



## COVID-19 Public Health Recommendations: Providing Dental Services in School Settings

Date: June 30, 2021

These recommendations are not mandatory but medical or dental programs that provide dental or oral health services in a school setting are encouraged to follow these recommendations. Additional safety precautions and specific messaging may be necessary to assure school staff, families, and students that it is safe and important for students to receive preventive dental care at their school.

### I. Definitions

- “Aerosol-Generating Procedures (AGPs)” means procedures that generate small droplet nuclei in high concentration, presenting a risk for airborne transmission of pathogens not otherwise typically spread by the airborne route (e.g., coronavirus, influenza). Use of the following instruments would result in a procedure being classified as aerosol generating:
  - High-speed drills or hand pieces
  - Ultrasonic scalers
  - Air-water syringes
  - Air polishers

This list is not exhaustive; other procedures also may generate aerosols.

- “CDC” means the U.S. Centers for Disease Control and Prevention.
- “Dental service” means any dental or oral health service or procedure provided on school or school district premises but does not mean:
  - Dental services provided in a school-based health center (SBHC).
  - Dental services provided in a mobile dental clinic.
- “DHCP” means dental healthcare provider.
- “FDA” means the U.S. Food and Drug Administration.
- “LPHA” means Local Public Health Authority.
- “NIOSH” means the National Institute for Occupational Safety and Health which is a part of the U.S. Centers for Disease Control and Prevention (CDC).

- “OSHA” means the Occupational Safety and Health Administration.
- “Open supply chain” means having a contract in place with a vendor that allows for sustained PPE supply with no reliance on local or state government to fulfill PPE requests.
- “Personal protective equipment (PPE)” means medical grade gloves, gowns, face shields, surgical masks, and N-95 respirators or other reusable respirators (e.g., powered air-purifying respirators) that are intended for use as a medical device.
- “Program” means a program that provides dental services for students in a school setting where procedures that require PPE are performed but does not mean:
  - A program that operates under a hospital’s license.
- “School nurse” means a registered nurse working within a school setting.
- “Student cohort” means a defined group of students in the school setting, as determined by each school.

## II. Recommendations on how to provide school dental services

A. Avoid AGPs whenever possible.

B. Have adequate PPE supplies.

1. A program should have adequate [NIOSH](#) or [FDA](#) approved PPE supplies on hand. Adequate PPE supplies means:

- a) Having an adequate 2-week or minimum supply of PPE on-hand appropriate to the number and type of procedures to be performed and days needed to complete services at a school or having an open supply chain.
- b) Sustaining PPE use for its program workforce in compliance with [Oregon OSHA](#) rules.
- c) Adhering to [Oregon OSHA](#) and [CDC](#) guidance on recommended PPE use.

C. Follow infection control practices.

- a) A program should continue to implement and follow strict infection control in accordance with current [CDC guidance](#). A program should follow the ODE [Ready Schools, Safe Learners Resiliency Framework for the 2021-22 School Year](#) and maintain at least 3 feet of physical distance between students and 6 feet of physical distance between non-oral health screening dental personnel. For consideration:
  - i. Avoid student lines and minimize any wait time.
  - ii. Avoid mixing of student cohorts.
  - iii. Maintain DHCP cohorts. Assign the same DHCP to the same cohort when providing services.
- b) Avoid carpeted areas for dental services. To the extent possible, provide dental services on bare uncarpeted flooring, tarps, or portable mats. Clean and disinfect bare floors, tarps, or mats at the end of each service day or, if contaminated, sooner.

- c) A program should work with the school or school nurse to determine the most appropriate area to complete oral health screenings and dental services.
  - i. Factors to consider in selecting indoor settings for dental services include school HVAC systems, flooring and windowed rooms.
- 1. If a program is performing AGPs, then it should do so in [accordance with applicable laws regarding personal protective equipment](#).
  - a) For programs operating multiple chairs and teams in a school, consider placing units at least 6 feet apart.
  - b) Consult with equipment manufacturer to ensure that filtration systems are appropriate for the size of the clinical services area or space.
- 2. A program should collaborate with the manufacturer of the program's portable equipment to modify or add additional equipment such as filters, external suction devices, or air purifying devices to ensure maximum aerosol capture and ambient air purification.

### III. Recommendations on collaboration with schools & LPHAs

- A. Plan case load volumes to ensure compliance any applicable physical distancing.
  - 1. A program should maintain at least 3 feet of physical distancing between each student and at least 6 feet of physical distance between program staff when implementing school-wide or classroom oral health screenings.
  - 2. When providing AGPs, a program should implement, to the extent possible, physical distancing measures within the clinical service area.
- B. A program should have a plan and collaborate with a school to reduce or stop school dental services if a surge/resurgence of COVID-19 cases occurs in the school community or if any of the criteria in Section I of this guidance cannot be met. A program may need to provide the school nurse, school district, LPHA, or OHA with a copy of this plan, upon request.
  - 1. A program should create a process to respond to a school or DHCP COVID-19 outbreak.
- C. A program should maintain a daily list of students who have received services. The program may need to provide the list, upon request, to the school nurse or LPHA. Each day, a program should collaborate with the school to provide services to established student cohorts, following the school's or district's protocols.
  - 1. The program may need to provide the list to the appropriate public health officials for the explicit purposes of contact tracing or other emergency public health responses. A program must still follow [FERPA privacy requirements](#), as they pertain to education records.
- D. A program should have a referral system in place for follow-up dental care needs. If access to dental care is unavailable, the program should maintain a referral log of students needing additional dental care and follow-up once dental care becomes available.

- E. A program should consider and balance the risks and benefits for program providers and students at higher risk of contracting COVID-19, such as those providers over age 60 or providers or students with compromised immune systems, those with poor lung and heart function, or the unvaccinated.
- F. A program should utilize enhanced COVID-19 risk screening of students and program staff, including but not limited to:
  - 1. Taking student's temperature prior to the student entering the clinical area to receive dental services and documenting the temperature in the student's dental record.
    - a) Student temperature checks are not needed if the program is only performing dental screenings.
    - b) If a student registers a temperature of  $\geq 100.0^{\circ}$  F, the student should be sent home in coordination with the school nurse or administration.
  - 2. Screening program staff for CDC COVID-19 risk factors and symptoms, including use of temperature checks, prior to reporting to work each day.
  - 3. Requiring program staff to stay home if feeling sick. This includes any cold, flu-like symptoms.
- G. A program should not perform school dental services on a patient with COVID-19 symptoms. Symptom screening should follow guidance from the [CDC](#)

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