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MDA Addendum to the ADA Return to Work Interim Guidance Toolkit



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The closure of dental offices has been an unprecedented response to a unique situation. The uncertainty of the impact of the COVID-19 Pandemic on dental practice can create anxiety for dentists and for the dental team. During the preparations for the re-opening of our practices, it is important to understand and empathize with all the stakeholders in this process. Dentists will have questions, as will their families, dental teams and patients, about ensuring safety. Dentists must become familiar with the guidance from the CDC, ADA and the MDA so that we can lead our teams to build trust in these recommendations and comfort in returning to practice. Together we can help restore our patient's confidence to seek dental care. To lead through this crisis and arrive at the new normal, dentists will need to be at our best. Consider the Gallup organization's recommendations for qualities that followers look for in leaders during crisis:

TRUST: Employees are not only looking for honesty and clarity -- they are also watching intently for behavioral predictability. It is hard to trust an erratic leader.

COMPASSION: If ever there was a time to show care, it is now. Your team needs to hear you, their leader, say out loud that you understand, and that we will get through these challenges together.

STABILITY: Making sure employees have the equipment they need provides practical stability. But the core of stability is psychological, knowing where a company is headed and that one's job is secure.

HOPE: There is an aspirational and motivational aspect that prompts performance. Hope sits on the foundation of trust and stability and pulls people forward and invites them to participate in creating a future that is better and safer than the present.

The highly transmissible nature of COVID-19 presents a hazard to dental offices unlike anything seen before. According to the CDC, "dental settings have unique characteristics that warrant additional infection control considerations." Therefore, in order for dental offices to reopen, offices must take the appropriate precautions to protect patients and dental health care professionals from the spread of COVID-19.

The MDA and the ADA created task forces to develop this guide for dental offices to reopen as safely as possible for patients and dental team members. However, these guidelines do not guarantee complete protection from the transmission of COVID-19. Dentists must make professional judgments regarding their offices' preparedness and the decision to open to regular preventive and restorative care. This also may mean precautions that go above and beyond these guidelines. In addition, data and science regarding infection control and state regulations are constantly evolving, which means these guidelines may be periodically updated.

Per ADA recommendations, dentists should consider a soft launch where they provide education and training to their teams to address new policies and protocols to be implemented, and the

scientific evidence behind them. Dental teams should consider practicing these new routines with a light patient schedule. This may include a review of hand hygiene, consideration of patient flow into and through the practice, timing for operatory usage, sterilization, donning and doffing PPE, environmental surface asepsis, as essential components of practice protocols.

Additional Recommendations and Resources

- The ADA guidelines outlined in the [ADA Return to Work and Interim Guidance Toolkit](#) (the headings below correspond with the headings in the ADA document)
- The [CDC Guidance for Providing Dental Care During COVID-19](#)
- [MIOSHA Regulations](#)
- OSHA's [Guidance for Dentistry Workers and Employers](#). In this document dentists can find information to comply with OSHA's recommendation to develop an Airborne Hazard Assessment for their practice. Further guidance is available on [ADA.org/virus](#)
- The [Organization for Safety Asepsis and Prevention \(OSAP\) guidelines](#)
- Dentists should check with their business and liability insurance carriers and review these insurance policies for any language that addresses compliance with OSHA/MI OSHA and CDC recommendations and standards.
- Michigan Department of Licensing and Regulatory Affairs [Safe Start Guidance](#) for dental facilities. **NEW**
- [ADA Hazard Assessment and Checklist](#) **NEW**
- [MI Safe Start Map](#) helps you track the risk phases of COVID-19 in your locality. **NEW**
- The [MI Symptoms](#) web applications is a HIPAA compliant, electronic alternative to recording employee's temperature and responses to COVID-19 screening questions. This tool was developed by the Michigan Departments of Health and Human Services and Labor and Economic Opportunity in collaboration with the University of Michigan. **NEW**
- For more MDA COVID-19 coverage, check out the recent MDA Journals, digital versions are available [here](#), and the [MDA webinars](#). **NEW**



Welcome Back Reassurance Sample Letter

The MDA has developed an alternative to the ADA's letter that conforms to the Michigan Department of Health and Human Services standards. (MDA Appendix A)



Welcome Back Reassurance Sample Poster

- In addition to the letter, reassure patients with a poster in the entryway to your office stating that your facility follows the guidelines and recommendations from the Centers for Disease Control and Prevention, the American Dental Association, and the Michigan Dental Association. (MDA Appendix B)



Pre-Appointment Screening Process

- In addition to the ADA-recommended screening questions, also ask patients:
 - Have you ever tested positive for COVID-19?
 - Do you reside in a nursing home, senior living center or other type of group home?

