

## **Frequently Asked Questions Regarding PPEs in the Dental Office**

**Question: Can you reuse an N95 mask? If so, do you need to have a covering (i.e., level 1 or 2 surgical mask, cloth face covering, face shield, etc.)? How long can you reuse a respirator?**

As long as a respirator remains unstained or uncompromised, a respirator can be worn for up to 48 hours of clinical care. When using a single respirator with multiple patients it must be covered with a surgical mask or full face shield. It is recommended using a surgical mask over a respirator that is being reused at all times. The surgical mask should be discarded after each use. The use of N95 respirators can be extended by decontaminating. According to the CDC, vaporous hydrogen peroxide, ultraviolet germicidal irradiation, and moist heat are the most promising decontamination methods. If decontamination is considered, these methods do not appear to break down filtration or compromise the mask; however, many of these methods should only be used a limited number of times.

**Question: If N95 masks can only be used for 48 hours, but we cannot get more than a couple, how are we to do dentistry?**

KN95 respirators can temporarily be used in place of N95 respirators due to the COVID-19 crisis and the shortage of N95 respirators. If a respirator is not available, a combination of a Level 3 surgical mask and full face shield may be used. This substitution is not allowed by the CDC recommendations when a respirator is required. If you do not have the required PPE, it is your professional judgment as to whether you can continue to practice a dental procedure for the time being.

**Question: Would a level 3 mask used with a device to obtain an equivalent seal to an N95 mask (like a 3D printed mask seal) be allowed to substitute for an N95 in the guidelines?**

Yes, with a covering.

**Question: Is DHSS able to give guidance on how to obtain respirators, or to provide them for Dental HealthCare Providers (DHCP), especially those providing emergency services?**

No. Dental offices should speak with their dental supply companies regarding respirators. This is especially important given the increase in counterfeit products which are now on the market.

In an effort to expand the PPE reserves and simplify the PPE process, the State of Missouri has created a new COVID-19 webpage dedicated as a one-stop shop for all information related to PPE. The [PPE webpage \(https://health.mo.gov/living/healthcondiseases/communicable/novel-coronavirus/ppe.php\)](https://health.mo.gov/living/healthcondiseases/communicable/novel-coronavirus/ppe.php) will provide Missouri's latest information and resources in three categories including how to access PPE, guidance for use and optimization for maintaining your PPE supply for the duration of the COVID-19 epidemic. You can use this website to access the PPE marketplace, too. Also, **NEW** to this website and to the state is the **State PPE Reserves** option.

Missouri has limited PPE reserves to assist in filling these critical needs and will prioritize healthcare providers providing direct care to confirmed or suspected COVID patients. Note requests should only be submitted after all normal supply chains, including the Missouri COVID Supply Solution (aka Missouri PPE Marketplace), have been exhausted and you have a supply of fourteen days or less on hand as the quantities and types of PPE available through the state are limited. Use this link

<https://survey123.arcgis.com/share/35c0d11050b04a809028d2caf9fd45fd?portalUrl=http://mo.php.maps.arcgis.com> to access the PPE Request Form. You will receive an automatically

generated email notifying you of receipt of your request. Requests will be evaluated in the order in which they are received. If your request is approved, either in full or partially, you will receive an electronic notification upon shipment. If denied, you will receive an electronic verification of the decision.

### **PPE options for Non-profits and Governmental Entities**

Because we know many of you continue to struggle with obtaining PPE items, we wanted to make sure you are aware that not-for-profit entities may purchase items from Missouri Vocational Enterprises (MVE). MVE operates through Missouri's Department of Corrections and produces and sells a number of items. MVE may sell these items to any state agency, local government entities, or any not-for-profit agency.

