Coronavirus Frequently Asked Questions

Last Updated: March 11, 2020

The American Dental Association (ADA) recognizes the importance of providing the profession with credible information that will protect both patients and dental health care personnel at a time when information is constantly being updated.

We will seek to update this information as we learn more details from the Centers for Disease Control and Prevention (CDC) and other reputable sources.

We encourage you to email any questions relating to the SARS-CoV-2 (coronavirus) and COVID-19 to dentalpractice@ada.org. This email address is closely monitored and we will respond to all queries as soon as we're able to provide accurate information. Please know that contacting the ADA through this format enables the ADA to track, and respond to, questions from dentists in active practice and serves as potential source of content for new, or updated, FAQ.

This document provides answers to some recent member question regarding:

- Coronavirus, the virus which causes COVID-19
- Personal Protective Equipment (PPE), including masks
- Communicating with patients
- Maintaining the practice's physical environment
- Communicating with staff

Questions regarding coronavirus, the virus which causes COVID-19

Are traditional disinfectants, such as Lysol and disinfecting wipes, effective at killing this virus?

Coronaviruses are enveloped viruses, meaning they are one of the easiest types of viruses to kill with the appropriate disinfectant product. Routine cleaning and disinfection procedures (e.g., using cleaners and water to pre-clean surfaces prior to applying an EPA-registered, hospital-grade disinfectant to frequently touched surfaces or objects for appropriate contact times as indicated on the product's label) are appropriate for coronavirus in healthcare settings, including those patient-care areas in which aerosol-generating procedures are performed. Products with EPA-approved emerging viral pathogens claims are recommended for use against coronaviruses. These products can be identified by the following claim:

> "[Product name] has demonstrated effectiveness against viruses similar to SARS-CoV-2 on hard non-porous surfaces. Therefore, this product can be used against coronaviruses when used in accordance with the directions for use against [name of supporting virus] on hard, non-porous surfaces."

The EPA has developed a list of registered surface disinfectant products for use against coronavirus, the coronavirus that causes COVID-19. https://www.epa.gov/sites/production/files/2020-03/documents/sars-cov-2-list_03-03-2020.pdf

We already adhere to standard precautions: can dentists do anything else to prevent transmission in their offices?

Some common sense recommendations include:

- Screen patients for international travel, signs or symptoms of infection when you update their medical histories.

- Include temperature readings as part of your routine assessment of the patient prior to performing dental procedures.
- Make sure the personal protective equipment you are using is appropriate for the procedures performed.
- Use a rubber dam whenever possible to decrease possible exposure to infectious agents.
- Use high speed evacuation for all dental procedures producing an aerosol.
- Autoclave your handpieces after each patient.
- Have your patient rinse with 1% hydrogen peroxide before each appointment. Coronavirus is vulnerable to oxidation; this will reduce the salivary load of oral microbes.
- Clean and disinfect public areas frequently, including door handles, chairs, and bathrooms.

Questions regarding Personal Protective Equipment (PPE), including masks

What do we do about the shortage of masks?

The increased world-wide demand for personal protective equipment (PPE) has resulted in apparent regional areas of shortage in the United States. The U.S. Food and Drug Administration (FDA) regulates and monitors the availability of medical devices, including masks, and continues to closely monitor the supply chain whose components are needed to manufacture PPE.

On Feb. 27, 2020, the FDA reported that it had contacted 63 manufacturers, representing 72 facilities in China that produce essential medical devices. “Essential medical devices” are those that could be prone to potential shortage if there was a disruption in the supply chain. Several of these facilities reported being adversely affected by COVID-19 and experiencing workforce challenges due in part to the necessary quarantine of workers.

While the FDA reported that it has heard reports of increased market demand and supply challenges for certain PPE, the agency has said that it is not aware of specific widespread shortages of medical devices, although the CDC and other U.S. partners have seen increased ordering of some medical products through distributors as some healthcare facilities in the U.S. prepare for anticipated needs in the event of a more severe outbreak. The FDA also reported that the agency has taken proactive steps to establish and remain in contact with medical device manufacturers and others in the supply chain.

