

Iowa Dental Board Guidelines for the Safe Transition Back to Practice

Approved by the Board on May 5, 2020
Effective on May 8, 2020
Revisions Approved by the Board on November 13, 2020
Revisions Effective on December 9, 2020

**All new language in red*

A. Scope

On May 6, 2020 the Iowa Dental Board was given the authority to issue guidelines governing the safe transition back to practice by Governor Reynolds in a Proclamation of Disaster Emergency. These guidelines must be followed in order to provide dental services as of the effective date listed above.

These guidelines constitute minimum requirements. When the word “should” is used, the guideline is recommended, but not mandatory. When the word “may” is used, the guideline is permissive.

Many of these guidelines are directly from the Interim Infection Prevention and Control Guidance for Dental Settings During the COVID-19 Response published by the Centers for Disease Control and Prevention. Both the CDC Interim Guidance and the ADA Return to Work Interim Guidance may be utilized as resources for transitioning back to practice.

B. Definitions

1. “ADA” means the American Dental Association.
2. “Aerosol generating procedure” means a dental procedure that generates solid or liquid particles that are generally smaller than 50 µm in diameter. This term includes, but is not limited to, spraying air and water simultaneously, using high speed handpieces with or without water, and using ultrasonic scalers. This term does not include spraying air or water separately, or using ultrasonic instrumentation for endodontic procedures.
3. “CDC” means the Centers for Disease Control and Prevention
4. “DHCP” means dental health care personnel and includes any person who works at a facility where dental care is provided.
5. “Facemask” means a face covering that is not specific to a type of material and includes surgical masks and cloth face coverings.
6. “Fever” means a temperature greater than or equal to 100.04° Fahrenheit or subjective fever.
7. “Gown” means a disposable or cloth body covering that fully covers the torso and the arms. A gown should cover the knees if possible. A gown should be fluid-resistant if fluid penetration is likely.

Commented [SJ1]: Adding this definition to make the requirements more clear.

Commented [SJ2]: Updated per the CDC.

8. "PPE" means personal protective equipment.
9. "Respirator" includes an N95 respirator or a respirator that offers a higher level of protection such as other disposable filtering facepiece respirators, powered air-purifying respirators (PAPRs), or elastomeric respirators. KN95 respirators are not considered substitutes for N95 respirators, but can temporarily be used in place of N95 respirators due to the COVID-19 crisis and the shortage of N95 respirators.

C. **Screening DHCP**

1. Screen all DHCP at the beginning of their shift for fever and symptoms of COVID-19.
2. If DHCP present to the workplace with a fever or other symptoms of COVID-19, including a subjective fever, cough, sore throat, **new loss of taste or smell**, or shortness of breath, direct the DHCP to leave the workplace and to contact a medical provider for further instructions.
3. **Follow [the CDC's Interim U.S. Guidance for Risk Assessment and Work Restrictions for Healthcare Personnel with Potential Exposure to COVID-19](#) should be utilized to determine whether DCHP with potential exposure may work.**
4. Practitioners may use the ADA's Return to Work Interim Guidance Toolkit, which contains a template on COVID-19 Employee Screening.
5. Follow the CDC's [Interim Guidance on Criteria for Return to Work for Healthcare Personnel with Confirmed or Suspected COVID-19](#) to determine when DHCP with suspected or confirmed COVID-19 may return to work.

Commented [JS3]: The Board is getting a lot of calls on this topic. Adding as guidance for offices with a potential exposure.

D. **Screening Patients**

1. Pre-screen all patients **and visitors** for symptoms of COVID-19 and potential exposure to COVID-19 in advance of their appointment.
2. All patients **and visitors** (unless receiving treatment), must wear a facemask to decrease asymptomatic and presymptomatic transmission of the novel coronavirus. Patients can be encouraged to wear their own facemask to the dental office.
3. Postpone appointments for patients with symptoms of COVID-19 or who have had potential exposure to COVID-19, unless the patient needs emergency dental care.
4. Screen all patients **and visitors** upon arrival for their appointment for fever and symptoms of COVID-19.
5. If a patient presents with a fever or other symptoms of COVID-19:
 - a. Give the patient a facemask to cover his or her nose and mouth, if they did not wear their own facemask.
 - b. If not acutely sick, send the patient home and instruct the patient to call a medical provider.
 - c. If acutely sick (for example, has trouble breathing) refer the patient to a medical facility.