MVE has a variety of janitorial supplies, personal products (soap, toilet tissue, etc.), laundry supplies, and disinfectant supplies. Most of these items can be found on the MVE website (<https://docservices.mo.gov/mve/products/consumables/consumable.html>). In addition, MVE has recently begun selling certain PPE items including cloth face coverings, isolation gowns, and hand sanitizer (gallon jugs). These items are not listed on their website at this time but information is attached or below. PPE items are being prioritized to state agencies but may also be purchased by local government and not-for-profit entities as supplies are available. For awareness, DMH has received cloth face coverings and hand sanitizer but have not yet received our order for isolation gowns. As with all PPE, some items are more readily available than others.

If you have a need for these items, we would encourage not-for-profit providers to explore all avenues to obtain needed items, including those available through MVE. You can visit their website to see items available and details for the ordering process. To order cloth face masks, isolation gowns, or sanitizer, you may need to call and speak with their customer service staff, they are very helpful—contact numbers can be found on the website. Again, only not-for-profit entities, state agencies, and local government entities may purchase items from MVE.

Finally, in regards to hand sanitizer, it is available in one gallon jugs only. The price per gallon is \$20. Orders are limited to 100 gallons per order and no more than one order per week. The product number is F-617 Hand Sanitizer.

#### **Question: How do I know if my surgical mask is FDA approved?**

Talk with your supply company. You can also review the FDA's FAQ on the Shortage of Surgical Masks and Gowns.

<https://www.fda.gov/medical-devices/personal-protective-equipment-infection-control/faqs-shortages-surgical-masks-and-gowns>

#### **Question: Can you clarify when the dentist is required to wear a face shield during operative dental procedures?**

During aerosol generating procedures, the ADA recommends a dentist must use either (1) a respirator or (2) a Level 3 surgical mask and full face shield. A level 1 or level 2 surgical mask and a full face shield can be utilized for procedures that are not aerosol generating. Once respirators are no longer in shortage, a respirator must be utilized for all aerosol generating procedures.

**Question: We are a pediatric dental office, and for hygiene visits usually do a rubber cup prophylaxis with hand scaling as required. Are we allowed to use a level 3 ASTM mask and face shield to complete this, or would we need a respirator?**

A respirator is recommended if using a rubber cup prophylaxis. A respirator is not required for hand scaling only.

**Question: If wearing a face shield, do you need to change your level 3 mask after every patient?**

Yes. The CDC recommends Surgical masks need to be changed after every patient even when wearing a face shield. **AEROSOL GENERATING PROCEDURES**

**Question: The use of the air/water syringe is considered aerosol generating. Would an exam be considered an aerosol generating procedure since we use the air to dry the teeth for the exam?**

Using air or water separately is not considered an aerosol generating procedure. Spraying air and water simultaneously is considered to be an aerosol generating procedure.

**Question: We all have heard that ultrasonic scalers should not be used, at this time, is that true?**

The CDC Recommendation says to avoid aerosol generating procedures.

**Question: If my RDH's are using a "Dry Shield" or similar HVE system, is that sufficient to reduce aerosol during ultrasonic scaling?**

Using a dry shield can help reduce aerosols, but a respirator must be used.

**Question: Is toothbrushing a patient considered an aerosolizing procedure?**

No.

**Question: If hygienists are seeing patients for hand scaling limiting aerosol, and the dentist has an emergency patient in which he/she will have to use a headpiece, how do we protect the hygiene patients in our chairs in an open dental setting?**

The best practice would be to create as much space as possible between patients in open operatories.

**Question: What should we be wearing when we set up patient rooms that have been used previously for aerosol generating procedures?**

If the room has recently been used for an aerosol generating procedure, a surgical mask and full face shield should be used.

**Question: Do non-clinical DHCP (front desk) still need a mask and shield if there is a plexiglass barrier installed?**

All DHCP should wear a facemask at all times while they are in the dental setting. While surgical masks are preferred, a "facemask" as defined can also include a cloth face covering. A face shield is not required for non-clinical care.

**Question: Can you reuse a disposable gown with aerosols?**

No. Gowns are recommended by the CDC to be changed if used in an aerosol generating procedure.

