Mississippi State Board of Dental Examiners

600 East Amite Street, Suite 100
Jackson, MS. 39201

MINUTES OF THE BOARD

Teleconference Board Meeting

4/15/2020; 12:00 Noon

Conference Call-In: 1-605-562-0400; Participant Access Code: 294 3566

Roll Call by Conference Call-In:

Irons_ Conaway_ Harkins_ Williams_ Smith_ Richoux_ Moore_ Porter_

All Board members were present. Stan Ingram, Board Counsel, made his participation known and introduced the Attorney General assignment, AG Walley. Also on the call from Staff was Chris Hutchinson, Executive Director, and Nick Hardwick, Senior Investigator. Many public participants were on the call, but only a few made their identities known. Participants that made themselves known were: Kelly Cress, Dr. David Felton, Catherine Dunn, Elizabeth Carr, Paige Pennington, and Shana Allen.

At 12:05 PM, Dr. Harkins, Board President, called the meeting to order.

The first item on the agenda in Open Session was the Discussion and Recommendation on the possible extension of the MDH Mandate relative to the Governor's Executive Order on Emergency-Only Procedures for all Health Care Providers. Dr. Conaway made a Motion to extend the current MSBDE Mandate to align with the Governor's Executive Order through Monday, April 27th at 11:59 PM. Dr. Porter Seconded the Motion. Before a vote was called by Dr. Harkins, discussion was had. Mr. Hutchinson was asked to give some comparable orders or mandates from other states as well as to answer a few questions from additional board members. Questions were also entertained regarding Health Department Discussions with the Governor by Dr. Williams. Following much discussion, Dr. Harkins called for a vote of the Board on the Motion at hand. All were in Favor and the Motion Passed.

The next item on the agenda was a presentation by Dr. David Felton of the UMMC School of Dentistry on a proposal for the 2020 CDCA licensure examination. Dr. Felton's letter presented to the Board is made a part of these minutes. Dr. Felton entertained various questions from the

Board Members. Dr. Moore made Motion to accept Dr. Felton's proposal, for the 2020 CDCA licensure examination only, the use of the CDCA's new Class II and Class III typodont teeth in a non-patient, manikin-based licensure examination. As part of Dr. Moore's Motion, for the 2020 Periodontics exam only, was to eliminate the Periodontal Scaling portion of the examination. Dr. Conaway Seconded the Motion and Discussion was had. Dr. Harkins called for a Vote and the Motion Passed Unanimously with Dr. Williams abstaining.

At this point, still within the second agenda item, Dr. Harkins called for Ms. Elizabeth Carr, RDH and Chair of the Dental Hygiene Department with the UMMC School of Dentistry, to present the school's proposal for examination changes due to the pandemic. Ms. Carr made a short presentation. Ms. Carr's letter to the Board is being made a part of these minutes. Her proposal was a change to the DH 2020 ADEX/CDCA exam. Additionally, Ms. Carr made mention that her proposal was to include the state's Community College programs as well. Board Members posed a few questions to Ms. Carr as well as Ms. Dunn and Ms. Allen of their respective DH programs. Following discussion, Dr. Conaway made Motion that for the 2020 ADEX/CDCA exam, the programs be allowed the typodont hand skills examination in lieu of the patient-based examination. This Motion was Seconded by Ms. Richoux and Dr. Harkins called for a vote. The Vote was Passed Unanimously with Dr. Williams once again abstaining.

Dr. Harkins, seeing no additional agenda items, petitioned the Board Members for any additional business. Dr. Conaway made Motion to schedule a telephonic Board Meeting on Thursday, April 23rd at Noon with the intent to either extend the current mandate or to release Mississippi dentists to daily practice depending on the Governor's Mandate and development of the COVID-19 virus. Dr. Williams Seconded that Motion and Dr. Harkins called for a vote. The Motion Passed Unanimously.

Seeing no further business, Dr. Harkins made statement that he would entertain a Motion to Adjourn. This Motion to Adjourn was accommodated by Dr. Conaway with Ms. Richoux making Second; All were in Favor and at 1:24 PM, the Telephonic Board Meeting of Wednesday, April 15th was adjourned.

APPROVED BY THE BOARD ON THIS DATE _____ OF 2020.