- If a patient fails the pre-appointment process based on the dentist's professional judgment, use the letter in the MDA appendix (MDA Appendix C) to refer the patient to their primary healthcare provider, local hospital emergency department or nearest testing facility (state testing facility directory – <https://www.michigan.gov/coronavirus/0,9753,7-406-98189---,00.html>) for assessment for testing for COVID-19. Save a copy of the letter in the patient's dental record. It is recommended that the referral be made electronically or verbally to the medical office.
- During prescreening, patients should be reminded per Executive Order, any individual able to medically tolerate a face covering must wear a covering over his or her nose and mouth—such as a homemade mask, scarf, bandana, or handkerchief – when in any enclosed public space, including the dental office. It is recommended that patients and visitors who do not abide by this order should not be permitted to enter the office.



In-Office Patient Registration Procedures

- The CDC recommends patients perform hand hygiene by washing hands with soap and water or by using hand sanitizer with greater than 60% ethanol or 70% isopropanol in healthcare settings.
- Patients with a temperature of greater than 100.4°F (38°C) should be referred to a medical provider.



Prepare the waiting area, bathrooms and patient consultation rooms:

- Consider having face coverings available for patients who do not already provide their own.
- Reminder: Per CDC Guidelines, policies and procedures should be established for routine cleaning and disinfection of environmental surfaces in dental health care settings. This includes frequently touched surfaces in reception areas, bathrooms, and all housekeeping surfaces.



Chairside Checklist

- Limit all supplies in operatory to only those that are needed or can be disinfected or sterilized.
- See guide on how to don and doff PPE:
<https://www.youtube.com/watch?v=5ajfPO6msfM>



Staff Protection Strategies

- To enhance the respiratory protection of your dental office staff, consider including a respiratory protection program (RPP) in your office manual. OSHA provides a RPP toolkit that includes a sample written respiratory protection program. It can be modified to work in any healthcare setting. For dentistry, you can take out any references to elastomeric or PAPR respirators if they're just using filtering face piece (such as N95 and similar).
<https://www.osha.gov/Publications/OSHA3767.pdf>
- Per Executive Order, employers are required to provide face coverings for all employees. It is recommended non-clinical staff members should receive suitable surgical face masks.
 - o OSHA standards for preparing workplaces for COVID-19:
<https://www.osha.gov/Publications/OSHA3990.p>

- It is clear from the literature that masks are only one strategy of a comprehensive program to mitigate transmission of airborne diseases such as COVID-19. This strategy must also include eye protection, gowns, behavioral measures to support proper doffing and donning, and general infection control measures.
 - o The use of a mask other than an N95 without eye protection (goggles or glasses with side shields) and without a face shield, places DHCP at higher risk.
 - o Use of N95 with eye protection (goggles or glasses with side shields) but no face shield remains low risk but it places greater risk for contamination of the N95 mask (splatter and contaminants).
 - o As noted in the ADA Recommendation, this guidance is intended to help dental practices lower (but not eliminate) the risk of coronavirus transmission during the current pandemic. Dental practices should not presume that following the guidelines will insulate them from liability in the case of infection.
- See MDA Appendix D for engineering controls considerations.



Practice Management

- The economic impact of the pandemic may result in changes to a patient's benefit plan eligibility. This may be due to loss of employment, business closure or other cost cutting measures. **Dental providers are strongly urged to confirm coverage eligibility prior to providing care and document coverage eligibility when confirmed.**
- Compliance with CDC, OSHA, ADA and other regulatory agencies help assure the health and safety of patients, team members, dentists and the community. The added expense from these efforts will add to the cost of oral healthcare. Please note the MDA is advocating dental benefit companies to cover these costs. In the mean time, the dentist may wish to:
 - o Calculate the costs of added equipment, supplies and time and adjust their fees accordingly.
 - o Alternatively, the MDA is aware of some payers encouraging that providers charge a flat fee per encounter using CDT Code D1999. The fee for the encounter may be determined by costs and time noted above. Those submitting this code for a flat fee should be aware that it is a "by report" code so the remarks section on the claim form should include explanation "COVID-19 PPE." Furthermore, dentists should be aware that by-report codes often slow payment as these claims are often manually rather than auto-adjudicated.

