

# The New “Normal” Dentistry:

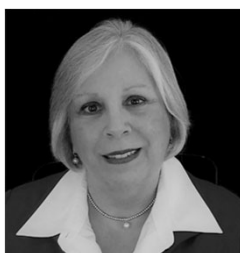
Delivering Oral Health Care in the Post  
Pandemic Environment

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<https://www.ansell.com/us/en/medical/services/ansellcares>






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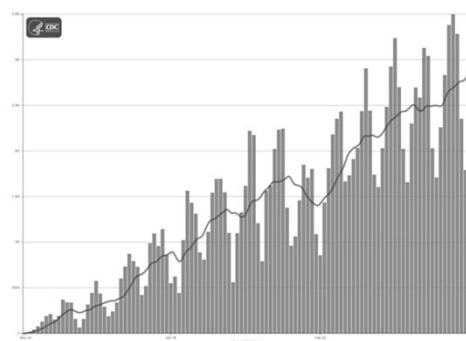
**Have we established  
a new normal yet?**

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## We are not yet in the “post pandemic” environment.

- Cases surging in ~30 states
  - Variants that are more infectious
  - Younger individuals/children not vaccinated yet
- More variants identified
  - Uncertainty about vaccine efficacy against variants
- Vaccine hesitancy
  - ~45% of population have received at least one dose
  - ~32% fully vaccinated



CDC COVID Data Tracker

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## Recent Changes to CDC Guidance

- Changing for some **public** settings
  - Schools – social distancing
  - Outdoor activities – no mask for vaccinated individuals
- Vaccinated individuals
  - Travel more freely
  - No quarantine if exposed to COVID-19

### Schools and Child Care Programs Plan, Prepare, and Respond

Updated Apr. 5, 2021 Languages Print



**School Settings | COVID-19 | CDC**

### CDC Issues Updated Guidance on Travel for Fully Vaccinated People

#### Press Release

For Immediate Release: Friday, April 2, 2021  
Contact: Media Relations  
(404) 639-3286

[CDC Issues Updated Guidance on Travel for Fully Vaccinated People](#) | [CDC Online Newsroom](#) | [CDC](#)

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## Interim Public Health Recommendations for Fully Vaccinated People

Updated Apr. 29, 2021 Languages ▼ Print

### Summary of Recent Changes

Updates as of April 27, 2021

- Guiding principles for fully vaccinated people are now provided.
- Underscores that immunocompromised people need to consult their healthcare provider about these recommendations, even if fully vaccinated.
- Fully vaccinated people no longer need to wear a mask outdoors, except in certain crowded settings and venues.
- Clarification that fully vaccinated workers no longer need to be restricted from work following an exposure as long as they are asymptomatic.
- Fully vaccinated residents of non-healthcare congregate settings no longer need to quarantine following a known exposure.
- Fully vaccinated asymptomatic people without an exposure may be exempted from routine screening testing, if feasible.

<https://www.cdc.gov/coronavirus/2019-ncov/vaccines/fully-vaccinated-guidance.html>

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The following recommendations apply to non-healthcare settings. For related information for healthcare settings, visit [Updated Healthcare Infection Prevention and Control Recommendations in Response to COVID-19 Vaccination](#).

### Updated Healthcare Infection Prevention and Control Recommendations in Response to COVID-19 Vaccination

Updated Apr. 27, 2021 Print

CDC guidance for SARS-CoV-2 infection may be adapted by state and local health departments to respond to rapidly changing local circumstances.

#### Summary of Recent Changes

Updates as of April 27, 2021

- Updated SARS-CoV-2 testing recommendations
- Updated visitation guidance to include recommendations for acute care facilities and to describe circumstances when source control and physical distancing are not required during visitation
- Added guidance for communal activities and dining in healthcare settings

#### Key Points

- CDC has updated select healthcare infection prevention and control recommendations in response to COVID-19 vaccination, which are summarized in this guidance.
- Updated recommendations on SARS-CoV-2 testing
- Updated recommendations will be added to this page regularly as new information becomes available.

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-after-vaccination.html>

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## 5. Use of Personal Protective Equipment

- Recommendations for use of personal protective equipment by HCP remain unchanged.