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STEVEN MARK PORTER, DDS (SECRETARY)

STATE OF MISSISSIPPI

Office of the Governor

EXECUTIVE ORDER NO. 1470

WHEREAS, on March 14, 2020, pursuant to the Constitution of the State of Mississippi and Miss. Code Ann. § 33-15-11(b)(17), I issued a Proclamation declaring that a State of Emergency exists in the State of Mississippi as a result of the outbreak of COVID-19; and

WHEREAS, on January 31, 2020, the United States Department of Health and Human Services Secretary Alex Azar declared a public health emergency for COVID-19 beginning on January 27, 2020, on March 11, 2020, the World Health Organization characterized COVID-19 as a pandemic, and on March 13, 2020, the President of the United States declared a nationwide state of emergency due to the coronavirus COVID-19 pandemic; and

WHEREAS, on March 11, 2020, the Mississippi State Department of Health confirmed the first presumptive case of COVID-19 in Mississippi and as of April 9, 2020, there are 2,469 confirmed cases of COVID-19 in Mississippi, with 82 of those cases having resulted in death; and

WHEREAS, the worldwide outbreak of COVID-19 and the effects of its extreme risk of person-to-person transmission throughout the United States and Mississippi significantly impact the life and health of our citizens, as well as the economy of Mississippi; and

WHEREAS, the risk of spread of COVID-19 within Mississippi continues to constitute a public emergency that may result in substantial injury or harm to life, health, and property within Mississippi; and

WHEREAS, personal protective equipment (PPE) will be depleted by surgeries and procedures that are not medically necessary to correct a serious medical condition or to preserve the life of a patient, contrary to recommendations from the President's Coronavirus Task Force, the CDC, the U.S. Surgeon General, and the Centers for Medicare and Medicaid Services; and

WHEREAS, given the rapidly increasing case count of COVID-19 in Mississippi and the limited supply of healthcare equipment and PPE, a further depletion of healthcare equipment or PPE would hinder efforts to cope with the COVID-19 disaster; and

WHEREAS, on Thursday, March 26, 2020, the Mississippi State Department of Health issued its *CMS Elective Surgery and Procedures Recommendations* to limit non-essential adult elective surgery and medical and surgical procedures that incorporated the CDC's detailed guidance necessary to conserve critical healthcare resources such as ventilators, medical equipment and PPE, and to limit exposure of patients and medical personnel to COVID-19; and

WHEREAS, despite social distancing measures and shelter in place orders, a surge of COVID-19 cases has been projected over the next 3-5 weeks requiring preservation of and immediate access to vital healthcare resources, including hospital facilities, medical personnel, medical equipment and PPE; and

WHEREAS, consistent with the Mississippi State Department of Health's Elective Surgery and Procedures Recommendations and in consultation with the State Health Officer, it is necessary to immediately delay all non-essential adult elective surgeries and medical procedures in the State of Mississippi as a temporary measure to cope with the COVID-19 disaster.

NOW, THEREFORE, I, Tate Reeves, Governor of the State of Mississippi, by the authority vested in me by the Constitution and laws of the State of Mississippi, do hereby order and direct as follows:

I. Pursuant to the Mississippi Emergency Management Act including but not limited to Miss. Code. Ann. §§ 33-15-11(b)(1), 33-15-11(b)(4), 33-15-11(b)(6), 33-15-11(c)(1), 33-15-11(c)(4) and 33-15-31, from 5:00 p.m. on April 10, 2020, and continuing until 11:59 p.m. on April 27, 2020, all licensed health care professionals and all licensed health care facilities shall postpone all surgeries and procedures that are not immediately medically

necessary to correct a serious medical condition of, or to preserve the life of, a patient who without immediate performance of the surgery or procedure would be at risk for serious adverse medical consequences or death, as determined by the patient's physician.

II. Provided, however, that this prohibition shall not apply to any procedure that, if performed in accordance with the commonly accepted standard of clinical practice, would not have the potential to deplete the hospital capacity, medical equipment or PPE needed to cope with the COVID-19 disaster.

III. Enforcement

a. This Executive Order may be enforced by all State, County and Local law enforcement, as well as by other governmental entities (such as State and local departments of health) to the fullest extent under Mississippi law including, inter alia, Miss. Code. Ann. §§ 33-15-11(b)(5) and 33-15-11(b)(6).

b. Violations of this Executive Order are subject to the provisions of Miss. Code Ann. §§ 33-15-43 and 41-3-59.

