

**NEW MEXICO DEPARTMENT OF HEALTH STATEMENT OF COMPLIANCE WITH
GUIDELINES DATED MAY 5, 2020 RELATED TO RESUMPTION OF NON-ESSENTIAL
HEALTH CARE SERVICES, PROCEDURES, AND SURGERIES BY DENTISTS**

1. On May 7, 2020, the New Mexico Medical Advisory Team (MAT), in collaboration with the New Mexico Dental Association, released guidelines (“Guidelines”) entitled, “Phase I Reopening Guidelines: Dental Care Settings”

2. The Guidelines mandate dental providers and facilities subject to the Guidelines demonstrate the facility can comply with Department of Health (including MAT) guidelines and regulations. The intent of the Guideline is to ration and preserve the state’s supply of personal protective equipment in response to the public health emergency caused by novel coronavirus 2019 (COVID-19).

3. [PROVIDER] and its individual health care providers will evaluate each health care service, in concert with each patient’s individual health needs, to determine what services, procedures, and surgeries are essential health care services and which are non-essential health care services. Notwithstanding the guidance and examples provided in this document, it is the responsibility of each individual provider to use professional discretion and judgement in evaluating which health care services can be delayed and which should be provided, taking into consideration the best interests of the patient.

4. To reopen or expand essential dental care and surgery, [PROVIDER] and its individual health care providers affirm past compliance with all current (and applicable) Public Health Emergency Orders, Department of Health (including MAT) guidelines and regulations, and demonstrate the following:

I. [PROVIDER] and its individual health care providers will comply with Department of Health regulations and Public Health Emergency Order, including but not limited to:

- a) Demonstrating full implementation of PPE conservation and decontamination strategies
- b) Reporting daily COVID testing activity via the Department’s website (where applicable)
- c) Using the Department’s Centralized Call Center for any transfers of COVID-19 patients
- d) Restricting visitors in healthcare settings during a state of emergency

II. [PROVIDER] and its individual health care providers have developed, enacted, and will monitor a plan to ensure that all employees, dental staff, and patients will be protected by the following COVID-19-related precautions:

- a) The facility monitors employees, dental staff, and prospective patients for COVID-19 symptoms.
- b) The facility requires employees and dental staff to stay at home when they are sick.
- c) The facility requires employees, dental staff, and prospective patients wash their hands frequently.
- d) The facility requires employees and dental staff to avoid touching their eyes, nose, and mouth with unwashed hands.
- e) The facility requires employees, dental staff, and prospective patients cover cough or sneeze with a tissue, then throw the tissue in the trash.
- f) The facility requires strict adherence to cleaning and disinfection protocols.
- g) The facility requires employees, dental staff, and prospective patients to maintain a six-foot distance from others whenever possible.
- h) The facility has implemented measures to avoid gatherings of more than five people whenever possible, including closing common waiting areas and/or creating barriers to maintain social distancing.
- i) The facility has implemented measures to protect vulnerable populations by prioritizing methods to provide services to them without face-to-face contact when possible; “vulnerable populations” includes, at a minimum: adults over 64 years old, people with asthma, people with chronic lung

conditions, people with immune deficiency and those receiving cancer treatment, people with serious heart disease, people with diabetes, on dialysis, people with severe obesity, people with chronic liver disease, people living in nursing facilities and other congregate settings, and people experiencing homelessness.

III. [PROVIDER] and its individual health care providers will also comply with additional guidelines outlined in the May 5, 2020 Guidelines issued by the New Mexico Medical Advisory Team, in collaboration with the NM Dental Association, entitled “Phase I Reopening Guidelines: Dental Care Settings.”

