

RESOLUTION R-2020-1
OKLAHOMA STATE BOARD OF DENTISTRY
April 1, 2020

**A RESOLUTION DETERMINING EMERGENCY AND URGENT DENTAL TREATMENT
TRIAGE PROTOCOL DURING THE COVID-19 NATIONAL EMERGENCY AS
DECLARED BY PRESIDENT TRUMP ON MARCH 1, 2020ⁱ AND STATE-WIDE
EMERGENCY AS DECLARED BY GOVERNOR STITT ON MARCH 15, 2020 AS
AMENDED APRIL 1, 2020ⁱⁱ**

This is a resolution by the Oklahoma Board of Dentistry.
This resolution is enacted pursuant to 59 O.S. § 328.15(12)ⁱⁱⁱ,
59 O.S. § 328.15(16)^{iv}, 59 O.S. § 328.15(21)^v

This resolution of the Oklahoma Board of Dentistry shall be to advise the Dental Community how to Determine Emergency and Urgent Dental Treatment of Patients during the COVID-19^{vi} declared Federal and State, State of Emergency. This resolution shall automatically expire on April 30th as defined in the Order issued on April 1st, 2020 by Governor Stitt unless extended.

**DENTAL EMERGENCY AND URGENT CARE TRIAGE
GUIDELINES AND RECOMMENDATIONS
FOR DENTAL TREATMENT DURING COVID-19**

1. The Oklahoma Board of Dentistry has the authority to determine education, training, licensing and oversight of all licensed and permitted individuals in the dental industry pursuant to 59 O.S. § 328 et. seq.;
2. It is the duty of the Oklahoma Board of Dentistry to Protect the Public.^{vii} Dentists shall make efforts to reduce unnecessary medical burdens on hospitals and reduce the number of patients appearing at emergency rooms for dental related treatment whenever possible;
3. Dentists are essential critical infrastructure workers as health providers, pursuant to the United States Department of Homeland Security;^{viii}
4. Dentists historically have adapted to the changes and needs of patient treatment and care during other newly discovered communicable diseases such as, Ebola Tuberculosis, AIDS/HIV, SARS, Hepatitis and additional infections conditions;

5. COVID-19 has been determined by the Centers for Disease Control and Prevention, (hereinafter referred to as CDC) and the President's medical advisors to be a highly communicable disease;^{ix}
6. The Institute for Health Metrics and Evaluation projects the peak of the coronavirus outbreak to be approximately 21 days away for the state of Oklahoma;
7. Governor Stitt issued a State of Emergency Order on March 15th, 2020 Executive Order 2020-07, **requiring dentists to postpone non-emergency dental procedures** through April 7th, 2020. This Order was amended on April 1st, 2020 to continue in effect **through April 30th, 2020**;
8. The BOARD WILL BE ENFORCING THE GOVERNORS EXECUTIVE ORDER!
9. At this time, dental offices are not mandated to close, however, dental offices and dentists CAN SEE PATIENTS FOR EMERGENCY PROCEDURES ONLY! If you are unclear about whether or not a procedure qualifies, ask yourself if you can justify that procedure as an emergency procedure while appearing in front of the Board defending your license!
10. The Board reminds ALL licensees that you have an ongoing statutory duty to follow the CDC guidelines and recommendations pursuant to 59 O.S. §328.32 (13). During the COVID-19 pandemic, the CDC has recommended guidelines of what is considered a dental emergency as defined by the American Dental Association, (hereinafter referred to as ADA), (See attachment "A" to this document)^x The Board hereby incorporates and adopts these guidelines for Oklahoma dentists to follow;
11. Failure to follow the CDC guidelines and the Governors Executive Order may result in fines assessed by the Board, suspension of licensure privileges and/or a court injunction.^{xi} This is a national pandemic and the following three weeks are critical to Oklahomans lives. If you have a complaint regarding a dental office, please file a complaint with the Board. All complaints will be forwarded to the Board President; <https://www.ok.gov/dentistry/documents/Complaint%20Process%20&%20Form%207-17-19.pdf>
12. Due to the highly contagious nature of COVID-19 the Board, in consultation with other dental groups, has compiled a list of recommended safety protocols for Dental Offices to be utilized while treating patients during the COVID-19 declarations of emergency;^{xii} (See Attachment "B" to this document)