IV. This Executive Order shall remain in effect and in full force from 5:00 p.m. on April 10, 2020, until 8:00 a.m. on April 27, 2020, unless it is modified, amended, rescinded, or superseded.

IN WITNESS WHEREOF, I have hereunto set my hand and caused the Great Seal of the State of Mississippi to be affixed.

DONE in the City of Jackson, on the 10th day of April, in the year of our Lord, two thousand and twenty, and of the Independence of the United States of America, the two hundred and forty-fourth.

Tate Reeves

TATE REEVES
GOVERNOR

BY THE GOVERNOR

Michael Watson

MICHAEL WATSON
SECRETARY OF STATE

MISSISSIPPI STATE BOARD OF DENTAL EXAMINERS

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To All Mississippi Licensees:

On Wednesday, April 15, 2020, the MSBDE voted to extend the Health Care Mandate for Mississippi Dentistry THROUGH Monday, April 27th at 11:59 PM pursuant to the Governor's Executive Order No. 1470. This is a public health order that is mandatory and enforceable by law.

As a reminder, this mandate clearly states that all elective dentistry is to stop. Emergency or Urgent procedures to alleviate severe pain, dangerous swelling, or infection with the potential to necessitate hospital care are allowed. Additionally, the final cementation of crowns or the completion of work in progress that could result in harm IS allowable as urgent care. It is up to the judgment of the licensed professional which cases require emergency or urgent treatment. Clear, recorded justification of a patient's necessity for care and subsequent care is required. Mississippi Dentistry's ability to keep patients out of the hospital during this pandemic requires good judgment and conscientious care.

To reiterate, Only emergency or urgent care should be provided as follows: The following is a guide to what may be regarded as emergency or urgent procedures:
-severe dental pain
-swelling of gums, face, or neck
-signs of infection such as a draining site
-trauma to face, jaw, or teeth, including fractures
-pre and post-transplant, radiation, or bisphosphonate patients with oral symptoms
-referrals made by physicians or other health care providers of an emergency basis
-potential malignancy
-broken tooth
-ill-fitting denture of an urgent/painful nature
-final crown/bridge cementation if incompletion could result in harm

Routine and/or elective procedures that should be ceased immediately, but are not limited to:
-routine orthodontics
-any cosmetic procedure such as veneers, teeth bleaching, or cosmetic bonding
-all routine hygiene appointments
-initiations of crowns, bridges, or dentures that do not address severe pain
-any periodontal plastic surgery
-extraction of asymptomatic, non-carious teeth
-recall visits for periodontally healthy patients

Additionally, the MSBDE voted, for the 2020 CDCA dental licensure examination, to approve the use of the CDCA's new Class II and Class III typodont teeth in a non-patient, manikin-based licensure examination. The Board also voted, for 2020 only, to eliminate the Periodontal Scaling portion of the examination.

Also, on this date, the MSBDE voted, for the 2020 ADEX/CDCA DH exam, to allow the typodont hand skills examination in lieu of the patient-based examination.

The Mississippi State Board of Dental Examiners will meet again on April 23, 2020 at Noon via teleconference to further address the needs of our licensees and patients.

As a reminder, each member of the Dental Board is in the same situation as every other practitioner, with the inability to see patients and lost income, and we are diligently seeking solutions. Please act in a way as to be a part of the solution and take every measure available to protect patients and aid in minimizing exposure to COVID-19.

Please continue to follow all CDC guidelines.

Respectfully,

Chris L. Hutchinson, Executive Director
MSBDE

Summary of ADA Guidance During the COVID-19 Crisis

The COVID-19 pandemic, caused by coronavirus (SARS-CoV-2 virus), has caused major disruption in the lives of dental teams in the USA. ADA and many state dental associations have urged dental offices to treat only emergency patients; some states or local governments have mandated this. The ADA continues to urge dental offices to follow closure recommendations. Safety of the dental team and patients or people accompanying patients is essential while treating emergency patients and following this crisis.

COVID-19 is different from the flu, the common cold and SARS-1 and may require different precautions than dental teams have been employing since the early 1980s.