- a) Public Health gating criteria as decided by State authorities will shape timing of resumption of surgery and procedures.
- b) Facilities to decide capacity goal: (e.g. 25% vs 50% of pre-COVID-19 procedural capacity). The DAT strongly recommends facilities do not exceed 50% pre-COVID -19 procedure volume for first 2 weeks. Upon completion of a 2-week pilot period and review of PPE supply levels and COVID-19 incidence curves, decisions regarding further ramp-up can be made. These decisions should be made in accordance with public health gating criteria established by the State.
- c) Facilities to establish policy to address prioritization of cases, with priority given to time-sensitive conditions and procedures.
- d) Telephone screening of patients and caregivers for symptoms, previous exposure, and prior COVID-19 testing. Upon arrival to facility, screen all patients for symptoms including temperature.
- e) COVID nucleic acid-based testing using a highly sensitive testing platform (e.g. Abbott M2000, Roche 6800, Cepheid GeneXpert) is currently the most reliable testing method should be considered within 48 hours of procedures with significant risk of aerosolization.
- f) Point of care device testing is not recommended in this setting until higher sensitivity tests are available. Nasal or nasopharyngeal sample sources (and appropriate swabs/transport media) are acceptable for testing. At this time, antibody testing alone does not add clinically actionable information for procedures. Home self-collection is not acceptable.
- g) Facilities should follow CDC guidelines for COVID risk assessment, exposure mitigation, and testing of healthcare personnel.
- h) Facilities should have protocols in place for reporting positive tests.
- i) Facilities should consider social distancing contracts between provider and patient from the time of testing to the time of procedure. All facilities should have a designated waiting area that allows social distancing (consider one masked caregiver to be with patient for post-operative instructions if needed).
- j) All caregivers to wear a surgical mask. All healthcare personnel in direct patient care areas to wear mask and gloves except during food and drink breaks.
- k) Demonstration of adequate PPE for 14 days in accordance with CDC guidelines.
- l) Staff training on, and proper use of, PPE according to non-crisis level evidence-based standards of care (see CDC guidelines).
- m) Regular reporting to State authorities of PPE availability and demonstration of availability commensurate with planned capacity increase.

5. [PROVIDER] understands that any health care provider who willfully violates the Order will be subject to civil administrative penalties, including fines up to \$5,000 per violation, in addition to other civil and criminal penalties.

6. The definitions and examples below are intended to assist health care providers in making determinations on essential and non-essential health care services.

DEFINITIONS

“Essential health care services” means time-sensitive services, procedures, and surgeries related to (a) emergency care or any actions necessary to provide treatment to patients with emergency or urgent health needs; (b) any surgery or treatment that if not performed would result in serious condition, a patient worsening or becoming more vulnerable to infectious disease.

“Non-essential health care services, procedures, and surgeries” include those which can be delayed without undue risk to the patient’s health. Examples of criteria to consider in distinguishing between essential and non-essential actions include whether deferral of a procedure with low or no time-sensitivity would result in permanent harm to the patient.

“Time-sensitive” means the classification of certain conditions or procedures with regard to the urgency of treatment, subject to the judgement of the practitioner, as follows:

Should not be delayed further:

1. Alleviation of pain, swelling or bleeding
2. Correction of traumatic damage to tooth, bone, gingiva or peri-oral soft tissue
3. Treatment of oral or dental infections, pulp necrosis or abscess
4. Restoration of severe carious damage to tooth structure
5. Indirect restoration of teeth that are fractured, endodontically-treated or extensively damaged by caries
6. Extraction of symptomatic teeth
7. Extraction of unrestorable or mobile teeth to prevent infection
8. Treatment of active periodontal disease
9. Procedures for patients with comorbidities
10. Management of symptomatic orthopedic dysfunction of the temporomandibular joint
11. Specialty care (endodontic, periodontal, maxillofacial surgery, orthodontic, pediatric)
12. Completion of provisional treatment begun prior to limitations on practice

May be delayed for 3-4 weeks:

1. Restoration of moderate carious damage to tooth structure
2. Prosthetic restoration of conditions causing or leading to masticatory dysfunction
3. Prosthetic restoration to prevent migration or super-eruption of teeth
4. Restoration of incipient carious lesions in an individual with a high caries index

May be delayed for 4-8 weeks:

1. Debridement of individuals without comorbidities or gingival inflammatory disease
2. Restoration of incipient carious lesions in an individual with a low caries index

May be delayed longer than 8 weeks:

1. Restorative procedures only for cosmetic reasons
2. In-office external bleaching

7. On behalf of [PROVIDER], I _____, as _____, hereby state and attest that [PROVIDER] will adhere to the above policy and guidance above in compliance with the Guidance dated May 5, 2020.

Signature of Health Care Provider or Authorized Representative

Date