

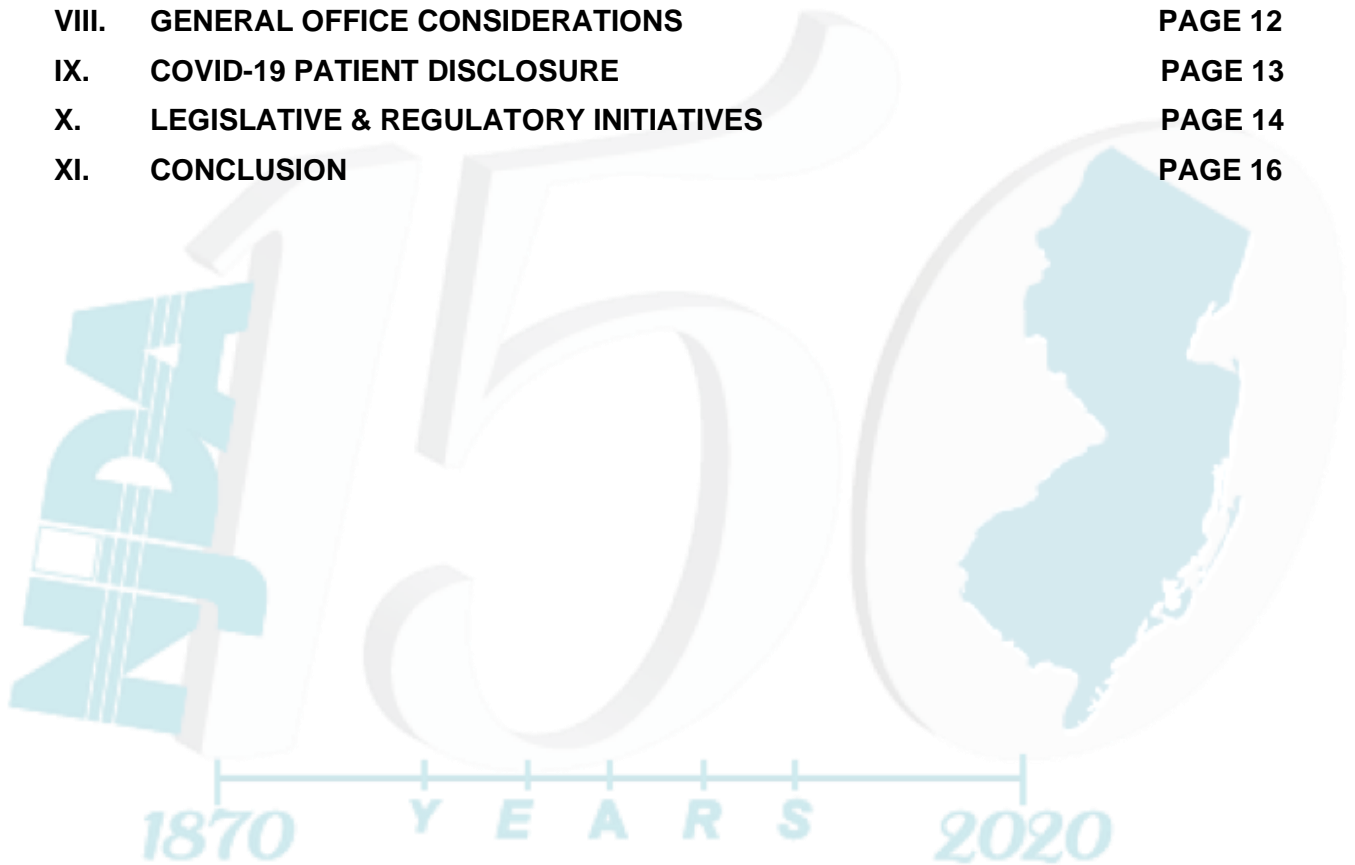


**Keeping New Jersey Healthy -  
A Case to Reopen Dental Practices**

**Recommended Office Guidance & Protocols  
in the Wake of COVID-19**

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## I. INTRODUCTION

Dental practices are a critical element of the healthcare infrastructure in New Jersey. More than 8,500 licensed dentists, along with supporting dental healthcare personnel (DHCP), such as dental assistants and dental hygienists, practicing in nearly 6,000 dental facilities in the state provide vital primary preventative, restorative, orthodontic and surgical care services to nearly 9 million New Jerseyans. More than 200 diseases that manifest systemically in the body emanate from the mouth. Dental Caries has been identified by the US Surgeon General as the number one childhood disease in America, 5 times more prevalent than asthma. Poor oral health affects one's ability to eat, speak, and socialize, not just burdening one's physical health, but one's mental health as well.

By their very nature, dentists have contributed significantly during this pandemic by voluntarily providing needed Personal Protection Equipment (PPE) to their medical colleagues and other first responders; and, more importantly, have delivered necessary emergency dental care to adult and pediatric patients. Without the provided critical emergency dental treatment, patients would have been forced to a hospital emergency department that is ill-equipped to handle even the most routine dental treatments due to a lack of dental personnel, a lack of dental infrastructure, and a lack of dental patient care equipment. Dentists are working round the clock in their practices to deliver vital care to their patients often without any support personnel or optimal PPE.

Like other small businesses, and particularly healthcare businesses, the dental profession has been severely affected by COVID-19 and the necessary measures the federal and state government have taken to reduce its spread and impact. Dental practices have been especially impacted as most remain open to treat emergencies, as per Governor Murphy's Executive Order 109, with little to no revenue to maintain operations, no supporting staff, a lack of PPE to provide adequate safety, and an inability to access other financial resources their medical colleagues have and can. Yet, dentists have been identified as the most vulnerable healthcare profession as it relates to unintended exposure to COVID-19 due to the nature of their work and how care delivery occurs in a dental practice.

