

COVID-19 PA DENTAL COALITION

May 1, 2020

Dr. Rachel Levine
Secretary of Health
Pennsylvania Department of Health
625 Forester Street, #802 West
Harrisburg, PA 17120-07

Dr. Levine,

As you are no doubt aware, the dental community in Pennsylvania has clearly demonstrated a commitment to reducing the spread of COVID-19 by supporting and following directives issued by the State. Dental professionals within our respective organizations have contributed to the containment of this pandemic, not only by limiting the delivery of oral health care to treating emergent/essential cases, but also by inventorying PPE and donating substantial quantities to our colleagues on the frontlines.

The comprehensive dental needs of Pennsylvanians have now been neglected for over a month. Some patients who previously had moderate, asymptomatic conditions may soon deteriorate into debilitating states with acute symptoms. Dentists and dental hygienists need to return to work in order to avert a crisis in oral health that will have considerable economic and even lifelong implications for our patients.

We believe the Department of Health (DOH) understands the importance of maintaining good oral health as a vital aspect of overall good health. And that is borne out by DOH asking our various dental stakeholder organizations to develop a consensus set of recommendations for how dental practices could resume delivering this important care to Pennsylvanians.

The deliberations of our organizations have been greatly facilitated by the development and release by the American Dental Association (ADA) of the ADA Return to Work Interim Guidance Toolkit. Our group has unanimously endorsed the ADA Toolkit as appropriate, comprehensive guidance for dental professionals to begin serving their patients' mounting needs as we begin the process of adapting to a "new normal."

The involvement of the ADA Science Division in the Toolkit's development ensures the guidance in it, which builds upon the ADA algorithms and guidance that had previously been the standard for practicing during the pandemic, is evidence-based and aligns with CDC guidelines. (It also contains links to all relevant CDC guidance). The Toolkit addresses the full spectrum of infection control issues, including (but not limited to): minimization of aerosols, types and proper use of PPE, pre-appointment screenings, staff training and screening, disinfecting protocols, and product standards. Moreover, the Toolkit is interim guidance, intended to evolve and be updated as necessary to ensure its provisions always reflect the most current scientifically supported clinical practices. The Toolkit does not replace clinical, professional judgement, but informs it in such a way as to ensure dental professionals have all the information they need to provide vitally needed oral health care under conditions that protect the safety of both patients and providers.ⁱ

It is worth noting that the Toolkit and the CDC guidelines it references and incorporates provide substantial guidance on what constitutes appropriate PPE and its proper use in clinical settings. Dental professionals routinely manage the risks of infectious disease transmission and can readily adapt to this new guidance as trained experts in dental medicine. Accordingly, while the availability of appropriate PPE will certainly

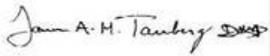
determine treatment decisions, especially for certain procedures, as well as patient scheduling on a practice by practice basis, the market availability of specific PPE items should not be the sole determinant of practices re-opening in general.

Finally, we should note that, as befits the cross-section of dental practice settings represented by our various organizations, it is our firm, unanimous conviction that the guidance provided in the ADA Toolkit is appropriate and applicable to all facilities in which dental care is provided.

In closing, we would like to acknowledge the wisdom of DOH in seeking the recommendations of our organizations. The input from experts in oral health care that we were able to collectively engage in the task of determining appropriate guidance is critical to safely resuming the provision of comprehensive dental care for the citizens of our state. It is difficult to interpret the DOH request for our recommendations as anything but acknowledgement that the best means of ensuring dentistry is practiced safely with optimal benefit in challenging conditions is through collaboration with dental professionals, a position with which we wholeheartedly concur.

We look forward to hearing back from the Department soon, and to continuing to work with DOH for the betterment of oral health in Pennsylvania.

Sincerely,


James A. H. Tauberg, DMD
President, Pennsylvania Dental Association



Leigh Jacopetti-Kondraski, President
Pennsylvania Academy of General Dentistry



Linda Straub-Bruce, RDH, BSEd, PHDHP
President,
Pennsylvania Dental Hygienists' Association



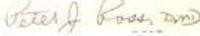
Dr. Amid Ismail, BDS, MPH, MBA, DrPH
Dean, Kornberg School of Dentistry



Mark S. Wolff, DDS, PhD
Morton Amsterdam Dean
University of Pennsylvania
School of Dental Medicine



Bernard J. Costello, DMD, MD, FACS, Dean
Thomas W. Braun Endowed Professor
University of Pittsburgh
School of Dental Medicine
3501 Terrace St.
Pittsburgh, PA 15261


Dr. Peter J. Ross, DMD
President, Pennsylvania Academy
of Pediatric Dentistry


cc: Peter Blank, MMP, Policy Director, Pennsylvania Department of Health
Meaghan Abbott, Director, Office of Intergovernmental Affairs

Enclosure: ADA Return to Work Toolkit

ⁱ And of course, the organizations and institutions that have signed on to this letter will, as always, continue to make available educational and training opportunities to further inform clinical, professional judgement.