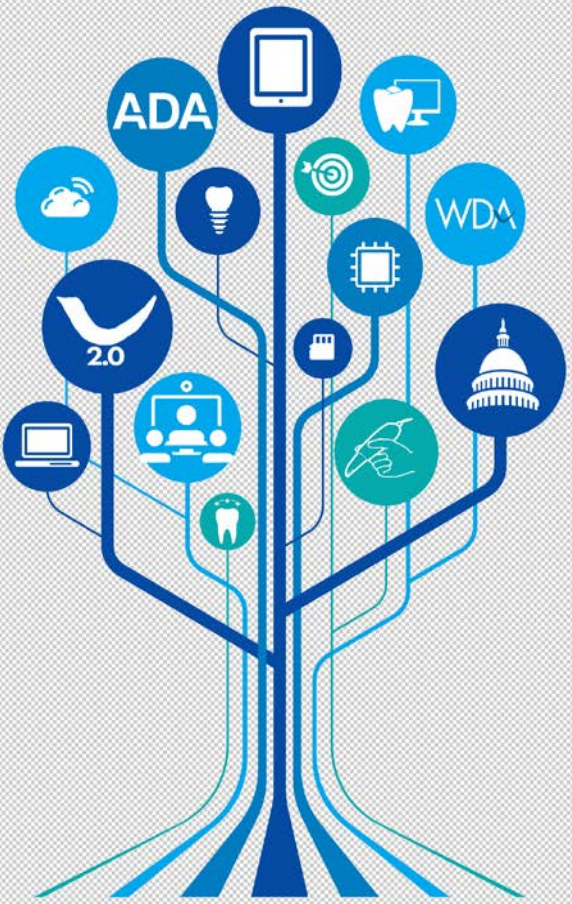


GMDA

Connecting You To Success

Members who register for and participate in these FREE, LIVE webinars can receive 1 non-clinical CE credit!

WDA BIZTALKS

WISCONSIN DENTAL ASSOCIATION

"WDA BizTalks" is a new program providing exclusive, low- to no-cost opportunities for dentists to learn valuable information necessary to make better, more confident business decisions.

The Wisconsin Dental Association is working with businesses that support the association to present programs focusing on business, practice management and practice transition topics. The WDA BizTalks webinar series features timely topics in a quick, one-hour format.

UPCOMING EVENTS:

Date: Sept 16, 2020, Noon – 1 p.m.

SVA | Dental Services

Business Forward Strategies for Dental Practices
Presented in conjunction with SVA Dental Services
Speakers: Kelly Bradley, CPA, CVA | Principal, Justin Chesbrough, CPA, MST | Principal, and Matt Vanderloo, CPA | Principal
CE Credits: Livestream attendees earn 1 non-clinical CE credit

Date: Oct. 6, 2020, Noon – 1 p.m.

SVA | Dental Services

Post-Pandemic Financial Benchmarks and Strategies for Dental Practices
Presented in conjunction with SVA Dental Services
Speakers: Justin Chesbrough, CPA, MST | Principal, Andy Slinger, CPA | Principal, and Laura Zach, CPA | Principal, SVA Dental Services
CE Credits: Livestream attendees earn 1 non-clinical CE credit

Date: Oct. 20, 2020, 6 – 7 p.m.

Huntington

Practice Finance Lending Update
Presented in conjunction with Huntington
Speakers: Jen Frank, Practice Finance Business Development Officer, Alex Poe, Practice Finance Business Development Officer, and Penny Nunn, Practice Finance Financial Pulse Specialist
CE Credits: Livestream attendees earn 1 non-clinical CE credit

GO TO WWW.WDA.ORG/DENTAL-PROFESSIONALS/WDA-BIZTALKS TO REGISTER.

President's Message
By Dr. Tom Shaw

With the dog days of summer simmering to an end, we can be grateful that there are only 3 months left of this nightmarish year. Although we are still very far off from "normal", there are lessons learned from this pandemic that can only bring hope to the future.

First and foremost, I think we all received validation for a belief that we all strongly held, that we as dentists are truly "essential workers". I hope that all our membership experienced the same sort of response of gratitude that I received from my patients as I opened my doors again to "nonemergent" care in May. I never received so many handwritten and verbal messages of thanks from patients for reopening albeit with special precautions to attend to their dental needs.

