This document has been archived. Please refer to PA-HAN-597 for updated information on the topic.

PENNSYLVANIA DEPARTMENT OF HEALTH
2020 – PAHAN – 521 – 08-13-ADV
Exposure to COVID-19 in the Dental Care Setting

DATE:	8/13/2020
TO:	Health Alert Network
FROM:	Rachel Levine, MD, Secretary of Health
SUBJECT:	**Exposure to COVID-19 in the Dental Setting**
DISTRIBUTION:	Statewide
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MUNICIPALITY:	n/a
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This transmission is a "Health Advisory": provides important information for a specific incident or situation; may require immediate action.

HOSPITALS: PLEASE SHARE WITH ALL MEDICAL, DENTAL, PEDIATRIC, NURSING AND LABORATORY STAFF IN YOUR HOSPITAL**; EMS COUNCILS:** PLEASE DISTRIBUTE AS APPROPRIATE; **FQHCs:** PLEASE DISTRIBUTE AS APPROPRIATE **LOCAL HEALTH JURISDICTIONS**: PLEASE DISTRIBUTE AS APPROPRIATE; **PROFESSIONAL ORGANIZATIONS:** PLEASE DISTRIBUTE TO YOUR MEMBERSHIP; **LONG-TERM CARE FACILITIES:** PLEASE SHARE WITH ALL MEDICAL, INFECTION CONTROL, AND NURSING STAFF IN YOUR FACILITY

Unique characteristics of the dental care setting require specific infection prevention and control considerations in order to prevent the transmission of COVID-19. As persons with COVID-19 may be asymptomatic and pre-symptomatic, exposure to COVID-19 in the dental setting may still occur despite aggressive prevention measures.

This HAN provides guidance for the response to a case of COVID-19 in a dental healthcare personnel (DHCP) or patient, including how to identify those at risk of exposure when the positive case is:

- The dental healthcare personnel
- A patient

The guidance provided in this HAN is designed to provide instructions specific to COVID-19 exposures that occur in the dental setting and is based on CDC guidance and Department priorities. If you have questions about this guidance, please contact your local health department or call **1-877-PA-HEALTH (1-877-724-3258)**.

Outbreaks associated with dental care settings must be reported to your local health department or by calling **1-877-PA-HEALTH (1-877-724-3258).** An outbreak is defined as two or more COVID-19 cases among patients, visitors, or dental healthcare personnel (DHCP) at a facility with onset of illness within a 14-day period, who do not share a household, and are not listed as a close contact of each other outside of the office or dental care setting.

This HAN does not provide comprehensive information about all aspects of dental care in the context of the COVID-19 pandemic response. For additional information, please refer to the following:

- For information about what types of dental care are permitted under the Governor's reopening plan, please follow the Department's Interim Guidance on COVID-19 for Dental Health Care Personnel in Pennsylvania.

- For detailed guidance on the infection prevention and control measures to implement in the dental setting, please follow the CDC Interim Infection Prevention and Control Guidance for Dental Settings During the Coronavirus Disease 2019 (COVID-19) Pandemic. Additional guidance for infection prevention and control for general healthcare settings also applies to dental settings and can be found in PA-HAN-520.

- Formal observations of hand hygiene in the healthcare setting are called hand hygiene audits. They are an essential part of a successful infection prevention and control program. A toolkit to inform hand hygiene audits is available from the Department here.

The following guidance text and table are intended to support decisions about exposures to COVID-19 that occur in the dental setting. Following a known exposure to COVID-19, the dental provider or facility is required to conduct contact tracing to identify exposed patients, staff, and visitors and notify them of their exposure. As part of the case investigation and contact tracing efforts across the Commonwealth, the Department is available to consult and guide these efforts. A contact tracing spreadsheet is available here for your use (optional). If you have questions or need assistance with contact tracing, please contact DOH at **1-877-PA-HEALTH (1-877-724-3258)** or your local health department.

FOR EXPOSURE TO COVID-19 WHEN THE POSITIVE CASE IS THE DENTAL HEALTHCARE PERSONNEL (DHCP):

A. What is the exposure to the patient?
Any patient who was within 6 feet of the infectious DHCP for at least 15 minutes would be considered a close contact. A close contact must be notified of their exposure and informed to self-quarantine for 14 days following the exposure. Even if the dentist or hygienist is wearing a facemask or other personal protective equipment (PPE), the exposure risk is low but not zero, and the patient is considered a close contact.

Some exams or procedures may last less than 15 minutes; this is called brief close contact. For brief close contacts, any interaction involving examination or treatment of the oral cavity, where the infectious DHCP is close to the person's mouth and face *should still be considered an exposure* to the patient. The patient should be notified of their exposure and informed to self-quarantine for 14 days following the exposure.

