

Summary of ADA Guidance During the COVID-19 Crisis

The COVID-19 pandemic, caused by coronavirus (SARS-CoV-2 virus), has caused major disruption in the lives of dental teams in the USA. ADA and many state dental associations have urged dental offices to treat only emergency patients; some states or local governments have mandated this. The ADA continues to urge dental offices to follow closure recommendations. Safety of the dental team and patients or people accompanying patients is essential while treating emergency patients and following this crisis.

COVID-19 is different from the flu, the common cold and SARS-1 and may require different precautions than dental teams have been employing since the early 1980s.

The *emerging* science is indicating that:

- COVID-19 is “stickier” than previously seen viruses – infection is easier
- COVID-19 causes serious symptoms in persons over 60, and those with underlying medical conditions
- COVID-19 may be spread through the airborne route, meaning that tiny droplets remaining in the air could cause disease in others even after the ill person is no longer near
- COVID-19 may be spread through aerosols produced by high and low speed handpieces, ultrasonic scalers, air/water syringes, or an infected patient coughing, and even when taking intra-oral radiographs
- Individuals infected with COVID-19 may be shedding virus and communicating the disease even before they show symptoms, including transmission through saliva
- Children may be asymptomatic and infectious
- COVID-19 survives on environmental surfaces for various periods of time, including metal and plastic surfaces, as found in the dental office.

This has serious implications for the dental team, in terms of personal protective equipment (PPE), treatment room disinfection and treatment of patients. It is important that dentists and dental teams thoroughly understand the risks of treating patients, the need to continue treating patients with emergency oral health issues so they do not present to hospital emergency room departments, and the realities of what PPE is available to dental personnel.

During the active COVID-19 crisis and beyond, risk must be minimized during dental treatment:

- Screen for dental emergencies using teledentistry or other remote modalities, minimizing the risk of transmission
- Fully utilize available PPE, understanding that surgical masks, which do not seal around the nose and mouth, are not adequate to completely protect against aerosol-borne disease transmission
- Take extra-oral radiographs whenever possible; intraoral techniques may induce coughing
- Reduce aerosol production as much as possible through use of hand instrumentation and employment of dental dam and high speed suction.
- N95 masks, with a positive seal around the nose and mouth, in combination with a full face shield, should be worn when treating patients in close proximity to their respiratory system, similar to the protocol for medical teams performing intubations. If N95 masks are not available, surgical FDA approved masks must be worn for each patient and not reused, in conjunction with proper utilization of goggles, gowns and gloves.

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- Members of the dental team within six feet of the treatment aerosol area should be limited to the operator and the assistant

The ADA has developed numerous resources ([ADA.org/VirusResources](https://www.ada.org/VirusResources)) including:

- guidance on what constitutes a dental emergency
- interim guidance flowcharts on how to proceed with emergency treatment
- healthcare supply of PPE
- coding and billing guidance
- ADA/OSAP webinar covering infection control, aerosols, surface disinfection and considerations for when regular dental treatment resumes

All the resources at [ADA.org/virus](https://www.ada.org/virus) should be thoroughly reviewed because the implications for disease transmission are serious, both to and among the dental team, patients, and to the community at large. The ADA will continue to develop resources as the pandemic continues.

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