

**March 18, 2020 - COVID-19 UPDATE: NDBODE Update, National Practice Recommendations, ADA Emergency Care Definitions, NDDA State Updates**

Thank you for your patience as we make sure to provide you with the most current and accurate information regarding COVID-19/Coronavirus. **As of 11:59pm CDT March 18, 2020, there are seven official COVID-19 cases in North Dakota.**

The North Dakota Board of Dental Examiners (NDBODE) convened a call at 6:00pm CDT today to discuss the practice of dentistry within North Dakota. There were no decisions or final statements produced from this meeting. The NDDA reaffirmed our position that our member dentists need clear concise direction regarding the safe practice of dentistry within our state out of caution for the health and safety of dentists, their staff and most importantly the public. The NDDA advocated for clear directives specifically and individually communicated from our NDBODE to all licensed dentists in ND. This includes but is not limited to defining or providing guidance on elective, essential, emergency, urgent or any other care under recommended or mandatory practice restrictions. Also, the NDDA felt it was important to stress the importance of the responsibility of dental offices to continue seeing and providing emergency care to their patients in this public health emergency to help support major medical systems and our dental specialists from being overrun with these cases. Last, we stressed the importance of more prompt and timely responses and statements to this ever changing and constantly evolving pandemic affecting all healthcare providers. **As of Thursday, March 19, 2020, there are no mandatory or recommended restrictions or guidance specific to dentistry in North Dakota.** We will provide you with any comments, statements, guidance or updates from NDBODE.

From a national standpoint, during a March 17, 2020 and again on March 18, 2020, White House press conference, Dr Deborah Birx, who is coordinating the Trump administration's response to the pandemic, announced that all doctors and dentists should avoid performing "elective surgeries." This is consistent with guidance from the American Dental Association (ADA), and other dental professional organizations, asking dentists to forgo "elective" dental procedures for the next few weeks and focus on emergency dental care. However, as of 11:59pm CDT March 18, 2020 there are no state directives for dental office closures or recommendations on practice environments, circumstances or settings.

It is our understanding that the Centers for Disease Control and Prevention will be releasing additional dental specific guidance by Friday and we will update you when that guidance is available.

The ADA is hosting an on-demand webinar on Friday, March 20, 2020, in conjunction with the Organization for Safety, Asepsis and Prevention (OSAP) to provide the dental community with practical guidance and education as we all navigate the challenges that COVID-19 is presenting. Go to the ADA's Coronavirus Resource Center for more information at [ada.org/virus](http://ada.org/virus). Besides the [ada.org/virus](http://ada.org/virus) site as a resource for information regarding the COVID-19 issue the Morning Huddle is being used to disseminate information. To sign up, members need to login to the [ada.org](http://ada.org) site and click on My ADA. and then Update Personal Profile where you can enter an email address.

The NDDA is creating a designated webpage for COVID-19/Coronavirus information. This will include a "Frequently Asked Questions" section and a section specific to other resources including specific North Dakota information on insurance, finances, human resources, etc.

NDDA remains committed to helping members through this difficult time and will continue updating our member dentists on a regular basis.

The ADA recognizes that state governments and state dental associations may be best positioned to recommend to the dentists in their regions the amount of time to keep their offices closed to all but emergency care. This is a fluid situation, and those closest to the issue may best understand the local challenges being faced.

The following should be helpful in determining what is considered “emergency” versus “non emergency.” This guidance may change as the COVID-19 pandemic progresses, and dentists should use their professional judgment in determining a patient’s need for urgent or emergency care.

### **1. Dental emergency**

Dental emergencies are potentially life threatening and require immediate treatment to stop ongoing tissue bleeding, alleviate severe pain or infection, and include:

- \* Uncontrolled bleeding
- \* Cellulitis or a diffuse soft tissue bacterial infection with intra-oral or extra-oral swelling that potentially compromise the patient’s airway
- \* Trauma involving facial bones, potentially compromising the patient’s airway

**Urgent dental care** focuses on the management of conditions that require immediate attention to relieve severe pain and/or risk of infection and to alleviate the burden on hospital emergency departments. These should be treated as minimally invasively as possible.

- \* Severe dental pain from pulpal inflammation
- \* Pericoronitis or third-molar pain
- \* Surgical post-operative osteitis, dry socket dressing changes
- \* Abscess, or localized bacterial infection resulting in localized pain and swelling.
- \* Tooth fracture resulting in pain or causing soft tissue trauma
- \* Dental trauma with avulsion/luxation
- \* Dental treatment required prior to critical medical procedures
- \* Final crown/bridge cementation if the temporary restoration is lost, broken or causing gingival irritation

### **Other urgent dental care:**

- \* Extensive dental caries or defective restorations causing pain
  - Manage with interim restorative techniques when possible (silver diamine fluoride, glass ionomers)
- \* Suture removal
- \* Denture adjustment on radiation/oncology patients
- \* Denture adjustments or repairs when function impeded
- \* Replacing temporary filling on endo access openings in patients experiencing pain
- \* Snipping or adjustment of an orthodontic wire or appliances piercing or ulcerating the oral mucosa

## 2. Dental non emergency procedures

**Routine or non-urgent dental procedures** include but are not limited to:

- \* Initial or periodic oral examinations and recall visits, including routine radiographs
- \* Routine dental cleaning and preventive therapies
- \* Orthodontic procedures other than those to address acute issues (e.g. pain, infection, trauma)
- \* Extraction of asymptomatic teeth
- \* Restorative dentistry including treatment of asymptomatic carious lesions
- \* Aesthetic dental procedures