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-after-vaccination.html>

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# Current CDC Guidance for Dental Settings

## Guidance for Dental Settings

Interim Infection Prevention and Control Guidance for Dental Settings During the Coronavirus Disease 2019 (COVID-19) Pandemic

Updated Dec. 4, 2020    Print

### Guidance for Dental Settings | CDC

#### Key Points

- Recognize dental settings have unique characteristics that warrant specific infection control considerations.
- Prioritize the most critical dental services and provide care in a way that minimizes harm to patients from delaying care and harm to personnel and patients from potential exposure to SARS-CoV-2 infection.
- Proactively communicate to both personnel and patients the need for them to stay at home if sick.
- Know the steps to take if a patient with COVID-19 symptoms enters your facility.

#### Additional Key Resources

- [Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 \(COVID-19\) Pandemic](#)
- [Framework for Healthcare Systems Providing Non-COVID-19 Clinical Care During the COVID-19 Pandemic](#)
- [Information about managing school sealant programs during COVID-19 on CDC's Considerations for School Sealant Programs page.](#)

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# Current CDC Guidance on Quarantine

## Options to Reduce Quarantine for Contacts of Persons with SARS-CoV-2 Infection Using Symptom Monitoring and Diagnostic Testing

Updated Dec. 2, 2020 Languages 



**Science Brief: Options to Reduce Quarantine for Contacts of Persons with SARS-CoV-2 Infection Using Symptom Monitoring and Diagnostic Testing | CDC**

Local public health authorities determine and establish the quarantine options for their jurisdictions. CDC currently recommends a quarantine period of 14 days. However, based on local circumstances and resources, the following options to shorten quarantine are acceptable alternatives.

- Quarantine can end after Day 10 without testing and if no symptoms have been reported during daily monitoring.
  - With this strategy, residual post-quarantine transmission risk is estimated to be about 1% with an upper limit of about 10%.
- When diagnostic testing resources are sufficient and available (see bullet 3, below), then quarantine can end after Day 7 if a diagnostic specimen tests negative and if no symptoms were reported during daily monitoring. The specimen may be collected and tested within 48 hours before the time of planned quarantine discontinuation (e.g., in anticipation of testing delays), but quarantine cannot be discontinued earlier than after Day 7.
  - With this strategy, the residual post-quarantine transmission risk is estimated to be about 5% with an upper limit of about 12%.

In both cases, additional criteria (e.g., continued symptom monitoring and masking through Day 14) must be met and are outlined in the full text.

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# Current CDC Guidance on Vaccinated HCW's

## 2. Work restriction for asymptomatic healthcare personnel and quarantine for asymptomatic patients and residents

The following recommendations are based on what is known about currently available COVID-19 vaccines. These recommendations will be updated as additional information, including regarding the ability of currently authorized vaccines to protect against infection with novel variants and the effectiveness of additional authorized vaccines, becomes available. This could result in additional circumstances when work restrictions for fully vaccinated HCP are recommended.

- Fully vaccinated HCP with higher-risk exposures who are asymptomatic do not need to be restricted from work for 14 days following their exposure. Work restrictions for the following fully vaccinated HCP populations with higher-risk exposures should still be considered for:
  - HCP who have underlying immunocompromising conditions (e.g., organ transplantation, cancer treatment), which might impact level of protection provided by the COVID-19 vaccine. However, data on which immunocompromising conditions might affect response to the COVID-19 vaccine and the magnitude of risk are not available.

**Updated Healthcare Infection Prevention and Control Recommendations in Response to COVID-19 Vaccination | CDC**

- HCP who have traveled should continue to follow CDC travel recommendations and requirements, including restriction from work, when recommended for any traveler.
- Fully vaccinated inpatients and residents in healthcare settings should continue to quarantine following prolonged close contact (within 6 feet for a cumulative total of 15 minutes or more over a 24-hour period) with someone with SARS-CoV-2 infection; outpatients should be cared for using recommended Transmission-Based Precautions. This is due to limited information about vaccine effectiveness in this population, the higher risk of severe disease and death, and challenges with physical distancing in healthcare settings.
  - Although not preferred, healthcare facilities could consider waiving quarantine for fully vaccinated patients and residents following prolonged close contact with someone with SARS-CoV-2 infection as a strategy to address critical issues (e.g., lack of space, staff, or PPE to safely care for exposed patients or residents) when other options are unsuccessful or unavailable. These decisions could be made in consultation with public health officials and infection control experts.
- Quarantine is no longer recommended for residents who are being admitted to a post-acute care facility if they are fully vaccinated and have **not** had prolonged close contact with someone with SARS-CoV-2 infection in the prior 14 days.