The *emerging* science is indicating that:

- COVID-19 is "stickier" than previously seen viruses – infection is easier
- COVID-19 causes serious symptoms in persons over 60, and those with underlying medical conditions
- COVID-19 may be spread through the airborne route, meaning that tiny droplets remaining in the air could cause disease in others even after the ill person is no longer near
- COVID-19 may be spread through aerosols produced by high and low speed handpieces, ultrasonic scalers, air/water syringes, or an infected patient coughing, and even when taking intra-oral radiographs
- Individuals infected with COVID-19 may be shedding virus and communicating the disease even before they show symptoms, including transmission through saliva
- Children may be asymptomatic and infectious
- COVID-19 survives on environmental surfaces for various periods of time, including metal and plastic surfaces, as found in the dental office.

This has serious implications for the dental team, in terms of personal protective equipment (PPE), treatment room disinfection and treatment of patients. It is important that dentists and dental teams thoroughly understand the risks of treating patients, the need to continue treating patients with emergency oral health issues so they do not present to hospital emergency room departments, and the realities of what PPE is available to dental personnel.

During the active COVID-19 crisis and beyond, risk must be minimized during dental treatment:

- Screen for dental emergencies using teledentistry or other remote modalities, minimizing the risk of transmission
- Fully utilize available PPE, understanding that surgical masks, which do not seal around the nose and mouth, are not adequate to completely protect against aerosol-borne disease transmission
- Take extra-oral radiographs whenever possible; intraoral techniques may induce coughing
- Reduce aerosol production as much as possible through use of hand instrumentation and employment of dental dam and high speed suction.
- N95 masks, with a positive seal around the nose and mouth, in combination with a full face shield, should be worn when treating patients in close proximity to their respiratory system, similar to the protocol for medical teams performing intubations. If N95 masks are not available, surgical FDA approved masks must be worn for each patient and not reused, in conjunction with proper utilization of goggles, gowns and gloves.
- Members of the dental team within six feet of the treatment aerosol area should be limited to the operator and the assistant

Summary of ADA Guidance During the COVID-19 Crisis

The ADA has developed numerous resources (ADA.org/VirusResources) including:

- guidance on what constitutes a dental emergency
- interim guidance flowcharts on how to proceed with emergency treatment
- healthcare supply of PPE
- coding and billing guidance
- ADA/OSAP webinar covering infection control, aerosols, surface disinfection and considerations for when regular dental treatment resumes

All the resources at ADA.org/virus should be thoroughly reviewed because the implications for disease transmission are serious, both to and among the dental team, patients, and to the community at large.

The ADA will continue to develop resources as the pandemic continues.

Updated: 4/1/2020

Legal Statement

The accompanying algorithms are guidance and not directives. They do not override laws, regulations, or official orders that exist or that may come into existence in particular states or localities. Dentists should stay up-to-date about local developments in this regard and, if necessary, consult local legal counsel. The ADA encourages dentists making treatment decisions to consider these algorithms in exercising their clinical judgment based on their own education and experience and in the light of any unique patient-specific factors.

The purpose of the algorithms is to assist dentists and dental offices in making informed decisions concerning patient triage, evaluation, and treatment during the COVID-19 crisis. The algorithms are based on the best scientific information currently available to the American Dental Association and are not influenced by legal, economic, or political considerations. They provide conservative general guidelines that may eventually be shown to have more applicability to some regions and practice settings than to others. As more information becomes available, they may be modified or supplemented.

The algorithms do not constitute legal advice or legal guidance, but because their goal is to minimize transmission of the coronavirus to patients and the dental team to the reasonable extent possible in the context of providing for patient healthcare needs, the algorithms may serve to help lower legal exposure by lowering the risk that anyone will contract the virus in a dental office that follows them.

