



The following suggestions have been copied from additional sources. These are not official guidelines, but dentists may want to consider these additional protocols that are being adopted by other offices throughout the country:

Reschedule elective procedures including but not limited to:

- Any cosmetic or aesthetic procedures, such as veneers, teeth bleaching, or cosmetic bonding
- All routine hygiene appointments
- Any orthodontic procedures not including those that relieve pain and infection or restore oral function or are trauma-related
- Initiation of any crowns, bridges, or dentures that do not address or prevent pain or restore normal oral functioning
- Any periodontal plastic surgery
- Extraction of asymptomatic non-carious teeth
- Recall visits for periodontally healthy patients
- Delay all appointments for high risk patients, including ASA 2 and 3 patients, unless it is an emergency

By sharing supplies, we are directly supporting our fellow clinicians as they undertake the greatest viral threat in modern history. By rescheduling elective procedures, we are doing our part to prevent community spread.

Consider the following additional measures:

- o Use cell phone triage - use the cell phone to take a picture of the area and text to the dentist
- o 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
- o Consider taking the temperature of the patient at the outset
- o Reconsider scheduling high risk patients unless they need emergency treatment
- o Careful evaluation of the need for scheduling of ASA 2 & 3 patients
- o Use of 1% hydrogen peroxide rinse prior to examination of the oral cavity by the patient to reduce microbial load
- o Use of rubber dam isolation & high volume suction to limit aerosol in treatment procedures
- o Proper disinfection protocol between patients with a possible repeat of the protocol for a 2nd time.

To prevent over-crowding of waiting areas of 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 use to only patients. Accompanying individuals have to wait in their respective transportation.
- Remove all magazines/toys etc from waiting area to prevent contamination.

MASK PROTOCOL: Masks must be worn if a team member will be in contact with patients within a 3 ft distance.

Front office: All personnel at the front desk will be required to wear a Level 1 mask if interacting within a 3 ft. perimeter of patient contact.

RDH: All hygienists are required to wear a Level 3 mask, as long as they are available, for non-aerosolized treatment. Once the Cavitron is initiated, the N-95 protocol (below) must be implemented. Limited Cavitron use is recommended. Hand scaling is preferred.

Dentists and Assistants: All restorative work requiring a high/low speed hand-piece requires the N-95 protocol (below). All limited exams, periodic exams, or Invisalign checks require a Level 3 mask, as long as they are available.

N-95 Protocol:

Because of a limited supply of N-95 masks at this time we fall under the “Limited Supply” protocol by the CDC. The CDC has established that the N-95 masks are effective for 8 hours in a dry field. As we do not work in a dry field often, we must use measures to extend their use. **A plastic shield will be required for all team members utilizing the the N-95 masks as well as a Level 1 mask over the N-95 mask.**

After use, the option is 1) Re-use: hang it up on the hook provided in between patients where it will not be touching another mask or be touched by bare hands; use gloves to don/doff the mask, discard gloves used; or 2) Extended use: continue to wear for extended periods for multiple patients, not touching with gloved hands until removal needed.

With either option, the Level 1 mask will be changed in between each patient. The process for wearing will be:

Don jacket, bonnet, eye protection/shield

Don N-95 mask with clean gloves (consider **contaminated** if used)

Remove gloves (if not a new N-95 mask)

Don Level 1 mask over your N-95

Glove