Dental facilities routinely maintain high levels of infection control, sterilization and disinfection as a matter of course. However, the result of this global pandemic lends itself to have dental facilities consider implementing additional, and more costly, infection control and patient management protocols to further reduce the virus' spread.

**The longer dental practices cannot perform essential procedures, including prevention measures, the greater the likelihood that patients' untreated disease will progress, increasing the complexity, invasiveness, and cost for treatment, impacting dental benefit coverage and negatively affecting their overall health.**

The purpose of this document is to provide an understanding of the dental landscape in New Jersey in the wake of the SARS-COVID-19 (COVID-19) pandemic and to share New Jersey Dental Association's guidance surrounding the phased return to work for this vertical in the healthcare sector, and to make recommendations on the needs dentists and their practices have and to offer relief suggestions to government on how to adequately meet them.

## II. New Jersey's Dental Economic Landscape

New Jersey has the most disbursed and diverse network of dentists in America. More than 97 percent of New Jerseyans can access dental treatment within 15 minutes of their homes, according to data from the American Dental Association's Health Policy Institute. 99 percent of all Medicaid eligible children live within 15 minutes of a Medicaid provider.

New Jersey has the 7<sup>th</sup> largest population of dentists in America.

Total number of dentists holding a license in New Jersey – 8697

Total number of licensed dentists practicing in New Jersey – 6756

Approximately 55 percent of dentists are solo practitioners. However, nearly 90 percent of dental offices have 2 or fewer dentists employed.

### **Total number of dental practices in New Jersey – 5,960**

General Practitioner Dental Facilities – 3,865

Specialty Practice Facilities – 2095

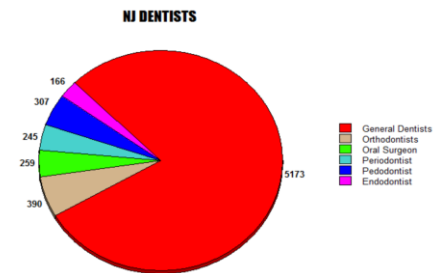
Orthodontic Offices – 558

Periodontic Offices – 399

Oral Maxillofacial Surgical Offices – 386

Pediatric Dental Offices – 306

Endodontic Offices – 257



General dental practices generate, on average, between \$500,000 and \$1,000,000 in gross revenue annually with overhead costs between 60 and 70 percent. Specialty practices operate in a \$750,000 to \$3,000,000 gross revenue range with average overhead costs of 70 to 90 percent.