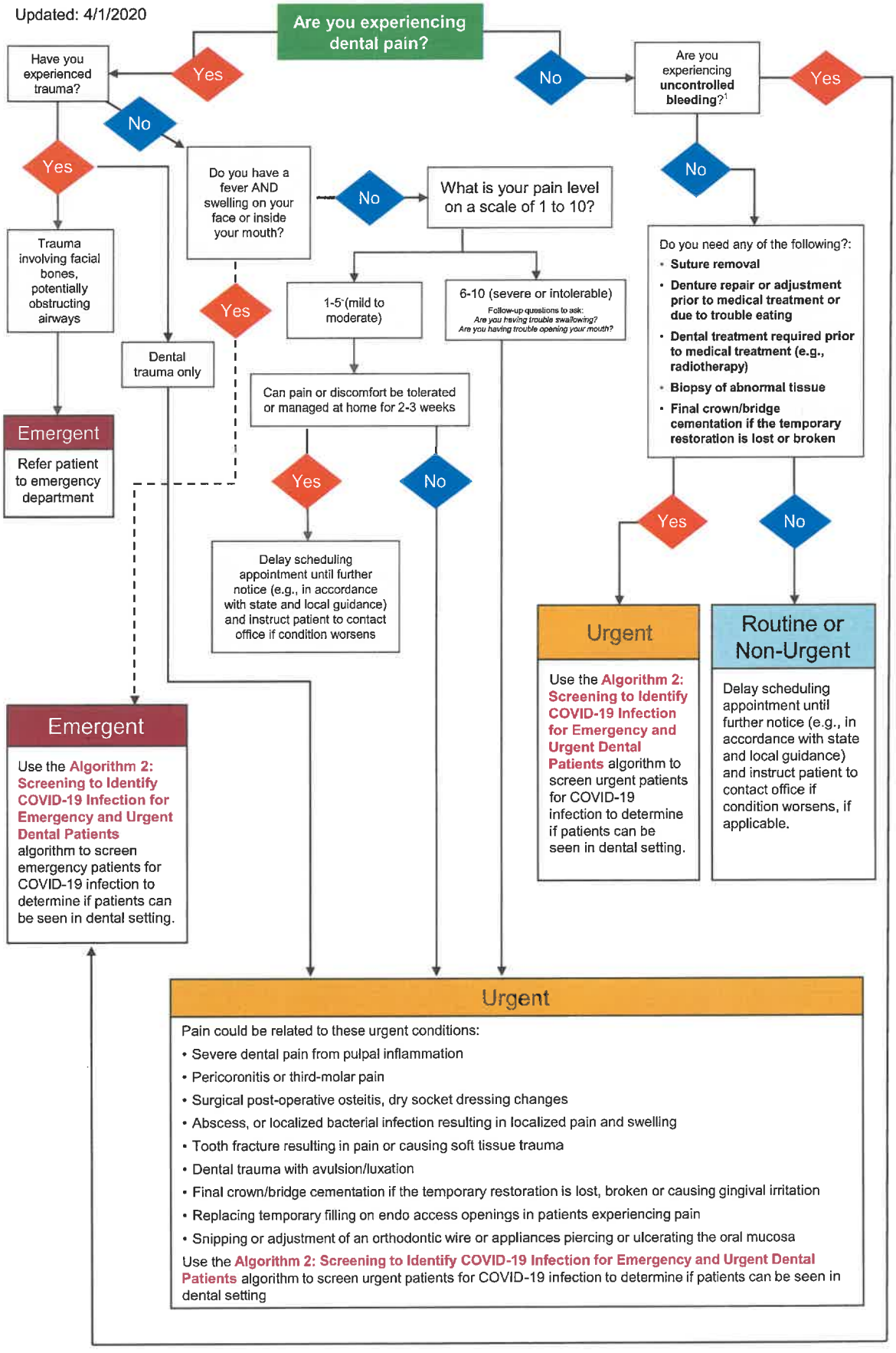
Ethical Support

The ADA Code of Ethics supports the process defined herein as a way to address emergency/urgent care given current knowledge.

Algorithm 1: Interim Guidance for Triaging Patients for Emergency and Urgent Dental Care

ADA

Updated: 4/1/2020



These algorithms are interim guidance informed by the latest recommendations from health care agencies (e.g., World Health Organization, Centers for Disease Control and Prevention) and the scientific literature. They will be revised and updated as new data emerge.