Commented [SJ4]: Clarifying that visitors, such as a parent accompanying a child, fit under this section.

6. If emergency dental care is medically necessary for a patient who has, or is suspected of having COVID-19, Airborne Precautions (an isolation room with negative pressure relative to the surrounding area and use of a respirator for persons entering the room) must be followed. Dental treatment must be provided in a hospital or other facility that can treat the patient using the appropriate precautions.
7. Practitioners may use the ADA's Return to Work Interim Guidance Toolkit, which contains guidance and templates on the Pre-Appointment Screening Process and In-Office Patient Registration Procedures.
8. [Follow the Interim Guidance for Discontinuation of Isolation for Persons with COVID-19 Not in Healthcare Settings](#) to determine when patients with suspected or confirmed COVID-19 can receive dental care. ~~using a non-test based strategy or a test based strategy:~~
9. ~~Non-test based strategy: At least 3 days (72 hours) have passed since recovery (resolution of fever without the use of fever-reducing medications and improvement in respiratory symptoms such as cough or shortness of breath), and at least 10 days have passed since symptoms first appeared.~~
10. ~~Test based strategy:~~
11. ~~Patients who have COVID-19 who have symptoms: Resolution of fever without the use of fever-reducing medications and improvement in respiratory symptoms (cough, shortness of breath) and negative results of an FDA Emergency Use Authorized molecular assay for COVID-19 from at least two consecutive nasopharyngeal swab specimens collected ≥24 hours apart (total of two negative specimens).~~
12. ~~Patients with laboratory-confirmed COVID-19 who have not had any symptoms: At least 10 days have passed since the date of the first positive COVID-19 diagnostic test and have had no subsequent illness.~~

E. Reduction of Aerosol Generating Procedures

1. Avoid aerosol generating procedures if possible.
2. If aerosol generating procedures are necessary, consider using four-handed dentistry, high evacuation suction and dental dams and/or other intraoral suctioning devices to minimize droplet spatter and aerosols.
3. The number of DHCP present during the procedure should be limited to only those essential for patient care and procedure support. Visitors should be minimized. [Any visitor in the treatment room other than a parent or guardian who resides in the same household as the patient must have appropriate PPE.](#)
4. Hygiene procedures must be limited to hand-scaling ~~only without and~~ rubber cup polish ~~only~~ when a respirator is not available.
5. Ultrasonic instrumentation may only be utilized if a respirator is available, except when ultrasonic instrumentation is utilized for endodontic procedures in conjunction with a rubber dam.

Commented [SJ5]: This CDC guidance has since been modified. Adding a new link to the CDC guidance to account for future changes and striking outdated language.

Commented [SJ6]: Eliminating the need for a family member who lives in the same household, often a parent, to be in full PPE.

Commented [SJ7]: Per stakeholder feedback.

