INTERIM ORTHODONTIC PPE SUMMARY BASED ON CURRENT CDC AND OSHA GUIDELINES

INTRODUCTION

In response to the current COVID-19 pandemic, the AAO has formed an AAO COVID-19 Task Force. The COVID-19 Task Force, comprised of a diverse and experienced group of individuals, includes orthodontists, orthodontic educators, members of the AAO Legal Department, and experts in the areas of infection control, infectious diseases, and office design. The group has held several meetings and is working to develop additional resources specific to our AAO members. The Task Force is reviewing all pertinent literature in regards to a variety of topics, including aerosolization in practice and PPE recommendations from the CDC, OSHA, and ADA. It is also conducting an analysis of procedures typically performed in orthodontic offices and steps that can aid in minimizing the chance of virus transmission to our patients, teams, and ourselves. While final recommendations from the Task Force are forthcoming, some interim suggestions are indicated as orthodontic offices start to reopen.

AAO is not a legislative body and does not produce regulations that require adherence. These can only come from the regulatory bodies in the United States and Canada. However, the AAO does have a duty to inform, educate and protect members of the public, clinicians and staff during the delivery of orthodontic care. Generally speaking, orthodontists should follow current guidelines as set forth by the CDC, OSHA, and other federal/state regulatory agencies. These can be found at aaoinfo.org/virus. Orthodontists should use their own professional judgement when deciding how to best implement current guidelines in their offices. In addition, the ADA has just released relevant guidance on patient and staff member screening protocols, as well as other practical measures to take when seeing patients. Until adequate testing is available, it is not possible to know who may carry the Coronavirus. As such, the most appropriate level of PPE should be used based on the procedures being performed. Aerosol generating procedures (AGP) such as use of handpieces, whether high speed, slow speed, or electric, use of lasers or electrosurgery units, and use of the air water syringe will require the utilization of more stringent PPE guidelines as noted. Nonaerosol generating procedures (NAGP) will require a level of PPE that is similar to current CDC and OSHA guidelines on blood borne pathogens and will not require the use of N95 masks. In order to preserve PPE, until it becomes more readily available, clinicians should use the level of PPE that is most appropriate for that procedure and preserve N95 masks, if available, for AGP.

QUICK TIPS TO CONSIDER WHEN PLANNING TO REOPEN

1. **Scheduling** - Don’t overschedule, as disinfection between patients and donning (placing) and doffing (removing) PPE will take extra time. Ramp up to a fuller schedule as PPE becomes available and as your staff becomes more comfortable with new procedure. When AGPs are anticipated, minimize the risk to other patients, staff, and practitioners by employing administrative and engineering controls.
2. **Social distancing in the operatory** - Where possible, social distancing is encouraged by seating patients at least 6 feet apart.
3. **Alternative clinical protocols** - Consider using bonding protocols that do not require the use of an air water syringe (i.e. self-etching primer). Additionally, consider the use of debonding pliers instead of a handpiece for adhesive removal.
4. **High Volume Evacuation (HVE)** - The use of high-volume evacuation during AGP may significantly reduce the presence of aerosols.
5. **Rinsing** - Immaculate oral hygiene performed at home, and included as part of the screening protocol, will have a significant impact on reducing the microbial load in a patient’s mouth. In the office, it may be prudent to have the patient rinse with an antiseptic mouthwash prior to any procedure that involves aerosolization.

These suggestions are based on current CDC and OSHA guidelines and may be helpful as practices start to reopen. The professional judgment of the orthodontist should be used to determine how to best apply these in practice.

The AAO has several councils (Council on Orthodontic Practice, Council on Education and Council on Scientific Affairs, Council on Governmental Affairs) working together to look at the many facets of the situation and more information will be forthcoming in the future as available.
Many procedures in orthodontic treatment are typically non-aerosol generating, however in consideration of the fact that some procedures employed will generate aerosols, the AAO offers the following guidance to members regarding personal protective equipment (PPE).

**NON-AEROSOL GENERATING PROCEDURES**

You and your staff have surgical facemasks, basic clinical PPE (including eye protection), and are prepared to follow approved disinfection procedures immediately after this and every procedure.

*Source: American Dental Association, Interim Guidance for Management of Emergency and Urgent Care*

**AEROSOL GENERATING PROCEDURES**

Use the highest-level of appropriate personal protective equipment (PPE) available.

The use of gloves, gowns, eye protection (i.e., goggles or a disposable/reusable face shield that covers the front and sides of the face), and an N95 or higher-level respirator (mask) during dental care is recommended. In the absence of an N95 mask, a surgical mask worn with a faceshield is a suitable alternative.

- Disposable respirators should be removed and discarded after exiting the care area. Wearing a surgical mask over the N95 mask will allow the reuse of the N95 mask on another patient. The surgical mask should be removed and changed between patients.
- Reusable eye protection must be cleaned and disinfected according to manufacturer’s reprocessing instructions prior to re-use.
- Disposable eye protection should be discarded after use.
- Change gown if it becomes soiled during the procedure. Remove and discard gown in a dedicated container for waste or laundering before leaving the care area.
- Disposable gowns should be discarded after use. Reusable gowns should be laundered after each use.

If a respirator (such as N95 or KN95 mask) is not available, use a combination of a surgical mask and a full-face shield. Ensure that the mask is cleared by the US Food and Drug Administration (FDA) external icon as a surgical mask. Surgical masks should be removed and discarded after exiting the patient’s room or care area. Change surgical masks during patient treatment if the mask becomes wet.

"Ensure Dental Health Care Workers practice strict adherence to hand hygiene,
- Before and after contact with patients.
- After contact with contaminated surfaces or equipment.
- After removing PPE."

*Source: Centers for Disease Control and Prevention, Interim Infection Prevention and Control Guidance for Dental Settings During the COVID-19 Response*