



Iowa Dental Board Guidelines for the Safe Transition Back to Practice Frequently Asked Questions

RESPIRATORS

Question: Can you reuse an N95 mask? If so, do you need to have a covering (i.e., level 1 or 2 surgical mask, cloth face covering, face shield, etc.)? How long can you reuse a respirator?

As long as a respirator remains unstained or uncompromised, a respirator can be worn for up to 48 hours of clinical care. When using a single respirator with multiple patients it must be covered with a surgical mask or full face shield. The Board recommends using a surgical mask over a respirator that is being reused at all times. The surgical mask should be discarded after each use.

Per the PPE Shortage Order, the use of N95 respirators can be extended for up to 48 hours by decontaminating. According to the CDC, vaporous hydrogen peroxide, ultraviolet germicidal irradiation, and moist heat are the most promising decontamination methods. If decontamination is considered, these methods do not appear to break down filtration or compromise the mask; however, many of these methods should only be used a limited number of times.

Question: If N95 masks can only be used for 48 hours, but we cannot get more than a couple, how are we to do dentistry?

KN95 respirators can temporarily be used in place of N95 respirators due to the COVID-19 crisis and the shortage of N95 respirators.

If a respirator is not available, a combination of a Level 3 surgical mask and full face shield may be used. This substitution is not allowed when a respirator is required as outlined in paragraphs 4 and 5 under the “Reduction of Aerosol Generating Procedures” section.

If you do not have the required PPE, you cannot practice dentistry for the time being.

Question: Would a level 3 mask used with a device to obtain an equivalent seal to an N95 mask (like a 3D printed mask seal) be allowed to substitute for an N95 in the guidelines?

Yes, with a covering.

Question: Is the Dental Board able to give guidance on how to obtain respirators, or to provide them for DHCP, especially those providing emergency services?

No. Dental offices should speak with their dental supply companies regarding respirators. This is especially important given the increase in counterfeit products which are now on the market.

Question: How do I know which KN95 masks are authorized?

Talk with your supply company. You can also review the FDA's FAQ on the Shortage of Surgical Masks and Gowns.

<https://www.fda.gov/medical-devices/personal-protective-equipment-infection-control/faqs-shortages-surgical-masks-and-gowns>

Question #2 (2nd paragraph) has a link to Emergency Use Authorization (EUA) for PPE, which has lists of authorized respirators.

SURGICAL MASKS

Question: How do I know if my surgical mask is FDA approved?

Talk with your supply company. You can also review the FDA's FAQ on the Shortage of Surgical Masks and Gowns.

<https://www.fda.gov/medical-devices/personal-protective-equipment-infection-control/faqs-shortages-surgical-masks-and-gowns>

Question #4 addresses the questions regarding which surgical masks are FDA cleared.

Question: Can you clarify when the dentist is required to wear a face shield during operative dental procedures?

During aerosol generating procedures, a dentist must use either (1) a respirator or (2) a Level 3 surgical mask and full face shield. A level 1 or level 2 surgical mask and a full face shield can be utilized for procedures that are not aerosol generating. Once respirators are no longer in shortage, a respirator must be utilized for all aerosol generating procedures.

Question: We are a pediatric dental office, and for hygiene visits usually do a rubber cup prophy with hand scaling as required. Are we allowed to use a level 3 ASTM mask and face shield to complete this, or would we need a respirator?

A respirator is needed if using a rubber cup prophy. A respirator is not required for hand scaling only.

Question: When referencing a 'surgical mask' which level is the surgical Board referring to?

If a Level 3 surgical mask is specified, then a level 3 is required. If Level 3 is not specified, then any level of mask is appropriate.

Question: If wearing a face shield, do you need to change your level 3 mask after every patient?

Yes. Surgical masks need to be changed after every patient even when wearing a face shield.

AEROSOL GENERATING PROCEDURES

Question: The IDB guidelines under Reduction for Aerosol Generating Procedures state: “Hygiene procedures must be limited to hand-scaling only without rubber cup polish when a respirator is not available.” In all other places within the guidelines respirators should be used “if available” and may be replaced by a level 3 surgical mask and face shield. Is this correct?

Yes. A level 3 surgical mask and face shield may be substituted for a respirator during aerosol generating procedures outside of the hygiene procedures which are specifically identified in Section E. Once respirators are no longer in shortage, a respirator must be utilized for all aerosol generating procedures. Treatment which is non-aerosol generating can be performed using any level of surgical mask and a face shield.

Question: Under Required PPE for Clinical Care, (#7, a., ii.) the use of the air/water syringe is considered aerosol generating. Would the Board consider an exam an aerosol generating procedure since we use the air to dry the teeth for the exam?

Using air or water separately is not considered an aerosol generating procedure. Spraying air and water simultaneously is considered to be an aerosol generating procedure.

Question: We all have heard that ultrasonic scalers should not be used, at this time, is that true?

The guidance says to avoid aerosol generating procedures *if possible*.

Question: If my RDH's are using a "Dry Shield" or similar HVE system, is that sufficient to reduce aerosol during ultrasonic scaling?