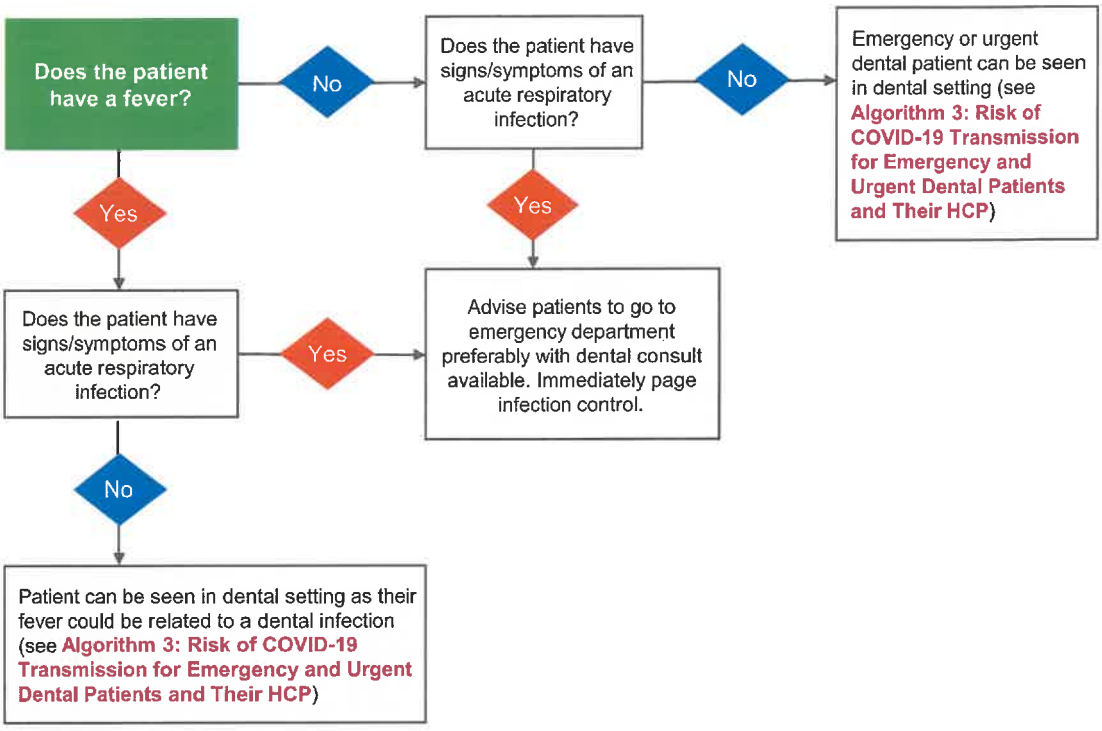
Algorithm 2: Interim Guidance for Screening to Identify COVID-19 Infection for Emergency and Urgent Dental Patients

Updated: 4/1/2020

Summary of Procedures

1. Clinic staff should speak to all patients 1-2 working days (or sooner if able) before any scheduled session.
2. Call patients for whom in-person visit may not be necessary and issue can be solved without an office visit.

Emergency and urgent dental patients in this algorithm are being evaluated for COVID-19 infection signs/symptoms to determine in which clinical setting they should be seen. Patients with **active** COVID-19 infection should **not** be seen in dental settings per CDC guidance.



1. During screening procedure for COVID-19 infection, patients should be asked if they have tested positive for COVID-19 infection and if yes, the patient should be immediately referred to the emergency department for the management of the dental condition. If patient has previously tested positive for COVID-19 infection and 3 days have passed since symptoms have resolved, the patient can be seen in a dental setting (see Algorithm 1).
2. Fever in the absence of respiratory symptoms in the context of this algorithm should be strongly associated with an emergency or urgent dental condition (e.g., dental infection) if dental settings are to be used.
3. No companions should be invited inside the clinic, they should not sit in the waiting room, and patients with a fever being seen in dental setting should be given a mask if they don't have one already. As the patient's mask will come off during dental treatment, it should be placed back on as soon as treatment is complete.
4. If patient has had exposure to an individual with suspected or confirmed COVID-19 infection, traveled to countries currently under a travel ban, or been exposed to confirmed SARS-CoV-2 biologic material (either themselves or via another individual), consider referring patient to a hospital setting. Risk of transmission increases with these exposures.
5. If the patient needs to be referred for COVID-19 testing, they should be given detailed instructions on when/where to go for testing, how to justify the need for testing to the testing facility visited, and how to contact the dental clinic to report test results. Clinic director and/or coordinators should maintain a list of patients who will not be coming in for in-person visits in charts or find another mechanism that fits into the clinic's workflow. It is critical that a list of dental patients that have been referred to other settings due to suspected COVID-19 infection be maintained.
6. Information about reporting suspected cases of COVID-19 infection can be found here: https://www.cdc.gov/coronavirus/2019-ncov/php/reporting-pui.html

