

MISSISSIPPI STATE BOARD OF DENTAL EXAMINERS



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4/28/20

To All Mississippi Licensees:

Last Friday your Dental Board circulated an email to all licensees addressing the Board's efforts to seek an orderly return to work, subject to approval and recommendations from Thomas Dobbs, MD, State Health Officer. Attached to the email was the Board's "Return to Work Guidelines," setting forth a 4-phase reentry program. All of this, of course, was dependent on COVID-19 infections leveling off and/or declining. Unfortunately, the Board received an email today from Dr. Dobbs stating that since Friday, the Department of Health documented an increase in case numbers and increased hospitalizations this week. Dr. Dobbs concluded that the COVID-19 situation "is not improving in a way that supports additional loosening of restrictions (for dentists or physicians)". As a result, Dr. Dobbs requested that the Board extend Phase 2 for an additional week. Attached to this notice is the amended "Return to Work Guidelines". Please note that Phase 2 now runs from April 27 to May 10; Phase 3 from May 11 to May 17; and Phase 4 begins May 18, 2020. The Board respectfully requests that all licensees adhere to the new guidelines and the MSBDE COVID-19 Protocols. The Board is working with the Department of Health to ensure a safe and orderly return to practice, but doing so in compliance with the proclamations and emergency orders issued.

Sincere Regards,
The MSBDE

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MSBDE Return to Work Guidelines

Phase 1- Through April 26, 2020

Dentists may perform Emergency/Urgent Care Procedures Only.

Phase 2- April 27-May 10, 2020

Dentists may perform Essential Services Only pursuant to the ADSO (Association of Dental Support Organizations) Guidelines of Essential vs. Non-Essential Dental Procedures (attached) as well as defined by the MSBDE COVID-19 Protocols (attached).

Phase 3- May 11-17, 2020

Dentists may perform Non-Essential Services for Low-Risk Patients Only pursuant to the ADSO Guidelines of Essential vs. Non-Essential Dental Procedures as well as defined by the MSBDE COVID-19 Protocols (attached).

Phase 4- Beginning May 18, 2020

Dentists may perform Essential and Non-Essential Services for all Patient Categories as defined by the MSBDE COVID-19 Protocols (attached).

*Please note- The MSBDE Return to Work Guidelines can be extended or alleviated by Board Action pursuant to any Mississippi Department of Health or MS Governor's Office request or mandate.

Edited 4/28/2020

Essential vs. Non-Essential Dental Procedures

This guide is to help dentists identify which dental procedures are considered Essential vs. Non-Essential during a national emergency. Dentists are to use the below as a guide, and encouraged to make professional judgement calls on the urgency of any procedure during emergencies. Patients with non-essential needs should be encouraged to maintain oral hygiene practices to maintain their current status. Please note: All procedures should also consider risk factors associated with demographics more susceptible to COVID-19, such as elderly patients.

Specialty	Procedure Type	Essential	Non-Essential
Restorative	Fillings/Restorations		
	<i>Incipient to Mild Decay</i>		x
	<i>Moderate Decay</i>	x	
	<i>Severe Decay</i>	x	
	Fracture tooth repair		
	<i>Pain</i>	x	
	<i>No Pain (if patient feels uncomfortable, consider that patient in pain)</i>		x
	Crown		
<i>Crowns to be completed to navigate completion of care for moderate - severe decay as well as to complete RCT</i>	x		
<i>Proactive replacement of restoration without decay</i>		x	
Veneers			x
Cosmetics	Cosmetic procedures		x
Endodontics	<i>Active Infection</i>	x	
	<i>Patient in Pain</i>	x	
	<i>Swelling or cellulitis</i>	x	
Emergency Patients	<i>Any patient who is contacting the practice with urgent needs should be seen to decrease overflow to Emergency Departments</i>	x	
Hygiene	<i>New Patient</i>		x
	<i>Recall</i>		x
	<i>Continuing Care</i>		x
Oral Surgery	Extractions		
	<i>Active Infection</i>	x	
	<i>Patient in Pain</i>	x	
	<i>Swelling or cellulitis</i>	x	
	<i>Third Molar without the above symptoms</i>		x
Orthodontics	Implants		
	<i>New Bandings</i>		x
	<i>Patient complications (wire or bracket fractures)</i>	x	
	<i>Recall</i>		x
	<i>Debond*</i>		x
<small>*Doctor to make judgement on if recall has extended time period and warrants a visit.</small>			
Periodontics	Initial Therapy SRP or Maintenance		
	<i>Patient has additional risk factors (Diabetes, Cardiac disease)</i>	x	
	<i>No additional risk factors</i>		x
Prosthodontics	Bridges		x
	Dentures and Removables	x	
Pediatrics	<i>Follow guidelines above for specific procedures.</i>		

