force for Nevada orthodontic office response to the COVID-19 outbreak, we are happy to serve. Please let us know.

Signed,

Blaine Hansen – President, Nevada State Society of Orthodontists
Arnie Pitts – Immediate Past President, Nevada State Society of Orthodontists
Mark Handelin – Treasurer, Nevada State Society of Orthodontists
Frank Beglin – Council of Government Affairs, American Association of Orthodontists
John Griffiths – Council on Orthodontic Practice, American Association of Orthodontists
Jahnavi Rao – Delegate, American Association of Orthodontists
Adam Welmerink – Director, Pacific Coast Society of Orthodontists
Meagan Struby – Member at Large, Northern Nevada Dental Society
Andrew Leland – New and Younger Member Chair, Northern Nevada Dental Society

Nevada Orthodontists Who Also Signed
Dr. Mark Truman
Dr. Josh Whetten
Dr. Tyson Miller
Dr. Matthew Wirig
Dr. Michael Gardner
Dr. Steven Shaw
Dr. Jeremy Manuele
Dr. Jason VanLue
Dr. Bill O'Gara
Dr. Tom Pitts
Dr. Kevin Andrews
Dr. Scott Leaver
Dr. Nadim Guirguis
Dr. Zach Truman
Dr. Robert Thalgott
Dr. Jed Feller
Dr. Kayla Bateman
Dr. Melissa Jones
Dr. James Gibson
Dr. David Welmerink
Dr. Richard Webster
Dr. Jeffrey Askins
Dr. Tracy Wyatt
Dr. John Coombs
Dr. Arash Bakhaj
Dr. Eryn Ence
Dr. Brian Chamberlain
Dr. Doug Simister
Dr. Brady Okuda
Dr. R. Cree Hamilton

The Honorable Steve Sisolak, Governor of Nevada
The Honorable Richard Whitley, Director, Nevada Department of Health and Human Services
Office of the Governor
101 N. Carson Street
Carson City, NV 89701

Dear Governor Sisolak:

We are writing to you as leaders of the orthodontic community in Nevada, representing the Nevada State Orthodontic Society (NSOS), Pacific Coast Society of Orthodontists (PCSO), the American Association of Orthodontists (AAO) and our local state dental societies. Our members and their patients have been significantly impacted by the state-mandated restrictions on practice due to the novel coronavirus pandemic caused by SARS-CoV-2. For a number of reasons, we are asking you to carefully consider the mandatory restriction on non-emergent procedures for the practice of orthodontics as they are set to expire on April 30th.

Through the regular monitoring and adjustment of orthodontic appliances, orthodontists ensure an emergency-free treatment and normal eating function for our patients during active treatment. The lack of regular professional supervision endangers our patients because they are undergoing complex, ongoing treatment that requires direct professional management for safe and effective care. Since orthodontic appliances continue to move teeth whether they are supervised or not it is essential that the treatment be directly monitored by the treating orthodontist. We are becoming increasingly concerned about ill effects as the period of time where we are not allowed to see these patients for adjustments to their appliances grows and the teeth can move into positions which can be harmful to the patients.

In the practice of orthodontics, orthodontists place and activate appliances under a patient/doctor agreement of regular monitoring and adjustments. The number of patients in active appliances in an orthodontic practice is often substantial, at any given time. Most of these patients are children or adolescents, with growing jaws and facial structures that require regular visits to guide growth and avoid appliance-related emergencies. Additionally, in the provision of care, we regularly screen for other dental problems that often can be complicated by the presence of orthodontic appliances.

As a specialty within dentistry, orthodontists always have provided safe care through full engagement with universal precautions for infection control. Indeed, all dentists have received extensive training to specifically provide services to those with known and unknown transmissible diseases, including AIDS, Tuberculosis, H1N1, and Hepatitis C. In addition, dentists require their staffs to attend annual trainings on CDC and OSHA mandated infectious disease control practices. With the emphasis on infection control through universal precautions with every patient, orthodontic offices are among the safest of outpatient health care delivery offices. Moving forward, orthodontists can continue to provide safe care with careful adherence
to the Nevada State Board of Dental Examiner’s latest recommendations regarding PPE for our procedures, as well as strict social distancing protocols in our waiting rooms. We can also help by pre-screening our patients for Sars-CoVid-2 risks factors before each appointment or as long as recommended by the State of Nevada and the CDC.