B. What is the exposure to other staff?
Contact tracing efforts should identify any staff person who was within 6 feet of the infectious DHCP for at least 15 minutes. Review contact with others in patient care areas, at the front desk, in the break room, and in instrument reprocessing or other work areas.

Follow the guidance provided in the table in PA-HAN-510. In brief, any exposure to staff that meets the following would be considered a high-risk exposure and would warrant quarantine and exclusion from work for 14 days following the exposure.
High-risk exposure includes:

- Exposed staff person was not wearing a respirator or facemask (Cloth face coverings are not protective to the wearer. Wearing only a cloth face covering would qualify as a staff person not wearing a respirator or facemask); or
- Exposed staff person was not wearing eye protection if the DHCP with COVID-19 was not wearing a cloth face covering or facemask.

FOR EXPOSURE TO COVID-19 WHEN THE POSITIVE CASE IS A PATIENT:

C. What is the exposure to the DHCP?
Contact tracing efforts should identify any DHCP who had prolonged close contact with the infectious patient (e.g. within 6 feet of the infected patient for at least 15 minutes).

Follow the guidance provided in the table in PA-HAN-510. In brief, any prolonged close contact to a DHCP that meets the following would be considered a high-risk exposure and would warrant quarantine and exclusion from work for 14 days following the exposure. In the dental setting, high-risk exposure occurs most often during oral examinations or procedures if both eye protection and a respirator or facemask are not worn.
High-risk exposure includes:

- Exposed DHCP was not wearing a respirator or facemask (Cloth face coverings are not protective to the wearer. Wearing only a cloth face covering would qualify as a staff person not wearing a respirator or facemask);
- Exposed DHCP was not wearing eye protection if the patient with COVID-19 was not wearing a cloth face covering or facemask; or
- Exposed DHCP was not wearing all recommended PPE (i.e., gown, gloves, eye protection, respirator) while performing an aerosol-generating procedure (e.g., use of dental handpieces, air/water syringe, ultrasonic scalers).

D. What is the exposure to the other patients?
Any patient or visitor who was within 6 feet of the infected person for at least 15 minutes would be considered a close contact. Dental offices following current guidelines for physical distancing in waiting rooms should not have had patients in close contact with other patients, but this is something that should be confirmed as part of the contact tracing review process.

E. What is the risk to other patients or staff not in close contact if aerosol generating procedures were performed on the patient with the door open (or in an open room)?
Currently, there is much debate about the risk of exposure via airborne transmission. We recommend following current guidance to determine exposure via close contact as in question D above. Out of an abundance of caution, the office may also choose to notify patients and staff who were in adjacent open rooms during the procedure. This would make them aware of a low risk exposure, and allow them to keep watch for symptoms, but quarantine would not be officially recommended.

Preventing the transmission of COVID-19 within the dental setting during the COVID-19 pandemic requires the use of additional infection prevention and control practices, along with standard

practices recommended as a part of routine dental healthcare delivery to all patients. These practices are intended to apply to all patients, not just those with suspected or confirmed SARS-CoV-2 infection.

Closely review and implement recommendations for teledentistry, physical distancing, patient and staff screening, contact tracing, universal source control, engineering controls, environmental cleaning and disinfection, and strict adherence to hand hygiene as outlined in the CDC Guidance. Refer to the Table below for an overview of the information presented on exposure in this HAN.

CRISIS STAFFING

The guidance in PA-HAN-510 provides information for healthcare facilities to mitigate staffing shortages based on CDC guidance. Some of these steps may be appropriate for the outpatient dental setting, including the following:

- Adjust staff scheduling or patient scheduling to address staffing shortages;
- Attempt to address social factors that might prevent DHCP from reporting to work;
- Identify additional DHCP to work in the office;
- Cancel all non-essential procedures and visits.

Most outpatient dental procedures and visits are considered non-essential. Therefore, a reduction in staffing related to exposure to COVID-19, where a large portion of the staff is affected, would necessitate temporary closure of the office until the quarantine period is complete. Dental outpatient settings should **not** operate on crisis capacity staffing standards, which allow exposed healthcare personnel to continue to work under certain conditions. During office closures, refer emergent or urgent needs to other local dental resources.