Secondly, I hope all our members took advantage of ordering PPE from WDA Supply Source. At times supplies were scarce because of demand, but they helped tremendously in identifying products and delivering those

products faster than other traditional suppliers. MedPro Group, another WDA endorsed service, provided liability waiver forms and operational checklists to help in reopening our practices. These unprecedented times exposed the benefits of belonging to organized dentistry.

Finally, with all the obsessive use of hand sanitizer and abstaining from touching my face, I should expect to never suffer from the common cold again! Let's stay safe and hope we can gather sans masks at a GMDA social or CE event soon.

Trustee Message

We hope that everyone is staying healthy and safe during these challenging times. As Region 3 Trustees for the Greater Milwaukee are, Drs. Rick Mueller and Angela Lueck and I have participated in several conference calls and recently attended a very socially distanced WDA Board of Trustees Meeting in July. While the meeting itself had a much different look, the spirit of the meeting was the same. We are fortunate in the state of Wisconsin to have many dedicated volunteer dentists that even in these unusual times are willing to take time away from their practices to ensure that dentists in the state of Wisconsin have a voice.

Among the agenda items deliberated and voted on, was the modification of the 2020 House of Delegates as well as the decision to relocate the event. This year's House of Delegates will be a one day event and is expected to occur on Friday, November 13th at the Kalahari Resort in Wisconsin Dells. All provisions possible will be made to ensure a safe and successful meeting for attendants. Please pay attention to upcoming emails regarding this event, as Delegates will be needed for representation from

each region. There are significant items that will be discussed, including dental therapists.

As Co-Chairs of the Mentor Program, Dr. Angela Lueck and I participated in a conference call In July, in which we made the decision to cancel this year's Annual Kick-Off Dinner, typically held in September. We will still be going forward with the program and are asking the existing GMDA Mentors to make an even more concerted effort to reach out to and connect with their protégés. While the program will not hold in person events for the remainder of 2020, we feel it is still possible to begin to form a relationship with an incoming student as well as forge an even stronger relationship with an existing protégé. What our current era does offer is a myriad of ways to communicate virtually and so we hope that everyone will take advantage of this for the sake of the students. Now more than ever, every dental student will need a dentist to talk to, and we are charged with giving them a little perspective on our profession in a time when they will feel more overwhelmed and isolated than usual.

Wisconsin Leadership and WDA staff are all working diligently to push forward successfully as a profession in an atypical environment. We hope that our members are utilizing all dental association communications to stay abreast of the myriad of information available. The WDA Communications Committee has done an excellent job in providing members with up to the minute details on a variety of topics related to the pandemic as it relates to dentists, our patients and dental practice.

Stay healthy!

Cheska Avery-Stafford, DDS
Rick Mueller, DDS
Angela Lueck, DDS
Region 3 Trustees

World Health Organization (WHO) Releases statement on routine care during COVID

Full statement available at the link below, excerpt can be found on the following pages 17-19:
https://www.who.int/publications/i/item/who-2019-nCoV-oral-health-2020.1

Media Coverage Samples:

WHO Recommends Putting Off Dental Cleanings, Other Routine ...

https://www.nbcmiami.com/news/coronavirus/who-recommends-putting-off-dental-cleanings-other-routine-visits-due-to-covid-19/2276932/

WHO says delay dental care during COVID. Dentists disagree

https://www.fastcompany.com/90539907/is-it-safe-to-go-to-the-dentist-ada-disagrees-with-who-over-stance-on-routine-dental-care

Amid coronavirus, avoid nonessential dental care, WHO says ...

https://www.foxnews.com/health/who-coronavirus-avoid-nonessential-dental-care

WHO: Non-Essential Dental Care Should Be Delayed During ...

https://www.voanews.com/covid-19-pandemic/who-non-essential-dental-care-should-be-delayed-during-pandemic

American Dental Association Responds to World Health Organization Recommendation: Dentistry is Essential Health Care

CHICAGO, August 12, 2020 —The American Dental Association (ADA) respectfully yet strongly disagrees with the World Health Organization's (WHO) recommendation to delay "routine" dental care in certain situations due to COVID-19.