Only a small proportion of orthodontic visits can be conducted virtually using teledentistry. Many of our orthodontist members are doing this as much as possible during this crisis; however, this is only possible with a small subset of our overall patient visits. Our professional standards demand that in order to meet the standard of care, the orthodontist must provide direct examination and adjustment of orthodontic appliances to move the treatment forward. Delaying care further for patients already in treatment increases the risk of treatment-related complications to the teeth and the jaws. Our understanding and adherence to infection control standards, with the addition of social distancing practices for patients within the office, will ensure patient safety and help prevent the further spread of SARS-CoV-2.

The last point we would like to make, in addition to concerns about patient welfare, is the devastating impact to the thousands of dental staff employees in the state of Nevada, who are trying to meet ends with highly reduced income and furloughed hours. Our employees depend on office activity for financial support and benefits, and the longer our small businesses are restricted, the more significant the impact for employees. Additionally, the closure of our offices/businesses also impacts employees all the way down the Nevada dental care supply chain.

Thank you for all of the guidance and mandates, which no doubt helped our community flatten the curve. We appreciate your additional consideration in re-instating safe non-emergency health care treatment in dental and orthodontic offices, and we stand ready to provide any further assistance you may need.

Sincerely,

Letter signed by:

Blaine Hansen – President, Nevada State Society of Orthodontist
Arnie Pitts – Immediate Past President, Nevada State Society of Orthodontists
Mark Handlin – Treasurer, Nevada State Society of Orthodontists
Frank Beglin – Council of Government Affairs, American Association of Orthodontists
John Griffiths – Council on Orthodontic Practice, American Association of Orthodontists
Jahnavi Rao – Delegate, American Association of Orthodontists
Adam Welmerink – Director, Pacific Coast Society of Orthodontists
Meagan Struby – Member at Large, Northern Nevada Dental Society
Andrew Leland – New and Younger Member Chair, Northern Nevada Dental Society

Nevada Orthodontists Who Also Signed
Dr. Mark Truman
Dr. Josh Whetten
Dr. Tyson Miller
April 28, 2020

TO: All Licensed Dental Providers in Nevada

FROM: Antonina Capurro, D.M.D, M.P.H, M.B.A
Nevada State Dental Health Officer

RE: Guidance for Dental Services in Nevada

The State of Nevada, Department of Health and Human Services (DHHS) is committed to taking critical steps to ensure public health and safety. Under Governor Sisolak’s Declaration of Emergency Directive 010 which extended Directive 003 to April 30th, the practice of dentistry is considered an essential service in the State of Nevada. Following the March 16th recommendation by the Nevada State Board of Dental Examiners, licensed Nevada dental practitioners continue to postpone elective procedures and provide treatment in-office for emergency dental services only to mitigate the spread of COVID-19. This recommendation was further reiterated through a March 24th memorandum by the Nevada Department of Health and Human Services.

Dental procedures in Nevada have been postponed for six weeks in which time carious lesions may have progressed. To alleviate the public health burden that may result from continued dental neglect, introduction of dental services to reduce chronic disease progression while continuing to suspend elective procedures is recommended to take effect on May 4, 2020. This situation is evolving and is subject to change at the discretion of the Governor and Nevada Chief Medical Officer.

Postponement of elective dental procedures should continue for public health and safety from the date of this notice. Non-compliance may be viewed as unprofessional conduct which is subject to disciplinary action by the Nevada State Board of Dental Examiners. On April 21, 2020, Governor Sisolak provided the framework for state-specific reopening. Upon Nevada’s entrance into Phase 1 of the reopening framework, a strategic, multifaceted and comprehensive plan will be provided to licensed dental practitioners to resume elective care and use of ultrasonic/piezo scaling instruments.

A. Continuation of Urgent and Emergent Dental Services:
   A.1. Continue to maintain professional standard of care and to deliver some triage assessment and educational/counseling visits without being in the same physical space through the utilization of HIPPA compliant teledentistry platform.
      i. Locally owned and operated teledentistry company, Teledentistry.com, offers Nevada dentists a complimentary three-month subscription and training for all Nevada dentists to remotely and safely triage dental emergencies.
   A.2. Continue to deliver clinically appropriate dental health services for urgent or emergent situations.

