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The ASDA has been following the development of the COVID-19 pandemic and its impact on the dental profession and dentist anesthesiologist communities. The focus is currently still on the effectiveness of social isolation as it relates to slowing the spread of the SARS-CoV-2 virus and reducing the strain on hospitals and health care organizations. States and communities are now looking at gradually easing those restrictions and safely resuming elective procedures. A safe return to work is important not only to dental and medical health care providers, but also to the patients who have delayed much needed dental care. Dentist anesthesiologists are a vital part of the delivery of this care to dental patients with the greatest need.

“Stay Home” mandates vary from one municipality to another and it remains important for every practitioner to follow the rules and regulations pertaining to their State and local community. While the American Dental Association extended their initial recommendation to suspend all non-emergent dental care until April 30th, 2020, subsequent consideration has been placed on gradually easing such restrictions in areas with lower COVID-19 prevalence, in accordance with State-specific guidelines. “The ADA recognizes that local and State government decisions regarding closure, including restrictions regarding elective health care, supersede ADA recommendations. In addition, local and State health departments, State dental societies, and in some cases, large urban local dental societies may better understand local disease transmission rates and conditions and make more informed recommendations regarding elective dental care availability”. (ADA 4/18/2020)

Examples of variations in State mandates include:

- 1) Government imposed closure of all non-essential activities including non-emergent medical/dental care.
- 2) Government issued “Stay Home” mandate that does not explicitly include medical/dental care, paired with local dental societies issuing a recommendation to extend a moratorium on non-emergent care till further notice.
- 3) States allowing resumption of non-emergent care with the requirement that patient care teams implement recommended PPE and additional infection control precautions.
- 4) States allowing resumption of non-emergent care with the requirement that all patients undergo COVID-19 testing prior to administration of elective surgical care.

Improving Access to Care for Dental Patients and Their Dentists

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Other State mandates are developing as discussion continues. Questions have risen in regards to PPE requirements, testing availability, local healthcare resources, social distancing in offices, etc., which will likely require clarification.

Patient safety and the overall safety of the entire community remains a priority as we approach the resumption of elective healthcare. While scientific consensus on how to most effectively reduce the nosocomial spread within a dental office from routine dental care is not yet available, this checklist may serve to guide dentist anesthesiologists and other dental healthcare providers as they make preparations to return to providing scheduled dental care in the era of COVID-19 spread. Many of these recommendations continue to focus on lowering the risk of exposure to the SARS-CoV 2 virus, as well as minimizing the likelihood of viral transmission by asymptomatic but infectious contacts, within the dental office setting, as reflected in the ASDA Interim Guidance 4/14/20. Establishing methods and protocols to protect patient and healthcare workers as scheduled care resumes will hopefully dampen the likely possibility of resurgence of local viral outbreaks in our communities.

Prior to resuming scheduled dental procedures, dental anesthesia providers should consider the following:

1. PPE
 - Ample supply immediately available to allow practitioners to deliver care
 - Adequate stock to address both current and future emergency dental care
 - Instruction on how to properly don and doff PPE
 - Mask requirement for all dental healthcare providers at all times in the dental facility
2. Facility
 - Air ventilation and filtration (HEPA)
 - Closed vs open bay treatment room
 - Enhanced room cleaning and disinfection
 - Adequate social distancing within the facility
3. Informed Consent
 - Discussion of risk of nosocomial spread within a dental office
4. Patient and escort
 - Screening questionnaires prior to entering the facility
 - COVID-19 testing where available
 - Temperature and pulse oximetry measurements taken prior to entering the facility
 - Mask requirement prior to entering the dental facility
 - Limiting to as few visitors or caregivers as possible
 - Considerations to the community infection rate
 - Contact should be made with patients post treatment for any signs and symptoms of COVID-19

5. Scheduling

- Urgent but delayed dental treatment be given priority over elective and routine care
- Appointment times should to be adjusted to allow for:
 - Additional time for room disinfection
 - Additional time for screening
 - Adequate social distancing in the facility and waiting areas

6. Education and Training

- Share protocols and checklist with dental health care providers in delivering patient care
- Implement a system for dental healthcare providers to report any COVID-19 symptoms and not continue to be involved with care until documentation that the infection has cleared

Until a vaccine or reliable and rapid point-of-care testing is available to dentists, questionnaire screening and generalized local infection rates will need to guide the dental team on whether to treat any individual patient. Some of the current limitations to dental teams providing COVID-19 testing included:

- Lack of available tests
- Unknown reliability of available tests
- Questions regarding scope of practice
- Questions regarding malpractice and liability issues

When point-of-care testing is available for dentists to administer, in the absence of a vaccine, the following options may be possible:

- Testing of patients prior to surgery
- Testing of the dentist anesthesiologist and staff at intermittent intervals in absence of a documented positive antibody test

As facilities begin to open up and ramp up treatment schedules and instituting new protocols

adequate time must be given to allow incorporation of these new process and procedures before full scheduling can occur.

Below is a list of resources that can help guide any individual in the development of their own protocols and policies.

References:

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