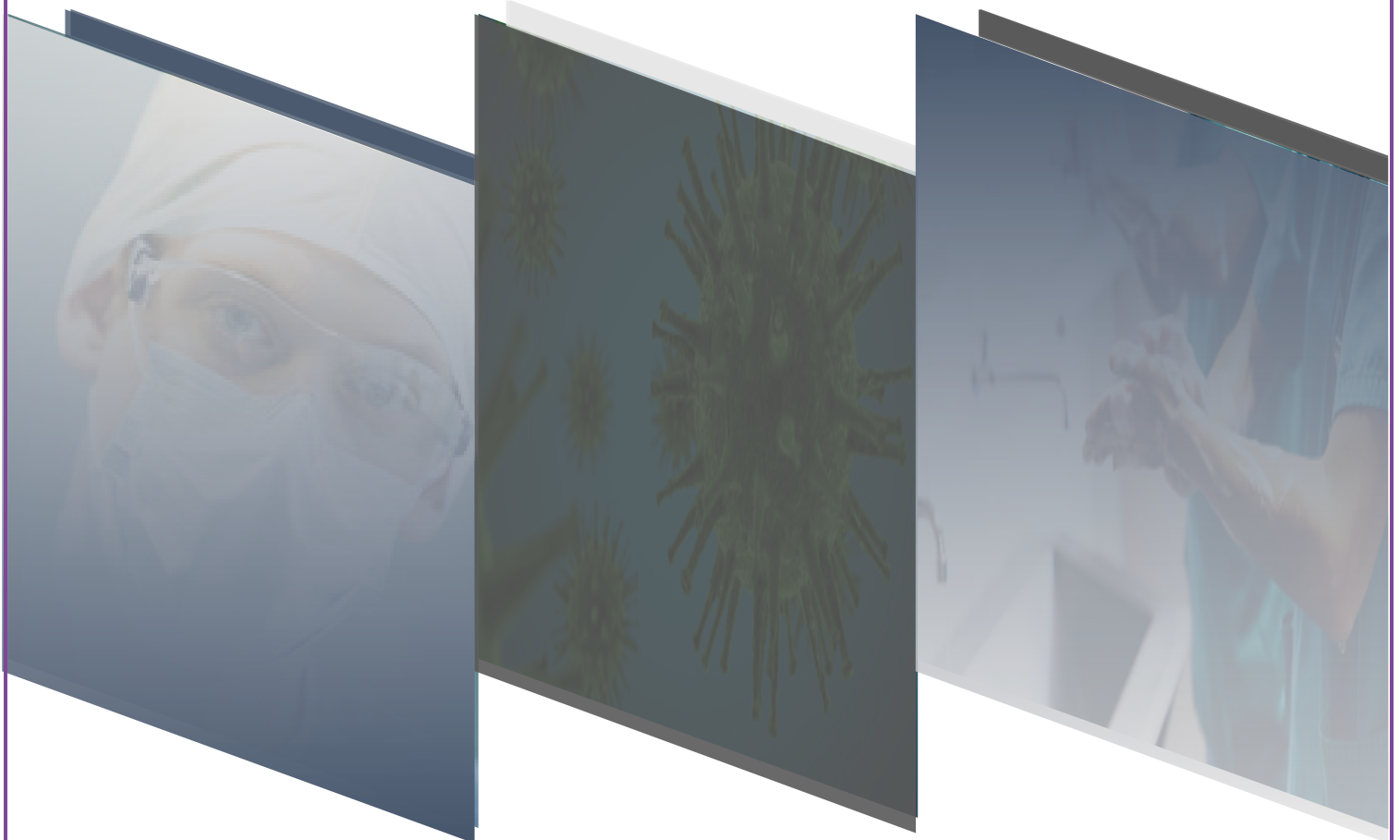




# **Coronavirus (COVID-19) Informational Resource Oral Health Professionals**

*Protecting Our Members, Provider Networks, Staff and Communities*



**CareSource  
230 N. Main Street  
Dayton, Ohio 45402  
CareSource.com  
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March 20, 2020

## Dear CareSource Oral Health Providers and Teams:

CareSource has been closely monitoring the Coronavirus (COVID- 19) public health crisis. At CareSource, our first priority is to protect our members, provider networks, staff and community by minimizing the spread of Coronavirus (COVID-19). We are prepared and continue to work closely with federal and state agencies and our provider networks to implement and follow all protocols to mitigate the spread and protect the health of the community and our members. The following guidance is based on the most current Centers for Disease Control and Prevention (CDC) and state health department recommendations for prevention of the spread the novel coronavirus of 2019 disease (COVID-19) and dental management under the recommendations of dental associations and Boards of Dentistry.

