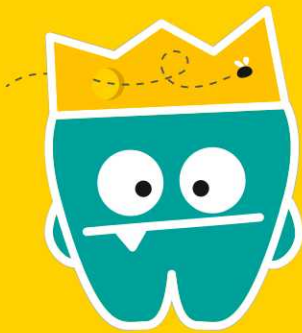


Re-emergence Pediatric Dentistry

PRACTICE CHECKLIST



A guide for re-entry into practice
for pediatric dentists during the
COVID-19 pandemic





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PREFACE

Dear Colleagues,

The tremendous challenges we are facing due to the COVID-19 crisis are unprecedented in most of our lifetimes. Our health care system, our economy, and our nation's people were not ready for the impact of this virus. And we and our practices were not prepared for the far-reaching effects of the pandemic and only now are beginning to look at re-emergence from closures and emergency-only operation to get back to caring for children.

Re-emergence from the depths of the pandemic will take time and defining a "new normal" for our lives and our practices. No one is really sure of what the end of this pandemic will look like, so we can only try to do our best to craft a safe and effective practice environment. Further, because of the novelty of this crisis, how we approach renewal of our practices will be a mix of application of existing science, interpretation of new findings, and creativity and common sense. Until more is known about transmission, testing, and immunity, as well as the effectiveness of mitigation efforts, these recommendations are, at best, merely guideposts, not a definitive road map.

Because of uncertainties and the evolving understanding of the virus, we felt it would be less valuable, and in fact, counterproductive to be prescriptive than to direct members in directions that seem important to consider in the resumption of practice. Because of competing information and significant differences in states' approaches to reestablishing their economies while still controlling the virus, we felt it best to direct pediatric dentists to look to reliable local and national sources of information to get specific information in the categories in this checklist.

The checklist offers documents and links that were available at the time of its conception, but those can change and some already have, but are included because of their historical reference.

We hope that this document proves useful as states open up restrictions and we all begin to get back to caring for children in ways that are safe for them, their families, our staff and ourselves.

Sincerely,

The Safety Committee

Casamassimo, P, Castellano, J, Conte, C., Czerepak, C., Jacobson, B., Lee, J., Miller, J., Younger, L.

INTRODUCTION

This checklist is meant to be a guide for re-entry into practice for pediatric dentists.

The checklist is based on best information at the time of its creation. The evolving nature of the COVID-19 pandemic, scientific discoveries related to virus transmission, and data on effective mitigation efforts and treatments make any set of recommendations and areas of consideration time-sensitive. Users of this guide should continue to consult with reliable national and local sources regularly and adhere to recommended directives that apply to their locus of practice.

In addition, sources of information provided in the resource section of this document may become outdated with new information over time. Adherence to recommendations by government and professional organizations should be based on most current versions of advice.

For the longer term, until immunity against COVID-19 is achieved, our actions as pediatric dentists should be aligned to achieve the following:

1. Ensure the U.S. health care workforce has ability to care for the sick within our hospitals,
2. Prevent infection with the virus personally and professionally,
3. Build capacity to protect the health and well-being of the public and pediatric dental workforce,
4. Reduce social, emotional and economic disruption,
5. Optimize oral health of children we care for.

Because of impacts on healthcare, poverty and economy, the current practice state of only emergency dental care that many states and professional organizations have recommended or required in attempts to mitigate the spread of COVID-19 is unsustainable in the long term. Thus, this checklist is designed to address significant areas of practice that may need attention prior to resumption of pre-pandemic levels of care. It also takes into consideration new and possible changes as a result of the pandemic and its lingering effects and retrospective actions to return practices to optimal function.



PRE-EMERGENCE PROCESS

In order to begin to get back to patient care, a number of steps should be taken to prepare a facility for re-opening and staff to be able to function in the “new normal” environment. This first section reflects guidelines as well as member-driven ideas to facilitate the restart of a practice, aimed mainly at personnel preparation and physical changes. The suggestions offered here are aimed at safety as well as operational changes consistent with what is known and still emerging about the COVID-19 pandemic.

