

1. **Resumption of Routine Dental Procedures.** From [Becker's](#) – 22 states have allowed dental practices to reopen and resume elective procedures. Click on the hyperlink for more information.
2. **Community-Based Testing Sites for COVID-19.** There are over 150 testing sites through HHS. Click [here](#) for more information.
3. **FDA Update.** The [FDA issued warning letters](#) to companies selling fraudulent COVID-19 products, and it was reported that the FDA has pulled nearly 60 emergency use authorizations (EUAs) on products, including masks. I can't find the link to that last statement, but I did find a link to where the FDA sent [42 warning letters](#) to manufacturers. The U.S. Food and Drug Administration (FDA) has approved the first at-home saliva collection test for COVID-19, which people could use to sample their own saliva and send it into a lab for results. Developed by RUCDR Infinite Biologics, a biorepository based at Rutgers University in New Jersey, the test received "amended emergency use authorization" from the FDA late on May 7, according to a [statement from the university](#). In April, the lab received emergency use authorization for their saliva collection method, which allowed health care workers to begin testing New Jersey residents at select sites throughout the state, [The New York Times](#) reported April 29. The U.S. Food and Drug Administration (FDA) has approved the first at-home saliva collection test for COVID-19, which people could use to sample their own saliva and send it into a lab for results. Developed by RUCDR Infinite Biologics, a biorepository based at Rutgers University in New Jersey, the test received "amended emergency use authorization" from the FDA late on May 7, according to a [statement from the university](#). In April, the lab received emergency use authorization for their saliva collection method, which allowed health care workers to begin testing New Jersey residents at select sites throughout the state, [The New York Times](#) reported April 29.
4. **NIDCR Funding Opportunities.** NIDCR has just released Notices of Special Interest related to COVID-19. Please distribute this announcement widely so that we receive a robust response. Applications are due June 1.
  - [NOT-DE-20-022](#): Availability of Urgent Competitive Revisions and Administrative Supplements for Coronavirus Disease 2019 (COVID-19) Research within the Mission of NIDCR
    - Allows for within (admin supp) and out of scope (competitive revision) projects to existing NIDCR grants (only a subset of mechanisms are eligible). Emphasis is on **immediate and high impact** research to protect and ensure the safety of personnel and patients in dental practices, prevent SARS-COV-2 transmission and improve detection and diagnosis of COVID-19, and understand SARS-CoV-2 pathogenesis
  - [NOT-DE-20-023](#): Infrastructure Access for Research on Coronavirus Disease 2019 (COVID-19) Conducted in the National Dental Practice-Based Research Network
    - Allows researchers to tap into the PBRN with COVID-19 research
  - [NOT-DE-20-024](#): Notice of Additional Receipt Dates for PAR-20-073 National Dental Practice-Based Research Network Infrastructure Access (X01 Clinical Trial Not Allowed)
    - This notice adds two receipt dates for the PBRN X01 PAR to align with the NOT-DE-20-022 dates.
5. **How to identify fake products.** This morning, the [ADA News](#) has a story about how to identify counterfeit N95 masks, and given reports of unapproved masks that seem to be showing up and concerns by everyone that they are getting the real thing as they re-open their practices, I thought this was a very important communication to share with all of you. Below is [information](#) straight from

the [National Personal Protective Technology Laboratory](#) (NPPTL), part of the [National Institute for Occupational Safety and Health](#) (NIOSH):

Counterfeit respirators are products that are falsely marketed and sold as being NIOSH-approved and may not be capable of providing appropriate respiratory protection to workers. **When NIOSH becomes aware of counterfeit respirators or those misrepresenting NIOSH approval on the market, we will post them here to alert users, purchasers, and manufacturers.**

**How to identify a NIOSH-approved respirator:**

NIOSH-approved respirators have an approval label on or within the packaging of the respirator (i.e. on the box itself and/or within the users' instructions). Additionally, an abbreviated approval is on the FFR itself. You can verify the approval number on the [NIOSH Certified Equipment List \(CEL\)](#) or the [NIOSH Trusted-Source](#) page to determine if the respirator has been approved by NIOSH. NIOSH-approved FFRs will always have one of the following designations: N95, N99, N100, R95, R99, R100, P95, P99, P100.