Many state and federal health divisions, national and state dental associations including the American Dental Association (ADA), have highly recommended and in some states mandated dental offices only provide **emergency and urgent oral health care\*** for at least the next few weeks. These recommendations to the dental profession are intended to reduce the risk of patients' as well as provider exposure to COVID-19 and to preserve Personal Protective Equipment (PPE) and supplies, while still allowing access to necessary and emergency dental services that will maintain the oral health of patients and keep them out of the hospital Emergency Room (ER). As integral parts of the medical community, the adjustments of dental provider networks help "flatten the curve" and additionally provide mutual aid and relief to preserve critically needed (PPE).

We appreciate your continued commitment and partnership in serving our Members. CareSource and our dental vendor partners are continuing to work innovatively, in these challenging times to ensure claims are processed timely, quick clinical authorization reviews and efficient customer experience. We are also working innovatively to assess policies for teledentistry and virtual appointments using [ADA guidance](#) to assist during this crisis. We will post real- time information for each of our CareSource markets at CareSource.com and/or network notifications.

Please know that the current recommendations are likely to change as the situation builds. We want all of our providers and members to be fully informed on the COVID-19 situation. Watch for further communications and visit <https://www.caresource.com/>. In these unprecedented times, this is a very fluid situation and recommendations change in real-time, please additionally visit your state health department, Board of Dentistry and/or CDC website for additional information. In the meantime, as your phone triage staff continue to monitor calls, you are encouraged to have your staff schedule Members for Spring/Summer Check-up dental appointments to maintain good oral health. Stay safe and thank you for your continued partnership.

State Health Departments - <https://www.cdc.gov/publichealthgateway/healthdirectories/healthdepartments.html>  
CDC/Coronavirus - <https://www.cdc.gov/coronavirus/2019-ncov/index.html>

Sincerely,

**CareSource Medical/Dental Director Team**

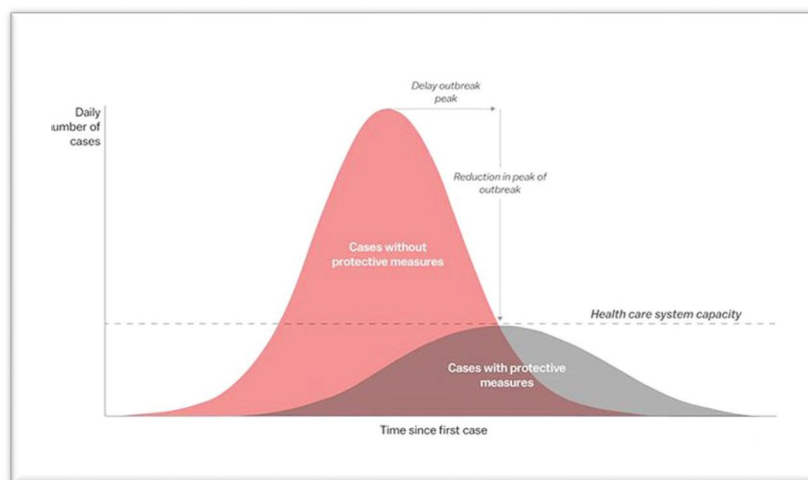
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## I. Flatten the Curve

Flattening the curve is the idea that communities can delay the peak of the outbreak and thus relieve some of the stress on the health care system. As the epidemic curves show, intervention is critical in responding to a pandemic because it drives the number of cases down and frees up the health care system to deal with an outbreak. The [community mitigation strategy for COVID-19](#) from the Centers for Disease Control and Prevention outlines two major reasons for flattening the curve:

1. To protect individuals at increased risk for severe illness, including older adults and persons of any age with underlying health conditions
2. To ensure the safety of health care and critical infrastructure workforces