TOPICS AND CONSIDERATIONS

Supply chain verification:

- PPE guidelines as they apply
- New disposable recommendations (eg N₂O)
- Stay in constant contact with dental supply reps for availability of PPE
- Be wary of gray market PPE

General:

- Review current infection control practices
- Pediatric risk is low

Employee calibration on processes:

- Consider developing a respiratory protection program:
 1. You must have a program administrator that is qualified by appropriate training or experience (DDS alone does not qualify)
 2. Respiratory Protection Program Elements:
 - a. Selection
 - b. Med evaluation
 - c. Fit testing
 - d. Use
 - e. Maintenance and care
 - f. Breathing air quality and use
 - g. Training
 - h. Program Evaluation
- Patient triage for oral health need
- Develop a script for front office screening of patients for both day before and day of appointment
- **Assessment of COVID-19 risk**
- Referral options identified for patients who have a positive COVID-19 test results

RESOURCES

Resources are meant for background use and are not in chronological order. Users are advised to verify accuracy.

- [American Dental Accessories](#)
- [AM Systems: Respiratory and Anesthesia Equipment: ViroMax Viral and Bacterial Filter](#)
- [The ADA's Advisory Task Force for Dental Practice Recovery has developed a free toolkit for members offering interim guidance on measures to help protect patients, staff and dentists from COVID-19 as dental practices re-engage in providing the full range of oral health care. To receive a copy, visit this ADA site and fill out the form for a link to the toolkit.](#)
- [ADA Interim Guidance and Minimizing Risk Comprehensive Resource](#)
- [ADA Guide to Understanding and Documenting Teledentistry Events](#)
- [ADA: What Constitutes a Dental Emergency](#)
- [ADA Webinar: COVID-19: What To Do If a Patient or Dental Staff Tests Positive](#)
- [ADA: What to Do if Someone on Your Staff Tests Positive for COVID-19](#)
- [ADA COVID-19 Coding and Billing Interim Guidance](#)
- [CDC COVID-19 Guidance for Healthcare Professionals](#)
- [CDC: Interim Infection Prevention and Control Guidance for Dental Settings During the COVID-19 Response](#)
- [CDC Poster: PPE Training for Staff](#)
- [CDC Using PPE When Caring for People with Confirmed or Suspected COVID-19](#)
- [Doxy Telemedicine Tool](#)

TOPICS AND CONSIDERATIONS

If you use teledentistry:

- Describe the triage process
- Describe the expansion/reduction of the use of teledentistry, if implemented during crisis

Staff and employment considerations:

- Until testing, consider risk reduction measures: taking temperatures
- Non-contact roles for staff
- Managing laundry
- Ab titers when utility is established on limiting infection
- Consider vaccine requirement when available
- What to do if someone on staff tests positive for COVID-19
- Protocol for “non-return to work” employees
- Check in regularly on staff status and morale

Testing (when available), some types to research are:

- Reverse transcription polymerase chain reaction (RT-PCR) test
- Loop-mediated isothermal amplification (lamp)
 - Sampling: adult and child
- Know the difference between antibody vs virus tests and accuracy

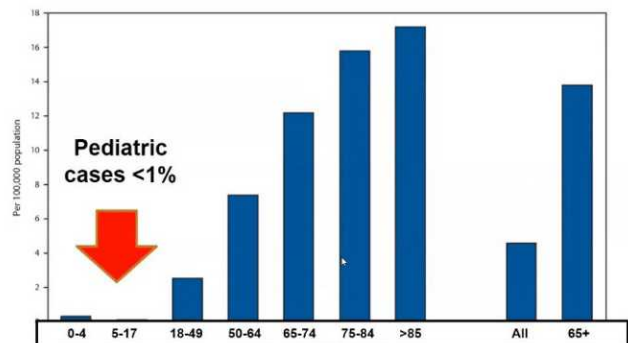
Physical space/office modification:

- Use common terms used by government, public health departments, and CDC (social distancing)
- Consider barriers in bay
 - Consider having drapes installed between chairs
- Remove hard-to-disinfect items from operatories and waiting rooms (toys, decorations, books, magazines)
- Create cleaning schedule for efficiency
- Consider new signage in office to prevent patients from walking through the wrong areas.
- Plan waiting area layout for social distancing while maximizing experience during reception
- Consider leaving front door to office open or installation of electronic door openers
- Consider what a safe number of people is and if there are distances that need to be maintained while the patients wait for appointment
- Is there a need to place air purifiers in these high volume/traffic areas?

