

**BOP Guidance for  
Prioritizing Dental Treatment  
During the COVID-19 Pandemic**

**March 20, 2020**

During the outbreak period of Coronavirus Disease 2019 (COVID-19), the Centers for Disease Control and Prevention (CDC) and the American Dental Association (ADA) recommend that routine and non-emergent dental care be postponed, if clinically appropriate. The Bureau of Prisons will be following this recommendation for the duration of the COVID-19 crisis. This temporary action may help to conserve supplies of personal protective equipment, which may be needed for situations that are more urgent. It will also minimize the production of aerosols and possible spread of infection in the Dental Clinic/Health Services Unit. Urgent/acute dental care, as well as Dental A&O examinations, will still be provided at this time. Dental Staff who are not providing dental care may assist other areas of the Health Services Unit in providing needed services (i.e., taking vital signs, supervising inmates, etc.) as appropriate for their scope of practice.

Follow the Bureau of Prisons Clinical Guidance, **Infection Control and Environment of Care in Dental Health-Care Settings**, at all times. This document is located on the National Chief Dentist Web Page, on the left side under Page Resources in the Clinical Practice Guidelines tab.

Additional materials to follow are the **2003/2016 CDC Guidelines for Infection Control in Dental Health Care Settings**. It is also located on the National Chief Dentist Web Page, on the left side under Page Resources in the Clinical Resource Links tab.

Additional recommendations include:

- during the outbreak of COVID-19, dental staff should work with medical staff to establish triage procedures. It is recommended that the patient's temperature be measured and symptoms reviewed for every patient encounter. Follow medical staff guidance if COVID-19 symptoms are present or temperatures are elevated.
- use antimicrobial mouth rinses for each encounter to reduce the number of microbes in the oral cavity.
- use rubber dams and high-volume saliva ejectors to help minimize aerosol or spatter in dental procedures.

#### Examples of Urgent/Acute Dental Care:

- extraction of symptomatic non-restorable teeth
- management of active infections/swelling/cellulitis
- pulpectomy of symptomatic teeth that otherwise meet policy criteria for endodontic therapy (root canal therapy should be completed when the patient is asymptomatic)
- caries removal and temporization of symptomatic cavitated lesions
- acute trauma / lesion / pathology which requires immediate evaluation/treatment

#### COVID-19 Symptomatic/diagnosed patients:

Providers should use N95 respirators in lieu of standard procedure masks when treating these patients. Dental A&O examinations will be deferred while a patient is symptomatic or has been diagnosed with COVID-19.

If a symptomatic/diagnosed patient requires immediate evaluation/treatment by an outside provider, work closely with your Clinical Director to ensure that all parties (custody, transportation, receiving facility, etc.) are aware of the patient's symptoms/diagnosis.

#### Asymptomatic patients:

Treatment of asymptomatic patients with no risk factors for having contracted the virus should be conducted using standard precautions.

#### Recommended PPE for patient encounters:

	Symptomatic/Diagnosed Patients	Asymptomatic Patients with no risk
A&Os	Deferred	Surgical mask and face shield
Extractions/Infections	N-95 respirators and face shields	Surgical mask and face shield
Pulpectomy/endo	N-95 respirators and face shields	Surgical mask and face shield
Restorative	N-95 respirators and face shields	Surgical mask and face shield

Limited exam for acute trauma	N-95 respirators and face shields	Surgical mask and face shield
Prosthetics	Not eligible	No treatment

#### Infection control:

COVID-19 is spread via droplets and contact. It is paramount during this time all dental staff follow the BOP recommendations and CDC guidelines for infection control as it pertains to sterilization, hand washing, and disinfecting surfaces.

Recommendations may change as additional information becomes available. Please refer to the BOP Coronavirus Sallyport page for the latest guidance. Contact the respective Regional Chief Dental Officer for additional information if needed.

**BOP Guidance for  
Prioritizing Dental Treatment  
During the COVID-19 Pandemic  
April 10, 2020**

During the outbreak period of Coronavirus Disease 2019 (COVID-19), the Centers for Disease Control and Prevention (CDC) and the American Dental Association (ADA) recommend that routine and non-emergent dental care be postponed, if clinically appropriate.

Centers for Disease Control and Prevention (CDC) released "Interim Infection Prevention and Control Guidance for Dental Settings During the COVID-19 Response" on April 8, 2020. A link to the guidance is located on the Bureau of Prisons COVID-19 Information Sallyport page under New Covid-19 Resources.

The Bureau of Prisons will be following this recommendation for the duration of the COVID-19 crisis. This will minimize the production of aerosols and possible spread of infection in the Dental Clinic/Health Services Unit.