B. Resuming Non-Emergency Dental Services:
Dental procedures, when possible, should include aerosol controlling measures such as rubber dam use, and high-speed evacuation. The addition of atraumatic restorative procedures should be considered that both arrest dental disease and have no aerosol-generating aspects to them. Additionally, hand instruments should be utilized, and the use of ultrasonic/piezo scaling instruments postponed.
1. Minimize and contain aerosols and splatter:
   a. Utilization of a dental rubber dam with high volume suction
   b. Use of isolating systems (i.e., dryshield, isolite, etc.)
2. Periodontal management procedures should be completed through hand instrumentation. Use of ultrasonic/piezo scaling instruments should be postponed during this phase.
3. Continued suspension of elective procedures including but not limited to:
   a. Any cosmetic or aesthetic procedures, such as veneers, teeth bleaching, or cosmetic bonding
   b. Orthodontic procedures not including those that relieve pain and infection, restore oral function, are trauma-related, phased treatment that will cause harm if postponed, or wire-replacements, checks and appliance delivery/removal if non-aerosol producing.
   c. Periodontal plastic surgery
   d. Delay all appointments for high risk patients unless it is an emergency or essential procedure.
4. Administration of diagnostic (molecular) and/or serological COVID-19 tests are permissible during the length of this order and are viewed as being within the scope of practice of a licensed dentist.

C. Social Distancing
1. Regardless of symptoms, all dental facilities should use a rigorous screening procedure for all patients and persons accompanying patients to determine recent illness, travel, symptoms (fever ≥100.4° F temporal, cough, shortness of breath), or recent exposure to COVID-19.
   a. A consent form attesting to the validity of screening question responses should be signed.
   b. Pre-visit telephonic screening and day of appointment questionnaire encouraged.
   c. Patients with a high temperature (≥100.4° F temporal) or symptoms consistent with COVID-19 (i.e., fever, cough, shortness of breath) should be referred for testing and dental needs evaluated for reappointment.
2. Only a parent or guardian of children or special needs adults should be allowed to accompany patients to the office. Furthermore, only when it is imperative to patient management should the parent or guardian accompany the patient to the treatment area.
3. Remote and advanced registration of patients, including payment arrangements and initial health history/COVID-19 screening should be encouraged and take place outside the office, perhaps on-line, through a text application or by telephone to reduce exposure time between the patient and the dental staff.
4. Patients should wait in their cars or outside of the dental facility if social distancing is not possible in common areas.
5. Dental facility common areas should have defined and marked social distancing placards.
6. Dental healthcare personnel must maintain six feet of social distancing guidelines with non-patients and must minimize contact with the patient prior and following treatment.
7. Dental offices should redesign their patient flow and treatment arrangement to assure that at least six feet exists between patients or that impermeable barriers exist between patients to contain any aerosolization that may occur during dental procedures.
8. Signage explaining the changes being made in the dental environment is encouraged to educate patients.

C. Infection Control
1. Infection control protocols based on current CDC guidelines and Infection Prevention and Control Guidance for Dental Settings During the COVID-19 Response should be followed at all times.
2. Personal protective equipment (PPE) as outlined by current COVID-19 CDC guidelines and Occupational Safety and Health Administration(OSHA) standards should be followed at all times.
a. All dental team members should wear surgical or appropriate procedural mask while in the dental office.
b. Face shields, gowns, and gloves should be worn during dental treatment.
c. Appropriate PPE must be available in the dental facility to adequately protect the dental team members and the patients alike.
d. Face coverings should be worn by non-dental team members at all times within the dental office, both in waiting areas and treatment areas.

3. The impact of N95 masks can be reached by using the combination of already-used dental armamentaria: a Level III surgical mask, a face shield and a functioning High Speed Evacuation (HSE) System with tip opening minimum of 8 mm.

a. If an N95 mask is to be used, its use should comply with recommendations and requirements of the Center for Disease Control and Prevention, the Occupational Safety and Health Administration and the National Institute for Occupation Safety and Health.

4. All disposable PPE should be changed or disinfected between patients.

5. Dental offices should be sanitized and disinfected in an enhanced manner including disinfecting surfaces in treatment areas between each patient and at the end of the business day. Sanitization and disinfection also include focused attention to other areas of the office such as the entrances, waiting areas, check in, check out and restroom areas. All regular infection control mandates must be strictly followed throughout and after each patient visit.

6. Handwashing and other hand hygiene measures should be enhanced for both the members of the dental team and patients (and necessary visitors). This may include ready access of hand sanitizer throughout the practice for everyone and assuring that hand washing stations are well-stocked for proper cleaning.

7. Patients should rinse with a 0.12% chlorhexidine/1.5% hydrogen peroxide mouth rinse for 60 seconds immediately before being seated in the operatory.