## II. Dentists are at Highest Risk Level

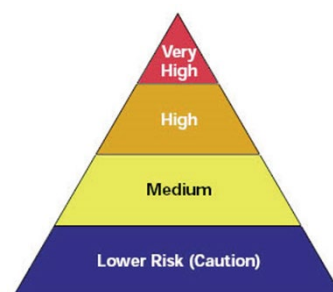
As many countries navigate these unprecedented times of the Coronavirus (COVID-19), dentistry universally finds itself on the forefront of navigating the safest modes of treatment for patients, while minimizing risks to patients and care providers. Dentistry ranks in the very highest level for Occupational Risk according to [OSHA](#).

**Very High Exposure Risk** Very high exposure risk jobs are those with high potential for exposure to known or suspected sources of COVID-19 during specific medical, postmortem, or laboratory procedures. Workers in this category include:

- Healthcare workers (e.g., doctors, nurses, **dentists**, paramedics, emergency medical technicians) performing aerosol-generating procedures (e.g., intubation, cough induction procedures, bronchoscopies, some **dental procedures and exams**, or invasive specimen collection) on known or suspected COVID-19 patients.
- Healthcare or laboratory personnel collecting or handling specimens from known or suspected COVID-19 patients (e.g., manipulating cultures from known or suspected COVID-19 patients).
- Morgue workers performing autopsies, which generally involve aerosol-generating procedures, on the bodies of people who are known to have, or suspected of having, COVID-19 at the time of their death.

### Classifying Worker Exposure to SARS-CoV-2

Worker risk of occupational exposure to SARS-CoV-2, the virus that causes COVID-19, during an outbreak may vary from very high, to high, medium, or lower (caution) risk. The level of risk depends in part on the industry type, need for contact within 6 feet of people known to be, or suspected of being, infected with SARS-CoV-2, or requirement for repeated or extended contact with persons known to be, or suspected of being, infected with SARS-CoV-2. To help employers determine appropriate precautions, OSHA has divided job tasks into four risk exposure levels: very high, high, medium, and lower risk. The Occupational Risk Pyramid shows the four exposure risk levels in the shape of a pyramid to represent probable distribution of risk. Most American workers will likely fall in the lower exposure risk (caution) or medium exposure risk levels.





Source: OSHA

### III. Recommended Guidelines

#### A. Postpone routine and elective procedures

Per publication March 16, 2020, the American Dental Association recommends dentists nationwide postpone all routine and elective procedures for the next three weeks. Providing only needed urgent and emergency dental care. Dentists are implored to continue with the relief of pain and management of infection with their patients in order to keep patients out of hospitals and emergency departments. [What Constitutes a Dental Emergency, Urgent Care and routine/elective procedures?](#)

 Routine/Elective Procedures such as:	Urgent/Emergency needs such as: 
<ul style="list-style-type: none"><li>Any cosmetic or aesthetic procedures, such as veneers, teeth bleaching, or cosmetic bonding</li><li>All routine exams, hygiene appointments</li><li>Any orthodontic procedures not including those that relieve pain and infection or restore oral function or are trauma-related</li><li>Initiation of any crowns, bridges, or dentures that do not address or prevent pain or restore normal oral functioning</li><li>Any periodontal plastic surgery</li><li>Extraction of asymptomatic non-carious teeth</li><li>Recall visits for periodontally healthy patients</li><li>Delay all appointments for high risk patients, including ASA 2 and 3 patients, unless it is an emergency (ASA 2—A patient with mild systemic disease; ASA 3—A patient with severe systemic disease)</li></ul>	<ul style="list-style-type: none"><li>Dental pain (including chronic ulcerative mucosal disease management)</li><li>Swelling of gums, face, or neck</li><li>Signs of infection such as a draining site</li><li>Trauma to face, jaw, or teeth, including fractures</li><li>Pre- and post-transplant, radiation, or bisphosphonate patients with oral symptoms (evaluate by telephone screening first)</li><li>Dental treatment required prior to critical medical procedure. Potential malignancy</li><li>Broken tooth</li><li>Ill-fitting denture</li><li>Final crown/bridge cementation if the temporary restoration has broken, is lost, or is causing gingival irritation</li></ul>

#### B. Opening Office and Treating the Urgent Care Patient

##### Employee/Office and Clinical Team Assessments

Team members must self-assess their health daily before reporting to work.