The typical dental facility in New Jersey has 5 employees, including the owner-dentist. The overwhelming majority of dental practices have 10 or fewer employees. More than 99 percent of dental practices in New Jersey are classified as a small business under the Small Business Administration's definition of 500 or fewer employees.

Most employees are highly trained and well compensated. They include, dental assistants who support the doctor during surgical procedures; and, licensed dental hygienists who provide preventative care services to reduce the rate of dental disease. Dental assistants typically earn between \$15-\$25 an hour, while licensed dental hygienists earn between \$35 and \$60 an hour.

Dental student debt has become crippling over the last decade with recent dental school graduates having more than \$285,000, on average, according to data from the American Student Dental Association (ASDA).

### III. The Need to Reopen Dental Practices

Dentists and Dental Healthcare Professionals (DHCP), are essential workers and vital to the health and welfare of society.

As such, in accordance with the White House Guidance “Opening Up Again”, coupled with previous statements in Governor Murphy’s Executive Orders 103, 104 and 109, and by previous guidance from the New Jersey State Board of Dentistry, the New Jersey Dental Association recommends dental offices reopen for essential services consistent with local, state and federal law.

Essential services are services or procedures provided by a licensed New Jersey dentist, who, in their professional judgment, believe it necessary to perform to restore, preserve or improve a patient’s health that could not otherwise be reasonably delayed.

Non-essential services are services provided by a dentist or DHCP that are generally preventative, elective or cosmetic in nature. However, there are instances where, in a New Jersey dentist’s profession judgment, these services or procedures may be dentally necessary to restore or improve a patient’s health.

According to the FDA, as of April 16, 2020, there are no approved tests for COVID-19 available to dentists in the U.S. Therefore, dentists should be aware that asymptomatic healthy appearing patients cannot be assumed to be COVID-19 free.

It is imperative and for the benefit of the health and welfare of the citizens of New Jersey and the economic viability of the thousands of dental facilities, and their employees, that essential dental services commence immediately under the following conditions.



## IV. Dentist and Dental Team Preparation

- a. *Staff preparation and education is an absolute must, prior to opening your office, including an assessment of staff concerns and ability to adhere to these guidelines.*
- b. Dental Health Care Personnel (DHCP) experiencing influenza-like-illness (ILI) (fever with either cough or sore throat, muscle aches) should not report to work.
- c. Dentists and DHCP who are in one of the following categories: older age, presence of chronic medical conditions - including immunocompromising conditions - pregnancy, should consider the kind of care they choose to provide.
- d. All DHCP should self-monitor by remaining alert to any respiratory symptoms (e.g., cough, shortness of breath, sore throat) and check and record their temperature before beginning work every day, regardless of the presence of other symptoms consistent with a COVID-19 infection. DHCP with temperatures over 100.4° should return home. Dental offices should create a plan for whom to contact if an employee develops fever or respiratory symptoms to determine whether medical evaluation is necessary.
- e. To prevent transmission to DHCP or other patients, contact your local health department immediately if you suspect a patient or DHCP has COVID-19. You can also contact your state health department.
- f. Designate convalescent DHCP (those DHCP who have clinically recovered from COVID-19 and may have some protective immunity) to preferentially provide care. This means that providers (DHCP) who have recently contracted and recovered from COVID-19 infection should be the preferred personnel providing care.
- g. Conduct an inventory of available personal protective equipment (PPE) supplies - e.g., surgical masks, surgical gowns, surgical gloves, face shields. Use appropriate CDC PPE management guidelines to maximize your inventory. Assume that supplies may be unavailable in the near future.
- h. Remove magazines, reading materials, toys and any non-essential furniture (other than chairs) that may be touched by others and which are not easily disinfected, if possible. Place a transparent barrier in front of check-in desk, if possible. Arrange chairs to optimize social distancing.
- i. Print and place signage in the dental office for instructing patients on standard recommendations for respiratory hygiene/cough etiquette and social distancing.