RESOURCES

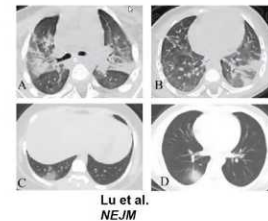
Resources are meant for background use and are not in chronological order. Users are advised to verify accuracy.

- [EPA: Disinfectants for Use Against SARS-CoV-2](#)
- [How to Choose and Use Environmental Surface Disinfectants](#)
- [MMWR Hospitalization Rates and Characteristics of Patients Hospitalized with Laboratory-Confirmed Coronavirus Disease 2019](#)
- [Social Distancing Protocol from San Mateo County, CA](#)
- [Standard and Transmission-Based Precautions in Dentistry](#)
- [Sampling: Adult](#)
- [Sampling: Pediatric](#)
- [Test: Loop Mediated](#)
- [Test: RT-PCR](#)



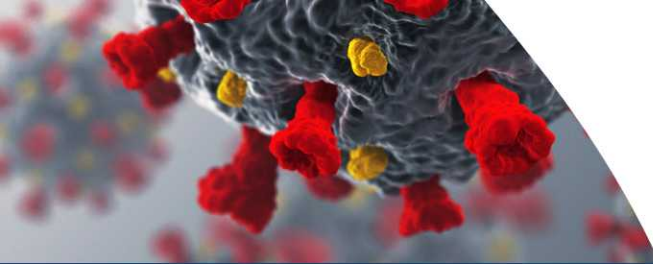
Hospitalization Rates and Characteristics of Patients Hospitalized with Laboratory-Confirmed Coronavirus Disease 2019, COVID-NET, 14 states March, 4-30, 2020, MMWR April 8, 2020

- Pneumonia was found in asymptomatic children
- Ground glass opacities in 20-60%
- Can be bilateral (12-50%) or unilateral (19-56%)



Pediatric COVID-19 Imaging

Reference: Lu et al, Letter to the Editor, March 18, 2020 NEJM, Xia et al Pediatric Pulmonology, 2020:1-6



For COVID-19
resources from the
AAPD, visit the
AAPD COVID-19
Update Center at
aapd.org.

TOPICS AND CONSIDERATIONS

- Contact architect or heating construction to determine rate of air turnover in operatories and/or open bays
- Aerosol evacuation units (not advised at this time, but follow scientific advice as it changes)
- If possible, close door to treatment room during therapy
- Consider reducing the amount of potential infectious contact points and patient interaction touch points. For example wiping down of pens and credit card processing machines (or processors), lessen pen and form transfers with contactless solutions or self-service solutions (forms, records, etc)
- Identify procedure-specific operatory/rooms/spaces/ and attempt to limit length of appointments
- Consider treating COVID-19 positive patients at the end of the day
- Consider having a COVID-19 assigned team for positive patients
- Reception staff protection/barriers/PPE
- In open reception desk consider placing temporary acrylic barriers to protect receptionist
- Negative pressure rooms (not advised at this time)

Pre-closure/closure patient status:

- Follow up on emergency patients seen: describe backlog of urgent or emergent cases needed to treat and the changes in severity of the cases and where patients went for care
- Follow up on pending sedation and GA cases
- Staging of missed recall/new patients
- Website updates
- Office compliance notices for patients (how the office is complying with federal, state, local mandates and guidance in regard to dental practice and COVID-19)
- Phone messaging updates
- Give adequate time to review coverage and act



PRACTICE RAMP UP SCHEDULE CONSIDERATIONS

Restarting practices has human elements as well as physical considerations. The level of patient concern about renewing dental care is unknown and a part of the process is the need for patient assurance and making sure that staff are able to communicate with families about steps taken and show other measures to assure their safety.