"Oral health is integral to overall health. Dentistry is essential health care," states ADA President Chad P. Gehani, D.D.S. "Dentistry is essential health care because of its role in evaluating, diagnosing, preventing or treating oral diseases, which can affect systemic health."

Dr. Gehani added that in March, when COVID-19 cases began to rise in the U.S., the ADA called for dentists to postpone all but urgent and emergency care in order to understand the disease, consider its effect on dental patients, dental professionals and the greater community.

Both the ADA and the U.S. Centers for Disease Control and Prevention (CDC) then issued interim guidance for dental professionals related to COVID-19. The ADA's guidance calls for the highest level of PPE available—masks, goggles and face shields. The ADA's interim guidance also calls for the use of rubber dams and high velocity suction whenever possible and hand scaling when cleaning teeth rather than using ultrasonic scaling to minimize aerosols.

Dr. Gehani concludes, "Millions of patients have safely visited their dentists in the past few months for the full range of dental services. With appropriate PPE, dental care should continue to be delivered during global pandemics or other disaster situations."

Other organizations respond:

FDI responds to WHO's latest guidance on the provision of oral health services in the context of COVID-19

14 August 2020

Provision of oral health services can continue during COVID-19 but must comply with official recommendations at a country's national, sub-national or local level.

Dr. Richard Nagy**,** President of the **California Dental Association**, is quoted saying, "Dentists have been experts in infection control for over 20 years due to the HIV AIDS scare. So we're used to preparing our offices for infection disease control."

WDA Response for Media:
As for the World Health Organization, the WDA echoes the ADA's strong disagreement with the WHO recommendation. Wisconsin dentists are essential health care workers and have been responsibly and safely treating patients – within the newest guidelines set forth by the Centers for Disease Control and Prevention, ADA and the state Department of Health Services – during the pandemic.

WHO Clarifies Statement, Blames Media

WHO Chief Dental Officer Benoit Varenne, Ph.D., also expressed concerns about media coverage of the interim guidance in an Aug. 13 email to global dental leaders. Dr. Varenne said, "Unfortunately, a number of media headlines

intentionally or not – when they are referring to the WHO guidance, did not mention that the recommendation to delay routine oral health care is only suggested in an intense uncontrolled community transmission scenario. A scenario that [does] not fit with the current situation of [most countries] around the world." Dr. Varenne added, "So please be aware of the missing information sometimes disseminated by the media that could increase fear and concern of patients seeking oral health care. I think we have all to play a part in sharing with the public, national dental associations and health authorities the full story provided in the guidance document."

Commentary
By Dr. Monica Hebl

The theoretical risk level would lead everyone to believe the WHO recommendation, but so far testing and tracing is not finding dental office personnel contracting coronavirus from or spreading coronavirus to patients as the risk would suggest.

Thanks so much to all GMDA dentists for appropriately screening, meticulously disinfecting and safely practicing during this COVID pandemic. Dentistry's record of infection control is exceptional.

Ronald Damon Santilli, D.D.S.

August 16, 1946-June 3, 2020

A gentleman and A gentle man

Happily married to his beloved wife "Patty Ann" for 38 years with whom he enjoyed entertaining, traveling, biking, xc skiing, hiking, kayaking and beating her at canasta.

Ron loved all his Italian relatives especially his siblings Dr. Dennis (Judy), Dr. Robert (Gloria), Daryl (Vicki) and his dear sister Susan. He loved all his nieces and nephews, great nieces and nephews especially Mason and Rachel.

Known for his puns, jokes, quips and stories, he had the uncanny ability to remember a joke and slip it into the conversation all while entertaining his VA Hospital dental patients, MATC Dental Hygiene students and Marquette University School of Dentistry students and faculty.

He cherished his many, many friends especially Dr. William (Louise) Schuckit, Brent Gregory, Dr. Jay (Debbie) Mackman, Dr. Pete (Jodi) Colosimo, Dr. Scott (Kate) Lewis, and Dr. Michael (Rochelle) Layde,

Bill (Lorraine) Buehler, Jim Nagle, Jim (Mary) Nugent and Chuck Henderson.

Known as Mr. Fix-It, he also knew how to relax at Marquette Theater, MSO concerts (always with his eyes closed), his Men's Book Club, Couples Book Club, Bible Study Group, Friday Night Faith Group, Gourmet Club, Jabberwocs, and lots of movies. He was the "Coupon King" of all shoppers here and there. And he couldn't pass up a Kopp's custard cone of chocolate and raspberry.