**Question: Do I need a gown for non-aerosol generating procedures, like hygiene checks or limited exams, if our gown supply is limited?**

No.

**Question: Can we reuse gowns between patients?**

Yes. Gowns can be used for multiple patients. They should be changed if they become soiled or if used in aerosol generating procedures.

**Question: Are lab jackets permissible?**

Yes, if it meets the definition of a gown as stated in the OSHA guidelines.

**Question: If we wear a lab jacket do we need to change pants after each patient?**

No. But you should change your pants before leaving the office.

**Question: Would a homemade gown made out of polyester and fluid resistant material be acceptable?**

Yes.

**Question: Can scrubs be used in place of a gown, if changed in accordance with the requirements for changing gowns?**

Scrubs are not PPEs, they don't cover your arms completely but if the style you are wearing does cover the arms then yes they could be used as a gown and changed after an Aerosol Generating Procedure or when they became soiled.

**Question: If we sprayed a disposable or cloth gown with an isopropyl alcohol spray, could we reuse them, even after use in an aerosol generating procedure?**

No.

**Question: Are gowns supposed to go to your knees?**

OSHA states that a gown should cover the knees, if possible. Knee length is best practice but not required.

**Question: Does a gown or lab coat need to be changed after doing a prophylaxis without cavitation and polish? It says to change after any aerosol generating procedure, and air/water tip is listed as aerosol.**

No, as long as it did not become soiled.

**Question: The Recommendations state to remove gloves before leaving the patient room or care area. Is sterilization considered part of the 'care area'? Since we'd need to wear gloves to bring the dirty instruments to sterilization.**

The same gloves can be worn to bring dirty instruments to the sterilization room. They should be removed there.

**Question: For non-aerosol generating tasks such as collecting subjective information from a patient in the operatory or doing a limited exam (percussion, palpation, probing, transillumination, cold testing), the current document states that face shield, mask, gown and gloves are needed when entering the treatment room. Please clarify if all this PPE is needed for non-aerosol generating tasks.**

A surgical mask and full face shield is required.

**Question: Can you provide more information on donning and doffing PPE.**

1. Before entering room: don mask (should be on already as this is required to be worn at all times in office), gown, and face shield.
2. After entering room: don gloves
3. Before leaving room: doff gloves and gown (gown only if soiled or used in aerosol generating procedure)
4. After leaving room: doff face shield and outer mask if using a non-porous basket (or garbage can if disposable), with a lid and liner, should be available to deposit or transport soiled items. It is recommended to label this basket or garbage can as biohazard.

A. Resources

1. [Interim Infection Prevention and Control Guidance for Dental Settings During the COVID-19 Response](https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhealthcare-facilities%2Fhcp-return-work.html) ([https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html?CDC\\_AA\\_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhealthcare-facilities%2Fhcp-return-work.html](https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhealthcare-facilities%2Fhcp-return-work.html))
2. [ADA Return to Work Interim Guidance](https://success.ada.org/~media/CPS/Files/Open%20Files/ADA_Return_to_Work_Tool_kit.pdf) ([https://success.ada.org/~media/CPS/Files/Open%20Files/ADA\\_Return\\_to\\_Work\\_Tool\\_kit.pdf](https://success.ada.org/~media/CPS/Files/Open%20Files/ADA_Return_to_Work_Tool_kit.pdf))
3. MDA, MPCA, ODH, Reopening Guidelines for Dental Practice 5/1/2020
4. [Guidelines for Infection Control in Dental Health-Care Settings—2003](https://www.cdc.gov/mmwr/pdf/rr/rr5217.pdf) (<https://www.cdc.gov/mmwr/pdf/rr/rr5217.pdf>)
5. Russel, Bob Iowa Board of Dentistry Frequently Asked Questions (<https://dentalboard.iowa.gov/covid-19-updates/boards-guidelines-safe-transition-back-practice-faqs>)