

ACPA STATEMENT ON ORTHODONTIC TREATMENT

DURING THE COVID-19 PANDEMIC

The American Cleft Palate-Craniofacial Association (ACPA) has prepared this statement in response to national and institutional calls for cessation of nonessential orthodontics in the wake of the COVID-19 pandemic. This guidance is intended to complement, rather than replace, existing advice and should be considered “expert opinion.” ACPA will update this statement as the situation evolves.

Because COVID-19 transmission is primarily through droplet spread and aerosol, teams that perform head and neck procedures are at high risk for infection. Although many procedures performed by teams are important and somewhat time sensitive, this national health care crisis will cause delays. The health and safety of patients, members, trainees and hospital teams are the top priority.

All providers should first consider individual circumstances and the best interests of their unique patients, as well as the resources and PPE of their institutions. Hospital, local and regional regulatory bodies will determine the actual practice in each hospital or facility, and any additional restrictions that are applied by such bodies should supersede these guidelines.

ACPA recommends continued collaboration between team members and families, while respecting the directives of social distancing and utilizing telehealth options as resources allow. Telehealth or phone conversations with parents may be sufficient. It is also imperative that care teams proactively establish a reentry plan and prioritize patients for future evaluation and treatment.

Pre-Surgical Infant Orthopedics (PSIO)

Due to the short and critical timeframe to initiate PSIO therapy after birth for effective outcome, the use of NAM or other PSIO methods could be considered for each case in discussion with the surgeon and the caregiver.

Because this practice requires frequent instrumentation of the mouth and nose, appropriate PPE and hand hygiene should be utilized. “Lip taping,” nasal stents and other therapies that are performed at home could be considered as an alternative, and progress could be followed via telehealth visits.

Phase 1 Orthodontics and Alveolar Bone Grafting Preparation

Given the time-sensitive nature of alveolar bone grafting and risk of permanent periodontal damage to teeth erupting in the unrepaired alveolar cleft, care could be prioritized on a case-by-case basis in consultation between the surgeon, orthodontist, and patient caregiver.

Alveolar bone grafting could be classified as Tier 2A in the American college of surgeons’ classification scheme for cases (time sensitive care, <https://www.facs.org/covid-19/clinical-guidance/triage>) and fulfill the AAO’s statement on justification of emergency orthodontic care as “being critically necessary to prevent harm to the patient.” Preoperative testing could be considered according to applicable guideline and local resources.

Consider other phase I orthodontic treatment in the context of the AAO’s recommendations and all applicable federal, provincial, state and local authorities’ guidance concerning recommendations for non-emergency care.

Orthognathic Surgical Preparation and Follow-Up Care

As states and local governments implement strategies for recovery, elective orthodontic and orthognathic procedures including cleft care related treatments could be considered. Although many orthodontic and orthognathic procedures are considered elective, patients who require immediate attention should be treated as Urgent Care (ADA guidelines) with appropriate access to testing and screening (CDC guidelines), recommended PPE

and distancing. Treatment of dentofacial differences, malocclusion, and associated obstructive sleep apnea/nasal obstruction should be delayed to the extent possible, with emphasis on bridging medical management until surgical risk can be minimized and adequate patient and treatment team protective equipment and protocols are in place.

Routine Orthodontic Care and Orthodontic Emergencies

During closure, orthodontic visits may be completed virtually in order to provide transfer of information between orthodontist and patient without patient contact and to eliminate negative sequelae of treatment.

As orthodontic offices begin to reopen for routine visits, special consideration and attention may be placed on the physical environment in which the orthodontist practices, as well as the method in which the orthodontist practices. Such considerations may include: consent being obtained prior to the visit, decreased numbers of patients scheduled, reduced or eliminated guests in waiting rooms/patient bay, etc.

Rescheduling of appointments may take into consideration or place special emphasis on the following:

- Pre- or post-operative checks
- Preparation for secondary alveolar bone grafting and timing
- Traumatic occlusion
- Appliance checks (expanders, forsus, etc.)
- Broken brackets

Depending on the facility in which the orthodontist practices, select procedures may be delayed until further notice, including those that utilize a high-speed handpiece, air/water syringe and/or retainer checks.

It will be imperative to monitor staff and patient care supplies (PPE) while rescheduling patient visits. All providers must consider the best interests of their personal safety, staff safety, and their individual patients as each circumstance may vary.

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Professional Organization Resources

American Association of Orthodontists

The AAO recommends that its members follow all applicable federal, provincial, state and local authorities' guidance concerning closure recommendations for non-emergency care. To that end, the AAO defines emergency orthodontic care as care that will relieve pain and/or infection, is trauma-related, or is critically necessary to prevent harm to the patient.

<https://www1.aaoinfo.org/covid-19/>

American Dental Association

Dentists are urged to use the highest level of PPE available when treating patients to reduce the risk of exposure. If masks and either goggles or face shields are not available, there is a higher risk for infection; therefore, the use of professional judgment is key along with knowing the patient's risk factors.

<https://success.ada.org/en/practice-management/patients/infectious-diseases-2019-novel-coronavirus>

<https://success.ada.org/en/practice-management/patients/covid-19-state-mandates-and-recommendations>

Centers for Disease Control

The Occupational Safety and Health Administration's document, Guidance on Preparing for Workplaces for COVID-19, places dental health care personnel in the very high exposure risk category, as their jobs are those with high potential for exposure to known or suspected sources of the virus that causes COVID-19 during specific procedures.

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/dental-settings.html>

<https://www1.aaoinfo.org/covid-19/>

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<https://success.ada.org/en/practice-management/patients/covid-19-state-mandates-and-recommendations>

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/dental-settings.html>

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7137858/>

<https://www.facs.org/covid-19/clinical-guidance/triage>

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