TOPICS AND CONSIDERATIONS

Addressing family unit behavior:

- Look at spacing and other infection control measures (barriers, staggering appointments, car waiting, use of pre-screening via phone, one guardian, no siblings, no-touch sign in, no toys/books/magazines)
- Balance exposure risk and patient separation with simple, cost-effective patient flow policies and procedures
- Maximize treatment and access and incorporate acute pandemic period displaced/rescheduled patients
- PPE sustainable strategies: consider masks and sanitizers at door for families
- Due to PPE shortage consider requiring patients to arrive at office with a “face cover” and provide mask only if/when necessary
- In addition to current advice on fever and symptom screening, evaluate and develop additional screening procedures that will improve identifying patients with infection, who are asymptomatic, including children

Getting ready to start up again:

- Utilize real-time COVID-19 disease progression resources that give state/county data to best understand your community’s disease status
- Utilize Resources for Industry Reopening Guidance
- Know individual state mandates related to practice of dentistry during COVID-19
- Understand the difference between droplet and aerosol contamination
- Understanding dental aerosols and splatter and mitigation approaches
- Develop a start-up plan for your office
- Create a post-crisis SOP Manual or revise current office manual

RESOURCES

Resources are meant for background use and are not in chronological order. Users are advised to verify accuracy.

- [ADA: COVID-19 Frequently Asked Questions](#)
- [ADA: OSHA Guidance Summary for Preparing Workplaces for COVID-19](#)
- [ADA Screening and Risk Mitigation Algorithms](#)
- [ADA State Dental Mandates and Recommendations](#)
- [American Dental Accessories Dental Practice Advice](#)
- [CDC: Interim Guidance for Businesses and Employers](#)
- [Clinician’s Report from Gordon Christensen](#)
- [Coronavirus Blog: Droplet vs Airborne Transmission Warning](#)
- [Coronavirus Disease 2019 \(COVID-19\): Emerging and Future Challenges for Dental and Oral Medicine](#)
- [Dimensions of Dental Hygiene: Protecting Yourself](#)
- [FDA: Surgical Mask and Gown Conservation Strategies - Letter to Healthcare Providers](#)
- [Federal Guidance: Opening Up America Again](#)
- [JADA: Aerosols and Splatter in Dentistry](#)
- [Johns Hopkins COVID-19 U.S. Cases by County](#)
- [John Hopkins: Public Health Principles for a Phased Reopening During COVID-19: Guidance for Governors](#)
- [N-95 Respirators and Surgical Masks, FDA](#)
- [NIOSH: Slideshow, Aerosol Generation and Behavior](#)
- [Return-to-practice roadmap for dentists in post-COVID-19 pandemic](#)



SITUATIONS UNIQUE TO THE SPECIALTY OF PEDIATRIC DENTISTRY

The unique patient mix of pediatric dental practice challenges us to prepare for situations that may not occur for general dental practices or other specialties. This section covers different patient groups we as pediatric dentists see regularly and steps that can be considered to make their treatment safe and effective.

TOPICS AND CONSIDERATIONS

Children requiring behavior guidance (BG) with enhanced physical contact and multiple personnel:

- Delay physical BG patients
- Consider treating patient while on parent's lap with parent wearing mask and having passed negative screening criteria
- Special hours
- Prepare for possible referrals prior to contamination
- Scrub change frequency and laundering
- Restraint device cleaning
- Enhanced PPE use if recommended with PPE geared to specific roles/likelihood of exposure

Children with compromised immune illness or with complex medical care needs:

- Consider preparing protocols and referral sources
- Have MD and hospital protocols on hand
- Consult with MD about safety of child being seen at clinic
- Consider hospital based dental clinics if available
- Consider the timing of the appointment in the schedule (1st appointments or special hours/days)
- Consider building a room that meets hospital standards for infection control and air turnover

Immediate care for high caries index patients/emergencies:

- Maximizing treatment per visit to reduce numbers of visits
- Establish protocols for pain and referrals
- Develop a risk based scale for scheduling general anesthesia patients

RESOURCES

Resources are meant for background use and are not in chronological order. Users are advised to verify accuracy.