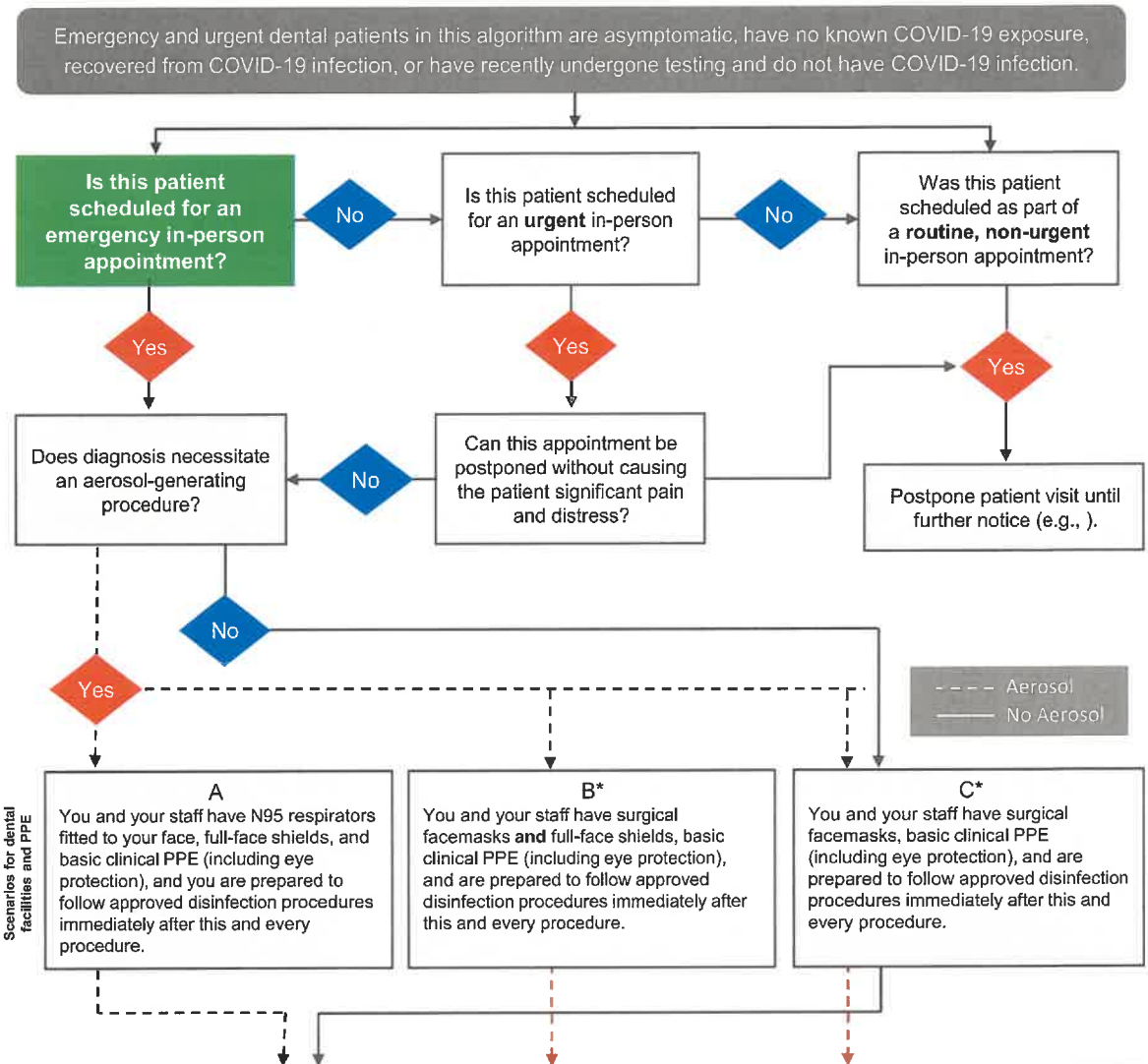
These algorithms are interim guidance informed by the latest recommendations from health care agencies (e.g., World Health Organization, Centers for Disease Control and Prevention) and the scientific literature. They will be revised and updated as new data emerge.