- j. Schedule appointments far enough apart to minimize possible contact with other patients and DHCP.
- k. Prevent patients from bringing companions to their appointment, except for instances where the patient requires assistance (e.g., pediatric patients, people with special needs, elderly patients, etc.). If companions are allowed for patients receiving treatment, they should also be screened for signs and symptoms of COVID- 19 during patient check-in and should not be allowed entry into the facility if signs and symptoms are present (e.g., fever, cough, shortness of breath, sore throat). Companions should not be allowed in the dental office if perceived to be at a high risk of contracting COVID-19 (e.g., having a pre-existing medically compromised condition).
- l. Any person accompanying a patient should be prohibited in the dental operator.

### **Screening for COVID-19 Status and Triage for Dental Treatment**

1. Make every effort to interview the patient by telephone, text monitoring system, or video conference before the visit. Consider tele-dentistry to reduce exposure to DHCP.
2. Take and record the patient's temperature. If the patient does not have a fever and is otherwise without symptoms consistent with COVID-19 infection (e.g., fever, sore throat, cough, difficulty breathing), they can be seen in dental settings with appropriate protocols and PPE in place.
3. If the dental patient has a fever strongly associated with a dental diagnosis (e.g., pulpal and periapical dental pain and intraoral swelling is present), but no other signs/symptoms of COVID-19 infection (e.g., fever, sore throat, cough, difficulty breathing), they can be seen in dental settings with appropriate protocols and PPE in place.
4. If the patient exhibits signs and symptoms of respiratory illness, the patient should be referred for emergency care where appropriate.
5. If the patient is COVID-19 positive, treatment should be delayed, if possible. If the patient has a true dental emergency and treatment cannot be reasonably delayed, then the patient should be treated in accordance with CDC guidance, which states, *"If emergency dental care is medically necessary for a patient who has, or is suspected of having COVID-19, Airborne Precautions (an isolation room with negative pressure relative to the surrounding area and use of an N95 filtering disposable respirator for persons entering the room) should be followed. Dental treatment should be provided in a hospital or other facility that can treat the patient using the appropriate precautions."*

6. As the pandemic progresses, some patients will recover from the COVID-19 infection. It is important to determine when a patient who was diagnosed with the disease is ready to discontinue home isolation. CDC suggests two approaches to determine clearance to abandon quarantine:

a. **Time-since-illness-onset and time-since-recovery strategy** (non-test-based strategy)

\*: Persons with COVID-19 who have symptoms and were directed to self-quarantine may discontinue home isolation under the following conditions:

- i. At least 3 days (72 hours) have passed since recovery defined as resolution of fever without the use of fever-reducing medications and improvement in respiratory symptoms (e.g., cough, shortness of breath); and,
- ii. At least 7 days have passed since symptoms first appeared.

b. **Test-based strategy:** Persons who have COVID-19 who have symptoms and were directed to care for themselves at home may discontinue home isolation under the following conditions:

- i. Resolution of fever without the use of fever-reducing medications and,
- ii. Improvement in respiratory symptoms (e.g., cough, shortness of breath) and,
- iii. Negative results of an FDA Emergency Use Authorized molecular assay for COVID-19 from at least two consecutive nasopharyngeal swab specimens collected  $\geq 24$  hours apart\*\* (total of two negative specimens).
- iv. Individuals with laboratory-confirmed COVID-19 who have not had any symptoms may discontinue home isolation when at least 7 days have passed since the date of their first positive COVID-19 diagnostic test and have had no subsequent illness.



