



MEMORANDUM

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 $\geq 100.4^{\circ}$ 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 ($\geq 100.4^{\circ}$ 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 reappointed.
 - i. Follow recommendations provided through *COVID-19 Testing Information for Health Care Providers* located at: <https://nvhealthresponse.nv.gov/wp-content/uploads/2020/03/03.24-COVID-19-Testing-Information-for-Health-Care-Providers.pdf>
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](#)³ and [Infection Prevention and Control Guidance for Dental Settings During the COVID-19 Response](#)² should be followed at all times.
2. Personal protective equipment (PPE) as outlined by current COVID-19 CDC guidelines^{5,6} and Occupational Safety and Health Administration(OSHA)⁴ 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 ($\geq 100.4^{\circ}$ 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.
 - c. 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
 - d. Follow CDC [recommendations](#)¹ and March 31st Department of Health and Human Services Technical Bulletin, *Guidance for Public Health Management of Healthcare Personnel (HCP)*

with Potential Exposure to Patients with (COVID-19) in Healthcare Settings⁷ 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

- a. The Centers for Medicare & Medicaid Services recommendations can be reviewed at: <https://www.cms.gov/files/document/covid-flexibility-reopen-essential-non-covid-services.pdf>
- 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>
- c. ADA's Advisory Task Force for Dental Practice Recovery Toolkit: https://pages.ada.org/return-to-work-toolkit-american-dental-association?utm_campaign=covid-19-Return-to-Work-Toolkit&utm_source=adaorg-email-issues-alert&utm_medium=email-issuesalert&utm_content=covid-19-interim-return-to-work
- d. Governor Sisolak's Medical Advisory Team for the COVID-19 Response released a document to guide healthcare providers entitled, *Crisis Standards of Care Crisis Level Guidance for COVID-19* (2020). The document is located at: https://nvhealthresponse.nv.gov/wp-content/uploads/2020/04/NV_DHHS_DPBH_CSCRecommendations_COVID-19_040220_ADA.pdf

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/>

Reference:

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2. Centers for Disease Control and Prevention. (2020, April 25). Interim Infection Prevention and Control Guidance for Dental Settings During the COVID-19 Response. Retrieved from: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/dental-settings.html>
3. Governor Sisolak's Medical Advisory Team for the COVID-19 Response. Crisis Standards of Care Crisis Level Guidance for COVID-19, Crisis Standards of Care Crisis Level Guidance for COVID-19 (2020). Retrieved from https://nvhealthresponse.nv.gov/wp-content/uploads/2020/04/NV_DHHS_DPBH_CSCRecommendations_COVID-19_040220_ADA.pdf
4. <https://www.osha.gov/SLTC/covid-19/controlprevention.html>
5. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/index.html>
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7. Kohn, W. G., Collins, S., Cleveland, L., Harte, A., Eklund, J., & Malvitz, M. (2003). Guidelines for infection control in dental health-care settings - 2003. Washington, DC: Epidemiology Program Office, Centers for Disease Control and Prevention (CDC). doi: <http://www.cdc.gov/mmwr/PDF/rr/rr5217.pdf>
8. Sherych, L., & Azzam, I. Guidance for Public Health Management of Healthcare Personnel (HCP) with Potential Exposure to Patients with (COVID-19) in Healthcare Settings, Guidance for Public Health Management of Healthcare Personnel (HCP) with Potential Exposure to Patients with (COVID-19) in Healthcare Settings (2020). Retrieved from https://nvhealthresponse.nv.gov/wp-content/uploads/2020/04/3_31_2020_Guidance-for-HCP-with-Potential-Exposure-to-COVID-19-Patients.pdf