



May 3, 2020

TO: Nevada Dental Hygienists' Association

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

RE: Clarification on Guidance for Dental Services in Nevada

Greetings Nevada Dental Hygienists' Association,

As of Monday May 4th, twenty-five states will resume non-emergency dental care. Nevada will be one of those states. Initially, Nevada is taking a conservative approach and deferring elective procedures for a subsequent phase. This will allow patients that are on the verge of a dental health crisis to receive the highest standard of care while avoiding unnecessary risk. However, from the feedback I have received there appears to be a great divide. Some dental healthcare professionals feel they have the tools and judgement to provide care in a manner that mitigates the risks associated with COVID-19, while others feel that dental services should be limited to emergency treatment only until the pandemic is better understood. The perception of dentistry will be compromised if there is an apparent disconnect between the dental team. This is an unprecedented time of uncertainty with perceived contradictions in authoritative advice and delays in updated information from federal entities. With an inundation of information, we know that data and media updates should be carefully evaluated and studied in order to adapt appropriately as the situation evolves. As dental professionals, we are front-line healthcare providers who have an ethical obligation and fiduciary duty to safely provide oral healthcare and not neglect our patients.

The American Dental Association and Nevada Dental Hygienists' Association have released back-to-work toolkits. This information will help guide the entire dental team as we embark into a new "normal" for dental clinics. I am urging open and candid communication between dental team members. These conversations must include the availability of personal protective equipment (PPE) and the developing guidance from the ADA, ADHA, and CDC. There is common ground in the desire to protect the public and our teams while also providing necessary dental care. Soft openings and a unified office plan are critical to ensuring safety and preventing transmission. Let's do our best to make our profession proud of the steps we will take over the next few weeks.

To guide a collaborative and positive working relationship for members of the dental team based on factual information, below are answers to address current questions:

1. OSHA has released new recommendations. Do these supersede the Nevada State Board of Dental Examiner's decision? <https://www.osha.gov/SLTC/covid-19/dentistry.html>

Response: Recommendations vs Rules:

Recently, the OSHA website was updated for states and regions that are moving through the phases of the White House's Opening up American Again plan. The OSHA website states, "employers will likely be

able to adapt this guidance to better suit evolving risk levels and necessary control measures in their workplaces.” The fact that the OSHA website also recommends that a specific level of dental treatment be practiced at this time has been a source of confusion. The DHHS April 28th Memorandum advises dental healthcare workers to consider the recommendations of OSHA, CDC, ADA, ADHA, etc. as these resources provide the most current public health information for the current pandemic.

At the beginning of Nevada’s response to COVID-19, Governor Sisolak appointed a Medical Advisory Team, chaired by the State Chief Medical Officer. After reviewing extensive national and state specific information, this Team determined that it was safe for our state to expand dental services and approved guidelines to do so safely. While federal law generally trumps state law, OSHA guidelines such as the recommendation to continue emergency dental care are a voluntary recommendation and is not binding like an OSHA rule. This also explains why twenty-five other states have also made the decision to resume dental treatment. Additionally, other federal organizations such as the Centers for Medicare and Medicaid Services (CMS), “recognizes that at this time many areas have a low, or relatively low and stable incidence of COVID-19, and that it is important to be flexible and allow facilities to provide care for patients needing non-emergent, non-COVID-19 healthcare”.

2. The CDC has released new recommendations. Do these supersede the Nevada State Board of Dental Examiner’s decision? <https://www.cdc.gov/coronavirus/2019-ncov/hcp/dental-settings.html>

Response: Guidance vs. Guidelines:

According to the April 28th DHHS Memorandum, dental professionals are urged to practice in accordance with the minimum standards for safe dental treatment during the COVID-19 situation as outlined by the Centers for Disease Control (CDC) guidelines and as referenced by the CDC guidance on the CDC website. The fact that the CDC website also recommends that a specific level of dental treatment be practiced at this time has been a source of confusion. The infection control and PPE advice provided by the CDC is not nullified by the fact that the NSBDE during an April 30th meeting voted not to adopt the CDC recommendation to postpone non-emergency dental services. Furthermore, in earlier statements, the continuation of the CDC dental services recommendation was based on preservation of personal protective equipment and not necessarily because non-emergency procedures carry an increased risk to providers when compared to emergency ones.