F. Required Facemasks for Source Control for Non Clinical Functions

1. As part of source control efforts, DHCP ~~must~~ ~~should~~ wear a facemask at all times while they are in the dental setting.
2. When available, surgical masks are generally preferred over cloth face coverings for DHCP because surgical masks offer both source control and protection for the wearer against exposure to splashes and sprays of infectious material from others.
3. Some DHCP whose job duties do not require PPE (such as clerical personnel) should continue to wear their facemask for source control while in the dental setting.
4. Other DHCP (such as dentists, dental hygienists, dental assistants) may wear their facemask when they are not engaged in direct patient care activities and then switch to a respirator or a surgical mask when PPE is required.
5. DHCP should remove their respirator or surgical mask and put on their facemask when leaving the facility at the end of their shift.
6. DHCP must also be instructed that if they are wearing a facemask and touch or adjust their facemask, they must perform hand hygiene immediately before and after.
7. Because cloth face coverings can become saturated with respiratory secretions, DHCP must take the following steps to prevent self-contamination:
 - a. DHCP must change the coverings if they become soiled, damp, or hard to breathe through.
 - b. Coverings must be laundered daily and when soiled.
 - c. DHCP should perform hand hygiene immediately before and after any contact with the cloth face covering.
 - d. Dental facilities must provide DHCP with training about when, how, and where cloth face coverings can be used including frequency of laundering, guidance on when to replace, circumstances when they can be worn in the facility, and the importance of hand hygiene to prevent contamination.

Commented [SJ8]: Per CDC Guidance for Dental Settings.

G. Required PPE for Clinical Care

1. Employers must select appropriate PPE and provide it to DHCP in accordance with OSHA PPE standards (29 CFR 1910 Subpart I).
2. If a respirator, or a surgical mask and a full face shield (when permitted), is not available, do not perform any dental care.
3. DHCP must receive training on and demonstrate an understanding of:
 - a. when to use PPE
 - b. what PPE is necessary
 - c. how to properly don, use, and doff PPE in a manner to prevent self-contamination
 - d. how to properly dispose of or disinfect and maintain PPE

- e. the limitations of PPE
4. Dental facilities must ensure that any reusable PPE is properly cleaned, decontaminated, and maintained after and between uses.
 5. Dental settings must have policies and procedures describing a sequence for safely donning and doffing PPE.
 6. Dental settings must have a designated location for donning and doffing PPE with a clean and dirty area.
 7. The PPE required for DHCP when providing dental care to patients includes:
 - a. Respirator or surgical mask and full face shield:
 - i. Before entering a patient room or care area, put on one of the following:
 1. A respirator.
 2. If a respirator is not available, a combination of a surgical mask and full face shield. Ensure that the mask is cleared by the US Food and Drug Administration (FDA) as a surgical mask.
 - ii. During aerosol generating procedures (e.g. use of dental handpieces, ultrasonic scalers), put on one of the following:
 1. A respirator.
 2. If a respirator is not available, a combination of a Level 3 surgical mask and full face shield. Ensure that the mask is cleared by the US Food and Drug Administration (FDA) as a surgical mask. This substitution is not allowed when a respirator is required as outlined in under paragraphs 4 and 5 under the “Reduction of Aerosol Generating Procedures” section.
 3. Once respirators are no longer in shortage, they must be utilized for all aerosol generating procedures.
 - iii. After exiting the patient’s room or care area and closing the door (if present), take into consideration that most dental procedures generate droplets, spatter, and aerosols:
 1. Remove and discard disposable respirators and surgical masks.
 2. Perform hand hygiene after removing the respirator or facemask.
 - iv. Additional considerations for respirators are as follows:
 1. ~~As long as a respirator remains unstained or uncompromised, a respirator can be worn up to 48 hours. When using a single respirator with multiple patients it must be covered with a surgical mask or full face shield.~~
 2. Use of respirators may be extended by ~~decontaminating,~~ as described in the PPE Shortage Order.

Commented [SJ9]: Not needed because we added a definition of aerosol generating procedures.

Commented [SJ10]: Deleting the 48 hour provision and deferring to the IDPH PPE Shortage Order regarding re-use to be consistent with other healthcare providers.