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# Current CDC Guidance on Variants of SARS-CoV2

## What implications could the emergence of new variants have?

Among the potential consequences of these mutations are the following:

### SARS-CoV-2 Variants of Concern | CDC

- *Ability to spread more quickly in humans.* There is already evidence that one mutation, D614G, has this property to spread more quickly. In the lab, G614 variants propagate more quickly in human respiratory epithelial cells, out-competing D614 viruses. There also is evidence that the G614 variant spreads more quickly than viruses without the mutation.
- *Ability to cause either milder or more severe disease in humans.* There is no evidence that VOC 202012/01 produces more severe illness than other SARS-CoV-2 variants.
- *Ability to evade detection by specific diagnostic tests.* Most commercial polymerase chain reaction (PCR) tests have multiple targets to detect the virus, such that even if a mutation impacts one of the targets, the other PCR targets will still work.
- *Decreased susceptibility to therapeutic agents such as monoclonal antibodies.*
- *Ability to evade vaccine-induced immunity.* FDA-authorized vaccines are "polyclonal," producing antibodies that target several parts of the spike protein. The virus would likely need to accumulate multiple mutations in the spike protein to evade immunity induced by vaccines or by natural infection.

Among these possibilities, the last—the ability to evade vaccine-induced immunity—would likely be the most concerning because once a large proportion of the population is vaccinated, there will be immune pressure that could favor and accelerate emergence of such variants by selecting for "escape mutants." There is no evidence that this is occurring, and most experts believe escape mutants are unlikely to emerge because of the nature of the virus.

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## What has NOT changed?

- CDC Guidance for Dental Settings
  - Screening patients/employees
  - Wearing masks at all times in the facility
  - PPE requirements
  - Work practice controls
  - Engineering controls



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## Was the “old normal” really safe?



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## Was the “old normal” really safe?

### Respiratory illness among hygienists

- **High levels of influenza incidence**
  - Higher than other members of the dental team
  - Vaccine hesitation
  - Exposure to aerosols during ultrasonic scaling
- **Other respiratory illnesses**
  - Tuberculosis
  - Measles
  - Mumps
  - Chicken pox
  - Pertussis



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## Immunizations for HCW's

### Recommended Vaccines for Healthcare Workers | CDC

Vaccines	Recommendations in brief
Hepatitis B	<p>If you don't have documented evidence of a complete hepB vaccine series, or if you don't have a blood test that shows you are immune to hepatitis B (i.e., no serologic evidence of immunity or prior vaccination) then you should</p> <ul style="list-style-type: none"> <li>• Get a 3-dose series of Recombivax HB or Engerix-B (dose #1 now, #2 in 1 month, #3 approximately 5 months after #2) or a 2-dose series of Heplisav-B, with the doses separated by at least 4 weeks.</li> <li>• Get an anti-HBs serologic test 1-2 months after the final dose.</li> </ul> <p>See <a href="#">Prevention of Hepatitis B Virus Infection</a> in the United States: Recommendations of the ACIP.</p>
Flu (Influenza)	Get 1 dose of influenza vaccine annually.
MMR (Measles, Mumps, & Rubella)	<p>If you were born in 1957 or later and have not had the MMR vaccine, or if you don't have a blood test that shows you are immune to measles or mumps (i.e., no serologic evidence of immunity or prior vaccination), get 2 doses of MMR (1 dose now and the 2nd dose at least 28 days later).</p> <p>If you were born in 1957 or later and have not had the MMR vaccine, or if you don't have a blood test that shows you are immune to rubella, only 1 dose of MMR is recommended. However, you may end up receiving 2 doses, because the rubella component is in the combination vaccine with measles and mumps. For HCWs born before 1957, see the <a href="#">MMR ACIP vaccine recommendations</a>.</p>
Varicella (Chickenpox)	<p>If you have not had chickenpox (varicella), if you haven't had varicella vaccine, or if you don't have a blood test that shows you are immune to varicella (i.e., no serologic evidence of immunity or prior vaccination) get 2 doses of varicella vaccine, 4 weeks apart.</p>
Tdap (Tetanus, Diphtheria, Pertussis)	<p>Get a one-time dose of Tdap as soon as possible if you have not received Tdap previously (regardless of when previous dose of Td was received).</p> <p>Get either a Td or Tdap booster shot every 10 years thereafter.</p> <p>Pregnant HCWs need to get a dose of Tdap during each pregnancy.</p>
Meningococcal	<p>Microbiologists who are routinely exposed to <i>Neisseria meningitidis</i> should get meningococcal conjugate vaccine and serogroup B meningococcal vaccine.</p>

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## Was the “old normal” really safe?

