



Guidance on Resumption of Dental Services in School Settings

Updated March 31, 2021

During the COVID-19 Pandemic

Background: On March 12, 2020, Governor Brown issued Executive Order No. 20-05 closing all K-12 schools March 16-31, 2020. On March 19, 2020, Governor Brown issued Executive Order No. 20-10 to cancel all elective and non-urgent health care procedures that require personal protective equipment (PPE) effective March 23, 2020. On April 27, 2020, Governor Brown issued Executive Order No. 20-22, which allows medical and dental offices and other health care offices to resume elective and non-emergent procedures that require PPE, starting May 1, 2020, if the criteria in the Oregon Health Authority (OHA) guidance can be met. On June 10, 2020 the OHA and the Oregon Department of Education (ODE) released the first iteration of [Ready Schools, Safe Learners](#) guidance for school year 2020-21.

Authority: Executive Order No. 20-22, ORS 433.443, ORS 431A.010

Applicability: This guidance is applicable to any medical or dental program that provides dental or oral health services in a school setting. Additional safety precautions and specific messaging are necessary to assure school staff, parents and students that it is safe and important for students to receive preventive dental care at their school.

Guidance

Definitions: For purposes of this guidance, the following definitions apply:

- “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.
- “Emergency PPE-conserving measures” means a set of strategies used by programs in face of severe PPE shortages.
- “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.

I. Criteria for programs to provide school dental services

- A. Avoid AGPs whenever possible.
- B. Adequate PPE supplies.
 1. A program must have adequate PPE supplies on hand that have been approved by [NIOSH](#) or [FDA](#). 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 and without implementing emergency PPE-conserving measures.
 - c) Adhering to [Oregon OSHA](#) and [CDC](#) guidance on recommended PPE use.

If a temporary disruption threatens the ability of a program to maintain an adequate PPE supply and the program proposes to reuse or extend the use of PPE, it may continue school dental services as long as they are in compliance with OHA's and Oregon OSHA'S co-issued [Use of Personal Protective Equipment by Dental Personnel in Resource-Constrained Settings](#).

C. Strict infection control.

- a) A program must implement and follow strict infection control in accordance with current [CDC guidance](#). A program must follow [ODE Ready Schools, Safe Learners](#) dental guidance and maintain at least 3 feet of physical distance between students and 6 feet of physical distance between non-oral health screening dental personnel.
 - 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 must 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.
 - ii. Factors to consider in selecting outdoor school settings for dental services include the availability of a covered playground, breezeway or an outdoor tented space with a roof and at least two-to-three walls open to fresh air and program portable equipment.
1. If a program must perform AGPs, it should do so in accordance with guidance provided in [Use of Personal Protective Equipment by Dental Personnel in Resource-Constrained Settings](#).
 - a) For programs operating multiple chairs and teams in a school, place units at least 6 feet apart. Consider placing a portable barrier between operational dental units when performing AGPs. A portable barrier in the clinical service area must allow disinfection between students receiving AGPs.
 - 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.
 3. A program providing dental sealant services must follow stringent infection control in accordance with [OHA Guidance for Certified School Dental Sealant Programs](#).

II. Measured resumption of procedures

Once a program has met the criteria in Section I of this guidance, the resumption of school dental program services must start slowly and the criteria must be reassessed every two weeks along with the school or school district and LPHA.

- A. Decrease case load volumes to ensure physical distancing of at least 3 feet is maintained between students wearing face coverings and at least 6 feet is maintained between students not wearing face coverings and program staff and among program staff whenever possible.
 - 1. A program must 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. In order to maintain or expand an increased volume, a program must continue to meet all items in Section I of this guidance. Certified school dental sealant programs must follow guidelines in the [OHA Guidance for Certified School Dental Sealant Programs](#).
- C. A program must have and follow 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 must provide the school nurse, school district, LPHA, or OHA with a copy of this plan, upon request.
 - 1. A program must create a process to respond to a school or DHCP coronavirus outbreak.
- D. A program must maintain a daily list of students who have received services. The program must 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 outlined in their [Operational Blueprint for Reentry](#).
 - 1. The program must 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.
- E. A program must have a referral system in place for follow-up dental care needs. If access to dental care is unavailable, the program must maintain a referral log of students needing additional dental care and follow-up once dental care becomes available.
- F. A program must strongly 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 or those with poor lung and heart function.
- G. A program must 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 doing 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.
- H. A program must not perform school dental services on a patient with COVID-19 symptoms. Symptom screening should follow guidance from the [CDC](#).

III. Monitoring, oversight and enforcement

- A. If based on its own monitoring or if based on complaints, OHA believes that a program is not meeting the criteria in Section I of this guidance or other provisions in this guidance, OHA will either refer to the issue to the appropriate health professional licensing board or issue a warning letter to the program informing it that it must cease performing school dental services until it can again meet criteria and this guidance.
- B. If a program is found to be in repeat non-compliance with this guidance, OHA may issue civil penalties or take other enforcement actions.
- C. If OHA finds that many programs are failing to comply with this guidance, it will request that the Governor halt school dental programs.
- D. A program must comply with a request for information from OHA and ODE immediately, upon request.

Document accessibility: For individuals with disabilities or individuals who speak a language other than English, OHA can provide information in alternate formats such as translations, large print, or braille. Contact the Health Information Center at 1-971-673-2411, 711 TTY or COVID19.LanguageAccess@dhsosha.state.or.us