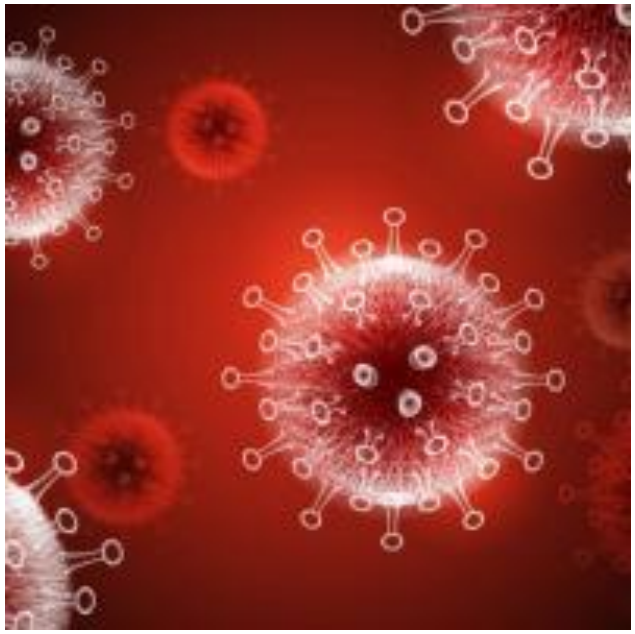


OrOHC K-12 COMMITTEE

During the time of COVID-19

June 5, 2020

K-12 Committee

OREGON ORAL HEALTH COALITION
Improving general health through oral health for all Oregonians

Date: Friday, June 5, 2020

Time: 10:00 am - 12:00 pm

Location: Zoom link https://us02web.zoom.us/j/88083010406

Agenda

10:00-10:10	Welcome, introductions	Laurie Johnson
10:10-10:25	Business, then COVID-19 Updates	Laurie
Presentations: • How were you affected (personally and professionally) when the Governor issued the order to cancel all non-urgent health care procedures? • How has it affected your program? • How have you coped with the reopening of services? • If schools are closed in the Fall, do you have a plan B?		
10:25-10:35	Laura McKeane - AllCare Health CCO	Laurie to facilitate
10:35-10:45	Karen Phillips - OHA	
10:45-10:55	Amber Hansen - Dental3	
10:55-11:05	Alicia Riedman - Community Health Centers of Lane County, Oregon Board of Dentistry	
11:05-11:15	Jessica Dusek - Salem-Keizer School District	
11:15-11:25	Mark Simpson - Yakima Valley Farm Workers FQHC	
11:25-11:35	Alynn Vienot - Neighborhood Health Center	
11:35-11:45	Carrie Peterson - Tooth Taxi	
11:45-12:00	Further Discussion Value of today's meeting Date of next meeting: Sept 11, 2020 Adjourn	Laurie

OrOHC K-12 Committee meeting minutes 3-6-2020

K-12 Committee
3/6/2020
Oregon Oral Health Coalition
9140 SW Pioneer Court, Wilsonville
Training Room 2
10:00-12:00

OREGON ORAL HEALTH COALITION
Improving general health through oral health for all Oregonians

Members Present – Mark Simpson, Laurie Johnson, Karen Phillips, Jessica Dusek

On the phone – Amber Hansen, Alynn Vienot, Amy Umphlett

Welcome and Introductions – Mark and Laurie

Legislative Update – Amy Umphlett provided a detailed legislative update. A summary of the bills is below. The accompanying links will take you to the actual bill and the history of each bill's progress.

SB 1520: Modifies school reimbursement rates for purposes of schools that provide free or reduced-price meals under National School Lunch Program or School Breakfast Program. [Does not affect eligibility for school dental sealant programs. House and Senate recommended "Do Pass; At House Desk upon adjournment.]

SB 1549: Directs Oregon Board of Dentistry to issue dental therapist license to qualified applicant. Adds dental therapist member to board. [In Health Care Committee upon adjournment; A workgroup is meeting several times before the next session to re-introduce the bill during the 2021 session.]

SB 1550A: Allows expanded practice dental hygienist to perform interim therapeutic restoration. [At House Desk upon adjournment.]

HB 4115A: Requires companies providing health care interpreters to health care providers to use health care interpreters who are listed on health care interpreter registry as being qualified or certified by Oregon Health Authority. [Monitored to see if dental care organizations (DCOs) and school dental sealant programs would need to use health care interpreters who are qualified or certified by OHA. In Joint Committee on Ways and Means upon adjournment.]