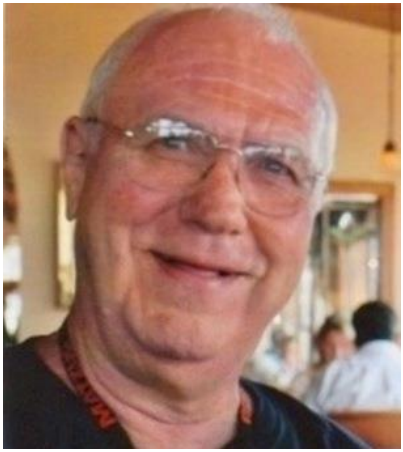
His generosity extended quietly to many people, groups and organizations. He was generous with his love, his actions and his thoughts and he was admired for his humility. He led a blessed life.

Predeceased by his loving parents Natalie and Michael Santilli, his "second mom" Aunt Ida and his oldest brother Dennis.

In Ron's honor please make a donation to your favorite charity.

A private family service will be held at St. Eugene Catholic Church. Celebration of Life at a later date.

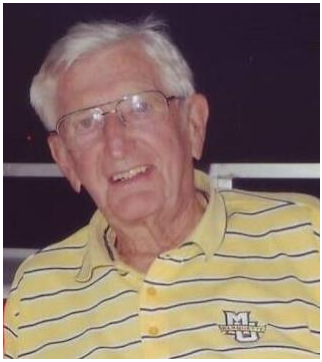
Dr. Santilli was an ADA member for 51 years and GMDA member for 24 years.



Dick Schulte (Dr. Richard John Schulte)

He passed away peacefully in his home at a retirement center in St Louis, Missouri on July 22nd, with his wife (Terry), daughter and son-in-law at his side. He lived most of his years, practiced dentistry, and raised a family in the Milwaukee area. He was born February 5, 1933, to Ted and Marie Schulte in Milwaukee's Bay View neighborhood, and attended Marquette University High School and Marquette University School of Dentistry. He married Terry (nee Austera Walker) in 1957 in Bismarck, North Dakota. Dick delighted those who knew him with his warmth and good humor. Throughout his life he sought out and made connections with those in need of a kind word or deed. He was preceded in death by his parents, his brother Joseph (of Santa Barbara, California), his brother Karl (of Manitowoc, and his wife Patricia), and an infant son (Jacob Seton Schulte). He is survived by his wife, his children Ted and Richard (of Milwaukee), Karl (of Madison), Tim (and Teresa of Iowa City), and Anne (and Joseph Hagen of St Louis). Also by grandchildren Stephen Hagen and Maggie Hagen, both of St Louis, his sister-in-law Pat Schulte and many other nieces, nephews, friends and relatives.

Dr. Schulte was a GMDA member for 61 years.



Dr. Charles Ritter

Oconomowoc - Dr.Charles J. Ritter passed away peacefully and went to be with our Lord on Saturday August 22, 2020 at Shorehaven in Oconomowoc, WI. He was born on March 27, 1924 to William and Irene Gutschenritter.
A fervent Catholic he is looking forward to being reunited with the love of his life Nancy.

Charles is survived by his children Charles(Susan)Ritter, Dr. Robert (Gayle) Ritter, Dr. Tom Ritter, Paul(Sherry) Ritter, John (Lynn) Ritter, Peter (Heather) Ritter, Tim (Val) Ritter: grandchildren, Jessica, William, Sarah, Brian, Austin, Elise, Emily, Allison, Eric, Jonathon, Camaron, Sam; great-grand son Cole Ritter. Dr. Ritter is also survived by his sister Ellen (Starke) and a number of nieces, nephews, other relatives and many friends.

He will be buried at St Catherine's of Alexandria Catholic Church where he was baptized so many years ago close to his family farm in Mapleton. He enjoyed a long and productive life.

Charles's education started in a one room schoolhouse. He graduated from Oconomowoc High School in 1942 where he was class president. He then enlisted in the Army Air Corp and served as a second lieutenant on a B-29 as a navigator. He was based on Tinian Island in the Japanese Theater with the 6th Bomb group. Like so many of the Greatest Generation he was a quiet warrior.