They should say “No” to all the following questions:

<ul style="list-style-type: none"><li>Fever &gt;100.40 F</li><li>Cough</li><li>Sore throat</li><li>Shortness of breath</li><li>Flu-like symptoms</li></ul>	<ul style="list-style-type: none"><li>Close personal contact (without PPE) with a suspected or laboratory- confirmed COVID-19 patient in the past 2 weeks</li><li>International travel history in the past 2 weeks. If “Yes”, was it to or from: China, Iran, Italy, Japan, or South Korea. If none of these countries, treat answer as “No”.</li><li>Employees in high risk categories (e.g. diabetes heart disease, lung diseases, ≥60 years of age), should not report to work</li></ul>
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If office/clinic staff members are ill or may transmit a communicable disease, or if their temperature is >100.40 F, they must not come to work but must report in sick. They should complete the Catalyst survey to determine whether COVID-19 testing is appropriate at <https://redcap.iths.org/surveys/?s=CD3DAFE8XD> .

##### Patient Assessments

- Prior to scheduling patient, via phone triage, take a well-being and recent travel history of patient as well as any family, roommates, or other close contact as it relates to COVID - 19.

- Ask dental triage questions to determine if urgent or emergency care needed. Each state Market may have varying telehealth policies. Check with your state Medicaid office and CareSource Market. The ADA has provided operational [telecommunication virtual appointments](#) guidance for COVID – 19.
- Ask patient/parent to only bring needed accompanying escort no extra family members.

### **Upon Arrival and Care of Urgent Care Patient:**

- Consider not having patients sign in manually; if you do, a staff member will need to disinfect or replace sign in pen after each patient signs in.
- Post a small sign a desk, asking to inform if any symptoms of fever, coughing, trouble breathing in the last 14 days.
- Have a detailed questionnaire/conversation before scheduling appointments and prior to any procedure about flu like symptoms, travel abroad for self and family/friends/co-workers etc. to permit a thorough evaluation of the patient
- Use of rubber dam isolation & high volume suction to limit aerosol in treatment procedures
- Use of 1% hydrogen peroxide 5cc to rinse for 30 seconds prior to examination of the oral cavity by the patient to reduce microbial load. This oxidation will decrease virus shedding in the asymptomatic patient.

### **Waiting Room Guidance**

- To prevent over-crowding of waiting areas or the possible spread of infection:
- Consider having patients wait in their cars instead of the waiting areas to prevent inadvertent spread of the virus (call patient when surgical area is ready for treatment)
- Consider staggering appointment times to reduce waiting room exposure
- Have sterilization staff, lab technicians and auxiliary staff take adequate measures to prevent exposure
- Limit access to waiting room use to only patients. Accompanying individuals have to wait in their respective transportation.
- Remove all magazines/toys etc., from waiting area to prevent contamination
- Wipe down door handles regularly

### **OSAP/OSHA/EPA**

- All practicing dentists, dental auxiliaries and dental laboratories should employ appropriate infection control procedures as described in CDC Guidelines and keep up to date as scientific information leads to improvements in infection control, risk assessment, and disease management in oral health care. Follow OSAP and OSHA usual guidelines for infection control for **all** diseases.
- Be sure to disinfect not only operatory and treatment area, but wipe down reception area, bathroom facilities and door handles periodically throughout the day.
- Do not keep your mobile phones in treatment areas where you are tempted to grab them.
- Use EPA recommended Disinfectants
- Note: As patients may ask, per the EPA Americans can continue to use and drink water from their tap as usual.

### **Personal Protective Equipment (PPE)**

CDC guidance for single-use disposable facemasks has not changed. These masks are tested, and regulated by Federal Drug Administration (FDA) to be single use. CDC's position is that a new facemask should be worn for each patient.