The MDA is not aware if or how the use of this code may be benefited or what plan policies may be applied to impact frequency of use, allowable fee, co-payment and balance billing.



MDA Teledentistry Guidance

- A health care provider may use audio or video communication to provide telehealth to patients during the COVID-19 nationwide public health emergency, according to the ADA and the federal Office for Civil Rights, which enforces HIPAA, and is exercising enforcement discretion.

[Get Full Guidance Here](#)

The MDA has developed a "Frequently Asked Questions" document to address key topics of performing teledentistry during the COVID-19 virus. **Providers should be sure to review the need for patient consent in the FAQs link below.**

[DOWNLOAD THE TELEDENTISTRY FAQs](#)

If you choose to use teledentistry please see the guidance provided by the ADA regarding coding and billing.

- [Video-teleconferencing and Cybersecurity during COVID-19](#)
- [ADA Interim Guidance for COVID 19 Billing and Coding](#)
- [Blue Cross Blue Shield Teledentistry Statement](#)
- [Delta Dental Teledentistry Statement](#)
- [MDA Journal: "Implementing Teledentistry: The Why and the How"](#) **NEW**

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MDA APPENDIX A

Welcome Back Reassurance Sample Letter



Dear **Patient**:

We have been thinking about you and hope that you and your family are safe and healthy. Everyone has been through a lot and is ready to start normal routines again. As we welcome you back to our office, we want to reassure you that your safe treatment here is our number one goal.

We are following the most recent advice from the CDC and our professional organizations to make changes to keep you, our other patients, and our staff, safe from infection. Some changes include:

- Our staff will ask you screening questions before your appointment.
- Please use the hand sanitizer that we have available when you come into the office.
- We have removed hard-to-disinfect items in the waiting room to make it easier to clean frequently during the day.
- We are allowing more time between appointments to manage social distancing between patients. We may ask you to wait in your car instead of the waiting room.
- We also ask that you come into the office alone. If necessary, one caregiver or family member may come in with the patient.
- We may take your temperature before your appointment.
- You may see that all staff, including the front office staff, will be wearing masks.
- We ask that everyone who enters the office wear a face covering or mask.
- There may be other changes as we try to keep social distancing to six feet.

We are happy to answer any questions you may have about the steps we are taking to keep you, and every patient, safe in our office. Please call our office at _____ **(insert office number)** or visit our website at _____ **(insert web address)** if you have any questions or to make an appointment.

Thank you for your understanding.

We look forward to seeing you soon.

Sincerely,

Dentist and Team

“This facility follows OSHA Standards, guidelines and recommendations from the Centers for Disease Control and Prevention (CDC), the American Dental Association and the Michigan Dental Association to assure the health and safety of our patients, our team and our community.”



Letter template to refer patients for further COVID-19 evaluation.

Dear _____

Our patient _____; DOB _____,
or their care giver, recently responded yes to one or more of the questions in our COVID-19
screening questionnaire (please see attachment). {attach COVID screening questionnaire}

Based on this, we have elected not to proceed with dental care at this time and we are referring our
patient to you for assessment and possible COVID-19 testing. Please inform us of your findings and
your recommendation on when it is appropriate to provide routine dental care for our mutual patient.

We can be contacted at:

[Office Address](#)

[Office FAX](#)

[Office Phone](#)

[Office Email](#)

Signature

Date

The Centers for Disease Control and Prevention (CDC), American Dental Association and other agencies will update information on evolving regulations, guidelines and technologies related to these recommendations. Members are encouraged to monitor evolving evidence and check back regularly at ada.org/virus for information on testing, environmental and mechanical mitigation strategies.

Those interested in exceeding current OSHA Standards, and CDC and ADA guidance may consider checking with vendors concerning:

- Extra oral suction units
- HEPA air filtration systems
- Airflow strategies including pressurized treatment facilities
- Ultraviolet air filtration
- UV Sterilization

The MDA cautions members to investigate the science behind environmental disease mitigation strategies prior to purchase of any product not addressed in CDC and ADA guidance.

It should be noted that the State of Michigan's Department of Licensing and Regulatory Affairs has determined that it is within a dentist's scope of practice to provide COVID-19 testing for the purpose of screening. Members are cautioned to consider licensing and regulatory issues prior to purchase of any virus testing technology for use in their practice.