After the war Charles attended Marquette University Dental School earning his degree in 1952. He started his practice with his brother Dr. James Ritter MD. He was later joined by his son Dr. Robert Ritter DDS working as a team for fifteen years. He was a skilled and caring practitioner always putting his patients first and

foremost. His dental career included numerous volunteer trips to Haiti with Nancy working side by side as his nurse. These two also were very involved at the Guadalupe Center in Milwaukee.

Charles and Nancy were married in June 1952 and together had eight sons. They lovingly raised their large family in Elm Grove and on Okauchee Lake. In their later years Marco Island, Fl. became their winter getaway.

Charles was ever the gentleman, principled, kind and generous. He and Nancy traveled extensively throughout their lives. Charles enjoyed spending time with his family and friends especially at the "cottage". Friday nights always included the Fish Fry ritual with friends from the Okauchee Lake Yacht Club where he served as a past Commodore. He relished a good game of poker, boating, gardening, and puttering around the house.

We were so grateful to have been raised by two wonderful parents that taught us how to live a good and honorable life. Charles is in the loving arms of all his loved ones that went before him. We will miss him more than words can say, but he will forever be in our hearts.

Those we love don't go away, they walk beside us every day, unseen, unheard, but always near, still loved, still missed, and very dear.

Due to the current health situation services will be for immediate family only. We will be planning a celebration to honor Charles in the summer of 2021

The entire Ritter family would like to offer our sincere appreciation to the wonderful caring staff at Shorehaven who so lovingly watched over Charles during his stay there.

He was a GMDA member for 68 years.

The "Virtual" Ride for the Arts

The UPAF Ride for the Arts, sponsored by Miller Lite, is more than a ride- it's an opportunity for friends, family and coworkers to have fun and support our regions world-class performing arts organizations.

John Moser, Monica Hebl, and Angela Lueck helped celebrate the 40th anniversary of the UPAF Ride for the Arts on June 14th and participated in a "virtual ride" where we planned our own route and provided our support. Tom and Ivy Shaw participated, but were not pictured.

Please join Team GMDA on Sunday, May 30th, 2021 as a way to help keep the arts alive in Milwaukee!

‘Ridge Stories’ by Gary Jones

A book review submitted by Dr. Glen Bogdon

Are you tired of being confined indoors, but realize the coronavirus will not allow you to leave the house? Do you need conversation (or something like it?) How about a book that gives your mind the sheer enjoyment and outdoor experience of farming in Wisconsin? The name of the book is: ‘Ridge Stories’ by Gary Jones, PhD, English, UW-Milwaukee.

Return with me to the happy (mostly), thrilling (occasionally) and boring (sometimes) days of yesteryear’s carefree, rural childhood living. Gary Jones become a teacher after he left college, but in retrospect, he describes the advantages and drawbacks of early childhood on a farm. As I read “Ridge Stories”, I can sometimes hear the exuberant tones of John Denver singing, ‘Country Boy’. The first words of that song describe an overview of Gary’s book: “Life on a farm is kind of laid back. There is nothing that a country boy like me can’t hack. It’s early . . .”

If you grew up on a farm, you will relate to many of the stories. If you grew up in ‘town’ (any size town will do), you must remember the excitement of visiting relatives who lived in the country. If you did neither of those, take walk on the wild side, relax and enjoy the work and the fun of 1960s and 1970s farm life and the characters who lived there.

‘Ridge Stories’ is not an imitation of Garrison Keeler, although it is in some ways similar with the humor and sorrow flowing naturally from the words and actions of those who lived life on farms in Wisconsin and found enjoyment in the good times and the bad times. The first fifty pages will ease you into details about farm life. Then, relax, fall in love with the book and wonder why you were worried about all the money you lost due to the coronavirus pandemic.

‘Ridge Stories’ is available in the Milwaukee Public Library system and, of course, at Amazon.

Considerations for the provision of essential oral health services in the context of COVID-19

Interim guidance

3 August 2020

World Health Organization

Introduction

The purpose of this document is to address specific needs and considerations for essential oral health services in the context of COVID-19 in accordance with WHO operational guidance on maintaining essential health services.[1] This interim guidance is intended for public health authorities, chief dental officers at ministries of health and oral health care personnel working in private and public health sectors. The document may be subject to change as new information becomes available.