Using a dry shield can help reduce aerosols, but a respirator must be used.

Question: The new guidelines state “E. Reduction of Aerosol Generating Procedures 1. Avoid aerosol generating procedures if possible.” Does this mean that we should not be doing restorative procedures other than emergencies?

No. Governor Reynolds has lifted the ban to cease elective care beginning at 5:00 a.m. on May 8, 2020. Any dental services can be provided if done in compliance with the Governor’s order, which includes compliance with the Board guidelines.

Is toothbrushing a patient considered an aerosolizing procedure?

No.

Question: If hygienists are seeing patients for hand scaling limiting aerosol, and the dentist has an emergency patient in which he/she will have to use a handpiece, how do we protect the hygiene patients in our chairs? I work in an open dental setting.

The Board’s guidelines do not address this situation, but best practice would be to create as much space as possible between patients in open operatories.

Question: What should we be wearing when we set up patient rooms that have been used previously for aerosol generating procedures?

If the room has recently been used for an aerosol generating procedure, a surgical mask and full face shield should be used.

PATIENT FACEMASKS

Question: Should patients wear a face covering in waiting areas and to and from operatories?

Yes. Section D says that all patients (unless receiving treatment) must wear a facemask to decrease asymptomatic and presymptomatic transmission of the novel coronavirus. Patients can be encouraged to wear their own facemask to the dental office.

Question: How will you clean teeth if the patient has a face covering?

Facemasks should be removed during patient care.

Question: If a parent holds a small child in their lap for a toothbrush prophylaxis, does the parent need PPE and what specifically would they need?

Yes – the parent needs a facemask as defined in the guidance. This can be a surgical mask or a cloth face covering that the parent brings from home.

Question: If a parent is present in an operatory during restorative treatment (fillings, crowns, etc) what specific PPE do they need?

Any visitor during an aerosol generating procedure would need to wear PPE consistent with the procedure being performed.

NON-CLINICAL DHCP

Question: Do non-clinical DHCP (front desk) still need a mask and shield if there is a plexiglass barrier installed?

All DHCP should wear a facemask at all times while they are in the dental setting. While surgical masks are preferred, a “facemask” as defined in our guidelines can also include a cloth face covering. A face shield is not required for non clinical care.

Question: Do front desk staff need to be social distanced?

Offices should follow directives from the Governor and IDPH as relates to social distancing.

Question: Should all offices install a plexiglass barrier to protect their administrative staff?

This is not required by the Board but is a best practice.

GOWNS

Question: Can you reuse a disposable gown with aerosols due to the IDPH PPE Shortage Order?

No. Gowns must be changed if used in an aerosol generating procedure.

Question: Do I need a gown for non-aerosol generating procedures, like hygiene checks or limited exams, if our gown supply is limited?

No.

Question: Can we reuse gowns between patients?

Yes. Gowns can be used for multiple patients. They should be changed if they become soiled or if used in aerosol generating procedures.

Question: Are lab jackets permissible?

Yes, if it meets the definition of a gown as stated in the guidelines.

Question: If we wear a lab jacket do we need to change pants after each patient?

No. But you should change your pants before leaving the office.

Question: Would a homemade gown made out of polyester and fluid resistant material be acceptable?

Yes.

Question: Can scrubs be used in place of a gown, if changed in accordance with the requirements for changing gowns?

Yes.

Question: If we sprayed a disposable or cloth gown with a isopropyl alcohol spray could we reuse them, even after use in an aerosol generating procedure?

No.

Question: Are gowns supposed to go to your knees?

See the definition of gown in the guidance. It states that a gown should cover the knees, if possible. Knee length is best practice but not required.

Question: Does a gown or lab coat need to be changed after doing a prophylaxis without cavitron and polish? It says to change after any aerosol generating procedure, and air/water tip is listed as aerosol.

No.

EYE PROTECTION

Question: Are personal eyeglasses with side shields considered protective eyewear?

Yes.

Question: Do staff have to wear eye protection under a face shield, or is just a face shield sufficient for eye coverage.

A face shield is sufficient.

GLOVES

Question: The guidance states to remove gloves before leaving the patient room or care area. Is sterilization considered part of the 'care area'? Since we'd need to wear gloves to bring the dirty instruments to sterilization.

The same gloves can be worn to bring dirty instruments to the sterilization room. They should be removed thereafter.

GENERAL PPE

Question: For non-aerosol generating tasks such as collecting subjective information from a patient in the operatory or doing a limited exam (percussion, palpation, probing, transillumination, cold testing), the current document states that face shield, mask, gown and gloves are needed when entering the treatment room. Please clarify if all this PPE is needed for non-aerosol generating tasks.

A surgical mask and full face shield is required.

Question: Can you provide more information on donning and doffing PPE.

The CDC provides examples of how to don and doff at the link below.