- [AAAASF's guide to re-opening your AAAASF-accredited facility after closure due to COVID-19](#)
- [American College of Surgeons: Local Resumption of Elective Surgery Guidance](#)
- [AAPD: Management of Dental Patients with Special Health Care Needs](#)
[American College of Surgeons: Clinical Issues and Guidance COVID-19](#)
- [American College of Surgeons: Local Resumption of Elective Surgery Guidance](#)
- [ASDA Interim Guidance For Dentist Anesthesiologists Practicing In The Office-Based Setting During The COVID-19 Pandemic](#)
- [ASHRAE: New Ventilation Guidelines](#)
- [Caries Management Strategies for Primary Molars](#)
- [CDC: Caring for Children COVID-19](#)
- [Effect of sensory adaptation on anxiety of children with developmental disabilities: a new approach.](#)

TOPICS AND CONSIDERATIONS

- Determine when the hospital/surgical center will be scheduling elective dental patients
- Develop strategies to temporize carious teeth: use of IRM, glass ionomer

Patients from group living sites:

- Consider pre-screening for symptoms
- Teledentistry triage
- Special hours to maximize access and treatment/reduce exposure likelihood
- Develop a communication link with the provider responsible for the health of the patient

Traumatic injury:

- Consider dedicated after-hours room
- Pre-screening for symptoms
 - Considering age of patients, tooth status, occlusion and medical and viral status of patient
- Teledentistry triage
- After-hours team hazard pay
- Know what can wait

In-office anesthesia treatment:

- Consider PPE requirements for additional staff
- Implement disinfection protocol for equipment
- Consider scheduling to reduce transmission likelihood
- Refer to ASDA recommendations
- Consider disposable vs cloth garments for staff in anesthesia patients

Hospital Dental Cases:

- More stringent pre- and intra-operative steps for hospital cases
- Consider referral options and pre-op time frame
- Comply with screening and management protocols outside of the office
- Be familiar with Department of Surgery Guidelines for elective cases
- Determine if the hospital system will allow dentists to use satellite centers
- Consider reviewing options for OR and specialty referral sources
- Comply with increased screening and management protocols outside of the office

RESOURCES

Resources are meant for background use and are not in chronological order. Users are advised to verify accuracy.

- [Guidance on Preparing Workplaces for COVID-19](#)
- [Planning Advice: Design distinctions for exam, procedure and operating rooms](#)
- [Roadmap for Resuming Elective Surgery After COVID-19 Pandemic, Joint Statement](#)
- [Strategies for Optimizing the Supply of Isolation Gowns](#)



POINT-OF-CARE CONSIDERATIONS/ OPERATORY ENVIRONMENT

Much of the focus of a return to dental practice has been on infection control, and much of that related to the dentist-patient interface. To date, no studies confirm the benefits of additional precautions on transmission. The ideas and resources presented in this section are reiteration of proven and trusted approaches, the best guesses of experts, and some common sense recommendations of dentists who are familiar with the treatment triad and the unique aspects of delivery of care in a pediatric dental practice. The resources offered are time-limited so users should attend to dates and relay on more current information as it becomes available.