- 13.If a patient is a “vulnerable individual” as defined by the CDC^{xiii}, or a patient lives with a vulnerable individual, it is recommended that they follow the shelter at home order;
- 14.Treatment of emergency patients is at the discretion of the treating dentist. Any dentist may elect to refer patients to another treating dentist;
- 15.Teledentistry is recommended when available and at the discretion of the treating dentist. Telephonic patient screening for emergency patients is highly recommended whenever possible;
- 16.All routine cleaning and preventive therapy procedures shall be postponed; Scaling and root planing shall be postponed; All cosmetic procedures shall be postponed; All other procedures not directly related to an emergency shall be postponed.
- 17.During the declared state and national emergency, dentists shall be able to adopt new treatment modalities to interdict the spread of COVID-19 as they are approved by the Food and Drug Administration, CDC and/or the National Institute of Health;
- 18.Dentists and Dental Specialists that currently have hospital privileges may, upon request of the hospitals or other medical professionals directly treating COVID-19 related patients currently in the hospital, assist with patient care, both in and what may be traditionally considered outside their scope of regular practice;
- 19.A dentist shall notify the Board immediately if, the dentist, the dental staff, or a patient is diagnosed with COVID-19 and has been in the dental office within the previous 7 days of the diagnosis;
- 20.Any updated references from the CDC shall automatically be adopted and correspond to this document;
- 21.The enforcement of the Governors Executive Order by the Board is supported by the Oklahoma Dental Association, the Oklahoma Society of Oral and Maxillofacial Surgeons, the Oklahoma Orthodontic Association and the Oklahoma Hygiene Association;
- 22.This document will be reviewed regularly and is subject to withdrawal or amendment by the Board at any time.

Motion to pass Resolution by: Dr. Jeff Hurd

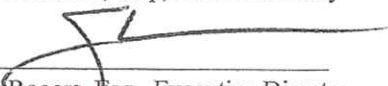
Second by: Dr. Krista Jones

Motion passes 11 yes . Motion Fails 0 no

Michael Howl, D.D.S., Board President

Loretta Roberts, Esq., Board Secretary

Notary Public



Susan Rogers, Esq., Executive Director

PASSED VIA TELECONFERENCE

ⁱ The declaration from President Trump was formally issued on March 13, 2020, and backdated the declaration for official purposes to March 1, 2020. See www.whitehouse.gov.

ⁱⁱ See the Seventh Amended Executive Order 2020-07 section 18. "Oklahomans and medical providers in Oklahoma shall postpone all elective surgeries, minor medical procedures, and non-emergency dental procedures until April 30th, 2020."

ⁱⁱⁱ Section 12 of the Authority and Powers of the Board allow the Board to determine the Standard of Care for the Practice of Dentistry in Oklahoma.

^{iv} Section 16 of the Authority and Powers of the Board allow the Board to "Inform, Educate and advise all persons who hold a license or permit or otherwise regulated by the Board regarding the State Dental Act and Rules of the Board."

^v Section 21 of the State Dental Act allows the Board to take all other actions as necessary to implement and enforce the State Dental Act.

^{vi} See www.CDC.gov.

^{vii} 59 O.S. § 328.2.

^{viii} See the United States Department of Homeland Security, CISA at <https://www.cisa.gov/sites/default/files/publications/CISA-Guidance-on-Essential-Critical-Infrastructure-Workers-1-20-508c.pdf>

^{ix} See <https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/summary.html>.

^x ADA recommendations as updated 3/19/2020 (subject to revision).

^{xi} See generally, 59 O.S. § 328.15; Fines may be assessed up to a maximum of \$1,500 per incident pursuant to 59 O.S. § 328.43a.

^{xii} This specifically refers to the Federal Declaration of Emergency as issued by President Trump or as it may be amended and the State Declaration of Emergency as issued by Governor Stitt or as it may be amended.

^{xiii} See <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>.



What Constitutes a Dental Emergency?

ADA[®]

The ADA recognizes that state governments and state dental associations may be best positioned to recommend to the dentists in their regions the amount of time to keep their offices closed to all but emergency care. This is fluid situation and those closest to the issue may best understand the local challenges being faced.