The CDC recommendations cannot and should not be viewed as a federal rule that supersedes state specific mandates or orders. It is also important to understand the difference between guidelines and guidance. Guidelines are formally adopted rules and regulations that are vetted through formal hearings and proven through scientific data. The *CDC guidelines, Guidelines for Infection Control in Dental Health-Care Settings-2003* and *Guideline for Disinfection and Sterilization in Healthcare Facilities, 2008*, have been incorporated into the Nevada dental practice act and are under the authority of the NSBDE for enforcement.

The COVID-19 pandemic is an unprecedented and evolving situation. As a result, the CDC is providing guidance for COVID-19, which is a recommendation and not a guideline as required by NRS 631.178. According to CDC personnel, “guidance is advice and guidelines are rules that should be followed. The ultimate authority lies with each individual state.” The State of Nevada will be returning to non-emergency dental procedures on May 4th. While dental offices should follow CDC guidance and CDC precautions, these are recommendations and do not fall subject to NRS 631.178 as that law directly relates to guidelines for infection control for dental offices as previously issued by the CDC and adopted by the NSBDE.

Finally, each individual licensed practitioner should determine the best time for them to return to practice which may be after the May 4th date. Professional judgment should be exercised when making decisions to safely meet the needs of patients, staff, and the community.

3. Does Nevada still have infection control guidelines in place?

Response: Yes

Dental specific infection control guidelines and regulations are still in place in Nevada. During the Nevada State Board of Dental Examiner's (NSBDE) April 30th meeting, NAC 631.178 was referenced several times. This administrative code is under the control of the NSBDE and specifically references two documents that licensees must follow. The first is *Guidelines for Infection Control in Dental Health-Care Settings-2003* and the second is the *Guideline for Disinfection and Sterilization in Healthcare Facilities, 2008*. As infection control, disinfection, and sterilization guidelines change, the NSBDE can vote to disapprove the addition of specific changes to these documents.

These documents do **not** bind the state to all recommendations of the CDC, nor do they provide regulatory authority for NSBDE to discipline licensees that do not follow CDC recommendations. The *Guidelines for Infection Control in Dental Health-Care Settings—2003* which are still being enforced by NSBDE outline the following: education and protections for dental health care workers, hand hygiene, personal protective equipment (PPE), sterilization and disinfection of patient items, protective measures for specific airborne and bloodborne pathogens, and environmental infection control. Nevada will continue to follow and enforce infection control, disinfection, and sterilization guidelines outlined in these two specific documents. Within the adopted DHHS April 28th Memorandum, NSBDE has chosen to align themselves with more stringent infection control guidelines, not less restrictive ones to ensure dental services are delivered in a safe manner during the COVID-19 pandemic. If you feel the safety of the office, staff, patients, or yourself is being put at risk because of non-compliance with PPE and infection control protocols, contact NSBDE. A complaint form is available on their website.

Additionally, at the April 30th NSBDE meeting, a line was redacted from the DHHS Memorandum. This statement reads "all disposable PPE should be changed or disinfected between patients.". It was determined at the meeting that *disinfection of PPE* would be misleading as it does not specifically state something more along the lines of *decontamination and reuse of filtering facepiece respirators*. Should decontamination of facepieces become more universal, this verbiage will be added in a subsequent phase. Nevertheless, standard precautions as outlined in the 2003 and 2008 documents specified in NAC 631.178 remain in place and include but are not limited to hand hygiene, use of personal protective equipment (PPE), respiratory hygiene/etiquette, sharps safety, safe injection practices, sterile instruments and devices, clean and disinfected environmental surfaces, and removal of PPE between patients.

Lastly, should a surge of COVID-19 cases occur, or new guidance be released, the Nevada Governor or Chief Medical Officer may reverse earlier decisions and alter the type or method by which dental services are delivered.

4. Why is ultrasonic instrumentation postponed in this phase?

Response:

During this specific phase, elective dental procedures and ultrasonic/ piezo scaling instruments are being postponed. As mentioned during the April 30th NSBDE meeting, ultrasonic scalers and high-speed

handpieces produce more aerosols and thereby more airborne contaminants than any other dental instrument. As COVID-19 seems to be transmitted through droplets and aerosols, the DHHS April 28th Memorandum prioritizes the use of hand instrumentation for periodontal and hygiene procedures and specifies that aerosol-producing procedures utilize isolating systems, rubber dams, and high-volume evacuators.