TOPICS AND CONSIDERATIONS

Ventilation:

- Consider partnering with local hospital or surgery center based on availability
- Consider the use of disposable/sterilizable nitrous tubing
- Determine which dental procedures can be accomplished without creating an aerosol and designate these as “dry appointments” all other appointments would be considered “wet” and higher risk
- Consider wearing a regular dental mask over your N95 masks to preserve the N95 masks
- Consider that air exchanges, filtering and exhaust fans can improve flow, so check with contractor/building manager
- Consider having scheduling separate aerosol procedure days and non-aerosol procedure days to allow cleaning/disinfection time for aerosol producing procedures

Use of high capacity evacuation devices:

- Consider multiple suction units
- Referrals to hospital or surgery center as needed

PPE and infection control enhancement:

- Consider cleaning and disinfection protocols to adjust for COVID-19
- Follow recommended changes in point-of-contact patient care from reliable sources
- Consider screening logs and temperature taking for staff and adults accompanying patients (benefit not proven at this time)
- Reuse of N-95 masks if necessary

RESOURCES

Resources are meant for background use and are not in chronological order. Users are advised to verify accuracy.

- [ADA COVID-19 Webinars on Transmission and Emergency](#)
- [ADA: Interim Mask and Face Shield Guidelines](#)
- [ADA: Understanding Masks](#)
- [ADS Extraoral Dental Suction System](#)
- [ASHRAE Standard: Ventilation for Acceptable Indoor Air Quality](#)
- [Bentley CD, Burkhart NW, Crawford JJ. Evaluating spatter and aerosol contamination during dental procedures. J Am Dent Assoc. 1994;12:579-584.](#)
- [California Code of Regulations: Indoor Air Quality](#)
- [CDC: Bloodborne Pathogens and Aerosols in Dentistry](#)
- [CAL OSHA: California Workplace Guide to Aerosol Transmissible Diseases](#)
- [CDC: Decontamination and Reuse of Filtering Facepiece Respirators](#)
- [CDC: Guidelines for Environmental Infection Control in Health-Care Facilities \(2003\) pg. 1](#)
- [CDC Guidelines for Environmental Infection Control in Health-Care Facilities \(2003\) Pg. 2](#)
- [CDC: Strategizing for Optimization the Supply of Isolation Gowns](#)
- [CDC: Sterilizing Practices](#)
- [Comparison of suction device with saliva ejector for aerosol and spatter reduction during ultrasonic scaling](#)

TOPICS AND CONSIDERATIONS

- Continue to test and document the effectiveness of office sterilizers
- Look at waterline safety after practice reduction
- Consider bathroom cleanliness
- For rewards: have list and have staff retrieve and give to child – no toy bins

Viral numbers and aerosols:

- Consider mouth rinse to reduce viral load
- Rubber dam use to reduce pathogen transmission
- N95 mask use and other PPE for dentist and staff based on procedures and proximity
- Saliva ejector vs Isolite type suction
- Possibly wear a standard surgical mask over the n95 mask to preserve the n95 mask
- Wear a face shield over mask

UVC:

- Consider ultraviolet light sanitizers

HEPA:

- Consider HEPA air purifiers

Single Use Equipment:

- Identify one time disposable armamentarium that has sterilizable and multi-use counterparts and solutions such as nitrous oxide circuits/masks and laundered gowns.
- New disposable recommendations (eg N₂O)

Nitrous Oxide Sterilization:

- Tubes, masks, bags
- If sterilizing, verify your tubing/bags can be sterilized

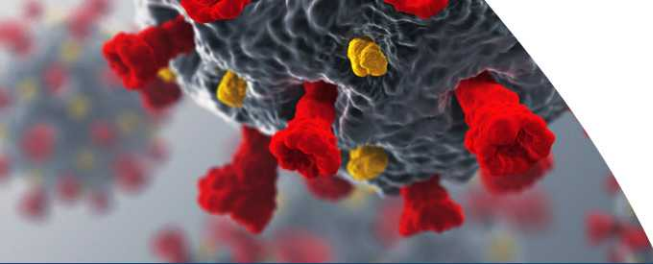
Miscellaneous:

- Identify and evaluate potential deficiencies in infection control and then mitigate through development of interim best practices until formal federal guidelines are established (e.g aerosols and nitrous oxide breathing circuits)

RESOURCES

Resources are meant for background use and are not in chronological order. Users are advised to verify accuracy.

