

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

June 1, 2020

Updates in this version:

- 1) A&O Examinations should continue to be performed. This recognizes the ACA waiver that extends the deadline for completion to 90 days.¹
- 2) Limit clinic care to one patient at a time whenever possible.
- 3) Modifies PPE expectations to require use of an N95 respirator for all dental encounters.
- 4) Specifies antimicrobial mouthwashes as oxidizing agents (1.5% hydrogen peroxide and 0.2% povidone) recognizing that there are no clinical studies supporting the virucidal effects of any preprocedural mouthrinse against SARS-CoV-2.²

¹ A&O – ACA Waiver (b)(7)(E); (b)(7)(F)

(b)(7)(E); (b)(7)(F)

² ADA Interim Guidance for Minimizing Risk of COVID-19 Transmission -
https://www.ada.org/~media/CPS/Files/COVID/ADA_COVID_Int_Guidance_Treat_Pts.pdf?utm_source=cpsorg&utm_medium=cpsalertbar&utm_content=cv-pm-ebd-interim-response&utm_campaign=covid-19

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At the onset of the outbreak period of Coronavirus Disease 2019 (COVID-19), the Centers for Disease Control and Prevention (CDC) and the American Dental Association (ADA) recommended that routine and non-emergent dental care be postponed. The Bureau of Prisons has been following this recommendation for the duration of the COVID-19 crisis. As the pandemic continues, the CDC advised that healthcare systems must balance the need to provide necessary services while minimizing risk to patients and healthcare personnel (HCP). In addition to emergency/urgent dental treatment, Dental A&O examinations will be performed in the dental clinical setting. Non-urgent routine dental treatment and preventive dental services should not be resumed at this time. This restriction in services is intended to minimize the production of aerosols and possible spread of infection to patients and health services staff. The limitation of procedures at this time also aims to assure adequate personal protective equipment (PPE) is available for use during urgent and emergent dental treatment.

Emergency/urgent dental care will continue to be provided. Dental A&O examinations should be performed working with medical staff to limit the number of inmates in medical waiting areas. Those inmates who have been waiting the longest for their A&O examinations should be prioritized as much as possible. Cohort scheduling of Dental A&O inmates who are receiving History and Physical examinations in order to reduce visits to the Health Services Unit should be implemented as applicable. An ACA waiver has been signed which extends the deadline for A&O exam completion from 30 days to 90 days.

Centers for Disease Control and Prevention (CDC) released updated "Interim Infection Prevention and Control Guidance for Dental Settings During the COVID-19 Response" on May 19, 2020.³ A link to the guidance is located on the Bureau of Prisons COVID-19 Information Sallyport page under New Covid-19 (b)(7)(E); (b)(7)(F).

The following Bureau of Prisons Clinical Guidance should be followed at all times, **Infection Control and Environment of Care**

³ CDC Guidance for Dental Settings - <https://www.cdc.gov/coronavirus/2019-ncov/hcp/dental-settings.html>

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.
- Limit the number of patients in the clinic to one at a time whenever possible.
- Patients should wear a face mask or cloth face covering for source control whenever possible (immediately prior to and following any intraoral procedure).
- For all patients, avoid aerosol-generating procedures (AGP), which include the use of a dental handpiece, ultrasonic scaler and/or an air/water syringe whenever possible.
- If aerosol-generating procedures (AGP) are necessary for emergency care, use four-handed dentistry with high volume evacuation suction and rubber dam to help minimize aerosols or spatter during dental procedures.
- Since SARS-CoV-2 may be vulnerable to oxidation, use 1.5% hydrogen peroxide (commercially available in the US) or 0.2% povidone as a preprocedural mouthrinse. There are no clinical studies supporting the virucidal effects of any preprocedural mouthrinse against SARS-CoV-2.

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.⁴ 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:

Due to the close proximity of providers to patients, treatment of asymptomatic patients with no risk factors for having contracted the virus should be conducted using PPE as outlined below.

Recommended PPE for patient encounters:

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.

Procedure	COVID-19 Symptomatic/Diagnosed Patients	Asymptomatic Patients with no COVID-19 risk
A&O Examinations	Deferred until their infection has resolved and they have cleared release from isolation criteria	Gloves, Gown, Eye protection or face shield, N95 respirator
Extractions Surgical Treatment of Infections	Deferred until after COVID-19 response period or performed with Airborne	Gloves, Gown, Eye protection or face shield, N95 respirator

⁴ CDC Transmission-Based Precautions - https://www.cdc.gov/infectioncontrol/basics/transmission-based-precautions.html#anchor_1564058235

	Precautions in outside facility if emergent	
Pulpectomy/endodontic treatment	Deferred until after COVID-19 response period or performed with Airborne Precautions in outside facility if emergent	Gloves, Gown, Eye protection or face shield, N95 respirator
Restorative	Deferred until after COVID-19 response period or performed with Airborne Precautions in outside facility if emergent	Gloves, Gown, Eye protection or face shield, N95 respirator
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 or face shield, N95 respirator
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 an N95 respirator and eye protection or 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 CDC Transmission-Based precautions for droplet and contact precautions in addition to BOP guidance 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.