HB 4127A: Directs school districts to provide age-appropriate instruction in oral health as part of health education curriculum. [The Oregon Community Foundation (OCF) pulled together stakeholders to form a Pediatric Oral Health Coalition that introduced this legislation. It is tied to the "Healthy Teeth, Bright Futures" campaign they developed. At House Desk upon adjournment.]

HB 4132A: Requires Oregon Health Authority to administer and collect data from student health surveys. Requires authority to consult with Department of Education to convene student health survey planning committee, to engage adolescents in creating

and revising surveys and interpreting survey data and to use survey data to assess implementation of laws and rules related to students' health, safety and well-being. [In Joint Committee on Ways and Means upon adjournment.]

Sealant Data from Certified School Dental Sealant programs – Karen Phillips provided a draft preview of the data that will be published regarding certified school dental sealant programs. The presentation is attached and included several useful tables and graphs.

School Dental Sealant Program Gap Analysis Survey (Qualitative results) – Laurie collated all the narrative responses that the 28 participants provided in the survey. The most common challenges were:

- Producing successful outcomes with hard-to-reach parents
- Finding restorative care.
- Accessing insurance information, both Medicaid and private insurance.
- Accessing Medicaid Assisters.

The collated responses are attached. Perusing the responses may provide some insights into the challenges your program is facing. It may also give you an idea of how your program compares to the others. If you would like further information about specific solutions provided, please contact laurie.johnson230@gmail.com and she will help you connect with the appropriate program.

Communication Committee – Amber reported the committee has developed six messages promoting oral health (and school dental sealant programs) to share with school administrators and staff. The next step is testing the messages with the target audience. Amber and Laurie will be attending the Oregon School Nurses' Association Conference on April 16 and 17 (if the conference is not canceled due to COVID-19) to gain further feedback. Karen Phillips also offered to send the final messages to school dental sealant programs to test with willing school administrators.

K-12 Data: What should our committee be tracking? – The committee will create a dashboard of data relevant to the oral health of the K-12 population. Spreadsheets are often cumbersome; People seem to prefer simple graphs. The dashboard will be presented at the next meeting for approval and will be updated prior to and reviewed at each subsequent meeting.

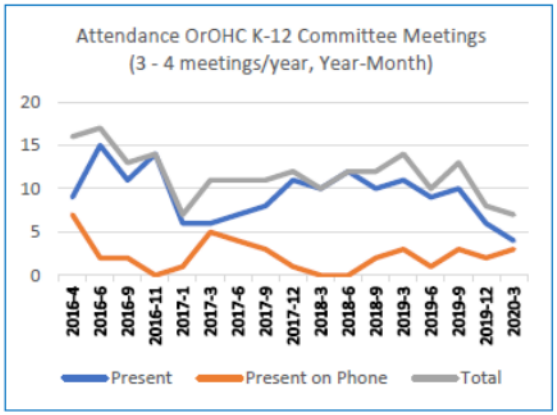
Closing announcements – Conferences were scheduled (the Oregon Dental Conference and the National Oral Health Conference) that have since been canceled due to COVID-19. Websites indicate the conferences will not be rescheduled this year.

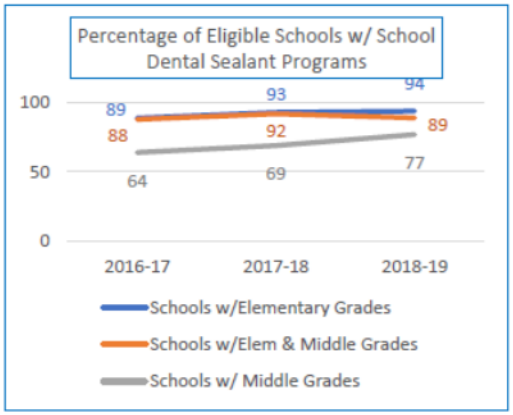
Value of today's meeting – The legislative information and the certified sealant program data were appreciated; Amy and Karen were commended for their professional and interesting presentations. Jessica Dusek mentioned she appreciated the meetings since they provided a way for her to leave her cubicle and meet with others who care about the same things.