- Ultrasonic scalers produce most aerosol of any dental procedure
- Saliva ejectors only effective at removing pooled fluids – not containing aerosols



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## Aerosol Generating Procedures

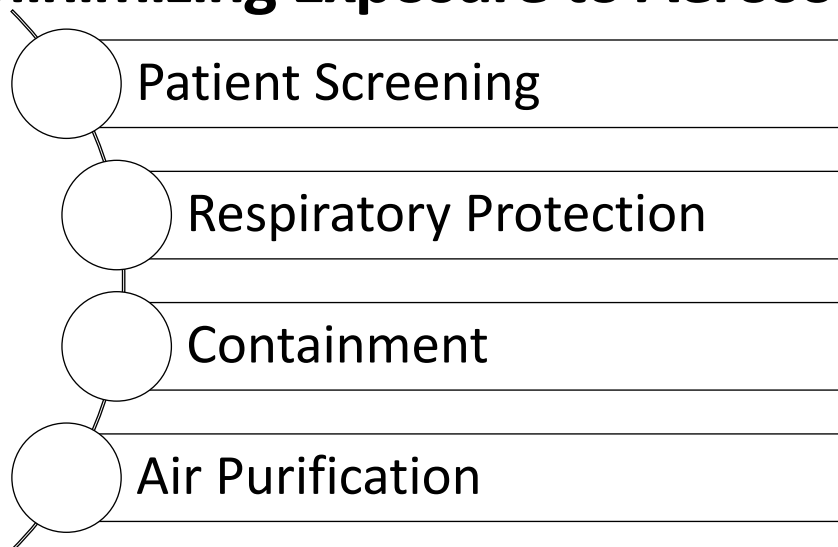


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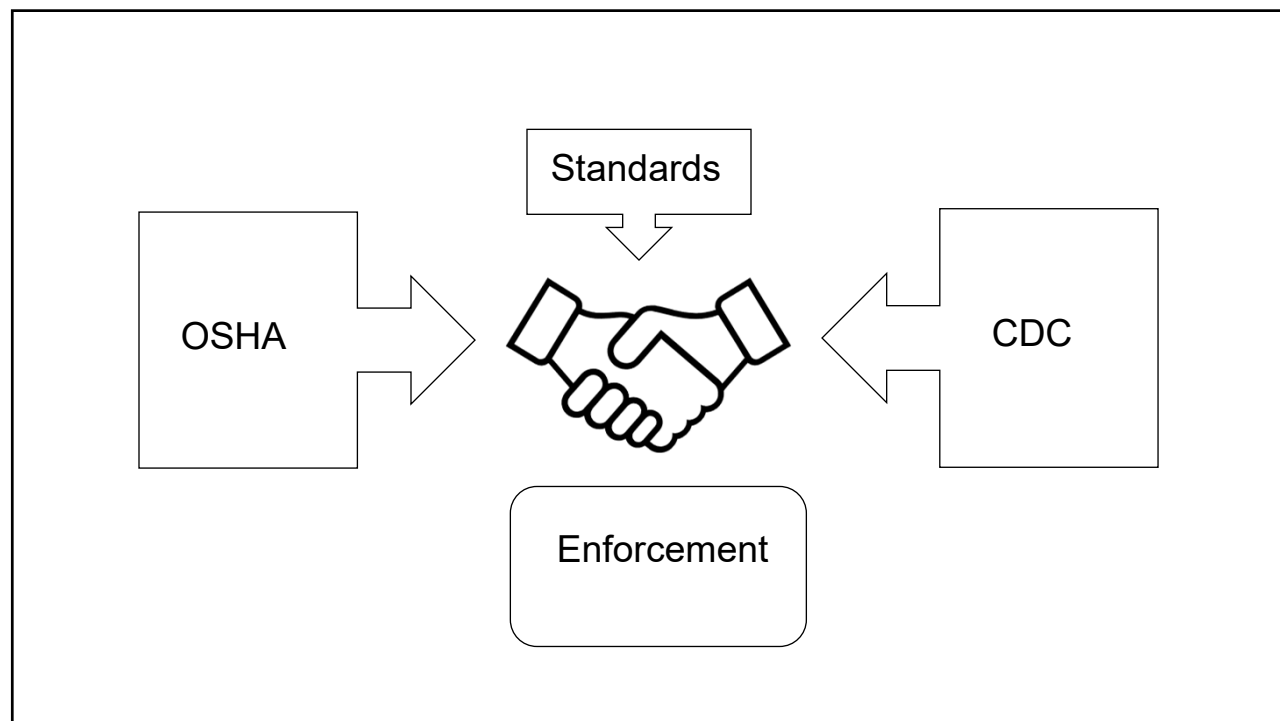
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## Minimizing Exposure to Aerosols