MSBDE COVID-19 Protocols

To be in effect until further notice

Definitions:

1. Based on the CDC those at high-risk for severe illness from COVID-19 are:
 - People 65 years and older
 - People who live in a nursing home or long-term care facilityPeople of all ages with underlying medical conditions, particularly if not well controlled, including:
 - People with chronic lung disease or moderate to severe asthma
 - People who have serious heart conditions
 - People who are immunocompromised
 - Many conditions can cause a person to be immunocompromised, including cancer treatment, smoking, bone marrow or organ transplantation, immune deficiencies, poorly controlled HIV or AIDS, and prolonged use of corticosteroids and other immune weakening medications
 - People with severe obesity (body mass index [BMI] of 40 or higher)
 - People with diabetes
 - People with chronic kidney disease undergoing dialysis
 - People with liver disease
2. “High Risk Staff “ member for severe COVID-19 complications: Staff/Provider is >65 years old and/or has known conditions that can exacerbate a potential COVID-19 infection. Or, Staff/Provider who is otherwise considered low risk, but who lives with, or directly cares for, someone in the high-risk category.
3. “Low Risk Staff” and “Low Risk Patient” are anyone not directly falling into the above two categories and are not living closely with, or directly cares for, someone who falls within the above categories.

The CDC Guidelines for increased risk of severe complications due to COVID-19 are to be used for determining patient and staff risk factor status.

<https://www.cdc.gov/coronavirus/2019-ncov/downloads/COVID19-What-You-Can-Do-High-Risk.pdf> [cdc.gov]

COVID-19 DENTAL PROTOCOL PLAN Version

PRE-VISIT

Utilize Teledentistry or phone for patients of record for consultations and to screen them for care.

If possible, send patient forms to be completed and returned by email, text, or other digital means prior to arranging an appointment including CDC recommended COVID-19 survey.

Ask patients to thoroughly brush their teeth prior to the meeting.

VISIT

1. Scheduled patients are instructed to remain in their vehicle and call or text the dental office upon arrival in the parking lot.

2. Once the treatment area is prepared to seat the patient, the patient will be met by a team member wearing a mask and gloves for a screening process. This process will include asking the CDC COVID-19 PATIENT DISCLOSURE questions, taking their temperature (less than 100.4), assessment of cough, previous COVID-19 exposure, or presence of any other infection. If any symptoms are present, the patient should not exit their car and be referred to a physician or to contact the local hospital emergency room to be evaluated ASAP. If they check out OK escort them in. Only the scheduled patient (or one parent if patient is a minor) will be allowed into the office for the appointment.

3. ALL PATIENTS MUST STOP AT CLEANING STATION where they will sanitize their hands before being taken back to the treatment room. ALL PATIENT BELONGINGS MUST GO BACK TO TREATMENT ROOM WITH THEM.

4. NO USE OF THE RECEPTION ROOM WILL BE ALLOWED AT ANY TIME FOR PATIENTS WAITING FOR TREATMENT. THE ONLY EXCEPTION WILL BE FOR PATIENTS WHO ARE RECOVERING FROM IV ANESTHESIA AND WAITING FOR THEIR RIDES HOME TO ARRIVE.

5. As soon as patients are in the treatment room, if the patient is able, have them rinse for 60 seconds with at least 1% hydrogen peroxide or 0.2% povidone prior to seeing them.

IMPLEMENTATION

1. Clinical team members will wear clean scrubs, disposable or reusable cloth gowns when working. All team members will wear Level 3 or N95 masks, a face-shield, and gown for any procedure that involves an aerosol. Procedures such as a hygiene check will only require a Level 1 mask with gloves and a gown.