- [Consumer Health Reports: What to know about Air Purifiers and the Coronavirus](#)
- [Consumer Lab: Ultraviolet Light Sanitizers and Coronavirus](#)
- [COVID-19 Evidence Service | Addressing COVID-19 Face Mask Shortages \[v1.1\]](#)
- [CPAC: RH N95 Decontamination System](#)
- [Crosstex: Instructions for Use of Axxess RFS Nasal Mask System](#)
- [Crosstex: Reprocessing of Scavenging Circuits and Multi-Use Nasal Masks](#)
- [Crosstex: The Right Mask for the Right Task](#)
- [ECRI: Safety of Extended Use and Reuse of N95 Respirators](#)
- [Efficacy of preprocedural mouth rinses in the reduction of microorganisms in aerosol: A systematic review](#)
- [FDA, N-95 Respirators and Surgical Masks](#)
- [How to Properly Put on and Remove a Disposable Respirator](#)
- [IMC: Can masks be sterilized while retaining protective function](#)
- [The efficacy of the rubber dam as a barrier to the spread of microorganisms during dental treatment](#)
- [Jacks M. A laboratory comparison of evacuation devices on aerosol reduction. J Dent Hyg. 2002;76:202-206.](#)
- [Minnesota Dept of Health Office of Emergency Preparedness: Airborne Infectious Disease Management Methods for Temporary Negative Pressure Isolation](#)
- [NAFA: Talking Air Filtration](#)
- [NAFA: Talking Air Filtration with Dr. Jeff Siegel University of Toronto: COVID-19 FAQs and Air](#)
- [NAFA: COVID-19 and Air Filtration Frequently Asked Questions](#)
- [NIOSH: Understanding the Difference Between Mask and Respirator](#)
- [OSHA Guidance on Preparing Workplaces for COVID-19](#)
- [OSHA: Fit Testing Procedures for Respirators](#)
- [OSHA: Health and Safety Topics Indoor Air Quality](#)
- [OSHA: How to Perform a User Seal Check with an N95 Respirator](#)



For COVID-19 resources from the AAPD, visit the AAPD COVID-19 Update Center at aapd.org.

RESOURCES

Resources are meant for background use and are not in chronological order. Users are advised to verify accuracy.

- [OSHA: Indoor Air Quality in Commercial and Institutional Buildings](#)
- [OSHA: Letter on Regulation on Respiratory Protection for M. tuberculosis](#)
- [OSHA: Temporary Enforcement Guidance - Healthcare Respiratory Protection Annual Fit-Testing for N95 Filtering Facepieces During the COVID-19 Outbreak](#)
- [OSHA Training: Medical Evaluation for Workers Who Use Respirators](#)
- [OSHA Training: Respirator Fit Testing](#)
- [NIH: Decontamination of N-95 Masks](#)
- [NIOSH: Aerosols](#)
- [NIOSH: Healthcare Respiratory Protection Resources](#)
- [NIOSH: Indoor Environmental Quality](#)
- [NIOSH: TB Infection Control Practices](#)
- [2020 COVID-19 Coronavirus Ultraviolet Susceptibility](#)
- [Porter Instrument Nitrous Oxide Scavenger System: Double Mask Breathing Circuit](#)
- [Porter Scavenger Rubber Goods System User Instructions for Assembly, Installation and Cleaning](#)
- [The Porter Disposable Silhouette Nasal Mask Improves Infection Control Safety](#)
- [Turbulent Gas Clouds and Respiratory Pathogen Emissions](#)
- [RA Medical Services Ltd: Infection Control Guide to Care of Inhalation Sedation](#)
- [RDH: High Volume Evacuation: Aerosols - It's what you can't see that can hurt you](#)
- Timmerman MF, Menso L, Steinfort J, van Winkelhoff AJ, van der Weijen GA. Atmospheric contamination during ultrasonic scaling. J Clin Periodontol. 2004;31:458-462
- [Transmission routes of 2019-nCoV and controls in dental practice](#)
- [WHO: Natural Ventilation for Infection Control in Health Care Settings](#)



PRACTICE MANAGEMENT CONSIDERATIONS

No one is really sure how the practice of pediatric dentistry will evolve as the result of the pandemic, but the best advice is to be prepared by validating relationships and financial pathways before beginning a return to practice. The resources offered reflect a point in time set of suggestions, but the realities of the economic effects of the pandemic on personal, industrial, and government finances suggest that practice readiness includes a thorough and on-going consideration of the business aspects of pediatric dentistry.