According to the DHHS April 28th Memorandum, the goal of this portion of the phase-in plan is to “alleviate the public health burden that may result from continued dental neglect”. Dental services that address, improve, and prevent acute and chronic disease progression are reintroduced in this phase while elective services are postponed. Dental healthcare personnel are instructed to use hand instrumentation to minimize aerosols for all hygiene services. When performing non-aerosolizing dental hygiene procedures through hand instrumentation, a low to medium risk level is reached, and a level 2 or 3 mask are recommended to be worn and changed between patients. In addition, a face shield, gown, and gloves should also be utilized for each patient appointment. Procedures should not be performed with substandard levels of PPE, and health care facilities should continue to use regulated PPE.

While the American Dental Hygienists’ Association(ADHA) continues to advocate for the postponement of non-emergency dental care, it recognizes that many states are beginning to phase in non-emergency and elective care and have released an Interim Guidance on Returning to Work located at: https://www.adha.org/resources-docs/ADHA_TaskForceReport.pdf. This resource includes a section of special considerations for the provision of dental hygiene care. Within this area are ADHA recommendations to avoid aerosol production that align with the April 28th DHHS Memorandum. Specifically, this ADHA document states “• Use hand instrumentation versus ultrasonic instruments for periodontal debridement and scaling procedures. • Use selective plaque and stain removal versus full-mouth coronal polishing. • Avoid air-polishing procedures. • Do not use the air and water functions on the syringe, together, at the same time.”

5. Will dental offices look different in this phase?

Response: Yes.

Within the April 28th DHHS Memorandum are specific standards of care that will alter patient flow and treatment arrangements. Please refer to the memorandum for specifics on rigorous patient screenings, daily employee health logs, social distancing, common area disinfection, hand washing stations, and PPE.

Additionally, guidance on mask versus respirator requirements based on aerosol producing procedures have been raised. References may be found at: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/dental-settings.html>. It is advisable for each dental office to create COVID-19 procedures and provide training on these in-office protocols to all team members.

6. What will be included in the next phase?

Response:

Elective care and use of ultrasonic/piezo scaling instrumentation will be included in Nevada’s next phase for dental services. Evaluation of Nevada specific data, advancements in COVID-19 science, changes to infection control policies, availability of PPE, testing for COVID-19, and the prevalence of disease are key factors that will guide the creation of the second phase to expand dental services.

The Department of Health and Human Services (DHHS), Division of Public and Behavioral Health (DPBH), Oral Health Program (OHP) invites the Nevada Dental Association and Nevada Dental Hygienists' Association to formally partner on the construction of the phase-in plan for dental services. Additionally, should NDA and NDHA elect to create procedure specific PPE guidance, OHP will provide input, guidance, and state support.

In closing, I appreciate your continued diligence and collaboration as together, we pave a new path for the dental profession. As the situation changes and updated direction is provided, additional questions and concerns may arise. Exercise your professional judgement and encourage open lines of communication amongst the dental team. Dental healthcare professionals play an important role in providing critical care to patients who are currently suffering from oral health diseases and neglect during this pandemic. The Nevada Oral Health Program stands united with you, your dental team, and your patients in a commitment for a healthier Nevada.

Additional Resources:

- Nevada Board of Dental Examiners: <http://dental.nv.gov/Home/COVID-19/>
- April 28th DHHS Memorandum: <http://dpbh.nv.gov/Programs/OH/OH-Home/>
- American Dental Association's (ADA) Interim Guidance for Minimizing Risk for COVID-19 Transmission: https://www.ada.org/~media/CPS/Files/COVID/ADA_COVID_Int_Guidance_Treat_Pts.pdf?utm_source=adaorg&utm_medium=covi%20d-resources-lp&utm_content=cv-pm-ebd-interim-response&utm_campaign=covid-19
- ADA's Interim Mask and Face Shield Guidelines : https://success.ada.org/~media/CPS/Files/COVID/ADA_Interim_Mask_and_Face_Shield_Guidelines.pdf?_ga=2.222469851.1951738175.1587485045-1008451157.1496333524
- Nevada Dental Hygienists' Association Interim Guidance on Returning to Work: https://www.adha.org/resources-docs/ADHA_TaskForceReport.pdf
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