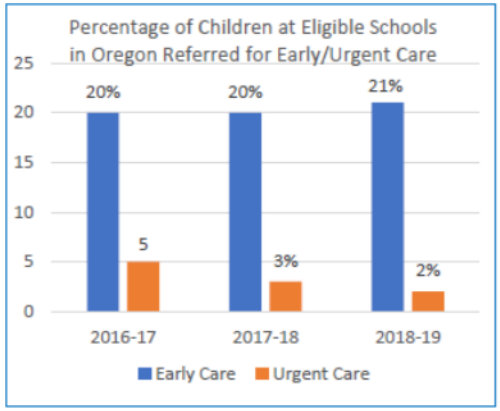
OrOHC K-12 Committee meeting minutes (p. 2) 3-6-2020

On-going business…Dashboard

OrOHC K-12 Committee Dashboard 6-5-2020







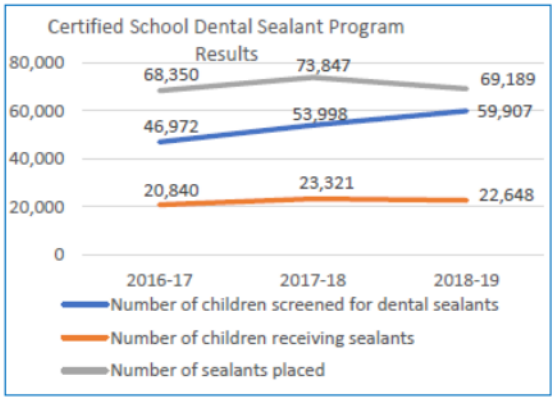


Table 5: Oral Health of Oregon Children in First, Second, and Third Grades					Healthy People 2020 Objectives for 6 to 9 year olds
Smile Survey Year	2002	2007	2012	2017	
Caries Experience (primary or permanent)	57%	64%	52%	49%	49.0%
Caries Experience (permanent)	12%	17%	10%	5%	
Untreated caries	24%	36%	20%	19%	25.9%
Rampant Decay	16%	20%	14%	5%	
Children with sealants	32%	30%	38%	42%	28.1%
Number of children screened	3,956	3,865	5,258	8,008	

Definitions:
Caries experience: cavities that are untreated or have received treatment
Untreated caries: cavities that have not received appropriate treatment
Rampant decay: Seven or more teeth with treated or untreated decay
Children with sealants: one or more permanent molars with a sealant

School Based Health Centers	2015-16	2016-17	2017-18	2018-19
Number of SBHCs in Oregon	76	78	76	79
Number with a dental provider	14	14	16	16
Number of visits for dental	1,718	2,332	2,476	1,278
% of visits for dental	1%	1%	2%	2%
Clients receiving sealants	*	*	107	319
Fluoride varnish provided	*	*	**	**
Restorative provided	*	*	**	**

Oregon Health Authority. Oregon School-based Health Centers. Retrieved from http://www.healthoregon.org/sbhc
* No data available **Need data

Committee Projects

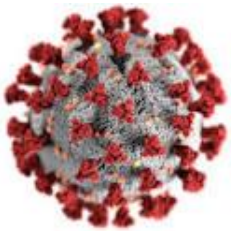
Current:

- Dashboard
- Improving communication with school staff/admin to promote School Dental Sealant Programs

Completed:

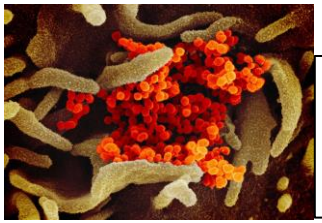
- Oral Health Toolkit for School Based Health Centers
- Gap Analysis Survey for School Dental Sealant Programs

Coronaviruses



- A family of viruses, which can cause disease in humans and animals, and is named for crownlike spikes on their surfaces.
- Coronaviruses enter human cells and replicate.
- Coronaviruses are the cause of:
  - The common cold
  - SARS: Severe Acute Respiratory Syndrome (2003;15% mortality)
  - MERS: Middle East Respiratory Syndrome (2012; 34.4% mortality)
  - COVID-19 (2019; ?% mortality)
- "COVID-19" is the name of the disease, not the name of the virus.
- The virus is "SARS-CoV-2."
- **40%** = the percentage of SARS-CoV-2 transmissions that occur *prior to symptom onset*.*

*https://www.cdc.gov/coronavirus/2019-ncov/hcp/planning-scenarios.html#table-2



This scanning electron microscope image shows SARS-CoV-2 (orange)—also known as 2019-nCoV, the virus that causes COVID-19—isolated from a patient in the U.S. (NIH, 2020)