TOPICS AND CONSIDERATIONS

If an owner of a practice:

- Did you lay-off or furlough your staff?
- Estimate costs of salaries not paid
- How did you engage the staff during the shut down?
- Describe the estimated overhead cost losses during this period
- Estimate the revenue losses during this period
- Estimate of income not realized for: routine exams, restorative, all care rendered?
- Did you apply for a SBA EIDL (Economic Injury Disaster Loan)?
- Did you apply for a SBA PPP loan?
- Did you ask your main practice lender bank for other sources of relief from current loan payments such as deferred payment, interest-only payments, and/or short-term low interest loans?
- Did you petition your landlord for a delay in rent payments?
- Are you considering downsizing your practice?
- Will you be rehiring all of your employees?

If you are associated with local hospitals, describe your role during the crisis:

- Did you contribute your office resources (PPE) to the hospitals during the crisis?
- Were you excluded from access to operating rooms?

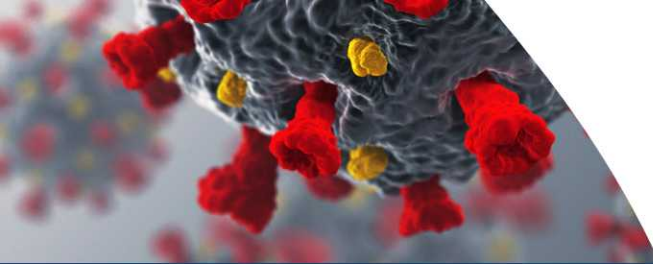
Insurance and payer considerations:

- Become familiar with potential coverage for teledentistry, and new codes for COVID-19 testing
- Follow up with insurers who may be assisting with financial issues from crisis

RESOURCES

Resources are meant for background use and are not in chronological order. Users are advised to verify accuracy.

- [AAO Office Staff and HR FAQ's](#)
- [Delta Dental member companies begin offering financial assistance during pandemic](#)
- [Paycheck Protection Program \(PPP\) Update \[NEW 4/24/20\]](#)



For COVID-19
resources from the
AAPD, visit the
AAPD COVID-19
Update Center at
aapd.org.

TOPICS AND CONSIDERATIONS

- Follow-up with insurers who may provide more flexibility in terms of timing for sixth month recall visits
- How to deal with newly unemployed yet recurring parents or employers whose health benefits have ceased due their liabilities
- Track possible changes implemented by insurance carriers in response to crisis

Medicaid and public considerations:

- Did FQHCs, public health facilities, or corporate practices ramp up employment?
- Will Medicaid rolls swell and swamp pediatric practices?
- Will states maintain Per Member Per Month (PMPM) to Managed Care Organizations (MCO) to assure payment?
- Will decreased state revenues affect Medicaid dental care?
- Should you file any unsubmitted Medicaid claims?
- Will pandemic become an excuse for problems/delays?
- Is Medicaid in your state providing financial advances or grants?

If you are an associate or employee dentist, describe the liability costs you incurred during this time:

- Income not realized
- Educational loans
- Refinance loans

For pending grads and new grads:

- Did the program confer completion of certificate despite shortfall of tenure of the program?
- Were there licensing challenges post-program in the state you moved to?
- Were there employment challenges? (Underlying assumption - existing private practices are catching up for losses sustained and would minimize additional overhead)
- What were your loan liabilities on completion of your residency?

Private third party compliance oversight:

- Contracting outside consultant(s) for specified objectives
- Do a cross-discipline practice review: legal, clinical, OSHA, accounting, insurance, and other elements as needed



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