

Interim Guidance on COVID-19 for Dental Health Care Personnel in Pennsylvania

June 3, 2020

The Department of Health (Department) is revising healthcare community guidance to reflect Governor Wolf's strategic phased reopening plan and align with current clinical best practices, particularly related to performing non-urgent procedures. Dental settings have unique characteristics that warrant specific infection control considerations. The Governor and the Secretary of Health have revised their business closure orders issued on March 19, 2020, as subsequently amended, to remove the prohibition on non-urgent and non-emergent dental procedures.

All providers licensed by the Pennsylvania State Board of Dentistry should adhere to the [Centers for Disease Control and Prevention \(CDC\) Interim Infection Prevention and Control Guidance for Dental Settings During the COVID-19 Response](#). This guidance is effective state-wide. Providers should regularly check for updates to the CDC guidance.

Dental Health Care Personnel (DHCP) should apply their clinical judgment and the guidance found in the CDC [Framework for Healthcare Systems Providing Non-COVID-19 Clinical Care During the COVID-19 Pandemic](#) to determine how and when to resume non-emergency dental care, including routine care. See Appendix A for an overview of this CDC Framework. DHCP should stay informed and regularly monitor trends in local case counts and deaths, especially for populations at higher risk for severe illness. The most current information on local case counts and deaths can be found on the [Department of Health website](#).

Regardless of the degree of community spread, DHCP should continue to [practice universal source control and actively screen for fever and symptoms of COVID-19](#) for all people who enter the dental facility. If patients do not exhibit [symptoms consistent with COVID-19](#), provide dental treatment only after you have assessed the patient and considered both the risk to the patient of deferring care and the risk to DHCP of healthcare-associated disease transmission. **Ensure that you have the appropriate amount of personal protective equipment (PPE) and supplies to support your patient volume. If PPE and supplies are limited, prioritize dental care for the highest need, most vulnerable patients first.** The appropriate level of PPE, according to CDC guidance, must be available for all dental care practitioners including dental hygienists prior to providing any dental treatment. The Department of Health and the Pennsylvania Emergency Management Agency are not currently prioritizing dental practices for PPE distribution, so proper PPE must be secured by the practice. For practices having difficulties finding appropriate PPE, providers can access the [Pennsylvania COVID-19 PPE & Supplies Business-2-Business \(B2B\) Interchange Directory](#) for resources related to procuring medical supplies and PPE.

If your community is experiencing no transmission or minimal community transmission*, dental care can be provided to patients without suspected or confirmed COVID-19 using strict adherence to [Standard Precautions](#). However, given that patients may be able to spread the virus while pre-symptomatic or asymptomatic, it is recommended that DHCP practice according to the considerations outlined in the [CDC Interim Infection Prevention and Control Guidance for Dental Settings During the COVID-19 Response](#) whenever feasible. Because transmission patterns can change, DHCP should stay updated about local transmission trends.

If your community is experiencing minimal to moderate† or substantial transmission‡, dental care can be provided to patients without suspected or confirmed COVID-19 using the considerations outlined in the [CDC Interim Infection Prevention and Control Guidance for Dental Settings During the COVID-19 Response](#) to protect both DHCP and patients and prevent the spread of COVID-19 in dental facilities.

Considerations for additional precautions or strategies for treating patients with suspected or confirmed COVID-19 are also included in the [CDC Interim Infection Prevention and Control Guidance for Dental Settings During the COVID-19 Response](#).

*No transmission to minimal community transmission is defined by the CDC as evidence of isolated cases or limited community transmission, case investigations underway; no evidence of exposure in large communal setting.

†Minimal to moderate community transmission is defined by the CDC as sustained transmission with high likelihood or confirmed exposure within communal settings and potential for rapid increase in cases.

‡Substantial community transmission is defined by the CDC as large scale community transmission, including communal settings (e.g., schools, workplaces).

ADDITIONAL RESOURCES:

- Check the [CDC](#) and the [Pennsylvania Department of Health](#) websites regularly for updates including those on case counts and transmission rates.
- Visit the [Pennsylvania COVID-19 PPE & Supplies Business-2-Business \(B2B\) Interchange Directory](#) for resources related to procuring medical supplies and personal protective equipment.
- **In order to stay up-to-date with this and other public health issues, please sign up for the Pennsylvania Health Alert Network (PA-HAN) at <https://han.pa.gov/>**

APPENDIX A: Framework for Healthcare Systems Providing Non-COVID-19 Clinical Care During the COVID-19 Pandemic

Refer to the CDC [Framework for Healthcare Systems Providing Non-COVID-19 Clinical Care During the COVID-19 Pandemic](#) for more details – this overview is not comprehensive. The following table provides a *framework* for considering some of these factors. **The examples are not exhaustive;** decisions that healthcare systems ultimately make may depend on local factors not addressed in this table.

Potential for patient harm	Examples	Substantial community transmission <i>Large scale community transmission, including communal settings (e.g., schools, workplaces)</i>	Minimal to moderate community transmission <i>Sustained transmission with high likelihood or confirmed exposure within communal settings and potential for rapid increase in cases</i>	No to minimal community transmission <i>Evidence of isolated cases or limited community transmission, case investigations underway; no evidence of exposure in large communal setting</i>
Highly likely Deferral of in-person care <i>highly likely</i> to result in patient harm	Signs/symptoms of stroke or heart attack Dental emergencies Acute abdominal pain Treatment for certain cancer diagnoses Well-child visits for newborns	Provide care without delay; consider if feasible to shift care to facilities less heavily affected by COVID-19.	Provide care without delay; consider if your facility can provide the patient's care, rather than transferring them to a facility less affected by COVID-19.	Provide care without delay while resuming regular care practices.
Less likely Deferral of in-person care <i>may</i> result in patient harm	Pediatric vaccinations Change in symptoms for chronic conditions Musculoskeletal injury Certain planned surgical repairs Physical or occupational therapy	If care cannot be delivered remotely, arrange for in-person care as soon as feasible with priority for at-risk* populations. Utilize telehealth if appropriate.	If care cannot be delivered remotely, work towards expanding in-person care to all patients in this category. Utilize telehealth if appropriate.	Resume regular care practices while continuing to utilize telehealth if appropriate.
Unlikely Deferral of in-person care <i>unlikely</i> to result in patient harm	Routine primary or specialty care Care for well-controlled chronic conditions Routine screening for asymptomatic conditions Most elective surgeries and procedures	If care cannot be delivered remotely, consider deferring until community transmission decreases. Utilize telehealth if appropriate.	If care cannot be delivered remotely, work towards expanding in-person care as needed with priority for at-risk* populations and those whose care, if continually deferred, would more likely result in patient harm. Utilize telehealth if appropriate.	Resume regular care practices while continuing to utilize telehealth if appropriate.

* Those with serious underlying health conditions, those most at-risk for complications from delayed care, and those without access to telehealth services.