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Illinois State Dental Society
ISDS
Education · Legislation · Communication

April 25, 2020

Director Ngozi O. Ezike, MD
Illinois Department of Public Health
122 S. Michigan Avenue, 7th and 20th Floors
Chicago, IL 60603

Dear Dr. Ezike,

We truly appreciate the work you are doing during this difficult time. On behalf of the more than 6,700 Land of Lincoln dentists who are members of the Illinois State Dental Society (ISDS), we respectfully request guidance and advice on one of the recent Illinois Department of Public Health's (IDPH) SIREN notifications. The ISDS mission and purpose since 1865 has been to proudly represent organized dentistry and **ensure that the highest quality dental care is provided to the public**. The Illinois Dental Practice Act defines "Dentistry" as the "healing art which is concerned with the examination, diagnosis, treatment planning and care of conditions within the human oral cavity and its adjacent tissues and structures . . . " Dentists have an obligation to conform to the appropriate standard of care for each and every patient. Even through this pandemic, **dentists are dedicated to continuing to meet and exceed their duty of care to their patients.** For these reasons, we seek the guidance and advice below on the recent IDPH release titled, "Additional Guidance for Preventing Spread of COVID-19 for the Oral Health Community and Dental Practices Vol 3 – Mandated Closure to Routine Dental Care" (hereinafter "Vol.3").

As Vol.3 was issued without citation to any legal authority, ISDS shall rely upon the recent Executive Orders issued by the Governor and current statutory guidance, as its legal authority. As you know, Executive Order 2020-10 specifically defines "Healthcare and Public Health Operations" in section 7, within which "dental offices" are included. Further, section 12 of EO 2020-10 defines "Essential Businesses and Operations" to mean "Healthcare and Public Health Operations." While ISDS and its members understand the importance of complying with section 15 "Social Distancing Requirements" and the intent of the EO to "ensure that the maximum number of people self-isolate," the Governor has specifically indicated that the intent of the EO is to enable "essential services" to continue. ISDS and its members are further dedicated to facilitating these authorized activities, while "at all times and as much as reasonably possible comply with Social Distancing Requirements." In conclusion, the practice of dentistry is specifically authorized to continue to practice as an Essential Business and Operation. The limitations of the practice are solely outlined in section 12 of the EO, under which, the ISDS agrees that its members should "at all times and as much as reasonably possible comply with Social Distancing Requirements."

On April 14, 2020, IDPH released Vol.3, stating its purpose is to provide "recommendations" that will "safeguard healthcare providers and the public while limiting the use of personal protective equipment (PPE)." We agree with Vol.3 in that we should all work together to "make every effort to protect the health and wellbeing of the Illinois population" and recognize that the practice of dentistry provides potential for exposures and risk. Our dentists are well aware of these risks, and have long been relied upon during previous pandemics, such as the AIDS pandemic, as frontline workers. At that time, dentists were mandated to continue to provide their services, because there was and continues to be a recognition that oral health is essential to general health and wellbeing[1]. Understanding the relationship between oral diseases and general health is the very foundation to understanding the essential nature of the practice of dentistry. Lack of oral health can cause serious and systemic diseases and conditions, that would, in-turn, put our patients at higher risk for COVID-19 complications. For these reasons, we interpret IDPH Vol.3 in the following ways:

1. "Required Action" shall be interpreted as "Recommendations" as the "Purpose" statement enumerates;

[1] https://www.nidcr.nih.gov/sites/default/files/2017-10/hck1ocv.%40www.surgeon.fullrpt.pdf

2. "Recommendations" and the use of "should" shall mean that dentists shall carefully consider each of the "recommendations"[2] but may continue to practice, as long as they "at all times and as much as reasonably possible comply with Social Distancing Requirements" as 2020-10 specifically allows; AND
3. Nothing shall prevent the use of aerosol-creating equipment such as high-speed handpiece, ultrasonic and sonic scalers, and air/water syringes. Rather, dentists should carefully consider the use of alternatives, such as antibiotics, hand instruments, or silver diamine fluoride first, but **only** in the event the dentist makes the determination that he/she may conform to the appropriate standard of care for that patient[3].

We all have the same goal of providing the necessary oral healthcare in a safe environment. ISDS humbly and respectfully requests that you confirm the above interpretations at your earliest convenience.

Sincerely,

Christopher C Larsen D.M.D.

Chris Larsen, DMD
President 2019-2020

[2] Dentists also remain dedicated to considering and following the CDC guidelines under "Engineering Controls and Work Practices":

- Avoid aerosol generating procedures whenever possible. Avoid the use of dental handpieces and the air-water syringe. Use of ultrasonic scalers is not recommended during this time. Prioritize minimally invasive/atraumatic restorative techniques (hand instruments only).
- If aerosol generating procedures are necessary for emergency care, use four-handed dentistry, high evacuation suction and dental dams to minimize droplet spatter and aerosols.