During the COVID-19 pandemic, effective prevention of oral problems and self-care remain a high priority. Patients should be given advice through remote consultation or social media channels on maintaining good oral hygiene. WHO's general information on oral health is available at (https://www.who.int/health-topics/oral-health). Further guidance on environmental cleaning and disinfection is available from WHO[2] and other institutions.[3]

Transmission of COVID-19 in oral health care settings

Transmission of SARS-CoV-2, the virus that causes COVID-19, can occur through direct, indirect, or close contact with infected people through infected secretions such as saliva and respiratory secretions or through their respiratory droplets, which are > 5-10 µm in diameter. Droplets <5µm in diameter are referred to as droplet nuclei or aerosols.[4] To read the most recent information on transmission of the virus, link to Transmission of SARS-CoV-2: implications for infection prevention precautions. https://www.who.int/publications/i/item/modes-of-transmission-of-virus-causing-covid-19-implications-for-ipc-precaution-recommendations.

COVID-19 is transmitted mainly three ways in oral health care settings: 1) direct transmission through inhalation of droplets generated through coughing or sneezing; 2) direct transmission via exposure of mucous membrane such as eye, nasal or oral mucosa to infectious droplets; and 3) indirect transmission via contaminated surfaces.[5]

Aerosol-generating procedures (AGPs) are widely performed worldwide in oral health care settings. AGPs are defined as any medical, dental and patient care procedure that results in the production of airborne particles <5 micrometres (µm) in size (aerosols), which can remain suspended in the air, travel over a distance and may cause infection if they are inhaled.[6] (See BOX 1- Definition of aerosol generating procedures (AGPs) in oral health care) Clinical procedures that use spray-generating equipment cause aerosolization in the treatment area, leading to rapid contamination of surfaces and potential for the infection to spread.[7] The risk of airborne COVID-19 transmission when AGPs are performed can therefore not be excluded.[8,9]

Oral health care teams work in close proximity to patients' faces for prolonged periods. Their procedures involve face-to-face communication and frequent exposure to saliva, blood, and other body fluids and handling sharp instruments. Consequently, they are at high risk of being infected with SARS-CoV-2 or passing the infection to patients.

Containment of the spread of SARS-CoV-2 in oral health settings

WHO advises that routine non-essential oral health care – which usually includes oral health check-ups, dental cleanings and preventive care – be delayed until there has been sufficient reduction in COVID-19 transmission rates from community transmission to cluster cases or according to official recommendations at national, sub-national or local level. The same applies to aesthetic dental treatments. However, urgent or emergency oral health care interventions that are vital for preserving a person's oral functioning, managing severe pain or securing quality of life should be provided.

Urgent or emergency oral health care may include interventions that address acute oral infections; swelling; systemic infection; significant or prolonged bleeding; severe pain not controllable with analgesia; oral health care interventions that are medically required as a pre-intervention to other urgent procedures; and dental/orofacial trauma.[10] If an oral health care professional is in doubt, referral to a specialized treatment facility must be ensured.

Timely management of urgent or emergency oral health care interventions helps patients avoid seeking treatment at hospital emergency departments, thereby ensuring that they remain available to serve individuals seeking COVID-19-related care.

Screening and triaging of patients

- If possible, screen patients before their appointments either by virtual/remote technology or telephone. Otherwise triage should be done on arrival to the service or oral health care facility. The aim is to ensure that only patients requiring urgent or emergency receive treatment and that they have no symptoms suggestive of COVID-19 infection or previous risk exposure. It is important to note that not all people infected with SARS-CoV-2 exhibit symptoms, and cases without symptoms can transmit to others.[4]

- Develop, whenever possible, a remote assessment of urgent or emergency oral health care patients by oral health care personnel based on the "3As": Advise; Analgesics; Antibiotics (where appropriate).[11]
- If urgent or emergency oral health care is medically necessary for a patient who has, or is suspected of having, COVID-19, the patient should be referred to specialized oral health care services with appropriate measures in place to separate possible COVID-19 cases from other patients. Where appropriate, urgent or emergency oral health care interventions may also be provided on a home visit by a dedicated oral health care team applying strict infection prevention and control measures as locally prescribed.