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html>

An example would be:

1. Before entering room: don mask (should be on already as this is required to be worn at all times in office), gown, and face shield.
2. After entering room: don gloves
3. Before leaving room: doff gloves and gown (gown only if soiled or used in aerosol generating procedure)
4. After leaving room: doff face shield and outer mask if using

A non-porous basket (or garbage can if disposable), with a lid and liner, should be available to deposit or transport soiled items. It is recommended to label this basket or garbage can as biohazard.

ENFORCEMENT

Question: How are you enforcing these recommendations at offices?

The Board is a complaint-based agency. Complaints submitted to our office regarding violations of these guidelines will be investigated per our protocols.

Question: We are noticing some discrepancies between the CDC Interim Guidance for Dental Offices and the Board guidance. Who should we listen too?

The Governor's proclamation requires dentists to comply with the Board's guidelines. These guidelines rely heavily on the CDC Interim Guidance for Dental Offices, but some adjustments have been made. The CDC is not a governing body. The Dental Board is a governing body. Dental offices are required to adhere to the minimum standards set in the Board guidelines. Offices may choose to adhere to stricter standards than what the Board requires.

Question: What are the guidelines for returning to work if your employer does not have adequate or any PPE that meet the guidelines?

Offices must comply with the guidelines in order to provide dental services.

Question: My understanding of the new guidelines is that we still cannot do routine or elective care because of other entities such as the CDC and OSHA who dictate that only emergency care can be performed. I'm struggling to understand how we are to remain in business long-term, and how to re-open while following IDB and OSHA guidelines.

The Governor is the ultimate authority on when dental care can resume in Iowa. The Board guidelines, per the Governor's Proclamation, are binding on dental offices. The CDC is not a governing body. The Board guidelines rely heavily on CDC guidance, but none of their

recommendations are required unless the Board dictates that they are. OSHA is a governing body so dental offices would need to understand those requirements, which are separate and distinct from Board requirements. Note that OSHA may have recommendations that are not requirements.

Offices concerned about liability should reach out to insurance companies and personal attorneys.

OTHER

In addition to compliance with the Board's guidelines, dental offices must also ensure they are in compliance with items #2 and #3 below, which are included in the Governor's Proclamation issued on 5/6/20.

A dentist and his or her dental staff may resume providing any dental services if the dentist complies with the following requirements:

- (1) All dental services are provided in compliance with the Guidelines for the Safe Transition Back to Practice adopted by the Iowa Dental Board on May 5, 2020.
- (2) The dentist has adequate inventories of personal protective equipment (PPE) and access to a reliable supply chain without relying on state or local PPE stockpiles to comply with the Guidance for Returning to Work During COVID-19.
- (3) The dentist has a plan to conserve PPE consistent with guidance from the CDC and Iowa Department of Public Health.

Question: Are there any recommendations regarding air purification systems or fogging decontamination within the operatories?

No, not in the Board guidelines.

Question: How much time does there need to be between patients if the operatory has no air purification?

The Board guidelines do not have any requirements pertaining to this.

Question: What should we do about open bay operatories? Are there any guidelines to follow?

The Board guidance does not address engineering controls. OSHA is a better resource for these issues. That information can be found here: <https://www.osha.gov/SLTC/covid-19/dentistry.html>

Question: We heard that cavicide wipes are not killing the virus and that alcohol-based wipes are recommended now? I was also curious about the use of Birex since lots of offices use this also.

Refer to the EPA's List N, which is linked in section I4 of the Board guidelines.

Question: I have been told that everything has to be removed from the drawers of the operator. I have seen that the counters must be cleared, but does this include the storage drawers? Are we not supposed to store anything in the closed drawers any longer in the operatories?

It is recommended to keep counters cleared, but the Board guidance does not dictate this further.

OSHA

OSHA is a governing body that creates and enforces its own regulations. The Board will not be enforcing OSHA's regulations—the Board will be enforcing the Board guidelines. Below is information we received from Iowa OSHA in an effort to be helpful to dental offices.

All OSHA regulations are still in place, including the general duty to provide a safe workplace. OSHA has released multiple enforcement memos pertaining to COVID-19, which can be found here: <https://www.osha.gov/enforcementmemos>. OSHA's website has a section dedicated to COVID-19, which can be found here: <https://www.osha.gov/SLTC/covid-19/>, as well as information specific to dentistry: <https://www.osha.gov/SLTC/covid-19/dentistry.html>. OSHA understands that some employers may face difficulties complying with OSHA standards due to the ongoing health emergency. If inspected, OSHA representatives will be assessing whether the employer has made good faith efforts to comply with OSHA regulations.

Questions related to OSHA should be directed to:

Iowa OSHA Consultation and Education 515-281-7629

COVID-19 TESTING

Question: The Iowa Clinic and Iowa Ortho are having patients have a COVID-19 test within 72 hours of a procedure. Is the Board going to also recommend this?

The Proclamation allowing for dental services to resume had different language than the Proclamation allowing for elective medical procedures to resume. The Proclamation language for medical services specifically referenced COVID-19 testing and medical providers are required to follow the Governor's order.

The only reference to COVID-19 testing in the Board guidelines is in Section D8, which allows for a test-based strategy for patients with COVID-19 who have ended home isolation to receive dental care.