

March 24, 2020

Robert R. Redfield, M.D.  
Director  
Centers for Disease Control and Prevention  
1600 Clifton Road NE  
Atlanta, GA 30329

Re: Guidance on protecting dental patients and staff from the novel coronavirus  
(COVID-19) during emergency and urgent care episodes

Dear Dr. Redfield:

On behalf of our 163,000 members, we respectfully ask the Centers for Disease Control and Prevention to quickly provide guidance on how best to protect dental patients and staff from the transmission of COVID-19 during emergency and urgent care situations.

The ADA issued the enclosed statement urging dentists to postpone less critical procedures, as well as the enclosed guidance to help distinguish dental emergencies and urgent situations from less urgent care. However, we are still being inundated by requests for guidance on how to safely provide both emergency care and urgent care in dental settings, where there is a high risk of being exposed to COVID-19.

Again, we urge you to publish immediate guidance on how to protect patients and dental workers during emergency and urgent care episodes during the COVID-19 outbreak. Such guidance would also go a long way to help prevent unnecessary referrals to local hospital emergency departments during this time of crisis.

If you have any questions, please contact Mr. Robert J. Burns at 202-789-5176 or [burnsr@ada.org](mailto:burnsr@ada.org).

Sincerely,

/s/

Chad P. Gehani, D.D.S.  
President

/s/

Kathleen T. O'Loughlin, D.M.D., M.P.H.  
Executive Director

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## ADA Calls Upon Dentists to Postpone Elective Procedures

March 16, 2020

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### Contact Information:

[mediarelations@ada.org](mailto:mediarelations@ada.org)

The American Dental Association (ADA) recognizes the unprecedented and extraordinary circumstances dentists and all health care professionals face related to growing concern about COVID-19. The ADA is deeply concerned for the health and well-being of the public and the dental team.

In order for dentistry to do its part to mitigate the spread of COVID-19, the ADA recommends dentists nationwide postpone elective procedures for the next three weeks. Concentrating on emergency dental care will allow us to care for our emergency patients and alleviate the burden that dental emergencies would place on hospital emergency departments.

As health care professionals, it is up to dentists to make well-informed decisions about their patients and practices. The ADA is committed to providing the latest information to the profession in a useful and timely manner.

The ADA is continually evaluating and will update its recommendation on an ongoing basis as new information becomes available. Please visit [ADA.org/virus](https://www.ada.org/virus) for the latest information.

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### About the ADA

*The not-for-profit ADA is the nation's largest dental association, representing 163,000 dentist members. The premier source of oral health information, the ADA has advocated for the public's health and promoted the art and science of dentistry since 1859. The ADA's state-of-the-art research facilities develop and test dental products and materials that have advanced the practice of dentistry and made the patient experience more positive. The ADA Seal of Acceptance long has been a valuable and respected guide to consumer dental care products. The monthly *The Journal of the American Dental Association (JADA)* is the ADA's flagship publication and the best-read scientific journal in dentistry. For more information about the ADA, visit [ADA.org](https://www.ada.org). For more information on oral health, including prevention, care and treatment of dental disease, visit the ADA's consumer website [MouthHealthy.org](https://www.mouthhealthy.org).*

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# What Constitutes a Dental Emergency?

The ADA recognizes that state governments and state dental associations may be best positioned to recommend to the dentists in their regions the amount of time to keep their offices closed to all but emergency care. This is fluid situation and those closest to the issue may best understand the local challenges being faced.

## DENTAL EMERGENCY

This guidance may change as the COVID-19 pandemic progresses. Dentists should use their professional judgment in determining a patient's need for urgent or emergency care.

**Dental emergencies** are potentially life threatening and require immediate treatment to stop ongoing tissue bleeding, alleviate severe pain or infection, and include:

- Uncontrolled bleeding
- Cellulitis or a diffuse soft tissue bacterial infection with intra-oral or extra-oral swelling that potentially compromise the patient's airway
- Trauma involving facial bones, potentially compromising the patient's airway

**Urgent dental care** focuses on the management of conditions that require immediate attention **to relieve severe pain and/or risk of infection and to alleviate the burden on hospital emergency departments. These should be treated as minimally invasively as possible.**

- Severe dental pain from pulpal inflammation
- Pericoronitis or third-molar pain
- Surgical post-operative osteitis, dry socket dressing changes
- Abscess, or localized bacterial infection resulting in localized pain and swelling
- Tooth fracture resulting in pain or causing soft tissue trauma
- Dental trauma with avulsion/luxation
- Dental treatment required prior to critical medical procedures
- Final crown/bridge cementation if the temporary restoration is lost, broken or causing gingival irritation
- Biopsy of abnormal tissue

**Other urgent dental care:**

- Extensive dental caries or defective restorations causing pain
  - Manage with interim restorative techniques when possible (silver diamine fluoride, glass ionomers)
- Suture removal
- Denture adjustment on radiation/oncology patients
- Denture adjustments or repairs when function impeded
- Replacing temporary filling on endo access openings in patients experiencing pain
- Snipping or adjustment of an orthodontic wire or appliances piercing or ulcerating the oral mucosa

## DENTAL NON EMERGENCY PROCEDURES

**Routine or non-urgent dental procedures includes but are not limited to:**

- Initial or periodic oral examinations and recall visits, including routine radiographs
- Routine dental cleaning and preventive therapies
- Orthodontic procedures other than those to address acute issues (e.g. pain, infection, trauma)
- Extraction of asymptomatic teeth
- Restorative dentistry including treatment of asymptomatic carious lesions
- Aesthetic dental procedures