Algorithm 3: Interim Guidance to Minimize Risk of COVID-19 Transmission for Emergency and Urgent Dental Patients and HCP

Updated: 4/1/2020

Summary of Procedures

1. Clinic staff should speak to all patients 1-2 working days (or sooner if able) before any scheduled session.
2. Call patients for whom in-person visit may not be necessary and re-schedule.
3. See emergency triage and COVID-19 infection screening procedures.



Risk for Transmission to HCP and patients	Low risk	Moderate risk*	Moderate-high risk*
Quarantine for HCPs	No 14-day quarantine required	• Use clinical judgment and take all precautions to prevent transmission. • Suggest that the patient is tested for COVID-19 infection after dental treatment. If positive, dental HCP should quarantine for 14 days.	• Given that asymptomatic patients may carry the virus, CDC suggests a 14-day quarantine. • Use clinical judgment and take all precautions to prevent transmission. • If treatment is implemented, require that the patient is tested for COVID-19 infection immediately after dental care; if positive, dental HCP should quarantine for 14 days.
Recommended Treatment Plan for Patient	Treat Patient	• Refer patient to emergency department or dental facility that meets criteria for scenario A. If not feasible, treat patient.*	

*A less protective option than N95 respirators is the use of a surgical facemask with a full-face shield; use of a surgical face mask alone may be considered if the supply chain of respirators cannot meet demand with the understanding that this may increase the risk of infection of dental health care professionals engaged in the care and community transmission.

These algorithms are interim guidance informed by the latest recommendations from health care agencies (e.g., World Health Organization, Centers for Disease Control and Prevention) and the scientific literature. They will be revised and updated as new data emerge.

HCP: healthcare personnel; PPE: personal protective equipment.

See next page for key remarks regarding Algorithm 3

Algorithm 3: Key Remarks

Updated: 4/1/2020

1. The three algorithms serve as interim guidance for triage, screening and risk assessment of patients during the time of COVID-19 pandemic.
2. If basic PPE, including surgical facemasks are not available, do not proceed with **any** dental procedure, regardless of emergency/urgent patients.
3. If a patient with a confirmed diagnosis for COVID-19 within the last 14 days, who presents with respiratory symptoms, is treated in the dental office, or if any patient is treated without the appropriate PPE, these are considered **high-risk scenarios.** Dentist and members of the dental team should proceed to 14-day quarantine.
4. Surgical facemasks should be selected based on procedure being performed. Level 3 masks should be prioritized for aerosol-generating procedure when scenarios A and B are not possible.
5. An aerosol-generating procedure performed **without** N95 respirator is a moderate-risk scenario for COVID-19 transmission to HCP and other patients.
6. If the patient is referred for COVID-19 testing, they should be given detailed instructions on when/where to go for testing, how to justify the need for testing to the testing facility visited, and how to contact the dental clinic to report test results. If a test is positive, the clinic needs to report the exposure to all patients treated after the infected patient.

Additional measures

a) Use dental hand-piece with anti-retraction function, 4-handed technique, high-volume saliva ejectors, and a rubber dam when appropriate to decrease possible exposure to infectious agents.

b) Hand-pieces should be cleaned after each patient to remove debris followed by heat-sterilization.

c) Have patients rinse with a 1.5% hydrogen peroxide or 0.2% povidone before each appointment.

d) For pediatric patients who cannot rinse, always have a rubber dam placed for all aerosol generating emergency procedures. The use of pre-procedure rinse should be substituted by the use cotton rolls soaking, as it may difficult for these patients to rinse appropriately.

e) Guidance titled *ADA Evidence-based clinical practice guideline for the urgent management of pulpal- and periapical-related dental pain and intraoral swelling* is still applicable.

f) When appropriate, use NSAIDs in combination with acetaminophen to manage dental pain.

g) Clean and disinfect public areas frequently, including waiting rooms, door handles, chairs, and bathrooms. Patient companions should wait outside clinic or in car.

h) Office manager and/or other staff should maintain a list of patients who will not be coming in for in-person visits in charts or find another mechanism that fits dental office's workflow. It is critical that a list of dental patients that have been referred to other settings due to suspected COVID-19 infection be maintained.

i) Patients **with a resolved COVID-19 infection** can be seen in a dental setting:

   1) at least 3 days (72 hours) since COVID-19 infection symptoms resolved **AND**
   2) at least 7 days since their symptoms first appeared (defined as resolution of fever without the use of fever-reducing medications and improvement in respiratory symptoms) (e.g., cough, shortness of breath).