



## **FAQs – NMDA’s Phased Recovery Plan**

### **What are our priorities during this pandemic?**

NMDA is actively advocating for:

1. Safety of patients and dental team
  - a. PPE availability at reasonable prices
  - b. Access to rapid testing for patients and dental team
2. Economic relief for employer and employee dentists
  - a. Tax relief
  - b. Access to grants and low-interest financing
  - c. Student debt relief
3. Dental care is an essential component of health care and the economy
  - a. Stepwise approach utilizing to best professional judgement to apply ADA/CDC guidance
  - b. Reduced burden on emergency and urgent care for oral infections and trauma
  - c. Preventing dental emergencies by treating problems in a timely way
  - d. Untreated dental conditions, including periodontal disease, are associated with serious long-term health effects such as heart disease, diabetes, and other inflammatory diseases

### **Why doesn’t the NMDA tell the Governor that dental care is essential and that we should be allowed to return to work?**

Dental care is essential – we continue to stress this message to the Governor and the Department of Health. While limiting treatment to emergencies and urgent care served a purpose, we believe enough information from public health and infectious disease experts has allowed processes to be developed to deliver expanded dental care services safely.

The Governor strongly believes in aggressive testing, contact-tracing, and social distancing, and we believe our phased approach incorporates these principles. Physical distancing, enhanced engineering/administrative workplace controls, and proper PPE mitigate the risk to patients and staff as the level of testing is slowly increased. Oral health care is a critical component to overall health.

### **When can we start rescheduling patients and when can we rehire staff?**

The current order from the Governor significantly limits dental treatment. We are asking that the current restrictions be modified to allow expanded and necessary dental care. We cannot continue to postpone the treatment of periodontal disease and decay. Without knowing when these restrictions will be lifted, we cannot advise you when to reschedule patients and rehire staff.

The NMDA will continue to update members on recommendations from government authorities, the ADA, and other public health experts.

## **What type of masks and other PPE should dentists and staff wear?**

Dentists should follow the advice of authorities at the CDC and ADA. Updated guidance is issued on a continuing basis. The ADA issued interim mask guidance on April 18, 2020:

- Interim Mask and Face Shield Guidelines
- Understanding Mask Types

Providers should exercise caution when ordering masks and PPE. Due to reports of fraudulent materials, we recommend placing orders through reputable dental distributors.

## **Does that mean we have to wear N95s for all procedures?**

No. It is very dependent upon the procedures being performed. It should be noted that some infected individuals lack symptoms, so we cannot assume that asymptomatic and healthy appearing patients are COVID-19 free. Without being rapidly tested, we must treat these patients as potentially infectious. Therefore, masks and PPE should be chosen based on the risk of exposure, especially via aerosols, to staff and other patients in proximity. The risk of exposure will vary greatly depending upon the type of encounter with the patient. For example, oral examinations are not likely to produce the same level of risk as a surgical extraction, crown preparation, or the use of an ultrasonic scaler.

Dentists should exercise professional judgment and consider the availability of appropriate PPE to minimize risk of virus transmission. ADA/CDC guidance includes instances when recommended PPE is unavailable, but practices must also be mindful of OSHA requirements in determining how to protect themselves and staff. The NMDA and ADA continue to advocate for availability of PPE for dental providers at fair market prices.

## **Why do universal precautions not seem adequate anymore?**

In order to address asymptomatic and pre-symptomatic transmission, we must assume each person is infected with the virus unless proven otherwise. Traditional standard precautions in dental settings are focused on reduction of transmission of blood-borne illnesses. Transmission of COVID-19 via respiratory droplets dramatically increases the risk of infection of dental staff and patients due to the production of aerosols during treatment and being in/near the oral cavity.

With access to rapid testing, dental providers could safely provide treatment to patients that are not infectious utilizing traditional universal precautions.

## **What does rapid testing mean and why do we need access to the results?**

Rapid antigen tests look for viral components during active infection. A positive test would indicate possible infectiousness. Rapid antibody tests detect antibodies that develop as a result of an immune response to the virus and therefore may indicate previous exposure. It is currently unknown what degree of immunity can be inferred, but experts estimate some level would be expected. Both tests refer to administration outside of a laboratory, often called point-of-care testing, and could be administered in or near the dental office.

Dental offices could utilize the results of rapid antigen tests to rule out infectious COVID-19 patients. Traditional universal precautions and PPE could be utilized when treating these patients.

## **Why so many phases?**

The Governor is very aggressive in her public health measures to protect the public. We believe demonstrating a measured and staged approach will demonstrate we have the safety of our patients and dental team as priorities. The health of our patients will be placed at risk if we continue to only treat emergencies, as their dental needs will continue to escalate in severity and financial burden. Prevention and treatment of dental disease is essential to our patients' long-term health. A phased approach provides a reasonable roadmap of how to get to practicing with the least amount of outside intrusion.

## **How will we be able to proceed through the phases?**

Once the Governor allows more dental treatment to be included as essential, we believe the progression to each subsequent phase will depend on how quickly testing is made available. Initially, when testing is not widespread, we will have to operate with caution and additional safeguards. We urge the Governor to make testing available to dental practices, which will facilitate the efficiency and volume of dental care we can provide. In addition, we can play an essential role in community disease surveillance.

## **How long can I afford to practice in Phase 1?**

Our dental practices will fail if we continue to operate under the current conditions. We cannot maintain our practices with high overhead costs only providing emergency treatment and urgent care. This is why entering into Phase 1 is so important. While additional precautions and safeguards are present, multiple procedures can be performed in this phase. While this is far from normal practice, it is a step forward and will also benefit the health of our patients.

We recognize that long-term sustainability is not possible in Phase 1. There will be increased costs for PPE and far fewer patients will be seen. Costs will have to be absorbed by already financially burdened practices, third party payers will have to increase reimbursements, or patients will have to pay increased out-of-pocket fees. The Governor will have to deploy widespread testing before we reach the final phases, but she has indicated it is a priority for her administration.

## **What can I do to make Phase I more feasible?**

One way to minimize the number of patient contacts while conserving PPE is to perform more comprehensive treatment such as combining appointments or treating an entire quadrant when needed and appropriate. Consider scheduling procedures that do not require enhanced PPE together to facilitate more rapid changing between patients. Designate rooms where you will not produce aerosols for faster disinfection and turnover.

## **How do I access the rapid antigen testing?**

We are asking the Governor and Department of Health to include dental offices in rapid testing deployment and disease surveillance. In addition, the ADA is advocating for access to testing from manufacturers and distributors as they are approved.

## **What happens if my patient tests positive?**

A positive rapid antigen test indicates that the patient may be infectious. No routine dental treatment should occur in a traditional office setting for a COVID-19 positive patient. The immediate medical needs of the patient should be addressed first, and all dental treatment should occur in an airborne infection isolation room (AIIR) with the highest level of respiratory protection.

## **What happens if my employee tests positive?**

This person will have to isolate based on the recommendation of the physician making the diagnosis. The office should cease seeing patients and consult the Department of Health hotline for advice. All other staff will probably need to be tested and have negative results before returning to work. Any patients who were seen will have to be notified and state protocols for contact tracing will be implemented.

Issues like paid leave, workers' compensation, OSHA reporting, and potential liability are legal questions that should be addressed in consultation with your attorney or HR advisor.

## **What can I do to help things return to normal?**

1. Follow ADA and CDC guidelines
2. Exercise your professional judgement when appropriate
3. Contact the Governor's office and your local legislators and ask them to support the NMDA's Phased Recovery Plan