(note: CDC guidance)



## V. Patient Arrival

- a. If patients wish, or if the waiting room does not allow for appropriate “social distancing” (situated at least 6 feet or 2 meters apart), they may wait in their personal vehicle or outside the facility where they can be contacted by mobile phone when it is their turn to be seen. This can be communicated to patients at the moment of scheduling the appointment, based on established office procedures (see Dentist and Dental Team Preparation Section).
- b. DHCP should escort patients directly to treatment rooms, when appropriate, to avoiding the waiting room and undue delay within the dental facility.
- c. Dental facilities should have handwashing or hand sanitizing supplies available for their patients and staff. The DHCP should encourage patients to wash or sanitize their hands often.
- d. Dental facilities should have no-touch receptacles (trash can) for disposal at healthcare facility entrances, waiting rooms, and patient check-ins.
- e. Patients and escorts should be advised to wear a mask upon arrival and during their duration inside the dental facility until treatment is rendered. However, if patient does not have a mask, one should be provided (a Level 1 mask is recommended).

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## VI. During Dental Care - *Standard and Transmission-based Precautions and Personal Protective Equipment (PPE)*

DHCP should adhere to Standard Precautions, which “are the minimum infection prevention practices that apply to all patient care, regardless of suspected or confirmed infection status of the patient, in any setting where healthcare is delivered.”

### **Standard Precautions include:**

- a. Hand hygiene, use of PPE, respiratory hygiene/etiquette, sharps safety, safe injection practices, sterile instruments and devices, clean and disinfected environmental surfaces.
- b. If available, DHCP should implement Transmission-Based Precautions. **“Necessary transmission-based precautions should include patient placement, use of appropriate respiratory protection for DHCP, or postponement of nonemergency dental procedures if possible.”** (See *ADA/CDC Interim Mask and Face Shield Guidelines*).

### **For aerosol procedures:**

- a. Wear an appropriate surgical mask and a face shield, to protect mucous membranes of the eyes, nose, and mouth during procedures that are likely to generate splashing or spattering of blood or other bodily fluids.
- b. Disposable or cloth gowns should be worn. If a gown becomes soiled, it should be removed in the operatory upon completion of the procedure. If the gown is disposable, discard it in the operatory. If a cloth gown is worn and becomes soiled, it should be changed and placed in a dedicated receptacle in the operatory to be laundered.
- c. The use of head covering, and foot covering is optional.
- d. Once an aerosol producing procedure is started every effort should be made to take that procedure to completion.
- e. Upon completion, all soiled disposable PPE should be disposed of within that operatory. PPE that is reusable should be left in the operatory and disinfected along with the operatory or sterilized as appropriate.
- f. Disinfect the operatory upon completion of the procedure.

**For non-aerosol procedures:**

- a. Wear a surgical mask and a face shield, or other appropriate eye protection.
- b. Disposable or cloth gowns should be worn. If a gown becomes soiled, it should be removed in the operatory upon completion of the procedure. If the gown is disposable, discard it in the operatory. If a cloth gown is worn and becomes soiled, it should be changed and placed in a dedicated receptacle in the operatory to be laundered.
- c. The use of head covering, and foot covering is not necessary.
- d. Upon completion, all soiled disposable PPE should be disposed of within that operatory. PPE that is reusable should be left in the operatory and disinfected along with the operatory or sterilized as appropriate.
- e. Disinfect the operatory upon completion of the procedure.

**Clinical Technique**

- a. DHCP should use techniques and make efforts to reduce aerosol production during clinical treatment and prioritize the use of hand instrumentation when appropriate.
- b. DHCP should use rubber dams or isolating systems (such as: dryshield, isolite) along with high volume suction if an aerosol-producing procedure is being performed.
- c. DHCP may use a 4-handed technique for controlling aerosolization or splatter.

**Protocol - Suspected Unintentional Exposure**

Follow CDC recommendations in the event of suspected unintentional exposure occurs such as unprotected direct contact with secretions or excretions from the patient or DHCP.

