BUMED NOTICE 6600

From: Chief, Bureau of Medicine and Surgery

Subj: DENTAL PERSONAL PROTECTIVE EQUIPMENT DURING CONTINGENCY AND CRISIS OPERATIONS

Ref: (a) Personal Protective Equipment Considerations for Routine Dental Care: Situation, Background, Assessment, Recommendation Response, DHA Infection Prevention and Control Tiger Team, 25 June 2020 (NOTAL)
(b) Centers for Disease Control and Prevention Guidance for Dental Settings, Interim Infection Prevention and Control Guidance for Dental Settings During the COVID-19 Response
(c) Centers for Disease Control and Prevention Optimizing Supply of PPE and Other Equipment during Shortages
(d) National Institute for Occupational Safety and Health Recommended Guidance for Extended Use and Limited Reuse of N95 Filtering Facepiece Respirators in Healthcare Settings
(e) American Dental Association Consensus Statement Extending the Use of N95 Masks
(f) Food and Drug Administration Personal Protective Equipment Emergency Use Authorizations
(g) The Joint Commission Presentation: Dentistry in the Time of COVID-19

1. **Purpose.** Per reference (a), this notice provides further information and clarification for extended use or limited reuse of N95 filtering facepiece respirators (FFR) during dental treatment according to current Centers for Disease Control and Prevention (CDC) guidelines. The references listed include trusted resources to help guide local policy.

2. **Scope and Applicability.** This notice applies to all Navy dental clinics and personnel.

3. **Background.** Navy dental facilities routinely follow CDC clinical practice guidance on the utilization of personal protective equipment (PPE). During the Coronavirus Disease 2019 (COVID-19) pandemic, commanding officers are responsible for the scope of dental care operations within their area of responsibility, which must be conducted per reference (b), available at [https://www.cdc.gov/coronavirus/2019-ncov/hcp/dental-settings.html](https://www.cdc.gov/coronavirus/2019-ncov/hcp/dental-settings.html). Strategies to optimize the supply of FFRs are outlined in reference (c), [https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html](https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html), which discusses measures to consider and defines “contingency capacity” and “crisis capacity” of supplies. Crisis capacity strategies are not commensurate with U.S. standards of care, but may need to be considered during known PPE shortages. FFRs, such as an N95, are meant to be disposed of after each use, however, the CDC
strategies in reference (c) are intended to help healthcare facilities deal with limited PPE supplies during shortages. When utilizing an FFR during an aerosol generating procedure (AGP), there is increased risk of contaminating the outside surface more than when utilizing a FFR during patient care not involving AGPs. During conventional capacity management, when supply meets demand, it is recommended to dispose of used FFRs after each AGP. Per reference (d), during expected and known shortages, it may be necessary to utilize an FFR for extended use or limited reuse strategies in order to sustain essential dental operations during contingency or crisis capacity management. Reference (d) is available at https://www.cdc.gov/niosh/topics/hcwcontrols/recommendedguidanceextuse.html. Extended use is defined as continuous wear of the same FFR, without removal between patients. Reuse refers to wearing the same FFR, with a donning and doffing process between patients per reference (d). The American Dental Association consensus statement, reference (e), available at https://success.ada.org/~media/CPS/Files/COVID/ADA_Extending_Use_Of_N95_Masks.pdf?utm_source=cpsorg&utm_medium=covid-resources-lp-safety&utm_content=cv-safety-clinical-extend-N95-masks&utm_campaign=covid-19, is a comprehensive resource offering dental-specific guidance on extending the use of FFR in contingency or crisis strategies. Per reference (e), FFRs can provide adequate protection for 8 hours of continuous or intermittent use and should be used with a face shield, goggles, or both.

4. Action

a. During the COVID-19 pandemic, commanding officers will routinely review references (a) through (e) to develop, modify, and sustain operations in response to the changing pandemic and local conditions.

b. Facilities should continually monitor the supply and demand of PPE to determine when the demand may exceed supply and take additional measures as necessary. Dental clinics are to maintain a minimum of two-week’s supply of PPE whenever feasible. The CDC burn rate calculator, available at https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/burn-calculator.html can be utilized to assist in estimating supply needs. To extend PPE supply, dental clinics may establish administrative controls to include selectively postponing elective and non-urgent procedures, modifying clinic hours, modifying provider schedules, or a combination of these controls. If expected or known PPE shortages still occur, contingency or crisis capacity operations must be implemented accordingly. When contingency and crisis capacity thresholds are encountered, utilization practices for PPE wear may be modified to include extended use or reuse per references (c) and (d) in order to maintain an adequate PPE supply for the sustainment of essential clinical operations to achieve the mission.

c. Dental clinics and commands are required to develop and maintain a decontamination plan for reuse of FFRs such that the methods of decontamination are compatible with manufacturer’s instructions for use, and are approved by the Food and Drug Administration.

d. Command dental leaders (director of dental services, senior dental executive) must also periodically review references (b) through (e), and develop command-sponsored training on changes or updates to command standard operating procedures. Respiratory protection plans at each medical and dental treatment facility must include the following essential elements: dental healthcare providers must know when and how to don, doff, use, maintain and discard FFRs during conventional, contingency and crisis operations; dental healthcare providers should be trained to ensure adequate continued filtration and fit capacities of the respirator when used beyond single use; and, as a baseline, all dental healthcare providers will view reference (g), available at https://www.jointcommission.org/resources/news-and-multimedia/webinars/coronavirus-webinar-replays/dentistry-in-the-time-of-covid-19/ within 30 days of the issuance of this notice.

5. Records Management

a. Records created as a result of this notice, regardless of format or media, must be maintained and dispositioned per the records disposition schedules located on the Department of the Navy Directorate for Administration, Logistics, and Operations, Directives and Records Management Division portal page at https://portal.seanv.navy.mil/orgs/DUSNM/DONAA/DRM/Records-and-Information-Management/Approved%20Record%20Schedules/Forms/AllItems.aspx.

b. For questions concerning the management of records related to this notice or the records disposition schedules, please contact the local records manager or the Department of the Navy Directorate for Administration, Logistics, and Operations, Directives and Records Management Division program office.

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Acting

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