2. If you opt to use an N95 (or KN95) mask, they may be used repeatedly, by wearing a surgical mask over the N95. Your N95 can be stored in a paper bag with your name on it for 48 hours which will allow enough time for the virus to die.

3. Professional judgement is essential in aerosol-creating procedures. The use of Isolite or rubber dam with HVE under ALL aerosol creating situations is highly recommended. If a patient is unable to tolerate the Isolite or rubber dam with HVE, they will be reappointed to be seen with an anesthesiologist, or prescription relaxation medication.

4. Hygiene: ALL hygiene patients shall be treated with hand-scaling only.

5. HVE & AEROSOLS: Techniques for assistants holding the suction, the angle and positioning the suction are all meant to capture the spray or aerosol and vacuum it away before it has a chance to escape the oral cavity.

6. OPERATORY PRE-PREP: procedure set up in the operatory needs to be timely, prior to patient's visit obviously, but not left out for hours to allow room aerosols to settle on the exposed instruments and cassettes. Therefore, room set up should be completed as close to the patient's visit time as possible, or draped/covered if there's a waiting time between setup and the actual appointment time. In addition, all counters shall remain clean of any items or those items need to be covered with disposable plastic wrap to prevent any potential contamination from aerosols.

7. Face shields and Safety glasses: Face shields are required for all procedures that produce an aerosol. Safety glasses are appropriate in non-splatter situations. Both face shields and safety glasses should be cleaned between patients.

8. Isolation gowns: disposable isolation gowns or cloth gowns that can be laundered shall be available for use under high aerosol situations. In non-

splatter situations, gowns may be worn more than once. The gowns should never leave the treatment room, nor be worn to the front of the office.

9. The Admin team member will wear a mask and disposable gloves. This will prevent potential cross contamination to other areas of the office. If a patient has to sign a document, the pen must be sanitized once it has been used. If the patient presents a credit card for payment, the credit card will be sanitized before and after use.

10. Patient Dismissal & Scheduling Next Appointment: **ONLY 1 PATIENT AT A TIME AT FRONT DESK CHECK OUT AREAS.** Once treatment is completed hold them in the treatment room. Notify the front desk that you would like to have them checked out. When advised it is safe, bring them to the front desk. **FRONT DESK TEAM MEMBERS MUST WEAR FACE MASK WHEN DEALING WITH PATIENTS.** Credit card machines should be covered with disposable plastic wrap and wrap should be changed if a patient touches the plastic wrap. If a pen is used it should be wiped with a disinfectant.

11. Check out areas should be sanitized with disinfecting wipes prior to seeing the next patient.

12. All front admin computer workstations should be wiped off with disinfecting wipes at the beginning of each day, and at any time where you feel necessary.

13. All treatment room workstations should be wiped off at the end of each appointment and prior to seeing the next patient.

14. Dental Chairs and treatment rooms will be sanitized after each patient.

APPOINTMENT SCHEDULING GUIDELINES

1. Routine Dental Hygiene appointments shall be long enough to allow proper disinfection between appointments.

2. If 2 hygienists are scheduled to work, then one hygiene patient should be scheduled on the hour and another should be scheduled on the 1/2 hour. This will help keep front desk traffic to a minimum.

3. Consultations will occur in the treatment rooms for the foreseeable future to prevent cross contamination. Any display items used in the consultation will be sanitized and disinfected at the end of the appointment and prior to being stored or used again.

4. With social distancing required and no use of the waiting room, offices must limit the number of patients in the office at any time. This will result in seeing less patients during the day. It will not be possible to double book patients since PPE use dictates that staff and clinicians cannot leave the treatment room until treatment is complete.

SOCIAL DISTANCING GUIDELINES

1. Patients should ALWAYS be kept at least 6 feet from other patients and/or team members unless team members are wearing appropriate PPE. This means that when moving through the office, every staff member should wear a mask.

2. Team members should social distance themselves in the break room and maintain a minimum of 6 feet from each other. Lunches/breaks should be staggered to accommodate these guidelines.

PATIENT PROTECTION

1. No team member will be allowed to work unless their temperature is less than 100.4 degrees or any other symptoms of COVID-19.