FDA encourages manufacturers and healthcare facilities to report supply disruptions to the device shortages mailbox, deviceshortages@fda.hhs.gov. The agency reports that the mailbox is closely monitored and is an important surveillance resource to augment FDA efforts to detect and mitigate potential supply chain disruption.

Should masks be only single use?

CDC's guidance for single-use disposable facemasks **has not changed**. These masks are tested, and regulated by FDA to be single use. CDC's position is that a new facemask should be worn for each patient. CDC's specific guidance for facemasks is on page 41 of the Guidelines:

1. Wear a surgical mask and eye protection with solid side shields or a face shield to protect mucous membranes of the eyes, nose, and mouth during procedures likely to generate splashing or spattering of blood or other body fluids;
2. Change masks between patients, or during patient treatment if the mask becomes wet.

Should we close the practice if we run out of masks and our vendors and distributors have put caps on how much, and how often, we can get new shipments?

Practices experiencing difficulty obtaining PPE may have to triage patients as a way to ensure that adequate PPE is available for patients whose appointments are most urgent. If your office is concerned about a potential or imminent shortage of PPE, CDC recommends you alert your state/local health department and local healthcare coalition, as they are best positioned to help facilities troubleshoot through temporary shortages. You can also report the shortage to the FDA at deviceshortages@fda.hhs.gov. CDC recommends that Dental Health Care Personnel (DHCP) concerned about healthcare supply for PPE regularly monitor Healthcare Supply of Personal Protective Equipment https://www.cdc.gov/coronavirus/2019-ncov/hcp/healthcare-supply-ppe.html for updated guidance. They should also be familiar with the Interim Infection Prevention and Control Recommendations.

I have noticed it is easier to purchase ASTM Level 1 masks than Level 2 or Level 3. What is the difference between the levels? How do I know which to buy?

ASTM International, formerly known as the American Society for Testing and Materials, is an international standards organization that develops and publishes voluntary consensus technical standards for a wide range of materials, products, systems, and services including masks. ASTM has established performance levels for masks based on fluid resistance, bacterial filtration efficiency, particulate filtration efficiency, breathing resistance and flame spread.

Masks that have been rated Level 1 have the least fluid resistance, bacterial filtration efficiency, particulate filtration efficiency, and breathing resistance. These can be worn for procedures where low amounts of fluid, spray or aerosols are produced, for example, patient evaluations, orthodontic visits, or operatory cleaning.

Level 2 masks provide a moderate barrier for fluid resistance, bacterial and particulate filtration efficiencies and breathing resistance. These can be used for procedures producing moderate to light amounts of fluid, spray or aerosols. Some examples of procedures are sealant placement, simple restorative or composite procedures or endodontics.

Level 3 masks provide the maximum level of fluid resistance recognized by ASTM and are designed for procedures with moderate or heavy amounts of blood, fluid spray or aerosol exposure. Some examples of these procedures are crown or bridge preparations, complex oral surgery, implant placement, or use of ultrasonic scalers.

Should clinical staff wear N-95 respirators?

The type of personal protective equipment (PPE) that should be worn will depend upon the procedures being performed. Under OSHA, PPE is considered “appropriate” only if it does not permit blood or other potentially infectious materials to pass through to or reach the employee's work clothes, street clothes, undergarments, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time which the protective equipment will be used.

If the decision is made to use respirators in your facility, OSHA does maintain requirements for medical evaluation and fit-testing. A toolkit for health care use of respirators is available at https://www.osha.gov/Publications/OSHA3767.pdf

OSHA’s Bloodborne Pathogens standard (29 CFR 1910.1030) requires that workers be protected from exposures to blood and body fluids that may contain bloodborne infectious agents. OSHA's Personal Protective Equipment standard (29 CFR 1910.132) and Respiratory Protection standard (29 CFR 1910.134) require protection for workers when exposed to contact, droplet and airborne transmissible infectious agents.

