



State of Nebraska Board of Dentistry

Statement from the Nebraska Board of Dentistry as of March 20, 2020:

The Nebraska Board of Dentistry is aware of the serious nature of the coronavirus and its impact on the health of the citizens of Nebraska as well as the financial impact this virus is causing not only to dentistry but to all of our fellow Nebraskans. The American Dental Association, all of the parent dental specialty organizations, and the Nebraska Dental Association **recommend** suspending routine dental care, across many states including ours, through the 1st of April. With enough due diligence it is hoped that the infection curve will flatten, at least locally, and we can get back to business as usual. Additionally, these recommendations could change as information from the CDC, ADA, and the NDA changes.

There has been some discussion about what constitutes routine dental care and what constitutes essential/emergent dental care. A table is included below, but one simple way to define essential/emergent care is that if the patient was being scheduled more than 24-48 hours out, then it would be considered routine dental care. Short postoperative follow-up appointments to remove sutures or insure the absence of post op infections could also be considered essential. Obviously, if the patient is in pain we should all make provisions to see the patient as soon as possible and treat as necessary.

It is also every provider's responsibility to insure that their patients have a way to contact their dental home for pain relief. There have already been some problems with offices closing and not providing a number for emergency care causing the patients of record, to seek emergency care through the Emergency Room, overwhelming their facilities, with patients that should be seeking care through their own dental provider. So please provide a way for patients to contact you for acute care.

Some have questioned the suspension of routine care in dental offices at this time. Most of the routine dental procedures, produce some kind of aerosol that can be suspended in our office for hours after the completion of the procedure. While wearing the appropriate PPE we would be fairly well protected (unless wearing an N95 mask, then well protected), but later when the mask is removed, we could be exposed to the virus in the aerosol.

In an attempt to comply with the 6 foot spacing rule, the interaction in the waiting areas of our offices between patients could serve as a contagion source for spreading the virus. As we already know, there is a shortage of masks and disinfecting products, which if not resupplied would also limit our ability to provide safe care to our patients. Preserving these supplies for essential/emergent medical procedures is a higher priority especially if the number of infected individuals drastically increases. If an office elects to ignore these recommendations and provides routine dental care, and it becomes a nidus for spreading the infection, one might have a hard time explaining why they chose to provide care spreading the disease.

Suspending the Annual Nebraska Dental Association meeting as well other national meetings, may be a reality if the large crowd control restrictions are still in place. The continuing education provided by these meetings is essential for many providers to meet their biennial CE requirements. Currently 10 hours of online CE is allowed out of the required 30 hours of CE every 2 years. If the speakers for these events are videotaped and available for viewing later by registrants of the meeting then this could fall under the already allowed 10 hours

of online CE. However, due to the extreme circumstances and current restrictions, the board will review exceptions to the current regulations and allow modifications as allowed by statute to help insure we can meet the requirements for licensure without undue hardship.

Specialty	Essential/Emergent	Non-essential	Procedure
Restorative		X	Incipient mild decay
		X	Moderate decay without symptoms
	X		Deep decay, symptomatic
	X		Current broken restorations, pain, sharp edges, food impaction
	X		Fractured teeth , cusps
	X		Current crowns off or seat new crowns if interims are compromised
Cosmetics		X	Veneers, etc.
Endodontics	X		Active/acute infections
	X		Patient in pain
	X		Swelling cellulitis
Emergency Patients	X		Any patient requesting pain relief
Hygiene		X	New patient exam
		X	Routine recall, Xray, prophylaxis
		X	Continuing Care
Oral Surgery	X		Active infection
	X		Patient in pain
	X		Swelling or cellulitis
	X		Third molar pericoronitis
	X		Facial trauma
		X	Elective extractions (ortho, 3 rd molars)
Orthodontics	X		Broken fixed or removable appliances, protruding wires
		X	Routine ortho appointments
Periodontics	X		Periodontal abscess, swelling, cellulitis
		X	Routine recall appointments, maintenance
Prosthodontics	X		Severe gingival irritations caused by dentures, partials
	X		Replacing/repairing current broken removable appliances
Pediatrics	X		Swelling, cellulitis, pain
		X	Incipient mild decay
		X	Moderate decay without symptoms