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>



## **VII. After Dental Care Is Provided** *(Between Patients)*

- a. Clean and disinfect reusable facial protective between patients.
- b. Non-dedicated and non-disposable equipment such as handpieces, dental x-ray equipment, dental chair and light should be disinfected according to manufacturer's instructions.
- c. Handpieces should be cleaned to remove debris, followed by heat-sterilization after each patient.
- d. Routine cleaning and disinfection procedures that are appropriate for COVID-19 in healthcare settings should be performed in operatories. Common areas as well as surfaces such as door handles, chairs, desks, elevators, bathrooms and the like should be cleaned and disinfected frequently.

### **When Going Home After a Workday**

DHCPs should change from scrubs and shoes to personal clothing before returning home. Upon arriving home, DHCPs should take off shoes, remove and wash clothing [separately from all other household laundry], and immediately shower. Office attire should not be worn outside the office.

<https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>



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## VIII. General Office Operation Considerations

- a. PPE should be provided and worn by all non-DHCP personnel during office hours.
- b. Proper Social Distancing should always be followed except when DHCP are administering patient care or another office emergency warrants action.
- c. When possible, decrease the use of paper for patient forms and use electronic means that can be filled out by a patient in advance of their office visit.
- d. When possible, use an electronic format for financial transactions to minimize the interaction with paper or currency within the office. When appropriate, offices are encouraged to email receipts and patient forms. Disinfection controls should be administered to all contact areas once any paper or credit card transaction is completed.
- e. Offices must abide all Local, State and Federal laws, guidelines or directives.
- f. Dentists and DHCP should document all patient encounters, with substantive narratives, regarding the services provided to patients, including tele-dentistry.
- g. This document is intended to provide guidance for dental facilities which choose to operate. It is neither a mandate, nor directive, and has no effect of law. As such, dental facilities are ultimately responsible for their own administration and operational protocols relating to patient care and staff management.



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## IX. COVID-19 - PATIENT DISCLOSURES

This patient disclosure form seeks information from you that we must consider before making treatment decisions in the circumstance of the COVID-19 virus.

A weakened or compromised immune system (including, but not limited to, conditions like diabetes, asthma, COPD, cancer treatment, radiation, chemotherapy, and any prior or current disease or medical condition), can put you at greater risk for contracting COVID-19. Please disclose to us any condition that compromises your immune system and understand that we may ask you to consider rescheduling treatment after discussing any such conditions with us.

It is also important that you disclose to this office any indication of having been exposed to COVID-19, or whether you have experienced any signs or symptoms associated with the COVID-19 virus.

	Yes	No
<b>Do you have a fever or above normal temperature?</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Have you experienced shortness of breath or had trouble breathing?</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Do you have a dry cough?</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Do you have a runny nose?</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Have you recently lost or had a reduction in your sense of smell?</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Do you have a sore throat?</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Have you been in contact with someone who has tested positive for COVID-19?</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Have you tested positive for COVID-19?</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Have you been tested for COVID-19 and are awaiting results?</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Have you traveled outside of the US in the past 14 days? If so, where? _____</b>	<input type="checkbox"/>	<input type="checkbox"/>

I fully understand and acknowledge the above information, risks and cautions regarding a compromised immune system and have disclosed to my provider any conditions in my health history which may result in a compromised immune system.

By signing this document, I acknowledge that the answers I have provided above are true and accurate.

Name: \_\_\_\_\_

Date: \_\_\_\_\_



## X. Legislative and Regulatory Initiatives to Reopen Dental Practices

This section is intended to provide an outline of legislative and regulatory initiatives that the Governor, State Agencies and the State Legislature should implement now to stabilize and support the reopening of dental facilities to improve patient health in New Jersey.

While not meant to be comprehensive, the proposed initiatives below are paramount to assist dental practices in reopening and sustaining business operations while ensuring that adequate quality dental care is being provided to all New Jerseyans.