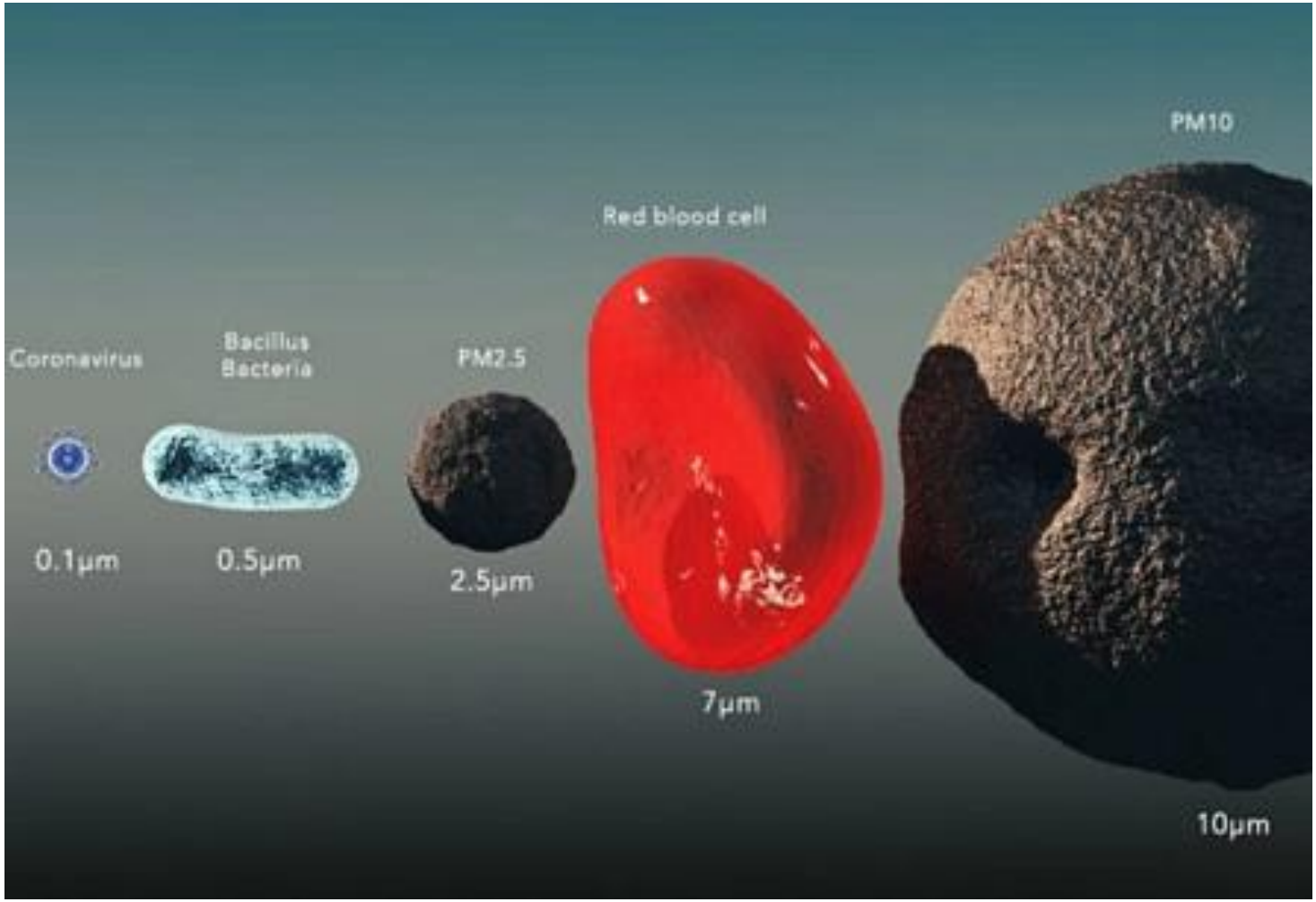
Visualizing the Occupations with the Highest COVID-19 Risk*

Occupation	COVID-19 Risk Score	Average Annual Income	Number of Employed
Dental Hygienists	99.7	$74,820	215,150
Respiratory Therapy Technicians	95.0	$60,280	129,600
Dental Assistants	92.5	$38,660	341,060
Dentists, General	92.1	$151,850	113,000
Orderlies (Patient Care Assistants)	90.2	$28,060	50,100
Family and General Practitioners	90.1	$201,100	114,130
Registered Nurses	86.1	$71,730	2,951,960

*Data considered: 1) contact with others, 2) physical proximity, 3) exposure to disease and infection

https://www.visualcapitalist.com; Published April 15, 2020

Size of a Coronavirus = 0.1 micrometers*



A human hair is about 75 micrometers thick.