1. Wear a surgical mask and eye protection with solid side shields or a face shield to protect mucous membranes of the eyes, nose, and mouth during procedures likely to generate splashing or spattering of blood or other body fluids;
2. Change masks between patients or during patient treatment if the mask becomes wet.
3. Masks that have been rated:

- **Level 1** have the least fluid resistance, bacterial filtration efficiency, particulate filtration efficiency, and breathing resistance. These can be worn for procedures where low amounts of fluid, spray or aerosols are produced—for example, patient evaluations, orthodontic visits, or operatory cleaning.
- **Level 2** masks provide a moderate barrier for fluid resistance, bacterial and particulate filtration efficiencies and breathing resistance. These can be used for procedures producing moderate to light amounts of fluid, spray or aerosols. Some examples of procedures are sealant placement, simple restorative or composite procedures or endodontics.
- **Level 3** masks (i.e. N 95) provide the maximum level of fluid resistance recognized by ASTM and are designed for procedures with moderate or heavy amounts of blood, fluid spray or aerosol exposure. Some examples of these procedures are crown or bridge preparations, complex oral surgery, implant placement, or use of ultrasonic scalers.

While universal precautions have long been the gold standard, they were developed to protect against a blood borne virus named HIV. ***Universal precautions are not currently designed to assist with an airborne respiratory virus. Level 1 masks will not prevent dental aerosol transmission.***

#### IV. References and Toolkit of Resources

<b>Centers for Disease Control and Prevention (CDC)</b>
<ol style="list-style-type: none"> <li>1. <a href="#">Coronavirus (COVID -19)</a></li> <li>2. <a href="#">Information for Healthcare Professionals</a></li> <li>3. <a href="#">Implementation of Mitigation Strategies for Communities with Local COVID-19 Transmission</a></li> <li>4. <a href="#">Interim U.S. Guidance for Risk Assessment and Public Health Management of Healthcare Personnel with Potential Exposure in a Healthcare Setting to Patients with Coronavirus Disease (COVID-19)</a></li> <li>5. <a href="#">Clinician Outreach and Communication Activity (COCA)</a></li> <li>6. <a href="#">CDC Developing Guidance Regarding Responding to COVID-19 in Dental Settings</a></li> <li>7. <a href="#">Healthcare Supply of Personal Protective Equipment</a></li> <li>8. <a href="#">Interim Infection Prevention and Control Recommendation</a></li> </ol>
<b>World Health Organization (WHO)</b>
<ol style="list-style-type: none"> <li>1. <a href="#">Coronavirus disease (COVID-19) outbreak</a></li> <li>2. <a href="#">WHO declares the coronavirus outbreak a pandemic</a></li> <li>3. <a href="#">Q&amp;A: Similarities and differences – COVID-19 and influenza</a></li> </ol>
<b>Occupational Safety and Health Administration (OSHA)</b>
<ol style="list-style-type: none"> <li>1. <a href="#">COVID-19</a></li> <li>2. <a href="#">Guidance on preparing workplaces for COVID-19</a></li> <li>3. <a href="#">Prevent Worker Exposure to Coronavirus (COVID-19)</a></li> <li>4. <a href="#">Additional Resources</a></li> </ol>
<b>Organization for Safety Asepsis and Prevention (OSAP)</b>
<ol style="list-style-type: none"> <li>1. <a href="#">Coronavirus Disease (COVID-19) Toolkit</a></li> </ol>
<b>Environmental Protection Agency</b>
<ol style="list-style-type: none"> <li>1. <a href="#">Coronavirus Disease 2019 (COVID-19)</a></li> <li>2. <a href="#">List N: Disinfectants for Use Against SARS-CoV-2</a></li> <li>3. <a href="#">Coronavirus and Drinking Water and Wastewater</a></li> </ol>
<b>ECRI Resources for Health Professionals</b>
<ol style="list-style-type: none"> <li>1. <a href="#">COVID-19 Resource Center</a></li> </ol>
<b>American Dental Association, American Association of Pediatric Dentistry, Other Organizations</b>
<ol style="list-style-type: none"> <li>1. <a href="#">ADA Coronavirus Center for Dentists</a></li> <li>2. <a href="#">Link for State Specific Association Information</a></li> <li>3. <a href="#">AAPD COVID- 19</a></li> <li>4. <a href="#">NDA COVID-19 Resources</a></li> </ol>