CDC has more information on the differences between N-95 respirators and surgical masks at: https://www.cdc.gov/niosh/npptl/pdfs/UnderstandDifferenceInfographic-508.pdf

Questions regarding communicating with patients

What questions should we ask our patients in order to identify their symptoms and decide whether to cancel an appointment?

The ADA recommends updating a patient's medical history at each visit. These screening questions may be asked when confirming appointments or when the patient presents for treatment. Appropriate questions to screen patients for coronavirus could include asking if the patient has traveled internationally in the last 14 days or has been in close contact with another person who has been diagnosed with or under investigation for COVID-19, and whether the patient has a cough, fever or shortness of breath. Encourage patients who respond "yes" to those questions to contact their primary physician or public health department as soon as possible to determine if they should be seen or tested.

What should we do if we suspect a patient has COVID-19? Do we notify the local or state health department?

Contact your local health department immediately if you suspect a patient has COVID-19. Visit https://www.naccho.org/membership/lhd-directory for information on how to contact your local health department and https://www.cste.org/page/EpiOnCall for information on how to contact your state health department.

HIPAA's Privacy Rule allows covered entities to disclose needed protected health information to public health authority responding to a public health emergency.

What if a patient has the virus, but urgently needs dental treatment? How do we proceed to provide care?

If a patient with a confirmed case of COVID-19 requires urgent dental treatment, the dentist and the patient's medical providers should work together to determine the appropriate precautions on a case-by-case basis: this coordinated approach is critical in order to ensure that the risk of potential spread of disease among patients, visitors, and staff is kept as low as possible.

Because dental settings are not typically designed to carry out all of the Transmission-Based Precautions that are recommended for hospital and other ambulatory care settings, dentists and medical providers will need to determine whether the facility is an appropriate setting for the necessary services for a potentially infectious patient. It may be necessary for treatment to be performed in a healthcare setting that offers the additional protections that should be maintained in these cases.

Questions regarding maintaining the practice's physical environment

Should we ask patients to wait in their cars until we can treat them so they aren't sitting in crowded waiting rooms or reception areas?

The CDC recommends using "social distancing" whenever possible as an effective way of decreasing the likelihood of transmitting coronavirus. On March 7, 2020, the agency updated its definition of social distancing to mean "remaining out of congregate settings, avoiding mass gatherings, and maintaining distance (approximately 6 feet or 2 meters) from others when possible."

With that advice in mind, consider implementing these steps in your practice:

- ask patients to arrive on time for their appointments, rather than too early, since that will minimize the amount of time they spend in your waiting room or reception area
- remove magazines, reading materials, toys and other objects that may be touched by others and which are not easily disinfected
- schedule appointments to minimize possible contact with other patients in the waiting room.

Should we have glass partitions between the front office staff and the waiting room when possible to decrease the risk of staff exposure?

While physical barriers may reduce or eliminate exposure to coronavirus, installing glass partitions may not be feasible in all practices.

Questions regarding communicating with staff

Since coronavirus can spread via aerosol transmission, should my staff be using scaling instruments or hand pieces any differently than we usually do?

Every procedure and every patient is unique. Appropriate personal protective equipment should be available when instruments that produce an aerosol are used and it's a good idea to consider using high speed evacuation in those cases since aerosol spread is one way that coronavirus can be transmitted. Of course, since no single answer can apply to every possible situation, dentists and hygienists should use their best professional judgment to determine what instrumentation should be needed for a particular procedure.

I've seen a lot of information about managing patient exposures: what should we do if there's a case of potential or actual employee exposure?

Follow the same procedures you would with a patient suspected to have, or confirmed to have, COVID-19: report the individual to your local health department (https://www.naccho.org/membership/lhd-directory) and/or state health department (https://www.cste.org/page/EpiOnCall). Those agencies will conduct any appropriate follow-up.

Brought to you by the ADA Practice Institute. For more information, please contact the Center for Dental Practice at dentalpractice@ada.org or 312-440-2895.