



IHS DOH COVID-19 Pandemic Interim Guidance

September 13, 2021

The Indian Health Service Division of Oral Health (DOH) recognizes that every dental program is unique in the manner in which the COVID-19 Pandemic is affecting their program and community. The DOH Infection Control Committee and Dental Directors have assisted in the development of the IHS COVID-19 Pandemic Interim Guidance as state, local, and tribal leadership look to increase access to care during the COVID-19 Pandemic. Dental programs should continue to coordinate their efforts with their medical health colleagues, environmental health officials, and clinic leadership as they look to return to restoring all previous dental services. Knowledge of SARS-CoV2 (virus that causes COVID-19) continues to evolve. More standards and recommendation are sure to come from our federal agency partners (OSHA, FDA, EPA and the CDC) which will impact the delivery of oral healthcare in our service units. It is essential that each service unit stay up to date on these new standards and recommendation. Please review the existing guidance and key considerations as the pandemic continues.

Existing Guidance. The following is a list of resources available to dental staff as they navigate their clinics through the COVID-19 pandemic. Click on the respective hyperlinks to read.

- White House
 - [*The Biden-Harris plan to beat COVID-19*](#) – this is the blueprint for COVID-19 priorities.
- Occupational Safety & Health Administration (OSHA)
 - [*Protecting Workers: Guidance on Mitigating and preventing the Spread of COVID 19 in the Workplace*](#)
 - [*Emergency Temporary Standard for Healthcare*](#)
 - [*OSHA PPE Standards \(regulatory, 29 CFR 1910 Subpart I\)*](#)
 - [*OSHA Bloodborne Pathogen Standard \(regulatory, 29 CFR 1910.1030\)*](#)
 - [*OSHA Respiratory Protection Standard \(regulatory, 29 CFR 1910.134\)*](#)
- Centers for Disease Control and Prevention (CDC)
 - [*Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 \(COVID-19\) Pandemic*](#)
 - [*Consideration for School Sealant Programs During the Coronavirus Disease 2019 \(COVID-19\) Pandemic*](#)
 - [*COVID-19 Data Tracker*](#)
 - [*Personal Protective Equipment \(PPE\) Burn Rate Calculator*](#)
 - [*Guidelines for Infection Control in Dental Health-Care Settings, 2003*](#)
- Food and Drug Administration (FDA)
 - [*Coronavirus Disease 2019 \(COVID-19\)*](#)



Key Consideration for Dental Clinics During the COVID-19 Pandemic. The IHS DOH provides the following guidance specific to IHS dental service units.

1. *Coordination with medical programs.*

Most of our dental service units are co-located with medical facilities, dental directors should closely coordinate with medical colleagues and the service unit clinical director in [monitoring](#) the risk of transmission of SAR-CoV-2 and evaluate the risks of providing aerosol producing procedures. IHS DOH infection control committee continues to recommend the avoidance of aerosol generating procedures when a patient with suspected or confirmed SAR-CoV-2 presents or substantial community transmission of SAR-CoV-2 is present as outlined by the CDC.

2. *Recommendations for restoring all previous dental operations and procedures*

The IHS DOH advises that a clinic’s capability to restore all previous dental operations will be dependent on the ability to control levels of infection and maintain a constant decrease of community transmission of COVID-19 or future airborne infectious agents over time. The dental clinic’s ability to restore previously offered dental procedures may also be dependent on the availability of adequate PPE and EPA registered medical surface disinfectants. Dental clinics should consult with their service unit administration, state or local health departments and evaluate current transmission rates and trends before returning to providing all previous dental procedures. Once a dental clinic is able to return to previous dental operations, the dental clinics need to be prepared to return to limited dental procedures if community transmission rates increase or PPE availability is insufficient. The determination to return to previous operation must be made by the local service unit or area office.

3. *Teledentistry.*

IHS dental service units are encouraged to continue to use [teledentistry](#) when appropriate. Teledentistry may be especially effective in triaging patients or providing temporary home-based solutions (e.g. recementing crowns) to dental problems. Please review the [IHS COVID-19 Interim Guidance for Coding Teledentistry Events](#).

4. *Engineering controls/coordination with environmental health officers.*

The latest OSHA/CDC guidance has recommendations regarding engineering and administrative controls that may fall outside the subject matter expertise of many dental staff (i.e., directional air flow, airborne infection isolation rooms, etc.). For that reason, the IHS DOH encourages dental directors and other dental staff to continue working closely with local and area environmental health and engineering officers to determine what additional controls can be implemented in the dental setting to reduce the risk of occupational exposure to COVID-19 for dental staff members and patients.

5. *Disinfection of treatment areas.*

IHS DOH recommends that dental treatment areas be disinfected immediately using routine [Guidelines for Infection Control in Dental health-Care Settings---2003](#). Clinics should ensure that environmental cleaning and disinfection procedures are followed consistently and correctly after each patient. EPA only recommends the use of surface disinfectants that are found on their [List N](#) against the virus that causes COVID-19. [List N Advanced Search Page: Disinfectants for Coronavirus \(COVID-19\)](#)



6. *Aerosolizing procedures.*

According to the CDC aerosol generating procedures are procedures that may generate aerosols (i.e., particles of respirable size, <10 µm). Aerosols can remain airborne for extended periods and can be inhaled. Development of a comprehensive list of aerosol generating procedures for dental healthcare settings has not been possible, due to limitations in available data on which procedures may generate potentially infectious aerosols and the challenges in determining their potential for infectivity. There is neither expert consensus, nor sufficient supporting data, to create a definitive and comprehensive list of aerosol generating procedures for dental healthcare settings. Commonly used dental equipment known to create aerosols and airborne contamination include ultrasonic scaler, high-speed dental handpiece, air/water syringe, air polishing, and air abrasion. The IHS DOH encourages good four-handed dentistry, high evacuation suction and dental rubber dams to minimize droplet spatter and aerosols. The IHS DOH also recommends working closely with local OEHE to evaluate clinical and directional air flow patterns to assure clean to dirty airflow. Airflow and clinical layout should also be evaluated to assure proper patient/team member placement to reduce the risks of cross contamination.

7. *Vaccinated patients.*

The CDC [*Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 \(COVID-19\) Pandemic*](#) does not currently give guidance for dental patients that have been vaccinated. For the latest on the vaccine in IHS, please visit the [*IHS COVID-19 Vaccine Webpage*](#).

8. *School Sealant Programs.*

The IHS DOH Infection Control Committee advises IHS dental programs and personnel to follow CDC guidance on [*Considerations for School Sealant Programs During the Coronavirus Diseases 2019 \(COVID-19\) Pandemic*](#). School Sealant Programs should coordinate with school administrators and state, local, territorial, or tribal health officials when looking to restart the program. School Sealant Programs need to monitor COVID-19 transmission risks/rates and be prepared to follow site-specific guidance for additional precautions related to COVID-19.

The IHS Division of Oral Health remains committed to providing you with the most updated information from reliable sources, and to assist you in every way possible in this public health crisis. We continue to work closely with the IHS Incident Command Team, the IHS Office of Quality, and with our own National Dental Infection Control Committee. Thank you for all of the work you do every day to improve the oral health of American Indians and Alaska Natives by safely and effectively providing needed dental care.