DENTAL EMERGENCY

This guidance may change as the COVID-19 pandemic progresses. Dentists should use their professional judgment in determining a patient's need for urgent or emergency care.

Dental emergencies are potentially life threatening and require immediate treatment to stop ongoing tissue bleeding, alleviate severe pain or infection, and include:

- Uncontrolled bleeding
- Cellulitis or a diffuse soft tissue bacterial infection with intra-oral or extra-oral swelling that potentially compromise the patient's airway
- Trauma involving facial bones, potentially compromising the patient's airway

Urgent dental care focuses on the management of conditions that require immediate attention **to relieve severe pain and/or risk of infection and to alleviate the burden on hospital emergency departments. These should be treated as minimally invasively as possible.**

- Severe dental pain from pulpal inflammation
- Pericoronitis or third-molar pain
- Surgical post-operative osteitis, dry socket dressing changes
- Abscess, or localized bacterial infection resulting in localized pain and swelling
- Tooth fracture resulting in pain or causing soft tissue trauma
- Dental trauma with avulsion/luxation
- Dental treatment required prior to critical medical procedures
- Final crown/bridge cementation if the temporary restoration is lost, broken or causing gingival irritation
- Biopsy of abnormal tissue

Other urgent dental care:

- Extensive dental caries or defective restorations causing pain
- Manage with interim restorative techniques when possible (silver diamine fluoride, glass ionomers)
- Suture removal
- Denture adjustment on radiation/oncology patients
- Denture adjustments or repairs when function impeded
- Replacing temporary filling on endo access openings in patients experiencing pain
- Snipping or adjustment of an orthodontic wire or appliances piercing or ulcerating the oral mucosa

DENTAL NON EMERGENCY PROCEDURES

Routine or non-urgent dental procedures includes but are not limited to:

- Initial or periodic oral examinations and recall visits, including routine radiographs
- Routine dental cleaning and preventive therapies
- Orthodontic procedures other than those to address acute issues (e.g. pain, infection, trauma)
- Extraction of asymptomatic teeth
- Restorative dentistry including treatment of asymptomatic carious lesions
- Aesthetic dental procedures

Updated 3/19/20

FOR THE LATEST UPDATES, VISIT [ADA.ORG/VIRUS](https://ada.org/virus)

OKLAHOMA BOARD OF DENTISTRY RESOLUTION ATTACHMENT "B"

**Patient screening questions – recommended by telephone
before Emergency treatment**

COVID-19 Patient Screening Questionnaire to Determine a Vulnerable Individual

- 1) Do you have a fever or have you experienced a fever within the past 14 days?
- 2) Does anyone close to you have a fever or have they experienced a fever in the past 14 days?
- 3) Have you or anyone close to you experienced a recent onset of respiratory problems, such as a cough or difficulty in breathing within the past 14 days?
- 4) Have you or anyone close to you experienced flu-like symptoms within the past 14 days such as:
 - a. Cough – wet or dry
 - b. Fever
 - c. Shortness of Breath
 - d. Sore Throat
 - e. Muscle/Body Aches
 - f. Nausea/Vomiting
 - g. Fatigue
 - h. A recent lack of taste or smell
- 5) Have you, or anyone you have come into contact with, travelled out of state within the last 14 days?
- 6) Have you, or anyone you have come into contact with, travelled outside of the country in the last 21 days?
- 7) Have you come into contact with anyone who has tested positive for COVID-19?
- 8) Have you been tested for COVID-19, with either a positive or negative result?
- 9) Do you have an autoimmune disorder or are you on an immune suppressing medication or steroids?
- 10) Are you diabetic?
- 11) Have you been diagnosed or treated for a heart or lung related disease within the past 12 months?
- 12) Have you been diagnosed or treated for cancer in the past 12 months?
- 13) Do you currently smoke or vape or have you stopped those activities within the past 2 years?
- 14) Persons over 65 are at a higher risk.

The Above Questionnaire will assist dentists in determining if you have a vulnerable individual.

If at all possible, it is recommended that vulnerable individuals be treated with medication as necessary and follow the stay at home order and not seek treatment before April 30th 2020.

Dentists should not treat a person with active COVID-19 for a minimum of 14 days. Please refer to CDC guidelines for treatment of a patient post COVID-19 infection.