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## OSHA Requirements

**COVID-19 - Control and Prevention - Dentistry Workers and Employers | Occupational Safety and Health Administration (osha.gov)**

### Recommended PPE ensembles for dentistry

Care of patients in areas where community transmission of COVID-19 has subsided in the local area		Care of patients in areas where community transmission of COVID-19 continues in the local area		Care of patients with suspected or confirmed COVID-19, regardless of community transmission of COVID-19 in the local area	
Dental procedures not involving aerosol-generating procedures	Dental procedures that may or are known to generate aerosols	Dental procedures not involving aerosol-generating procedures	Dental procedures that may or are known to generate aerosols	Dental procedures not involving aerosol-generating procedures	Dental procedures that may or are known to generate aerosols
<ul style="list-style-type: none"> <li>Work clothing, such as scrubs, lab coat, and/or smock, or a gown</li> <li>Gloves</li> <li>Eye protection (e.g., goggles, face shield)</li> <li>Face mask (e.g., surgical mask,)</li> </ul>	<ul style="list-style-type: none"> <li>Gloves</li> <li>Gown</li> <li>Eye protection (e.g., goggles, face shield)</li> <li>At a minimum, face mask (e.g., surgical mask, ) with face shield</li> <li>NIOSH-certified, disposable N95 filtering facepiece respirator (or better) offers more protection to workers who may encounter asymptomatic or pre-symptomatic patients who can spread COVID-19 or other aerosolizable pathogen†</li> </ul>	<ul style="list-style-type: none"> <li>Work clothing, such as scrubs, lab coat, and/or smock, or a gown</li> <li>Gloves</li> <li>Eye protection (e.g., goggles, face shield)</li> <li>At a minimum, face mask (e.g., surgical mask, )with face shield</li> <li>NIOSH-certified, disposable N95 filtering facepiece respirator (or better) offers more protection to workers who may encounter asymptomatic or pre-symptomatic patients who can spread COVID-19 or other aerosolizable pathogen†</li> </ul>	<ul style="list-style-type: none"> <li>Gloves</li> <li>Gown</li> <li>Eye protection (e.g., goggles, face shield)</li> <li>NIOSH-certified, disposable N95 filtering facepiece respirator or better†</li> </ul>	<ul style="list-style-type: none"> <li>Gloves</li> <li>Gown</li> <li>Eye protection (e.g., goggles, face shield)</li> <li>NIOSH-certified, disposable N95 filtering facepiece respirator or better†</li> </ul>	<ul style="list-style-type: none"> <li>Gloves</li> <li>Gown</li> <li>Eye protection (e.g., goggles, face shield)</li> <li>NIOSH-certified, disposable N95 filtering facepiece respirator or better†</li> </ul>

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## Respirators vs. Masks





Source: Crosstex

### Fit and Seal





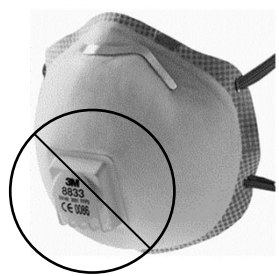
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Masks	vs.	Respirators
<ul style="list-style-type: none"> <li>▸ Varying levels of particle filtration and fluid resistance</li> <li>▸ Not size specific</li> <li>▸ No seal               <ul style="list-style-type: none"> <li>▸ Allows inhalation &amp; exhalation through gaps</li> </ul> </li> </ul>		<ul style="list-style-type: none"> <li>▸ Standardized particle filtration and fluid resistance</li> <li>▸ Size specific</li> <li>▸ Seal on the face               <ul style="list-style-type: none"> <li>▸ Allows inhalation &amp; exhalation only through the respirator</li> </ul> </li> </ul>
		

