New Mexico DENTAL ASSOCIATION | ADA

Proposing Resumption of Essential Dental Care

On March 16, 2020, the New Mexico Dental Association made a recommendation to New Mexico's dentists to limit treatment to urgent and emergent conditions as a response to the unfolding COVID-19 pandemic. This was prudent in light of emerging data from infectious disease and public health experts. The Governor's order made those recommendations official nearly a week later. While the concerns about the presence of COVID-19 in the community are now well-documented, time has allowed the necessary guidelines to prevent transmission in health care settings to be established as innovations have been developed.

Danger of Deferring Dental Care

While the initial recommendations were valuable, the majority of dental treatment is now being delayed without any current timeline in which dentists can plan to resume care. Further delay will cause further harm to patients. In addition, those in greatest need of dental care are often the same patients with underlying health conditions that make them more vulnerable to COVID-19 complications. Regular, preventative, and supportive dental care is an important part of maintaining their overall health. We are substituting one health care crisis for another, resulting in more serious long-term effects.

Managing Risks

Dental offices routinely manage the risks of infectious disease transmission and are capable of adapting to these new risks as highly trained experts in dental medicine. Encounters at dental offices also present less risk to the community because these contacts are well-documented and easily traced, unlike the random encounters at grocery stores and takeout restaurants. For the good of the community, we must now take steps to begin providing additional essential dental care.

Importance of Testing

For dental offices to offer care at necessary levels, it will ultimately require point-of-care screening to determine if patients are not infectious. Such tests exist but have very limited availability at present. Deploying these tests to dental offices will not only facilitate needed dental care but will also provide essential surveillance of COVID-19 in the community by testing a broad cross-section of otherwise healthy people.

Dental care cannot wait until these tests are widely available. In the meantime, the New Mexico Dental Association is proposing a phased approach which allows offices to begin providing care as necessary PPE is available while utilizing techniques and protocols to mitigate risk in the dental setting. Although a specific date is not proposed for initiating the first phase, models suggest that COVID-19 infections in most of our communities have peaked or are peaking soon. Dentists are already on the frontlines dealing with emergencies and believe we must begin managing deteriorating dental health conditions now.

Necessary Supplies

Suppliers indicate that the minimal amounts of necessary PPE required to start Phase I may become available in early May. It is essential that dental personnel who have been delaying care for a month now be allocated the PPE necessary to begin providing essential care in the coming weeks. Dentists are prepared to conserve these resources but must have adequate access to essential supplies.

Recommendation

The New Mexico Dental Association recommends that the Governor broaden the definition of essential health care services and allow dental offices and other essential health services to begin preparation to provide expanded care. It would be desirable for all dental personnel to be tested prior to resuming full-time care, and we urge authorities to make testing available to establish a baseline for the dental workforce. Our phased proposal is:

Proposed New Mexico Dental Restart Program

Phase I

- During this phase minimal additional testing is available
- Office protocols would be similar to those already in use to treat emergencies including no waiting in the office, social distancing, prescreening patients for symptoms/history including temperature
- Administrative personnel working during non-clinical hours or isolated from the clinical setting
- Treatment limited to disease and trauma management, restoration of function, prevention, and maintenance
- Special management of medically-compromised and otherwise vulnerable patients
- Isolation of operatories being used for aerosol generating procedures which may include closing doors or use of dis-infectable drapes
- All non-sprayable surfaces receive barrier protection or are removed from the room
- Pre-treatment anti-microbial rinse for all patients without allergy
- Use of appropriate personal protective equipment as recommended by the American Dental Association and Center for Disease Control, based on the level of aerosol production including approved respirators, moisture resistant surgical masks, gloves, face shields, eye protection, and disposable garments
- Aerosol mitigation techniques which may include rubber dams and enhanced evacuation systems
- Modified schedules limiting the number of patients to prevent cross-contamination, thorough disinfection, and adequate social distancing

Phase II – implemented *when rapid testing* is available on a limited basis*

- Rapid antigen testing* with limited availability, perhaps at cooperative testing sites serving multiple dental offices
- Staff tested regularly as available
- Patients cleared for treatment at screening location within 24 hours before appointment
- Patients identified as positive for virus antigen are referred for definitive diagnosis or treated only for dental emergencies using approved CDC protocols prior to referral
- Limited waiting with social distancing
- Pre-treatment anti-microbial rinse for all patients without allergy
- Standard universal precautions for most procedures per CDC recommendations for non-infectious patients
- Rigorous surface disinfection
- No limit on procedures or number of patients if screened as non-infectious

Phase III – *implemented when testing* is available in-office*

- Staff tested at least twice per week
- Patients screened prior to entering office by office staff with appropriate PPE including pretreatment symptom/history
- Patients identified as positive for virus antigen are referred for definitive diagnosis or treated only for dental emergencies using approved CDC protocols prior to referral
- Limited waiting with social distancing
- Pre-treatment anti-microbial rinse for all patients without allergy
- Standard universal precautions for most procedures per CDC recommendations for non-infectious patients
- Rigorous surface disinfection
- No limit on procedures or number of patients if screened as non-infectious

Phase IV – *implemented when effective vaccine and/or herd immunity is established*

- Random testing as warranted
- Routine symptom/history screening as standard health history
- Pre-treatment anti-microbial rinse for all patients without allergy
- Standard universal precautions for most procedures per CDC recommendations for non-infectious patients
- Rigorous surface disinfection
- No limit on procedures or number of patients if certified non-infectious.

**These tests look for fragments of the virus itself to determine active infection and possible infectiousness as opposed to rapid antibody tests which detect previous infection or exposure with a possible degree of immunity.*

Financial Implications

Ongoing research by the ADA Health Policy Institute indicates that dental practices are being devastated by the shut-down. Federal relief packages are aimed primarily at supporting office staffing, not the other fixed costs and debt associated with maintaining a practice. The results suggest that as many as 15% of dental practices will fail if the shut-down lasts until June 1st and a staggering 40% if extended to August 1st. It is important to emphasize that this is not a loss of dental providers; this is a loss of essential care delivery infrastructure. The number of providers, both dentists and dental hygienists, would remain constant but they would lack the means to provide care.

Phase I of this proposed plan would delay failures for a time, but it is not sustainable for a prolonged period. Reaching Phase III as soon as possible is essential. This is only achievable if tests to screen for the virus are provided to dental offices as soon as they are available. Phase I provides some of the care that is required but cannot support the community for a long period. The cost of providing care is going to be significantly greater during this phase and will tax strained budgets, dental benefits, and Medicaid.