RECOMMENDED COVID-19 WORK PROTOCOLS DURING EMERGENCY TREATMENT

1. The CDC advises that N-95 masks are required to protect dentists and medical professionals against aerosolized contamination. Dentists have been determined to be at a higher risk due to work around the nasopharynx and the oropharynx, especially with hand pieces, possibly resulting in more severe and rapidly advancing cases and additional exposure to others. Due to shortages in N-95 masks and other PPE, dentists are advised to use the next best alternative and avoid hand piece use during emergency treatment if possible. Please refer to the daily updates posted by the CDC and look for alternatives to create a seal with a level 3 mask.
2. All patients will be considered to be positive. All employees will act as if they are positive (BUT NO EMPLOYEE WILL WORK WITH SYMPTOMS AND NO PATIENT SHALL BE TREATED WITH SYMPTOMS).
3. Call patients for screening and complete as much paperwork and payment online when possible.
4. Upon patient arrival, take temperature and record result in patient record.
5. Patients should be collaborative in decisions regarding their treatments knowing that the pandemic situation is fluid.
6. Only the patient should attend appointments. If patient is a minor, one parent may attend the appointment if screened.
7. Offices should have minimal amounts of patients and staff in the office at any given time and observe social distancing except during treatment.
8. Minimize patients inside the building. Patients should wait in the car until they are called. No patients should be in the waiting room.
9. Social distancing of a minimum of 6 feet should be utilized with patients treated until it is necessary to be within 6 feet of the patient.
10. Do not have sign in pens or a sign in sheet if at all possible. If patients are required to sign other documents, either ask them to use their own pen or disinfect pen after use.
11. Do not handle or transfer debit/credit cards or insurance cards from staff to patients. Numbers should be read to staff when needed. Again, do as much online before the appointment as possible.
12. Create and establish a distance barrier for reception counter and reception staff.
13. Discontinue any form of patient self-check in via in office computer/tablet.
14. Consider the layout of your dental office, have staff open or leave doors propped open to avoid potential contamination.
15. Consider having one patient per door. One patient come and go through front door, second patient come and go through back door. Or patients enter through one door and exit through another so as to minimize patient to patient exposure.
16. All door knobs should be wiped with a disinfecting agent soon after being touched.
17. Only one patient per dentist in the building at a time. If multiple dentists in the office at same time keep as much space between patients as possible.
18. Dentists should pay attention to their behavior, as well as staff's behavior while gloves are on. Staff and dentists should watch each other to insure they are not potentially spreading infection.

19. Staff should change into scrubs or other protective clothing while at work. All clothes should be removed before leaving the office, placed in a bag and washed as soon as possible.
20. Face shield and eye protection are recommended for all procedures.
21. For all aerosol procedures, N95 masks, hair protection and shoe protection are recommended.
22. Work areas should not be shared and surfaces should be disinfected frequently.
23. It is recommended that Lysol or other disinfectant be sprayed before and after each patient.
24. Spray/wipe/spray cleaning procedures for all surfaces in the treatment rooms.
25. If possible place plastic barriers on chairs, handles and anything else that can have a barrier.
26. It is recommended that a drop off location is available for paperwork in lieu of handing files/papers from person to person.
27. Every item touched by patients is to be wiped down.
28. Employees should be screened for symptoms and their temperature taken daily. Employees should also be cognizant of personal contacts in between work hours.
29. No hand-shaking with patients, politely decline (with a kind explanation) if they extend their hand.
30. No magazines, blankets, in the waiting room or operatories, etc. nothing that can gather viral particles.
31. Pre-rinse with Peroxyl if possible, Chlorohexidine is anti-BACTERIAL, Peroxyl is anti-VIRAL.
32. Hand sanitizing stations should be made available in waiting and work areas. Employees should wash their hands frequently and patients should be encouraged to use hand sanitizer upon entry and before exit.
33. Walk-ins should not be seen unless it is an absolute necessity.
34. Use staff as extra janitorial services.
35. Reduction or rotation of staff is also recommended.

It is again recommended that vulnerable individuals should not be treated unless delaying treatment could cause irreparable harm.

**Dentists should not treat a person with active COVID-19 for a minimum of 14 days.
Please refer to CDC guidelines for treatment of a patient post COVID-19 infection.**