**Signs that a respirator may be counterfeit:**

1. No markings at all on the filtering facepiece respirator
2. No approval (TC) number on filtering facepiece respirator or headband
3. No NIOSH markings
4. NIOSH spelled incorrectly
5. Presence of decorative fabric or other decorative add-ons (e.g., sequins)
6. Claims for the of approval for children (NIOSH does not approve any type of respiratory protection for children)
7. Filtering facepiece respirator has ear loops instead of headbands

7. **ADHA Interim Guidance on Returning to Work.** The American Dental Hygienists Association has released [Interim Guidance on Returning to Work](#), and it can be found by clicking on the hyperlink or below.
8. **OSHA Dental Guidance.** The Occupational Safety and Health Administration (OSHA) has just released their [Guidance for Dentistry Workers and Employers](#). You can also check the [OSHA COVID-19](#) page where they update interim guidance for workers and employers at increased risk of occupational exposure. OSHA's interim guidance provides some examples of dentistry tasks at each level of risk, following the [occupational exposure risk pyramid](#). The primary guidance is that only emergency dental procedures should be performed during the time of active community spread of COVID-19. They include information about the standards and OSHA requirements that should be followed, including 29 CFR 1910.1030 for Bloodborne Pathogens, 29 CFR 1910.132 for PPE, and 29 CFR 1910.134 for Respiratory Protection. They also provide some specific guidance following the hierarchy of controls (elimination, substitution, engineering and administrative controls, safe work practices, and PPE) to assist dental employers and workers in ensuring safety. Many of the guidelines follow similar precautions to those advised for healthcare workers, including the use of tele-dentistry and over the phone consultations if feasible.
9. **Updated CDC Guidance.** On April 27<sup>th</sup> revisions were made to the [CDC Interim Infection Prevention and Control Guidance for Dental Settings During the COVID-19 Response](#). These revisions include the

following: (1) To address asymptomatic and pre-symptomatic transmission, implement source control (require facemasks or cloth face coverings) for everyone entering the dental setting (dental healthcare personnel [DHCP]<sup>[1]</sup> and patients), regardless of whether they have COVID-19 symptoms; (2) Actively screen everyone on the spot for fever and symptoms of COVID-19 before they enter the dental setting; and (3) Actively screen DHCP on the spot for fever and symptoms before every shift. I have also attached a slide set from the CDC Division of Oral Health that outlines the guidance for dental settings. Finally, the CDC also provided new updates on April 29<sup>th</sup> on [cleaning and disinfecting](#), [contact tracing](#), and updated [clinical care guidance](#).

- 10. Battelle Offers Free Decontamination.** As FDA reported back in late March, [Battelle Critical Care Decontamination System](#)<sup>™</sup> was awarded a contract by the Defense Logistics Agency to provide N95 decontamination at no charge to healthcare providers. The turnaround time is 72 hours, and their website (click on hyperlink) provides more information on how to get respirators to Battelle.
- 11. FDA Emergency Use Authorizations (EUs).** There have been a lot of questions about the various antigen and antibody tests as well as EUs for personal protective equipment. The [FDA Emergency Use Authorizations page](#) lists all of the EUs along with supporting documents and FAQs.
- 12. NDA White Paper on Oral Rinsing.** Dr. Camesia Matthews has developed a white paper called [The Benefits of Preoperational Oral Rinsing during and after the Novel Coronavirus Pandemic](#) that is available on the [NDA website](#) along with other resources. The abstract to this paper reads: “The benefits of pre-rinsing prior to dental procedures have been promoted by clinical and industry studies. (Molinari ,1992), (“Pre-Rinsing A Must for the Dental Professional,” 2018) However, the practice has still not been widely adopted by most oral health and medical providers. In light of the novel coronavirus (2019-nCoV) pandemic, dental professionals must consider regular pre-rinsing as a potentially effective method of significantly reducing the viral load in the oral cavity. In this brief, we report on the efficacy of antimicrobial mouth rinses that may be particularly effective against viruses.”
- 13. ADA Updates.** As reported in the [ADA News on April 27<sup>th</sup>](#), 79% of dental practices remain closed except for emergency patients. The Health Policy Institute (HPI) also has information about the impact of COVID-19 on dental practices, including DSO practices. And just in case you didn't see it, the ADA also released a [Return to Work Interim Guidance Toolkit](#) this week (you can click on the hyperlink in the article to take you to the toolkit). The ADA has an [interactive map](#) showing the total number of cases and current status as of today.