



Virtual Dental Home Back-To-School Guidance February 8, 2021

Introduction

The Covid-19 pandemic has created unique challenges in addressing the unmet dental needs of young students and preschoolers. With many dental clinics deferring routine preventive procedures, many children are at significant risk for increased dental disease during physical and social isolation. For many preschool children enrolled in early education programs, daily oral care happens only in their classrooms. This document provides some suggestions for communications, infection control standards, and treatment protocols to create a safe environment to care for students while reducing the risk of COVID transmission and maintaining continuity of preventive oral health care to children in their schools.

Background

The College of Dental Medicine at California Northstate University (CNU) acted as consultants for Virtual Dental Home (VDH) projects in five counties in the California Dental Transformation Initiative (DTI) Local Dental Pilot Projects (LDPPs). Dr. Paul Glassman, Associate Dean for Research and Community Engagement and Rolande Tellier, Program Director at CNU developed this guidance in conjunction with community dental care providers engaged in the DTI VDH projects.

Communications

When communicating to school administrators, teachers, and parents about resuming dental care in schools, the following are a list of “talking points” that can be useful to gain support and participation:

- Dental caries is one of the most common chronic diseases in children during their developmental years.
- Without treatment, caries lesions (“cavities”) continue to progress leading to a greater risk of pain and/or serious infections.
- The Virtual Dental Home (VDH) provides and maintains routine preventive dental care and oral health education in the school. Children found to be at risk for dental disease are prescribed interventions delivered in the school setting and/or referred to the dental clinic for restorative treatment if needed.

Communication Tools

Building upon the relationships that you have forged at the schools, there are many communication tools you can use to inform parents that VDH services will be resuming. Engage school nurses, teachers, and administrators to help you spread the word. The following are examples of materials that can be created to help communicate the importance and availability of re-started dental services:

- Handouts/flyers – send communication home with students; have these materials available in the office, or other locations where parents may gather. We have included a sample flyer at the end of this document.
- Posters – consider posting in the nurse’s office, main office, or at drop off/pick-up areas.
- E-mail/text – send electronic communication to your already established VDH patients and let them know services are starting again with a reminder of when their next recall should be.
- School website/newsletter – ask the administration to include information on the VDH on their website or in newsletters that go to parents. If possible, consider an email blast from the school announcing that VDH services will resume.

Clinical Procedures and Considerations

Where to provide services

It is advisable to provide VDH services in a well-ventilated room isolated from other teachers and students. An empty classroom, meeting room, or auditorium are good options. Consider turning on air conditioners, ceiling fans, open windows and/or doors (if weather permits) to increase room air flow. Display VDH signage outside the room to prevent school personnel or other students from entering the treatment area. Another option is the school’s cafeteria if it is not being used because student meals are catered and/or lunches are served in the classrooms.

Another appropriate setting for the dental team is to set up a VDH clinic outdoors if a power source and Wi-Fi or direct internet access is available and weather permits. A pop-up canopy or shade structure is helpful for delivering patient care. Consider school lunch tables under an awning or sunshade as a treatment option.

Pre-Appointment Screening of Patients

The VDH team should try to follow the same Covid-19 screening protocols as are followed in their practice/health center. The best situation is if children are screened by school personnel prior to being allowed onto the school campus. The VDH team should determine the school symptom screening policies for student and staff and ensure their practices follow CDC and CDE recommendations including:

- Having adequately trained staff performing Covid-19 screening procedures
- Daily student health checks, temperature screening

- Availability of hand washing stations, hand sanitizer, no touch trash receptacles, and face coverings
- If needed, having the dental team perform a second temperature check prior to the dental appointment
- If appropriate screening measures are not being performed by school personnel, the dental team can decide if additional screening measures are needed
- Becoming familiar with Center for Disease Control (<https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-care.html>) and California Dept of Education (<https://www.cde.ca.gov/ls/he/hn/coronavirus.asp>) policies for best practices, recent policy changes, and current information/updates.

Infection Control and PPE

Consider the services the VDH team will be providing and determine the level of PPE needed. Understand clinic/health center policy for donning/doffing procedures and implement protocols on school campus.