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## Respiratory Protection

Source: Wikipedia

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# Respirators



Source: 3M



Source: Crosstex



Source: 3M



Source: Halyard Health



Source: Honeywell

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## Wearing Respirators

- ▶ Not the same as just donning a mask...
  - ▶ Respiratory protection plan – OSHA-required  
**Respiratory Protection - Standards | Occupational Safety and Health Administration (osha.gov)**
  - ▶ Medical evaluations
    - ▶ Occupational medical facility
    - ▶ Online evaluations
  - ▶ Training
  - ▶ Fit testing
  - ▶ Seal checks each time worn



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## Respiratory Protection Training and Documentation

- ▶ OSHA Respiratory Protection Standard
  - ▶ <https://www.osha.gov/SLTC/respiratoryprotection/index.html>
- ▶ Respirator training
  - ▶ [https://www.osha.gov/video/respiratory\\_protection/fittesting.html](https://www.osha.gov/video/respiratory_protection/fittesting.html)



Source: Microsoft Creative Commons

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## Training Resources for Respirators

[Respiratory Protection - Training Videos | Occupational Safety and Health Administration \(osha.gov\)](#)



Source: OSHA

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## WORK PRACTICE CONTROLS

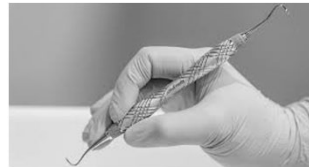


Source: Microsoft Creative Commons

- Preprocedural mouth rinse (PPMR)
- Adjust water volume on powered scalers
- Increase use of hand scaling



Source: HuFriedy Group



Source: HuFriedy Group

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## CLEANING AND DISINFECTING

- Clean and disinfect the room and equipment according to the CDC Guidelines for Infection Control in Dental Health-Care Settings – 2003.
- Use a product on EPA List N and that is tuberculocidal
- CDC states that surface contamination not as likely to spread COVID-19



Source: infectioncontrolproducts.com



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## What happens now?

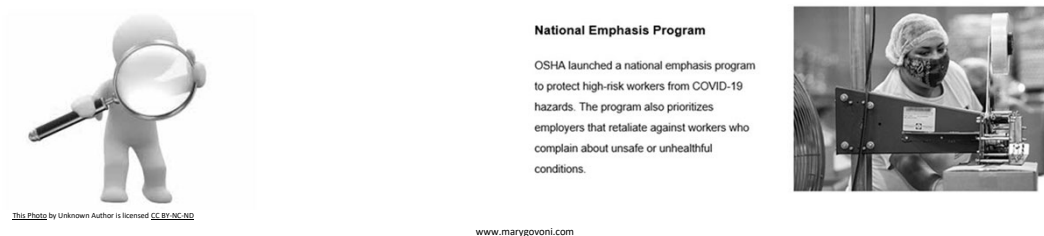
- Watch for updates from CDC on guidance for dental settings.
- OSHA in process of promulgating new airborne infectious diseases rule.
- OSHA has begun a national emphasis program aimed at enforcing COVID-19 safety in high-risk work settings.
  - This includes dentistry
  - Unannounced inspections



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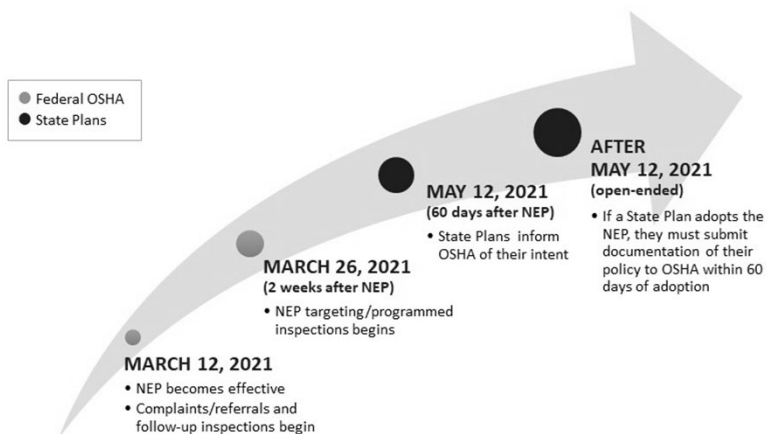
## What happens now?

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  - This includes dentistry
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## Important Dates for the COVID-19 National Emphasis Program



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## QUESTIONS?

Feel free to contact us:



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<https://www.marygovoni.com/product-page/covid-19-resources-update-for-2021>

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