

Additional Guidance Relating to LDH Healthcare Facility

Notice #2020 - COVID19 - Dental Provider - 004

The directive to the dental profession in the above referenced Notice was intended to reduce the risk of patients' exposure to COVID-19 and to preserve PPE and supplies to ensure they are available for critical needs, while still allowing access to necessary and emergency dental services that will maintain the oral health of the citizens of Louisiana. The same objectives were the basis for a similar directive the LDH issued on March 18, 2020 establishing requirements that are essentially the same for nearly all other types of health care providers and health care facilities.

The wording of the Dental Provider Notice reflects the conviction of the Department of Health that dentists exercising their professional, clinical judgement are best equipped to determine what constitutes essential or non-essential care for each individual patient. However, to provide dentists with some general guidance to use in exercising that judgement, the Louisiana State Board of Dentistry (LSBD) and the Louisiana Dental Association (LDA) have advised the Department that dentists may wish to consider the following guidance issued by the American Dental Association for evaluating what is urgent/emergency (i.e., essential) care and what is not:

1. ESSENTIAL

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. NON-ESSENTIAL (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

Again, it is the Department's position that dentists exercising their professional, clinical judgement and, as appropriate, making use of a tool such as the above list from the ADA to inform that judgement, are best equipped to make the distinction between what services are essential or non-essential for their own patients, and that dentists who are doing so in good faith will be fulfilling the objectives of the LDH directive. Anyone concerned that a dentist is clearly and wantonly exercising inappropriate judgement may report such instances to the Office of Public Health.

The LSB and LDA further advise that, in addition to making use of the above strategy, dentists should consider the following additional measures:

- Use cell phone triage - use the cell phone to take a picture of the area and text to the dentist.
- Have a detailed questionnaire/conversation before scheduling appointments and prior to any procedure about flu like symptoms, travel abroad for self and family/friends/co-workers etc. to permit a thorough evaluation of the patient.
- Consider taking the temperature of the patient at the outset, preferably with a laser thermometer.
- Reconsider scheduling of high risk patients unless they need emergency treatment.
- Careful evaluation of the need for scheduling of ASA 2 & 3 patients.
- Use of 1% hydrogen peroxide rinse prior to examination of the oral cavity by the patient to reduce microbial load.
- Use of rubber dam isolation & high-volume suction to limit aerosol in treatment procedures that cannot be postponed.

- Proper disinfection protocol between patients with a possible repeat of the protocol for a 2nd time.

To prevent over-crowding of waiting areas or the possible spread of infection

- Consider having patients wait in their cars instead of the waiting areas to prevent inadvertent spread of the virus (call patient when surgical area is ready for treatment).
- Consider staggering appointment times to reduce waiting room exposure.
- Consider rescheduling elective procedures on ASA 2 & 3 patients (<https://www.asahq.org/standards-and-guidelines/asa-physical-status-classification-system>)
- Have front desk staff take measures to prevent exposure.
- Have sterilization staff, lab technicians and auxiliary staff take adequate measures to prevent exposure.
- Limit access to waiting room to only patients. Accompanying individuals have to wait in their respective transportation.
- Remove all magazines/toys etc. from waiting area to prevent contamination.

Thank you for your understanding and cooperation as we manage through these very difficult and unprecedented times.