



COVID - 19 coronavirus and Precautions Related to Oral Health – March 16, 2020

As Pennsylvania has been justifiably proactive in addressing the COVID-19 pandemic and its impacts, the PA Coalition for Oral Health **supports the state in issuing directives to the dental community immediately to initiate “emergency treatment only” policies**. Stopping the spread of this virus and protecting the health and safety of our patients, their family members, and dental professionals is our first priority.

OSHA has placed dental professionals in the “very high exposure risk” category in regards to COVID-19. Current recommendations are that dentists wear N95 masks for dental treatment during this pandemic.¹ However, not only are these masks extremely difficult to obtain at this time, but most importantly, they need to be conserved for other professions that are at the forefront of fighting this virus.

The Journal of Dental Research has published a paper with recommendations for dental practitioners and dental students in light of the COVID-19 coronavirus, which has been identified as severe acute respiratory syndrome coronavirus 2 (SARS-CoV2). The summary below contains key points from this paper.²

1. Although patients with symptomatic COVID-19 have been the main source of transmission, recent observations suggest that asymptomatic patients and patients in their incubation period are also carriers. It is now believed that interpersonal transmission of COVID-19 occurs mainly via respiratory droplets and contact transmission.
2. Dental patients who cough, sneeze, or receive dental treatment including the use of a high-speed handpiece [drill] or ultrasonic instruments produce secretions, saliva, or blood that aerosolize to the surroundings. As a result, dental apparatus could be contaminated with various pathogenic microorganisms after use or become exposed to a contaminated clinical environment.
3. Due to the unique characteristics of dental procedures where a large number of droplets and aerosols could be generated, the standard protective measures in daily clinical work are not effective enough to prevent the spread of COVID-19, especially when patients are in the incubation period, are unaware they are infected, or choose to conceal their infection. As respiratory droplets are the main route of SARS-CoV-2 transmission, N-95 respirators are recommended for routine dental practice. [These are not standard equipment and it is unlikely the majority of dental offices would have them in enough supply.]
4. “For dental practices and hospitals in countries/regions that are (potentially) affected with COVID-19, strict and effective infection control protocols are urgently needed,” the authors said. Dentists should take strict personal protection measures and avoid or minimize operations that can produce droplets or aerosols. The authors encourage dental clinics to establish pre-check triages to measure and record the temperature of every member of the staff and all patients as routine procedure. Preoperative antimicrobial mouth rinse also could reduce the number of microbes in the oral cavity.

We recognize this will have detrimental effects on the staff at offices, most of whom are not covered by any type of paid leave. Allowances through the state unemployment compensation rates or some other type of relief would be helpful to this large group of small businesses.

PCOH stands ready to assist the Wolf Administration to ensure that vulnerable Pennsylvanians have access to necessary dental care.

1 Guidance on Preparing Workplaces for COVID-19.

www.osha.gov/Publications/OSHA3990.pdf?fbclid=IwAR3ehumbZmXJ7jsNhW9rw9kZ1BKulPG77-GyROY5wXoxull5jac7PrJ1LZE.

2 Meng, L., Hua, F., & Bian, Z. (2020). Coronavirus Disease 2019 (COVID-19): Emerging and Future Challenges for Dental and Oral Medicine. *Journal of Dental Research*. <https://doi.org/10.1177/0022034520914246>