Table: Determining exposure following identification of a case of COVID-19 in the dental setting

		Positive COVID-19 Person is:			
		DHCP (including office staff)	**Patient**	**Visitors (accompanying patient)**	**Aerosol Generating Procedure Occurred with patient with COVID-19**
Exposed Person is:	**DHCP (including office staff)**	Follow PA-HAN-510 to identify high-risk exposures	Follow PA-HAN-510 to identify high-risk exposures	Follow PA-HAN-510 to identify high-risk exposures	Follow PA-HAN-510 to identify high-risk exposures
	Patient	• Identify patients with prolonged close contact with the DHCP*[a] • Evaluate brief close contacts. Those with oral exams should be considered exposed[a]	• Verify whether physical distancing occurred at all times • If physical distancing was not maintained, identify other patients with prolonged close contact*	• Verify whether physical distancing occurred at all times • If physical distancing was not maintained, identify patients with prolonged close contact*[a]	In addition to exposures identified elsewhere in the table, identify patients in nearby open rooms[b]
	Visitors (accompanying patient)	• Identify visitors with prolonged close contact with the DHCP*[a]	• Verify whether physical distancing occurred at all times • If physical distancing was not maintained, identify visitors with prolonged close contact*[a]	• Verify whether physical distancing occurred at all times • If physical distancing was not maintained, identify visitors with prolonged close contact*[a]	In addition to exposures identified elsewhere in the table, identify visitors in nearby open rooms[b]

*Prolonged close contact with the infectious person is defined as being within 6 feet of the infected patient for at least 15 minutes

[a] Following the identification of an exposure that meets these criteria, resulting actions should include:
1. Notify the patient or visitor of their exposure, the nature of their exposure, and the date of exposure.
2. Inform the patient or visitor of the need to self-quarantine for 14 days following the exposure.
3. Share information on COVID-19 signs and symptoms.
4. Consult with the local health department as needed.

[b] Following the identification of an exposure that meets these criteria, resulting actions should include:
1. Notify the patient or visitor of their potential for exposure, the nature of the potential exposure, and the date of potential exposure.
2. Inform the patient or visitor of the need to self-monitor for symptoms; quarantine is not required.
3. Share information on COVID-19 signs and symptoms.
4. Consult with the local health department as needed.

DEFINITIONS:

Aerosol generating procedures – Procedures that may generate aerosols (i.e., particles of respirable size, <10 μm). Aerosols can remain airborne for extended periods and can be inhaled. Development of a comprehensive list of aerosol generating procedures for dental healthcare settings has not been possible, due to limitations in available data on which procedures may generate potentially infectious aerosols and the challenges in determining their potential for infectivity. There is neither expert consensus, nor sufficient supporting data, to create a definitive and comprehensive list of aerosol generating procedures for dental healthcare settings. Commonly used dental equipment known to create aerosols and airborne contamination include ultrasonic scaler, high-speed dental handpiece, air/water syringe, air polishing, and air abrasion.

Dental healthcare personnel (DHCP) – Refers to all paid and unpaid persons serving in dental healthcare settings who have the potential for direct or indirect exposure to patients or infectious materials, including:

- body substances
- contaminated medical supplies, devices, and equipment
- contaminated environmental surfaces
- contaminated air

Cloth face covering: Textile (cloth) covers that are intended for source control. **They are not personal protective equipment (PPE) and it is uncertain whether cloth face coverings protect the wearer.** Guidance on design, use, and maintenance of cloth face coverings is available.

Eye Protection: Includes goggles or a face shield that covers the front and sides of the face. Protective eyewear (e.g., safety glasses, trauma glasses) with gaps between glasses and the face likely do not protect eyes from all splashes and sprays.

Facemask: Facemasks are PPE and are often referred to as surgical masks or procedure masks. Use facemasks according to product labeling and local, state, and federal requirements. FDA-cleared surgical masks are designed to protect against splashes and sprays and are prioritized for use when such exposures are anticipated, including surgical procedures. Facemasks that are not regulated by the FDA, such as some procedure masks, which are typically used for isolation purposes, may not provide protection against splashes and sprays.

Respirator: A respirator is a personal protective device that is worn on the face, covers at least the nose and mouth, and is used to reduce the wearer's risk of inhaling hazardous airborne particles (including dust particles and infectious agents), gases, or vapors. Respirators are certified by the CDC/NIOSH, including those intended for use in healthcare. Wearers should be fit tested and medically cleared for the respirator in use.

Categories of Health Alert messages:
Health Alert: conveys the highest level of importance; warrants immediate action or attention.
Health Advisory: provides important information for a specific incident or situation; may not require immediate action.
Health Update: provides updated information regarding an incident or situation; unlikely to require immediate action.

This information is current as of August 13, 2020 but may be modified in the future. We will continue to post updated information regarding the most common questions about this subject.