2. No patients or any other persons will be allowed into the reception room at any time.

3. Patients will be brought into the office by a team member one at a time following appropriate PPE and screening guidelines.

4. All equipment, chairs, etc., will be cleaned and sanitized before each patient is seated.

5. No reading materials will be provided to patients. Patients may bring in their own reading material and it must be kept on their person or with their belongings at all times. Any area in the treatment room or the office that has

been touched by the patient's personal belongings will be sanitized and disinfected.

6. Any bathroom in the office will be sanitized by the team after each use.

7. Dental health care personnel should change clothes at the office to avoid contamination going home to your family or coming into the clinic setting.

CH :

COVID-19 PANDEMIC - PATIENT DISCLOSURES

This patient disclosure form seeks information from you that we must consider before making treatment decisions in the circumstance of the COVID-19 virus.

A weak or compromised immune system (including, but not limited to, conditions like diabetes, asthma, COPD, cancer treatment, radiation, chemotherapy, and any prior or current disease or medical condition), can put you at greater risk for contracting COVID-19. Please disclose to us any condition that compromises your immune system and understand that we may ask you to consider rescheduling treatment after discussing any such conditions with us.

It is also important that you disclose to this office any indication of having been exposed to COVID-19, or whether you have experienced any signs or symptoms associated with the COVID-19 virus.

	Yes	No
Do you have a fever or above normal temperature?	<input type="checkbox"/>	<input type="checkbox"/>
Have you experienced shortness of breath or had trouble breathing?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a dry cough?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a runny nose?	<input type="checkbox"/>	<input type="checkbox"/>
Have you recently lost or had a reduction in your sense of smell?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a sore throat?	<input type="checkbox"/>	<input type="checkbox"/>
Have you been in contact with someone who has tested positive for COVID-19?	<input type="checkbox"/>	<input type="checkbox"/>
Have you tested positive for COVID-19?	<input type="checkbox"/>	<input type="checkbox"/>
Have you been tested for COVID-19 and are awaiting results?	<input type="checkbox"/>	<input type="checkbox"/>
Have you traveled outside the United States by air or cruise ship in the past 14 days?	<input type="checkbox"/>	<input type="checkbox"/>
Have you traveled within the United States by air, bus or train within the past 14 days?	<input type="checkbox"/>	<input type="checkbox"/>

I fully understand and acknowledge the above information, risks and cautions regarding a compromised immune system and have disclosed to my provider any conditions in my health history which may result in a compromised immune system.

By signing this document, I acknowledge that the answers I have provided above are true and accurate.

Signature

Date

Witness

CK1

COVID-19 PANDEMIC EMERGENCY DENTAL TREATMENT NOTICE AND ACKNOWLEDGEMENT OF RISK FORM

Our goal is to provide a safe environment for our patients and staff, and to advance the safety of our local community. This document provides information we ask you to acknowledge and understand regarding the COVID-19 virus.

The COVID-19 virus is a serious and highly contagious disease. The World Health Organization has classified it as a pandemic. You could contract COVID-19 from a variety of sources. Our practice wants to ensure you are aware of the additional risks of contracting COVID-19 associated with dental care.

The COVID-19 virus has a long incubation period. You or your healthcare providers may have the virus and not show symptoms and yet still be highly contagious. Determining who is infected by COVID-19 is challenging and complicated due to limited availability for virus testing.

Due to the frequency and timing of visits by other dental patients, the characteristics of the virus, and the characteristics of dental procedures, there is an elevated risk of you contracting the virus simply by being in a dental office.

Dental procedures create water spray which is one way the disease is spread. The ultra-fine nature of the water spray can linger in the air a long time, allowing for transmission of the COVID-19 virus to those nearby.

You cannot wear a protective mask over your mouth to prevent infection during treatment as your health care providers need access to your mouth to render care. This leaves you vulnerable to COVID-19 transmission while receiving dental treatment.

I confirm that I have read the Notice above and understand and accept that there is an increased risk of contracting the COVID-19 virus in the dental office or with dental treatment. I understand and accept the additional risk of contracting COVID-19 from contact at this office. I also acknowledge that I could contract the COVID-19 virus from outside this office and unrelated to my visit here.

I have read and understand the information state above:

Signature

Date

Witness

CM