Urgent/acute dental care will continue to be provided. Dental Staff who are not providing dental care may assist other areas of the Health Services Unit in providing needed services (i.e., taking vital signs, supervising inmates, etc.) as appropriate for their scope of practice.

The following Bureau of Prisons Clinical Guidance should be followed at all times, **Infection Control and Environment of Care in Dental Health-Care Settings** located on the National Chief Dentist Web Page, on the left side under Page Resources in the Clinical Practice Guidelines tab.

Additional materials to follow are the **2003/2016 CDC Guidelines for Infection Control in Dental Health Care Settings** also located on the National Chief Dentist Web Page, on the left side under Page Resources in the Clinical Resource Links tab.

Supplementary recommendations include:

- During the outbreak of COVID-19, dental staff should work with medical staff to establish triage procedures. It is recommended that the patient's temperature be measured and symptoms reviewed for every patient encounter. Follow medical staff guidance if COVID-19 symptoms are present or temperatures are elevated.

- Patients with active COVID-19 infection should not be seen in the dental setting when possible
- Avoid aerosol-generating procedures (AGP) whenever possible
- If aerosol-generating procedures (AGP) are necessary for emergency care, use four-handed dentistry with high evacuation suction and rubber dams to help minimize aerosols or spatter during dental procedures when indicated.
- Use antimicrobial mouth rinses for each encounter to reduce the number of microbes in the oral cavity.

#### Examples of Urgent/Acute Dental Care:

- extraction of symptomatic non-restorable teeth
- management of active infections/swelling/cellulitis
- pulpectomy of symptomatic teeth that otherwise meet policy criteria for endodontic therapy (root canal therapy should be completed when the patient is asymptomatic)
- caries removal and temporization of symptomatic cavitated lesions
- acute trauma / lesion / pathology which requires immediate evaluation/treatment
- dental treatment required prior to life-saving medical treatment such as radiotherapy/chemotherapy

#### COVID-19 Symptomatic/diagnosed patients:

If a dental patient is suspected or confirmed to have COVID-19, defer dental treatment when possible. If emergency dental care is medically necessary, Airborne Precautions should be followed with care provided in a hospital or other facility with an isolation room with negative pressure. If a symptomatic/diagnosed patient requires immediate evaluation/treatment by an outside provider, work closely with your Clinical Director to ensure that all parties (custody, transportation, receiving facility, etc.) are aware of the patient's symptoms/diagnosis.

#### Asymptomatic patients:

Treatment of asymptomatic patients with no risk factors for having contracted the virus should be conducted using universal precautions and the highest level of PPE available.

Recommended PPE for patient encounters:

<b>Procedure</b>	<b>COVID-19 Symptomatic/Diagnosed Patients</b>	<b>Asymptomatic Patients with no COVID-19 risk</b>
A&O Examinations	Deferred until after COVID-19 response period	Deferred until further notice
Extractions Surgical Treatment of Infections	Deferred until after COVID-19 response period or performed with Airborne Precautions in outside facility if emergent	Gloves, Gown, Eye protection N95 respirator if available If N95 not available, surgical mask and face shield
Pulpectomy/ endodontic treatment	Deferred until after COVID-19 response period or performed with Airborne Precautions in outside facility if emergent	Gloves, Gown, Eye protection N95 respirator if available If N95 not available, surgical mask and face shield
Restorative	Deferred until after COVID-19 response period or performed with Airborne Precautions in outside facility if emergent	Gloves, Gown, Eye protection N95 respirator if available If N95 not available, surgical mask and face shield
Limited exam for acute trauma/infection or suspected pathology	Deferred during COVID-19 response period or performed with Airborne Precautions at outside facility if emergent	Gloves, Gown, Eye protection N95 respirator if available If N95 not available, surgical mask and face shield
Prosthetics	Deferred during COVID-19 response period	Deferred unless to eliminate significant pain, relieve trauma or address nutritional deficit with a medical condition

#### Infection control:

- If the minimally acceptable combination of a surgical mask and a full-face shield is not available, do not perform any emergency dental care and refer the patient to a clinician with the appropriate PPE
- COVID-19 is spread via droplets and contact. It is paramount during this time all dental staff follow the BOP recommendations and CDC guidelines for infection control as it pertains to sterilization, hand washing, and disinfecting surfaces.

Recommendations may change as additional information becomes available. Please refer to the BOP Coronavirus Sallyport page for the latest guidance. Contact the respective Regional Chief Dental Officer for additional information if needed.