3. Consult [OSHA's temporary enforcement memos pertaining to COVID-19](#), which currently includes exceptions to fit testing.
 4. A respirator should be utilized if available, but a Level 3 surgical mask with a full face shield can serve as a substitute if a respirator is not available. This substitution is not allowed when a respirator is required **as outlined in** ~~under~~ paragraphs ~~4 and 5~~ under the "Reduction of Aerosol Generating Procedures" section.
- b. Eye Protection
- i. Before entering the patient room or care area, put on eye protection (i.e., goggles or a full face shield that covers the front and sides of the face).
 1. Personal eyeglasses and contact lenses are NOT considered adequate eye protection.
 - ii. After leaving the patient room or care area:
 1. Remove eye protection.
 2. Clean and disinfect reusable eye protection according to manufacturer's reprocessing instructions prior to reuse.
 3. Discard disposable eye protection after use.
- c. Gloves
- i. Before starting patient treatment, put on clean, non-sterile gloves.
 - ii. Change gloves if they become torn or heavily contaminated.
 - iii. Before leaving the patient room or care area:
 1. Remove and discard gloves.
 2. Immediately perform hand hygiene.
- d. **Gowns**
- i. **Gowns must be used for aerosol generating procedures.**
 - ii. ~~Before entering the patient room or area, put on a clean gown.~~
 - iii. Change gown if it becomes soiled or if used in aerosol generating procedures.
 - iv. ~~Before leaving the patient room or area, remove and discard the gown in a dedicated container for waste or linen.~~
 1. Discard disposable gowns **in a dedicated container for waste, after use.**
 2. Launder cloth gowns ~~after each use.~~
 - v. If there are shortages of gowns, they should be prioritized for:
 1. Aerosol generating procedures.
 2. Clinical procedures where splashes and sprays are anticipated.
8. DHCP must follow the PPE Shortage Order issued by the Iowa Department of Public Health. This Order does not prohibit DHCP from

Commented [JS11]: Revised for clarity.

obtaining needed PPE, but outlines procedures for limited re-use of PPE if demand exceeds supply. This Order provides for limited reuse of PPE if demand exceeds supply, but does not change the PPE required by these guidelines.

H. Required DHCP Hand Hygiene

1. DHCP must perform proper hand hygiene before and after all patient contact, after contact with potentially infectious material, and before putting on and after removing PPE, including gloves. Hand hygiene after removing PPE is particularly important to remove any pathogens that might have been transferred to bare hands during the removal process.
2. To perform proper hand hygiene, DHCP must use alcohol-based hand rub (ABHR) with 60-95% alcohol or must wash hands with soap and water for at least 20 seconds. If hands are visibly soiled, DHCP must use soap and water before returning to ABHR.
3. The employer must ensure that hand hygiene supplies are readily available to all DHCP in every care location.

I. Required Cleaning and Disinfecting

1. Follow the [Guidelines for Infection Control in Dental Health-Care Settings—2003](#).
2. Clean and disinfect room surfaces promptly after completion of clinical care.
3. Ensure that environmental cleaning and disinfection procedures are followed consistently and correctly.
4. Routine cleaning and disinfection procedures (e.g., using cleaners and water to clean surfaces before 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 SARS-CoV-2 in healthcare settings, including those patient-care areas in which aerosol generating procedures are performed.
 - a. [Refer to List N on the EPA website for EPA-registered disinfectants that have qualified under EPA's emerging viral pathogens program for use against SARS-CoV-2.](#)
5. Manage laundry and medical waste in accordance with routine procedures.
6. Clean and disinfect all reusable dental equipment used for patient care according to manufacturer's instructions and facility policies.

J. Additional Information

1. Dental offices must still comply with all requirements and recommendations in the Guidelines for Infection Control in Dental

Health-Care Settings—2003 published by the CDC, unless directly in conflict with a requirement in these guidelines.

2. These guidelines do not alter any requirements that may be imposed by other regulatory agencies, including the Occupational Safety and Health Administration (OSHA).
3. Failure to comply with the requirements in these guidelines is grounds for disciplinary action.

K. Resources

1. [Interim Infection Prevention and Control Guidance for Dental Settings During the COVID-19 Response](#)
2. [ADA Return to Work Interim Guidance](#)
3. [IDPH PPE Shortage Order](#)
4. [Guidelines for Infection Control in Dental Health-Care Settings—2003](#)