

The Minnesota Board of Dentistry wants dentists to minimize the risk of COVID-19 transmission when seeing patients by using the appropriate Personal Protection Equipment (PPE) and evaluating engineering controls. Here is a reference sheet to interim recommendations and guidelines, as we continue to assess emergency and phase into urgent dental needs. Please keep in mind proper PPE is not only to protect patient to patient transmission, but also serves as occupational protection. This guidance is a compilation of guidance from CDC, OSHA, and other sources. It is not all inclusive and is meant to provide additional guidance to providers as they are treating patients during this time. The PPE changes may not be forever, as it is too soon to know that, but we want dental professionals to be as safe as possible during this unprecedented time. We have issued most of the guidance in past campaigns, with some additions. This is the most updated version of recommendations 4/23/20.

#### COVID-19 and HealthCare Providers

- We are learning that out of those that are infected, 3.8-20% are healthcare workers (1)
- In Wuhan, out of the healthcare workers exposed, 14.8% had severe disease and mortality rate of 0.6%
- In Italy, 20% of healthcare workers became ill and so far, 8 dentists have died (2)

Please keep in mind in this pandemic, we are in a situation of evolving understanding of COVID-19, that these are ***interim guidelines*** and guidance may change as more evidence is reviewed. The federal government has released criteria for states to use in making decisions related to Opening America Again (From White House) and includes information [elective health care and sheltering in place](#).

As outlined in the criteria from the federal government “opening of dental care”, like elective surgeries, is dependent on how the virus behaves, the availability of PPE and healthcare resources. Our current mandate is effective through May 13 and dentistry, like other non-emergent and elective medical surgeries, will occur in phases.

We recommend taking the following steps to prepare your team for phasing back into practice:

1. Make sure you have adequate personal protective equipment
2. Consider all mitigation strategies and engineering controls to reduce risk during procedures
3. Promote social distancing in your practice with other employees

## PERSONAL PROTECTIVE EQUIPMENT

We have been allocated some N95 masks from the state supply, which will be distributed; however, please understand that the Minnesota Board of Dentistry is NOT the “supplier” of PPE or N95 masks. Dentists and dental clinics must also be proactive in seeking supply and resource for the appropriate PPE in the future, and on an ongoing basis, just as dentistry always has done. We have been following the supply chain very closely and will always provide potential resources for purchase or state supply when it is available to dental clinics.

At this time, the standard should be to provide the highest level of personal protective equipment (PPE) that is available:

- Gloves (nitrile)
- Gown (disposable or cloth gowns) – Use them if you have them.
  - Disposable gowns should be discarded after each patient.
  - Cloth lab gowns should be laundered after each patient.
- Eye protection (goggles or face shield)- Disinfect between patients
- N95 mask or KN95 (note: Temporary discretion regarding fit test enforcement requirement means that providers can wear the mask that fits best). This is ideal for aerosol producing procedures
- Given the shortage of N95 masks, many dental providers are wearing an N95 and covering it with an ASTM Level 3 mask to prevent droplets and or splatter on your N95 mask. With this technique the N95 mask may be repeatedly used.
- If a respirator (N95 or KN95) is not available, dental professionals could use a combination of a surgical mask and a full-face shield. Please see the other mask guidance below regarding risk levels.
- Practicing of proper donning and doffing should be practiced. [CDC Donning and Doffing](#)

Please see guidance from 3M that is included in the bulletin for N95 mask instruction.

Here are PPE references to help guide you:

[CDC Guidance](#)

[ADA Understanding Masks](#)

[ADA Interim Mask and Face Shield Guidelines](#)

## 2. Risk Mitigation Strategies

- Screen patients on the phone for COVID-19- see screening form
- Screen patients in person for COVID Symptoms
  - Take temperature (obtaining temperature is within scope of LDA and DH, as it is a vital sign)
  - Understand that temperature could be elevated in the case of an odontogenic infection, so consider all other screening questions as well
  - It is recommended to have all patients rinse with a solution of 1-1.5% hydrogen peroxide for 1 minute prior to exams and procedures (There may be other appropriate rinses as well, please evaluate your product)
  - Use rubber dams whenever possible
  - Avoid production of aerosols when possible
  - Use 4-handed dentistry with high volume evacuation
  - Allow time for aerosols to settle following procedures before disinfecting the rooms
  - No paper material of any kind should be in the operatory during treatment that uses sprays or aerosols
  - Dental offices could consider HEPA filtration in the operatories to provide further protection from airborne particles. Here is more guidance from OSHA as well: **Airborne infection isolation (All)** refers to the isolation of patients infected with organisms spread via airborne droplet nuclei <5 µm in diameter. This isolation area receives numerous air changes per hour (ACH) ( $\geq 12$  ACH for new construction as of 2001;  $\geq 6$  ACH for construction before 2001), and is under negative pressure, such that the direction of the air flow is from the outside adjacent space (e.g., the corridor) into the room. The air in an All room is preferably exhausted to the outside **but may be recirculated provided that the return air is filtered through a high-efficiency particulate air (HEPA) filter.** Consult with your HVAC provider as well and seek advice on where you are at now as far as air exchange in your ops and practice.
  - Gather all supplies needed for a procedure so you do not have to run in and out of operatory
  - Remove all equipment and materials from countertops except items being used
  - Consider treating with a chairside assistant and a float assistant if you have available so one can help with the clinical procedure and the other can seat patients and assist with sterilization

## 3. Promote Social Distancing



**Minnesota Board of Dentistry**  
2829 University Avenue SE, Suite 450  
Minneapolis, MN 55414  
Office: (612) 617-2250  
MN Relay Service: (800) 627-3529  
[www.mn.gov/boards/dentistry](http://www.mn.gov/boards/dentistry)

- Consider having patients wait in their car and call the office when they have arrived
- Make sure chairs are spaced in reception areas to allow social distancing (6 feet apart) and wipe down with disinfectant in between patients
- Stagger appointments so that patients aren't checking in and checking out at the same time
- Place plastic or other barriers in between open air operatories to decrease the risk of aerosol into other areas of the clinic

PLEASE KEEP IN MIND THESE ARE RECOMMENDATIONS FOR THE SAFETY OF PATIENTS, Dental Assistants, Dental Hygienist's, Dental Therapists, and Dentists.