



BY EMAIL: Governorpolis@state.co.us, elisabeth.arenales@state.co.us

April 22, 2020

The Honorable Jared Polis
Governor of Colorado
Colorado State Capitol
200 E. Colfax Ave.
Denver, CO 80203

RE: Minimizing Risk with a Three-Phase Return to Work Approach for Dental Offices

Dear Governor Polis:

The Colorado Dental Association (CDA) would like to thank you for your leadership during this crisis. We recognize the unprecedented times and commend you and your administration for taking a proactive approach to rapidly reduce the spread of COVID-19 while allowing urgent and emergency dental treatment to continue.

We were encouraged to hear the back-to-work strategy, which includes the opening of dental practices but with strict precautions to ensure adequate PPE and ability to meet critical care needs. We think this is a step in the right direction for dentists and their teams to begin providing dental care so they too can return to work and help restore our economy.

The CDA also understands the inherent risk dental professionals face in the procedures they provide to patients, particularly those who are known to be or may be COVID-19 positive. A shortage in the supply chain of the PPE necessary to provide dental care only complicates matters.

Accordingly, the CDA is recommending a three-phased approach for dentists to fully return to work that accounts for these PPE shortages and the lack of COVID-19 testing during the *Safer at Home* and subsequent back-to-work phases.

Near-term:

While diagnostic tools and tests to indicate COVID-19 infection status are not broadly available to dentists, any increase in dental care beyond emergencies must ensure treatment can be provided safely in the dental office for patients and the dental team. Considering that patients who are asymptomatic may still be COVID-19 contagious, it should be assumed that

all patients can transmit the disease. This means that dental personnel must have the following when providing any type of aerosol producing procedure:

- Access to appropriate and plentiful PPE to protect against potentially infectious aerosol transmission. This includes a face shield or goggles, an N95 or higher respirator, one pair of clean non-sterile gloves, an isolation gown, bonnet and booties. This recommendation conforms with the CDC recommendations for use of PPE when caring for known or suspected COVID-19 positive patients.
- Alternatively, a face shield or goggles and a level 3 surgical mask may be used as an acceptable alternative if an N95 mask is not available. (See ADA Interim Mask and Face Shield Guidance). Dentists should seek viable options for eliminating, reducing, or containing aerosol production during care, including postponing some elective procedures until PPE is more plentiful.
- Dental office staff must also have access to appropriate PPE, including non-medical masks and gloves consistent with requirements for essential business personnel not involved in patient treatment.

Dental offices should also utilize robust patient screening protocols prior to treatment. Patients should ideally check-in through a virtual waiting room outside the dental office that involves a pre-screening questionnaire. If possible, patients should remain in their cars outside the dental offices until the treatment room is ready. Patient temperatures should be taken upon arrival in the office and patients should be asked about other COVID-19 symptoms prior to the initiation of treatment.

Midterm:

When tools become available to increase screening accuracy, standard precautions can be utilized as appropriate. This requires availability of:

- Community-wide virus-activity testing, with dentists having access to results.
- Rapid point-of-care virus-activity testing that can be administered in the dental office for the purpose of determining appropriate dental care.
- Antibody testing or other processes to confirm immunity, with dentists having access to results.

At this point, patients may be tested for COVID-19. If a patient does not test positive for COVID-19, a reduced level of PPE may be used for treatment.

Long-term:

When COVID-19 is no longer considered a public health threat and screening for Aerosol Transmitted Disease provides appropriate protection, the following conditions will exist:

- A COVID-19 vaccination will be widely available; and patients may provide proof of vaccine or a positive antibody test. With authorization and appropriate training, dentists

and dental hygienists could aid in administering this vaccine to help ease anticipated healthcare system backlogs when a vaccine becomes available.

- Widespread availability of a medication to treat those infected with COVID-19 will exist.
- No community transmission will be detected.
- A return to more conventional guidelines MAY be possible.

We share this information in hopes that it can provide a safe route that enables many critical dental services to be delivered to patients in coming weeks, while at the same time protecting dental teams and patients from avoidable risk. A conservative phase-in approach based on availability of supplies and monitoring of key data related to dental care will be critical to guiding a successful return to work for the dental profession.

If there is anything the CDA or the Colorado dental community can do to assist you or your team with additional information or resources as you consider return-to-work parameters, please reach out to us anytime.

Sincerely,

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