8. Patients should be asked to wear a face covering while in the dental facility prior to and following dental treatment.

D. Employee Safeguards

1. It is the duty of the dentist to ensure the health considerations of staff and patients.

a. Dental employees and staff members should not come to work while ill, travel should be minimized, and adequate personal protective equipment should be accessible.

b. Before beginning treatment each day, all persons (employees/owners/associates) entering the workplace should record their temperature and physical status (yes or no to cough and shortness of breath). This daily log should be located in the dental facility and must be available for review by the Nevada State Board of Dental Examiners or Department of Health and Human Services upon request.

i. Doctor or employees with a high temperature (≥100.4°F temporal) or affirmative response to screening questions should notify their supervisor. Healthcare personnel with even mild symptoms must immediately cease patient care activities, don a facemask (if not already wearing one), and notify their supervisor or occupational health services for an eventual medical evaluation and laboratory testing prior to self-isolation at home for at least 7 days or 72 hours after all symptoms are resolved; whichever is longer. Hospitalization may be required for severe cases.

2. In the event that healthcare personnel are under investigation for COVID-19:

i. Immediately notify infection control personnel at health care facility

ii. Follow Nevada State Board of Dental Examiners' Employee Positive COVID Report Form or equivalent.

iii. Notify local/state health department

with Potential Exposure to Patients with (COVID-19) in Healthcare Settings in the event of suspected unintentional exposure (e.g., unprotected direct contact with secretions or excretions from the patient).

2. Every effort should be taken to minimize the transmission of viral particles to the general public by changing between scrubs and shoes to personal clothing when entering and exiting the dental facility. Office attire should not be worn outside the office.

E. Liberty Dental Plan has expanded its Teledentistry Program for all Nevada Medicaid Dental recipients across the State who are experiencing dental pain or a potential dental emergency to alleviate the burden that dental emergencies would place on hospital emergency departments. Further information is available at: https://client.libertydentalplan.com/NVMedicaid

F. The Nevada Dental Practice Act, NRS 631.178, requires, by statute, that licensees adhere to current guidelines of the Center for Disease Control and Prevention relative to infection control for both patient and provider safety in dental practices. Nothing in this memorandum negates or dilutes that requirement. Nevada dental professionals will continue to abide by these standards.

G. Additional Information
   b. Dental procedures carry additional risk of transmission of SARS-CoV-2. Therefore, dental guidance should be followed as provided by the CDC: https://www.cdc.gov/coronavirus/2019-ncov/hcp/dental-settings.html

As the provision of dental services evolves, the Nevada State Dental Health Officer and the Nevada State Board of Dental Examiners will continue to provide information to dental professionals and the public. As a community of dental providers, we will remain vigilant to maintain the safety of all Nevadans by reducing and preventing the spread of COVID-19 during dental care.

We stand united with you, your staff, and your patients in a commitment for a healthier Nevada.

For the most up-to-date information and support, visit our website: https://nvhealthresponse.nv.gov/
April 29, 2020

Dear Governor Sisolak and individuals involved in COVID-19 recovery plans,

Orthodontists across Nevada elected to shut down their practices and have postponed procedures until after April 30th. As time passes however, we are becoming more and more concerned as to what condition we will find our patients upon our return to practice should there be further delays or restrictions. Now that dental restrictions are being carefully lifted, and as you make these important considerations, we ask that you take time to examine special considerations to orthodontics in regards to upcoming reopening recommendations in the dental field.

The routine practice of orthodontics is fundamentally distinct from that of general dentistry due to the continuous nature of orthodontic treatment. Orthodontists place and activate appliances under a patient/doctor agreement of consistent monitoring and adjustments that are essential throughout treatment, and a lack of professional supervision/intervention/dental monitoring can result in dangerous situations including oral & maxillofacial infections, dental disease with the loss of teeth/tooth structure (cavities), unwanted permanent jaw and tooth movements, and the loss of supporting periodontal tissues (gum and bone). Continued care is essential to the maintenance of patient health when they are in active orthodontic treatment. For many orthodontic practices, the number of patients in active appliances is often quite extensive, and most of our patients are minors with developing jaws and facial structures who require continuous, close monitoring to ensure proper jaw and tooth alignment in this crucial time period. In short, continued supervision in our ongoing patient care is critical to avoid detrimental and potentially permanent negative effects of uncontrolled orthodontic movements and lack of hygiene supervision.