[3] Dental professionals are aware of the route of transmission of COVID-19 and currently have heightened levels of administrative, environmental and infection control protocols and procedures in place to mitigate the spread of the virus. The dentists and the specialists currently treating emergency patients are following Required Action 3, whenever possible. Occasionally, there are times when the use of a dental handpiece or other aerosol creating equipment is necessary to alleviate pain, such as removal of an infected tooth encased in bone or removal of a broken or decayed tooth requiring a surgical extraction. Similarly, there is no way to initiate a root canal on a tooth without this necessary equipment.

Additional Guidance for Preventing Spread of COVID-19 for the Oral Health Community and Dental Practices Vol.3 (subject to change) – Mandated Closure to Routine Dental Care

Purpose

This guidance provides updated recommendations from the Illinois Department of Public Health to the oral health community and providers in response to the rapid spread of COVID-19 in Illinois. These recommendations will safeguard healthcare providers and the public while limiting the use of personal protective equipment (PPE).

Information

Cases of COVID-19 are increasing across Illinois. It is a critical time for Illinois oral health providers to make every effort to protect the health and wellbeing of the Illinois population, including healthcare workers, and to support measures that guard and limit the spread of this virus. Oral health providers are at an increased risk of acquiring SARS CoV-2 because they work closely with patients and are exposed to aerosols, saliva, and other potentially infectious materials during procedures.

State and federal officials have recommended that oral health practices should only treat patients with emergency and urgent dental care needs. This guidance is supported by scientific facts and statements made by several experts, including the U.S. Centers for Disease Control and Prevention and Centers for Medicare and Medicaid Services. However, some dental practices continue to provide routine services, putting their staff, patients and the community in danger to SARS CoV-2 infection.

Required Action

1. Dental offices should cease routine dental care immediately. The provision of routine dental care frequently involves the use of aerosol- creating equipment such as high-speed handpiece, ultrasonic and sonic scalers, and air/water syringes. Aerosols and droplets are thought to be transmission vehicles for SARS CoV-2.

2. Dental offices should limit dental services to emergency and urgent care until further notice. Offices should remain open to the extent necessary to triage and provide care to patients facing emergency and urgent oral health care issues. Oral health providers should use their professional judgment to determine a patient's need for emergency

and urgent treatment on a case-by-case basis. Providers should consult guidance provided by the American Dental Association.[1] Providing this limited oral health care will limit unnecessary exposure due to population mobility and limited availability of PPE and will divert people seeking dental care in hospitals to dental offices.

3. For the safety of all concerned, emergency and urgent care should be provided without the use of aerosol-creating equipment such as high-speed handpiece, ultrasonic and sonic scalers, and air/water syringes. Prescribing antibiotics, analgesics, over the counter medications, providing atraumatic restorative treatment with the use of hand instruments only or the use of silver diamine fluoride until definitive care is available should be carefully considered.

4. Providers should refer patients to a properly-equipped facility that can follow CDC's guidelines and take precautions when performing aerosol-generating procedures[2].

Reference

1. https://success.ada.org/~/media/CPS/Files/Open%20Files/ADA_COVID19_Dental_Emergency_DDS.pdf?_ga=2.250269573.2003345993.1584634508-1239058311.1502377212
2. https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Finfection-control%2Fcontrol-recommendations.html

State of Illinois
Illinois Department of Public Health

COVID-19 Elective Surgeries and Procedures

Current Status

During the COVID-10 pandemic, surgeries and procedures (collectively referred to as "procedures") for life-threatening conditions or those with a potential to cause permanent disability have been and continue to be allowed.

Due to the COVID-19 pandemic, hospitals and Ambulatory Surgical Treatment Centers (ASTCs) have deferred nonessential procedures to conserve resources for the care of COVID-19 patients. Some procedures that could reasonably be delayed for a time have now been postponed to the extent that potential harm could result from further delay. It is important to be flexible and allow facilities to provide care for patients needing non-emergent, non-COVID-19 healthcare.[1]

New Guidance

Beginning on May 11, 2020, hospitals and ASTCs may begin to perform procedures, provided that specific criteria have been met.

A. **Outpatient Procedures.** For purposes of this policy guidance, an elective outpatient procedure is defined as an elective procedure in which the likely and expected course for the patient undergoing the procedure is that the patient will enter and leave the facility on the same day that the procedure is to be performed. Such procedures may be performed at ASTCs or at hospitals. Clinical decision-making on whether a case is suitable for outpatient procedure should take into account a classification such as the Elective Surgery Acuity Scale (ESAS).[2] For a facility to perform outpatient procedures, all criteria listed in Section (D) below must be satisfied.

