

On May 21, 2020, the CDC posted its updated [Interim Infection Prevention and Control Guidance for Dental Settings During the COVID-19 Response](#). Here is a list of the key updates:

- The previous recommendation to delay elective procedures during the COVID-19 pandemic has been removed: *“CDC recognizes that dental settings may also need to deliver non-emergency dental care. Dental settings should balance the need to provide necessary services while minimizing risk to patients and dental healthcare personnel (DHCP).”*
 - *“There are currently no data available to assess the risk of SARS-CoV-2 transmission during dental practice. To date in the United States, clusters of healthcare personnel who have tested positive for COVID-19 have been identified in hospital settings and long-term care facilities, but no clusters have yet been reported in dental settings or among DHCP.”*
- Urgency of a dental procedure should be based on the dentist’s clinical judgment on a case-by-case basis.
- Recommendations to contact patients prior to dental treatment, limit visitors, and assess all people who enter the dental practice for symptoms of COVID-19: *“Regardless of the degree of community spread, continue to [practice universal source control and actively screen for fever and symptoms of COVID-19](#) for all people who enter the dental facility. If patients do not exhibit [symptoms consistent with COVID-19](#), provide dental treatment only after you have assessed the patient and considered both the risk to the patient of deferring care and the risk to DHCP of healthcare-associated disease transmission.”*
- If a patient develops symptoms or is diagnosed with COVID-19, ask the patient to inform the dental office. *“Even when DHCP screen patients for respiratory infections, inadvertent treatment of a dental patient who is later confirmed to have COVID-19 may occur. To address this, DHCP should request that the patient inform the dental clinic if they develop symptoms or are diagnosed with COVID-19 within 14 days following the dental appointment.”*
- Recommendation to conduct maintenance on dental equipment after a period of non-use based on the manufacturer’s instructions.
- Administrative control recommendations to see one patient at a time and keep supplies/instruments in covered storage. Also, for the first time, CDC has mentioned preprocedural mouth rinses (PPMP) as an antimicrobial product which *“may reduce the level of oral microorganisms in aerosols and spatter generated during dental procedures.”*
- Ventilation recommendations have been added, including:
 - *Ventilation systems that provide air movement from a clean (DHCP workstation or area) to contaminated (clinical patient care area) flow direction should be installed and properly maintained. Providing supply air only in the receptionist*

area with return air louvers positioned in the waiting area will help to achieve this effect.

- Consult a heating, ventilation and air conditioning (HVAC) professional to investigate increasing filtration efficiency to the highest level compatible with the HVAC system without significant deviation from designed airflow and to investigate the ability to safely increase the percentage of outdoor air supplied through the HVAC system (requires compatibility with equipment capacity and environmental conditions).
- Run bathroom exhaust fans continuously and stop the use of demand-controlled ventilation during business hours.
- Consider using HEPA air filtration while undergoing or immediately following an aerosol-generating procedure and an upper-room ultraviolet germicidal irradiation as an alternative to higher ventilation and air cleaning rates.
- Recommendation that dental treatment should be provided in individual patient rooms with alternative recommendations if this isn't possible, such as requiring at least 6 feet between patients and creating physical barriers between patient chairs:
 - Ideally, dental treatment should be provided in individual patient rooms whenever possible.
 - For dental facilities with open floor plans, to prevent the spread of pathogens there should be:
 - At least 6 feet of space between patient chairs.
 - Physical barriers between patient chairs. Easy-to-clean floor-to-ceiling barriers will enhance effectiveness of portable HEPA air filtration systems (check to make sure extending barriers to ceiling will not interfere with fire sprinkler systems).
 - Operatories should be oriented parallel to the direction of airflow if possible.
 - Where feasible, consider patient orientation carefully, placing the patient's head near the return air vents, away from pedestrian corridors, and towards the rear wall when using vestibule-type office layouts."
- Recommendation that the dental team wait at least 15 minutes between completion of dental treatment and cleaning the room: *"To allow time for droplets to sufficiently fall from the air after a dental procedure, DHCP should wait at least 15 minutes after the completion of dental treatment and departure of the patient to begin the room cleaning and disinfection process."*
- Updated Mask/Respirator Guidance:
 - A surgical mask is the appropriate PPE standard unless performing aerosol-generating procedures, in which a N95 respirator should be used and medical evaluations, training, and fit testing should be conducted. ***"DHCP should wear a surgical mask, eye protection (goggles, protective eyewear with solid side shields, or a full-face shield), and a gown or protective clothing during procedures likely to generate splashing or spattering of blood or other body fluids. During aerosol-generating procedures conducted on patients"***

assumed to be non-contagious, consider the use of an [N95 respirator](#)* or a respirator that offers a higher level of protection such as other disposable filtering facepiece respirators, PAPRs, or elastomeric respirators, if available. Respirators should be used in the context of a respiratory protection program, which includes medical evaluations, training, and fit testing.”

- **“Of note, it is uncertain if respirators with exhalation valves provide source control. If a respirator is not available for an aerosol-generating procedure, use both a surgical mask and a full-face shield. Ensure that the mask is cleared by the US Food and Drug Administration (FDA) as a [surgical mask](#). Use the highest [level of surgical mask](#) available. If a surgical mask and a full-face shield are not available, do not perform any aerosol-generating procedures.”**
- Guidance on what to do if a patient who may be infected with COVID-19 or if a patient with COVID-19 needs emergency dental care.

“If a patient arrives at your facility and is suspected or confirmed to have COVID-19, defer dental treatment and take the following actions:

- *If the patient is not already wearing a mask, give the patient a mask to cover his or her nose and mouth.*
- *If the patient is not acutely sick, send the patient home, and instruct the patient to call their primary care provider.*
- *If the patient is acutely sick (for example, has trouble breathing), refer the patient to a medical facility, or call 911 as needed and inform them that the patient may have COVID-19.*
- *If emergency dental care is medically necessary for a patient who has, or is suspected of having, COVID-19, DHCP should follow CDC’s [Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 \(COVID-19\) in Healthcare Settings](#), including the use of PPE.*
 - *Dental treatment should be provided in an individual patient room with a closed door.*
 - *Avoid aerosol-generating procedures (e.g., use of dental handpieces, air/water syringe, ultrasonic scalers) if possible.*
 - *If aerosol-generating procedures must be performed, take [precautions](#).*
 - *DHCP in the room should wear an N95 or higher-level respirator, such as disposable filtering facepiece respirator, powered air-purifying respirator (PAPR), or elastomeric respirator, as well as eye protection (goggles or a full-face shield), gloves, and a gown.*
 - *The number of DHCP present during the procedure should be limited to only those essential for patient care and procedure support. Visitors should not be present for the procedure.*
 - *Aerosol-generating procedures should ideally take place in an airborne infection isolation room.*
 - *Consider scheduling the patient at the end of the day.*
 - *Do not schedule any other patients at that time.”*