So far, we have been able to conduct a few orthodontic visits virtually, and this will remain an option even beyond the phased restart until the virus has completely subsided. Some visit types can even be conducted without the use of PPE altogether (i.e. curbside delivery or mailings of an adjustment aligner, retainer, rubberbands), but most types of adjustments to appliances can only be accomplished through more typical in-person visits. However, these essential in-person procedures for our patients are all of short duration and are non-aerosol generating (no pressurized air or water spray needs to be forced into an open oral cavity), or could be modified to be conducted as such, which is quite different
than many of the procedures conducted in general dentistry. This is the case for orthodontic procedures in general, and as a result our procedures are typically conducted at reduced levels of PPE (ex: ASTM level 1 or Level 2 masks) which do not overlap with the PPE levels needed by hospitals in treating active COVID patients and bringing the COVID state of emergency under control.

Prior to shutting down our offices, each of us had taken time to implement comprehensive mitigation strategies for our offices in order to preserve the safety of our employees, the patients in our care, and any of our patients’ accompanying family members in the office so we could be confident that our offices would not be a source of increased spread of the virus. This has included measures such as:

- Pre-Screening patients for symptoms prior to entering the office, recommending they stay home when sick, and encouraging the wearing of masks when coming to appointments
- Checking patient temperatures prior to conducting treatment
- Social distancing of employees and individuals by closing reception waiting rooms, spacing out seating in the patient care areas, having family members wait in the car, virtually checking-in patients when they arrive in their cars and approving entrance to the building
- Prioritizing patient rescheduling based on emergent needs and utilizing virtual care visits and consults when appropriate
- Increased cleaning of common areas, removing items from common areas to make them easier to maintain, and restricting access to common areas that cannot be kept clean effectively
- Increased availability of hand washing and disinfecting stations
- Reinforcement of proper infection control measures and regular communication with the team about policy updates
- Appropriate PPE for all staff including: properly fitted surgical masks (we have customized and improved the fit for each team member), face shields, removable gowns over their scrubs, gloves, etc.
- Ensuring any employee is healthy and stays home if not

We are prepared to continue with these conditions as well as to adapt our practices and protocols in order to ensure that our patients and our employees are safe and doing their part to prevent the spread of the virus in Nevada.

We hope that through this correspondence we have been able to adequately highlight the substantial dental and overall health impact that further neglect to patient care can have on the many ongoing orthodontic patients, ages 4-80. Our current patient care is our utmost concern and purpose for this advocacy. We understand new patient care and future growth are important to eventually help achieve business stability and add to economic recovery, however, our primary concern is of our current patient health and wellbeing. This close monitoring must be done through a licensed, trained orthodontic professional. Most general dentists are not trained to monitor this level of specialty care.
We genuinely appreciate your careful consideration of this letter and all that you are doing to help keep our fellow Nevadans safe during these uncertain times. Please feel free to contact me for any questions or help with setting up guidelines for proper recovery for our profession.

Thank you for your consideration,

Lance Bruntz DMD, MSD
Orthodontic Partners
I would like my following statement to be read at the meeting tomorrow April 30th.

We as dental hygienists are concerned about the safety for ourselves and our patients due to the current pandemic. If you allow dental offices to reopen now for elective procedures, it would be going against the current recommendations of the experts at the CDC that still recommend postponing elective dental procedures. We are the #1 most at risk profession to contract the virus, and until the experts at the CDC determine it is safe to resume elective procedures, we should be following their directive. If you try to open dental offices too early by stating hygiene procedures can be done but not allow the use of an ultrasonic scaler, that would still be neglect on the part of the board. No ultrasonics is a disservice to the patient, and puts the hygienist at a higher risk for injury. We need to remain closed for elective procedures until the CDC puts in place exact procedures to protect us and the patients.

The number one priority of the board should be to protect the health and well-being of our patients and the safety of the entire dental team.

Thank you,
Lori Biunno
Dear Dental Board Members,

First and foremost, thank you for all of your dedication and service to our profession, especially during this unconventional time as we are fighting COVID-19 together. I am very thankful for all of your time, effort, and sacrifice that you so generously give on behalf of our dental community.