Infection prevention and control pre-treatment in oral health care settings

- Staff performing triage on site should maintain physical distancing of at least 1 metre. Ideally a glass or plastic screen should be built to create a barrier between staff performing triage and patients. In places where community transmission is occurring, staff performing triage should wear a medical mask throughout the shift.[12]
- All oral health care personnel should continuously wear a medical mask during their routine activities throughout the entire shift, apart from times when they are eating or drinking. They should change their masks after caring for a patient who requires droplet or contact precautions for other reasons.[12]
- In the context of severe medical mask shortage, face shields may be considered as an alternative. The use of non-medical or cloth masks as an alternative to medical masks is not considered appropriate for protection of health workers based on available evidence.[13]
- Prior to treatment, all oral health care personnel undertaking or assisting in the procedure should perform hand hygiene according to the WHO's "5 Moments" recommendations,[14,15] preferably using an alcohol-based (60-80% alcohol) hand rub (ABHR) product if hands are not visibly dirty or soap and water when hands are visibly dirty. Hand should be dried with disposable paper towels.
- Patients should also be requested to practice hand hygiene on arrival and throughout the visit.
- On arrival to the oral health care facility and until the moment of oral health care, patients are encouraged to use medical or non-medical masks.[12]
- Space scheduled appointments to reduce the numbers of patients in the waiting room so that patients can maintain physical distancing of at least 1 metre.[12]
- Patients should be unaccompanied unless they require assistance. Patients and anyone accompanying them should provide their contact details.
- Put up posters and make flyers available around the oral health service and the waiting room to remind staff, patients and accompanying persons to 1) regularly use ABHR or wash their hands and 2) to sneeze or cough into the elbow or use a tissue and dispose of the tissue immediately in a bin, preferably one with a lid.
- Only admit the patient and the staff required to provide care to the treatment area.

Ventilation in oral health care settings

- Adequate ventilation in oral health care facilities reduces the risk of transmission in closed settings. According to the type of ventilation available (mechanical or natural), increase ventilation and airflow (door closed, adequate exhaust ventilation, negative pressure or mechanically ventilated equivalent air exchange capacity in room where possible - an average of 6-12 air exchanges per hour).[16]
- Avoid the use of split air conditioning or other types of recirculation devices and consider installation of filtration systems. The following approaches can be considered: installation of exhaust fans; installation of whirlybirds (e.g. whirligigs, wind turbines) or installation of high-efficiency particulate air (HEPA) filters.[16]
- Any modifications to oral health care facility ventilation need to be made carefully, taking into consideration the cost, design, maintenance and potential impact on the airflow in other parts of the facility.

Protection of oral health care personnel and patients during treatment

- De-clutter all work surfaces in the treatment area. Set out only the instruments and other materials that are indispensable for the procedure to be performed.
- Ensure that oral health care personnel undertaking or assisting in the procedure strictly adhere to hand hygiene protocol according to the WHO's "5 Moments" recommendations.[15]
- Ensure that oral health care personnel are trained to use appropriate Personal Protective Equipment (PPE), following a risk assessment and standard precautions: gloves; fluid resistant disposable gown, eye protection (face shield that covers the front and sides of the face or goggles) and a medical mask. A fit tested N95 or FFP2 respirator (or higher) is recommended when AGPs are performed.[13]
- Ensure that all oral health care personnel undertaking or assisting in the procedure are trained and understand how to properly put on, use, and remove PPE to prevent self-contamination.[17]
- Ask the patient to rinse mouth with 1% hydrogen peroxide or 0.2% povidone iodine for 20 seconds prior to examination or starting any procedure for the purpose of reducing the salivary load of oral microbes, including SARS-CoV-2.[5]
- In settings with widespread community transmission during the COVID-19 pandemic, an essential oral health service concept[18] is warranted. Oral health care involving AGPs should be avoided or minimized, and minimally invasive procedures using hand instruments should be prioritized.[19] Pre-examination antiseptic mouth rinse is essential, and

visual/tactile examination should be performed, without intraoral x-ray. The following approaches to treatment are recommended:

- Acute pain/swelling/abscess due to oral infection or fractured teeth: local anaesthesia, incision/drainage, antibiotic therapy, pulp devitalization of deep and open carious lesions or direct access in carious broken tooth with hand excavation and dressing, (non-surgical) tooth extraction (treatment adapted to diagnosis)
- Acute pain or bleeding due to acute periodontitis: local anaesthesia, hand scaling and cleaning, antibiotic therapy, antiseptic mouth rinse
- Broken denture: simple intraoral repair (re-lining) or laboratory repair after appropriate disinfection of prosthetic appliance
- Broken orthodontic appliances: removal or fixation of broken orthodontic appliances that hurt/cause irritation
- Extensive dental caries or defective restorations causing pain: manage with non-invasive restorative techniques as appropriate such as Silver-Diamine-Fluoride (SDF) application, or glass-ionomer application

- When AGP cannot be avoided, ensure assistance during procedures (four-handed dentistry), the use of high-speed suction and of a rubber dam, when possible, as well as the use of appropriate PPE – including a fit tested N95 or FFP2 respirator, or higher.[8]
- To further help prevent the possibility of airborne transmission in the presence of AGPs, ensure adequate ventilation in all patient-care areas.[16,20]
- Avoid the use of the spittoon. It is preferable to instruct the patient to spit into a disposable cup or use high-speed suction.
- Avoid re-call visits by prioritizing single visit procedures.

Cleaning and disinfection procedures in between patients

- Carry out one cycle of standard cleaning and disinfection according to the standard operating procedures (SOP) of the entire treatment area (environmental surfaces) after every patient in the context of COVID-19.[2]
- Ensure that high touch surfaces such as door handles, chairs, phones and reception desks are regularly cleaned by brushing or scrubbing with a detergent to remove and reduce organic matter before disinfection.
- Many disinfectants are active against enveloped viruses, such as the COVID-19 virus. WHO recommends using:
  - 70% ethyl alcohol to disinfect small surface areas and equipment between uses, such as reusable dedicated equipment or those that do not tolerate chlorine.
  - Sodium hypochlorite at 0.1% (1000 ppm) for disinfecting surfaces and 0.5% (5000 ppm) for disinfection of large blood or bodily fluids spills in health-care facilities.
  - Chlorine solutions should be freshly prepared every day. If this is not possible and the chlorine solution must be used for several days, they should be tested daily to ensure that the chlorine concentration is maintained.[2]
- All patient-care items (dental instruments, devices, and equipment) must be sterilized or otherwise subjected to high-level disinfection according to Spaulding's criteria or the manufacturer's instructions for times and temperatures recommended.[21,22]
- Staff performing cleaning and disinfection should wear appropriate PPE.
- Discard respirators, surgical masks, gowns and gloves after every patient. Re-usable eye protection and face shields must be cleaned and disinfected prior to re-use. There are no standard or evidence-based methods for reprocessing masks or respirators. Reprocessing should be only considered when there is a critical PPE shortage.[13]
- Manage health care waste following best practices, routine policies and procedures. About 15% of health care waste produced during patient oral health care is regarded as hazardous, can pose health and environmental risks and should be collected safely in clearly marked lined containers and sharp safe boxes.[23]

BOX 1:

Definition of aerosol generating procedures (AGPs) in oral health care: All clinical procedures that use spray-generating equipment such as three-way air/water spray, dental cleaning with ultrasonic scaler and polishing; periodontal treatment with ultrasonic scaler; any kind of dental preparation with high or low-speed hand-pieces; direct and indirect restoration and polishing; definitive cementation of crown or bridge; mechanical endodontic treatment; surgical tooth extraction and implant placement.

Additional sources of information

- The General Dental Council, UK. COVID-19 latest information. https://www.gdc-uk.org/information-standards-guidance/covid-19/covid-19-latest-information
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- Centers for Disease Control and Prevention (CDC). Framework for healthcare systems providing non-COVID-19 clinical care during the COVID-19 pandemic (Updated 30 June 2020). https://www.cdc.gov/coronavirus/2019-ncov/hcp/framework-non-COVID-care.html
- Ministry of Health, New Zealand. Guidelines for oral health services at COVID-19 Alert Level 2. https://www.dcnz.org.nz/assets/Uploads/COVID/Guidelines-at-Alert-Level-2-final.pdf

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