

Phase I of Dentistry Reopening FAQ

- **What date was non-urgent/emergent dental care in Kentucky allowed to resume?**
 - On April 23, Governor Beshear and Commissioner Stack announced that non-urgent and non-emergent dental care would be included in Phase I of the Healthy at Work initiative for restarting Kentucky's economy. This became effective on April 27th with a [memo](#) from the Cabinet for Health and Family Services formally rescinding its previous order to postpone elective dental procedures.

- **When does the 90-day temporary license for recent graduates expire?**
 - As per the Board of Dentistry's April 17th memo, all provisional dental licenses, regardless of the date of issue, shall expire 90 days after the order that occurred on April 27th. Provisional licenses are currently set to expire on Saturday, July 25, 2020, pending further board action.

- **Providing test results with 72 hours will be hard to meet. Is this a requirement?**
 - Testing and contact tracing are ideal but not readily available at this time. Robust screening must be used when testing is not available. More recommendations may come as testing becomes more available and results have faster turnarounds.

- **Are fit tests currently required for N95 masks?**
 - The U.S. Department of Labor has issued a memo providing temporary OSHA guidance for N95 fit-testing during the COVID-19 outbreak. We recommend reviewing OSHA's [memo](#). For more guidance on masks, visit the [ADA's Understanding Mask Types](#).

- **What should I do if the N95 masks I received do not look like other N95 mask?**
 - We recommend contacting your [local health department](#). Also, please view the CDC's webpage on [identifying NIOSH-approved respirators](#).

- **How can we perform non-urgent/emergent procedures if CDC guidelines still say we should only provide emergent care?**
 - CDC guidelines are not mandatory unless given that authority by statute or regulation. For example, Kentucky law requires that oral health professionals follow the CDC's [Guidelines for Infection Control in Dental Health-Care Settings](#). However, there is no such rule for their temporary COVID-19 recommendations. Also, please be aware that these guidelines are national in scope and do not necessarily reflect the rapidly changing situation in individual states. Governor Beshear with guidance from the Kentucky Department for Public Health has determined that the risk to oral health professionals can be mitigated with the protocols outlined in the Cabinet for Health and Family Services' Phase I [memo](#) and expanded on in our own [guidelines](#).
- **Do we need face shields or will L3 masks with eye protection work?**
 - Face shields or eye protection with side shields were previously recommended in the 2003 CDC [Guidelines for Infection Control in Dental Health-Care Settings](#). These were written for bloodborne disease transmission and enhanced protocols for droplet transmission should be considered. We recommend using the new PPE matrix from [University of Louisville School of Dentistry](#).
- **What are the cleaning/disinfecting guidelines between patients?**
 - We recommend using the [CDC guidelines](#) and [EPA list](#) for effective disinfectants. Dr. Stack's requirement for 50% of pre-covid capacity should allow for extra time in between patients and at the end of the business day. Treatment areas should be free of items that can not be disinfected. Additionally, high touch point areas (restrooms, break rooms, door handles, light switches, front desk, etc) outside of treatment rooms should be disinfected at an increased frequency.
- **Do we need to wear gowns?**
 - We recommend reviewing the [CDC guidelines](#) for infection control in dental settings. Please take into consideration the CDC infection control guidelines were established for blood borne pathogens and not airborne disease. Gowns have been required for aerosol generating procedures per CDC guidelines on Standard Precautions (2003). All KY licensees are required to comply with the most current version of the CDC guidelines for standard precautions. Please keep in mind this requirement is for blood borne pathogens and that gown changes may need to occur more frequently to prevent aerosol transmission.

- **How do we deal with patients with >100.4F Temp? If it is not dentally related, do we have to make them go? Or contact health department, etc.?**
 - A patient's medical history and current symptoms must be factored into this decision. If temperature is likely associated with acute dental infection and no other respiratory symptoms are reported or evident, dental treatment is recommended. Dentists should consider a referral plan for patients who are febrile and otherwise symptomatic of COVID19. An example of a patient screening form is included in the [ADA Return to Work Toolkit](#).
- **What do you suggest for dental team members who are pregnant?**
 - Information on COVID-19 during pregnancy is still very limited. If possible, take additional precautions and limit your exposure to patients during higher risk procedures. Consult regularly with your obstetrician for the latest recommendations based on your unique situation.
- **Should I use my high-speed handpiece, cavitron, slow-speed handpiece or air/water syringe?**
 - During aerosol generating procedures we recommend adding clinical protocols such as HVE, rubber dam isolation, four handed dentistry and other advanced aerosol mitigating procedures based upon clinical judgment of the provider and the needs of the patient.

This guidance document has been made possible in collaboration with the following entities:

Kentucky Dental Association
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