B. **Inpatient Procedures.** For purposes of this policy guidance, an elective inpatient procedure is defined as an elective procedure in which the patient being considered for that procedure is likely to remain in the hospital for more than 23 hours, starting from the time of registration and ending at the time of departure. For a hospital to perform inpatient procedures, all criteria listed in both Section (C) and Section (D) below must be satisfied.

C. **Regional Requirements for Elective Inpatient Procedures.** Elective inpatient procedures should be informed by surveillance of epidemiologic trends, regional hospital utilization, and the hospital's own capacity. Experience during the pandemic in early 2020 has shown that a regional health system becomes seriously stressed when regional bed or ICU availability drops below 20%. Within a particular hospital, if all three of the following resource conditions are fulfilled, then elective inpatient procedures are permissible at that hospital. If any of the three resource conditions are not fulfilled, then elective procedures are not permissible.

   1. Hospital availability of adult medical/surgical beds exceeds 20% of operating capacity for adult medical/surgical beds
   2. Hospital availability of ICU beds exceeds 20% of operating capacity for ICU beds
   3. Hospital ventilator availability exceeds 20% of total ventilators

   These resource requirements are subject to change from time to time, as deemed appropriate by the Director of the Illinois Department of Public Health based on evolving conditions in the COVID-19 pandemic. ***Elective procedures may be suspended again as determined by the Director of the Illinois Department of Public Health in the event of the following circumstances:***

   a) rapid resurgence or a second wave of COVID-19

   b) decrease in statewide hospital COVID-19 testing levels

COVID-19 Elective Surgeries and Procedures

D. Facility requirements for Elective Outpatient and Inpatient Procedures. Elective inpatient and outpatient procedures at a facility are permissible if the facility fulfills all of the following conditions:

1. **Case setting and prioritization.** Each facility should convene and charge a Surgical Review Committee (SRC), composed of surgery, anesthesiology, and nursing personnel, to provide defined, transparent, and responsive oversight of the prioritization of elective inpatient cases. This committee can lead the development and implementation of guidelines that are fair, transparent, and equitable for the hospital or system in consideration of rapidly evolving local and regional issues. The SRC should rely heavily on elective case triage guidelines for surgical care that have been developed by professional societies. [2,3,4,5] The SRC should review regularly a list of previously postponed and canceled cases, prioritizing based on clinical considerations and taking into account the resources and staff necessary for each procedure.[4]
2. **Preoperative Testing for COVID-19.** Facilities must test each patient within 72 hours of a scheduled procedure with a preoperative COVID-19 RT-PCR test and ensure COVID-19 negative status. Patients must self-quarantine until the day of surgery after being tested. A temperature check must also be completed on the day of arrival at the facility with results of less than 100.4 degrees prior to proceeding with an elective procedure. When clinically acceptable, providers should consider using telemedicine for preoperative visits. In such cases, face-to-face components of the exam can happen after the result of the preoperative COVID-19 test result is known to be negative.
3. **Protective equipment.** Facilities may resume procedures only if there is adequate personal protective equipment with respect to the number and type of procedures that will be performed, and enough to ensure adequate supply if COVID-19 activity increases in the community within the next 14 days.
4. **Infection control.** Facility cleaning policies in all areas along the continuum of operative care must follow established infection control procedures. When possible, facilities should establish non-COVID care zones for screening, temperature checks, and preoperative waiting areas. Facilities should also minimize time in waiting areas, space chairs at least 6 feet apart, and maintain low patient volumes. Visitors should generally be prohibited; if they are necessary for an aspect of patient care or as a support for a patient with a disability, they should be pre-screened in the same way as patients (as described above, Section D.2). Facilities must have the ability to routinely screen all staff and others who will work in the facility (physicians, nurses, housekeeping, delivery and other people who would enter the patient area) with COVID-19 RT-PCR testing.
5. **Support services.** Other areas of the facility that support perioperative services must be ready to commence operations with uniformly heightened infection control practices, including sterile processing, the clinical laboratory, and diagnostic imaging.

E. Pediatric Procedures. Elective procedures for pediatric patients, whether outpatient or inpatient, are not subject to the requirements in Section (C) but are subject to the requirements in Section (D).

COVID-19 Elective Surgeries and Procedures

References:

1. Centers for Medicare & Medicaid Services (CMS), *Opening Up America Again: Recommendations – Re-opening Facilities to Provide Non-emergent Non-COVID-19 Healthcare: Phase I*, March 19, 2020, https://www.cms.gov/files/document/covid-flexibility-reopen-essential-non-covid-services.pdf.
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5. American College of Gastroenterology, American Gastroenterological Association, American Association for the Study of Liver Diseases and the American Society for Gastrointestinal Endoscopy. Gastroenterology professional society guidance on endoscopic procedures during the COVID-19 pandemic. March 31, 2020. https://webfiles.gi.org/links/media/Joint_GI_Society_Guidance_on_Endoscopic_Procedures_During_COVID19_FINAL_3312020.pdf

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