As you consider what should be done going forward after this 6-week period when dentists and dental specialists have been directed to restrict seeing patients for only essential, emergency procedures, I want to share some concerns. As I am an orthodontist, much of my focus will be regarding orthodontic patients, but the principles may also be applicable to other branches of dentistry:

1. If we haven’t already, we may now be flirting with breaching the standard of care by not seeing active orthodontic patients regularly and in a reasonable amount of time. As we know, every orthodontist may use different treatment philosophies, appliances, and protocols in treating patients, and regardless of what preference may be pursued, the focus should always be to uphold the standard of care in treating patients. For example, some orthodontists may chose to see active patients every 4 weeks, some may chose to see active patients every 6-8 weeks.

Since this hiatus has lasted for about a month and a half now to help fight COVID-19, some active orthodontic patients may not have been able to be seen by their orthodontist for 3-4 months to make sure everything is okay and to prevent problems. Looking at this situation in another way, orthodontists usually execute a patient dismissal protocol if their active patients demonstrate noncompliance by electing not to see their orthodontist for continued care. However, due to these COVID-19 restrictions, we have not allowed some of our active orthodontic patients to be compliant in this way by allowing them to be regularly seen by their orthodontist.

If the Board is considering to extend this time-period of not being able to see active orthodontic patients conventionally and face-to-face due to COVID-19, the definition of an emergency, urgent, or essential dental procedure should at least be broadened beyond what the ADA has been recommending (please see below: “2. Dental non emergency procedures: “ Orthodontic procedures other than those to address acute issues (e.g. pain, infection, trauma)””). Specifically, I think any active patient of a licensed orthodontist who hasn’t been allowed to be seen by his/her orthodontist face-to-face for at least 2 months can be construed as an emergency, essential, and urgent situation, and that patient may need to be seen by his/her orthodontist as soon as possible to make sure everything is okay.

2. Recommendations set by the Board going forward may need be more specific to the different branches of dentistry. Recommendations for orthodontists may need to be different than general dentists, periodontists, etc. because patients among the different branches of dentistry have different needs and considerations.

Thanks again for your time and consideration,
Rich Webster

---------- Forwarded message ----------
From: American Dental Association <redacted>
Date: Wed, Mar 18, 2020 at 4:03 PM
Subject: Emergency or Non Emergency? ADA Offers Guidance for Determining Dental Procedures
To: <redacted>

Issues Alert

Emergency or Non Emergency? ADA Offers Guidance for Determining Dental Procedures

In a statement issued on March 16, the American Dental Association (ADA) called upon dentists nationwide to postpone elective dental procedures for three weeks in order for dentistry to do its part to mitigate the spread of COVID-19. Concentrating on emergency dental care only during this time period will allow dentists and their teams to care for emergency patients and alleviate the burden that dental emergencies would place on hospital emergency departments.

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

The following should be helpful in determining what is considered “emergency” versus “non emergency.” This guidance may change as the COVID-19 pandemic progresses, and dentists should use their professional judgment in determining a patient's need for urgent or emergency care.

1. Dental emergency

Dental emergencies are potentially life threatening and require immediate treatment to stop ongoing tissue bleeding, alleviate severe pain or infection, and include:

- Uncontrolled bleeding
- Cellulitis or a diffuse soft tissue bacterial infection with intra-oral or extra-oral swelling that potentially compromise the patient's airway
- Trauma involving facial bones, potentially compromising the patient's airway

**Urgent dental care** focuses on the management of conditions that require immediate attention to relieve severe pain and/or risk of infection and to alleviate the burden on hospital emergency
departments. These should be treated as minimally invasively as possible.

- Severe dental pain from pulpal inflammation
- Pericoronitis or third-molar pain
- Surgical post-operative osteitis, dry socket dressing changes
- Abscess, or localized bacterial infection resulting in localized pain and swelling.
- Tooth fracture resulting in pain or causing soft tissue trauma
- Dental trauma with avulsion/luxation
- Dental treatment required prior to critical medical procedures
- Final crown/bridge cementation if the temporary restoration is lost, broken or causing gingival irritation

Other urgent dental care:

- Extensive dental caries or defective restorations causing pain
  - Manage with interim restorative techniques when possible (silver diamine fluoride, glass ionomers)
- Suture removal
- Denture adjustment on radiation/oncology patients
- Denture adjustments or repairs when function impeded
- Replacing temporary filling on endo access openings in patients experiencing pain
- Snipping or adjustment of an orthodontic wire or appliances piercing or ulcerating the oral mucosa

2. Dental non emergency procedures

Routine or non-urgent dental procedures include but are not limited to:

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

The ADA is committed to providing the latest information to the profession in a useful and timely manner. Please visit ADA.org/virus for the latest information.