1. Ensure that insurance plans with limited provisions on frequency be suspended such that plans pay for insured's treatment services.
2. Prohibit insurance plans from invoking a Disallow Clause involving the payment of services already performed. This practice had become commonplace among the plans prior to the COVID-19 pandemic. It is our belief that plans will escalate the use of this clause to not pay claims and absolve the insured from payment, even though treatment was performed. This would exacerbate the negative economic impact of the pandemic in a time when cash-strapped practices are in greatest need. The likelihood of dental practice closures due to this clause is extremely high and would negatively impact access to care in New Jersey.
3. Network Erosion Protection - Establish a "loan" grant fund from the carriers for cash injections into their participating providers to give advance payment for services. Carriers are sitting in cash-positive positions as they are not making payments for preventative or non-emergent treatment services. Moreover, these services are likely not going to be performed at the level they would otherwise occur due to the pandemic restrictions and the methodical opening of the economy.
4. Medicaid Network Erosion Protection – Similar to the above but specific to Medicaid Managed Care Organizations (MCOs). 1.4 million eligible Medicaid participants and only a few dental providers as NJ reimburses at the lowest rates in America. In order to protect the networks, as it is likely that even more New Jerseyans will find themselves participating in Medicaid due to receiving state assistance, this pay forward initiative would prop up the providers and enable them to continue in and not be forced to leave the network or close due to bankruptcy.
5. Require plans to pay for services that were performed by providers prior to March 27, 2020, who were in treatment, but not completed, due to limitations of services placed on practices by Governor Murphy's Executive Order 109. NJ businesses are likely to drop dental benefits to guard against economic loss. Insurance carriers are likely to make it difficult for dentists to collect payment for services rendered to maximize profits and minimize losses.
6. Liability protection for services provided and COVID testing administered by dentists.

7. Increased cost for infection control and PPE should be covered by the benefit plan, or paid by the patient, or both.
8. Continuing Education – waive CE requirement minimums for licensure or adjust to an appropriate level based, and other limiting provisions such as the use of webinars, to reflect the current state of social distancing and office closures.
9. Personal Protective Equipment – Dentists need PPE in order to treat patients safely. A grant program needs to be established that enables providers, who are cash deficit to receive PPE. PPE needs to be distributed equitably with a potential state cooperative for providers to receive allocations at reasonable pricing.
10. PPE Donation Tax Credit – provide tax credits for companies or individuals who donated PPE.
11. Unemployment Experience Rating – protect UI rates for small businesses that were forced to downsize as a result of the pandemic.
12. Business Interruption Insurance clause elimination – implement the provisions of A.3844, Assemblymen Freiman and Greenwald.
13. Use of CARES Act monies for direct small business aid and PPE program relief. Establish a healthcare provider only fund specially dedicated to assist healthcare businesses that provide primary care medical and dental treatment services.
14. Ensure Dentists can prescribe and administer COVID testing for patients and require insurance plans to reimburse for its cost.
15. Student loan deferment for healthcare providers. Many younger dentists work as associate or employee dentists and have no income generation. The result is default on student loans. Protecting the next generation of healthcare providers needs to be a priority.
16. Continue and increase funding for NJ Donated Dental Services (NJDDS) which received \$170,000 for administrative support services in FY2019/2020. This program provides free dental treatment services for at risk seniors, special needs patients and veterans in New Jersey. It helps pay for case worker administrators who place patients with dentists who perform free treatment services. To date, NJ dentists have provided more than \$25 million in free care since the program's creation.

## XI. Conclusion

Americans are living in unprecedented times and a “new normal” has been created. We do not yet know what our world will look like moving forward, but most assuredly, people will need dental treatment and the longer that treatment is delayed or denied, the greater the risk to their health and the more expensive treatment will become.

It is time to open New Jersey’s dental offices. Therefore, the New Jersey Dental Association recommends all dental facilities reopen to full capacity as soon as possible, consistent with local, state and federal law, to optimally manage the oral health of all New Jerseyans. To do anything less, harms the health of our state.



(Updated: April 27, 2020)