Other infection control measures can include:

- Consult with the school's operations/facility staff to determine the degree of air filtration present in the facility. If feasible, become familiar with the room's air flow patterns and design the VDH set-up and patient chair position to maximize ventilation in the treatment room.
- Consider a portable HEPA air filtration unit if a higher rate of ventilation is needed.
- Limit the number of patients in the treatment room to one and only allow the patient, the VDH team, and student support staff in the room. Family members and school advocates should be asked to remain outside the VDH treatment area.
- Take steps to ensure all persons who enter the treatment room are masked and perform hand hygiene before entering and after leaving the facility. If a student presents without a mask, supply him/her a facemask, and if needed, help cover the student's mouth and nose until they need to remove the mask to accomplish dental procedures. Provide hand sanitizer at the entrance and around the treatment area.
- Based on ADA/CDC guidance, all PPE should be discarded after each patient. During a public health emergency, the clinic/health center may adopt interim policies during a supply shortage of PPE.
- Be familiar with CDC guidelines if the clinic/health center implements temporary policies such as reprocessing and extended use measures. Resume standard practices when PPE supply has increased.

Disinfection

Some good practices for disinfection of the treatment area in a school environment include:

- Schedule appointments to allow adequate time between patients for complete cleaning and disinfection and sufficient time for air exchange to remove potentially infectious particles in the treatment area.

- Assess the treatment area and determine the boundaries inside and around the workspace that should also be covered. Cover every working surface by draping plastic material over tables and student chairs, and cover all dental equipment using barrier tape and plastic sleeves
- Follow standard practices for infection control and include the cleaning/disinfection of high touch surfaces like doorknobs, switches, keyboards and handles in and around the treatment area. Special consideration should be made to allow additional time before for proper ventilation and thorough cleaning/disinfection of all surfaces and equipment in the treatment area before resuming dental care on the next patient
- Only use recommended products that meet the EPA registered hospital-grade disinfectant and ensure proper contact times indicated on the product label are followed to be effective against SARS-/CoV-2 and other acute respiratory illnesses.

Considerations for Non-Aerosol Generating Procedures

Routine VDH Procedures are safe to provide in school-based settings. The provision of minimally invasive dental procedures is unlikely to generate aerosols (airborne droplets or spray) due to no use of air/water syringes, ultrasonic scalers, or rotary/polishing handpieces. Some examples include:

- Preventive procedures such as application of Fluoride Varnish and/or Silver Diamine fluoride, taking radiographs and photographs, oral health education, and prophylaxis using hand scalers or a toothbrush with gentle brushing can be completed with no aerosol generation
- Avoid droplets or aerosols by having students expectorate into tissues or paper towels
- Patients with diagnosed caries should be given priority for Interim Therapeutic Restorations and/or sealants.
- Glass ionomer-based materials are recommended for both sealant and restorative procedures. They are easy to use, are moisture tolerant, have short prep and setting time, and release fluoride which promotes remineralization of tooth structure. They can be placed without generating aerosols by:
 - Using cotton rolls and dry angles for isolation
 - Using cotton pellets, swabs, or gauze to rinse, dry, clean, and condition teeth
 - Removing soft carious materials with spoon excavators
 - Contouring the material after placement with a gloved finger or carver.
- If it turns out that the patient requires an aerosol generating procedure, consider the use of a portable HEPA air filter unit or refer child to health center/dental clinic where high flow suction and specialized equipment can be utilized.

Behavior and Mental Health

With physical and social isolation, economic instability, and school district closures, there is the potential for increased risk of children being under stress or experiencing neglect or even abuse during the COVID pandemic. Isolation and quarantine have left many students without their usual protection and support systems (teachers, friends, trusted adult) that their schools may

provide. The dental team should be aware of signs that children may be under mental stress and discuss possible referral resources with school personnel.

If the dental team feels that a child's stress may be due to neglect or abuse, they should remember that as an oral health provider they are a mandated reporter. The dental team should:

- Inquire if behavioral/mental health resources are available for students at their schools
- Discuss concerns with the school nurse or health coordinator on-site

Additional Resources

California Department of Public Health:

- [CDPH School and School-Based Program Guidance](#)
- [Interim Protocol or Preventive Dental Care During Covid-19 In Public Health Settings: Reducing Aerosols and Educating Patients](#)

Centers for Disease Control:

- [Interim Infection Prevention and Control Guidance for Dental Settings During the Coronavirus Disease 2019 \(COVID-19\) Pandemic](#)
- [Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 \(COVID-19\) in Healthcare Settings](#)
- [Framework for Healthcare Systems Providing Non-COVID-19 Clinical Care During the COVID-19 Pandemic](#)
- [Summary for Health Care Facilities: Strategies for Optimizing the Supply of PPE During Shortages](#)

Other Organizations:

- [OSHA Guidance Summary: Dentistry Workers and Employers](#)
- [ADHA Interim Guidance on Returning to Work](#)
- [California Department of Education: Stronger Together: Early Learning and Care](#)

Contact Information

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