*1 micrometer (µm, American spelling) = 1 micron (µ, international spelling)

Choose the right mask for the task! Select the mask design, fit and filtration that matches the protection needs for each procedure or risk level. The Crosstex® MaskEnomics® filtration guide makes it easy to find the level of filtration required, including ASTM Level 1, 2 and 3.

LEVEL PERFORMANCE LEVELS

MAXIMUM FILTRATION

N95

NIOSH Approved N95 Particulate Respirator

High Fluid Resistance	160 mmHg
Filtration Efficiency	PFE = 99.9% @ 0.1 micron
Breathability - Delta P	> 5.0 mm H_2O/cm^2
Flame Spread	Class 1

Indicated for use when treating patients with airborne diseases such as TB or Influenza.*

Meets CE 0121 – In reference to EN 149: 2001 FFP2 NR.

Pictured: Isolator Plus® N95 Particulate Respirator

ASTM LEVEL 3

LEVEL 3

High Fluid Resistance	160 mmHg
Filtration Efficiency	BFE ≥ 98%
	PFE ≥ 98% @ 0.1 micron
Breathability - Delta P	< 5.0 mm H_2O/cm^2
Flame Spread	Class 1

Ideal for procedures where heavy to moderate amounts of fluid, spray and/or aerosols are produced.

Meets EN14683 Rating – Type IIR Standard.

Pictured: Ultra™ Sensitive Earloop with SecureFit™ Technology

ASTM LEVEL 2

LEVEL 2

Moderate Fluid Resistance	120 mmHg
Filtration Efficiency	BFE ≥ 98%
	PFE ≥ 98% @ 0.1 micron
Breathability - Delta P	< 5.0 mm H_2O/cm^2
Flame Spread	Class 1

Ideal for procedures where moderate to light amounts of fluid, spray and/or aerosols are produced.

Meets EN14683 Rating – Type IIR Standard.

Pictured: Procedural Earloop with SecureFit™ Technology

ASTM LEVEL 1

LEVEL 1

Low Fluid Resistance	80 mmHg
Filtration Efficiency	BFE ≥ 95%
	PFE ≥ 95% @ 0.1 micron
Breathability - Delta P	< 4.0 mm H_2O/cm^2
Flame Spread	Class 1

Ideal for procedures where low amounts of fluid, spray and/or aerosols are produced.

Meets EN14683 Rating – Type II Standard.

Pictured: Isofluid® Earloop with SecureFit™ Technology

LOW PERFORMANCE

Surgical Molded Utility Mask
Physical Barrier Only
No LEVEL Performance Level **
Filtration Efficiency N/A

** Unless mask manufacturer certifies that the mask meets LEVEL performance Level 1

Ideal as a comfortable substitute for earloop face masks, this mask is a simple physical barrier ideal for exams and visitations or for dry, short procedures that do not produce fluid, spray or aerosols.

Pictured: Surgical Molded

MINIMUM PERFORMANCE

Utility Mask (Tissue/Tissue)
Physical Barrier Only
No LEVEL Performance Level
Filtration Efficiency N/A

Ideal as a simple physical barrier for exams and visitations or for dry, short procedures that do not produce fluid, spray or aerosols.

Pictured: Isolite® Earloop

Micron (µm) = 1 millionth of a meter

Corona virus size = 0.1 µm

<u>Filtration of 0.1 µm particles</u>

N95 = 99.9%

ASTM Level 3 = 98%

ASTM Level 2 = 98%

ASTM Level 1 = 95%

Low performance (surgical molded utility mask) = physical barrier only, <u>no filtration</u>

Minimum performance (tissue) = physical barrier only, <u>no filtration</u>

ASTM: American Society of Testing and Materials

Droplets vs. aerosols

- **Droplets**
  - 5-10 µm in diameter[1]
  - Surgical masks are designed to protect the wearer [and patient] from droplets.
  - It is generally accepted that droplets can travel 1 to 2 meters before falling to surfaces.
  - A cough or sneeze could send droplets as far as 8 meters.
- **Aerosols**
  - ≤5 µm in diameter[1]
  - N95 respirators/masks are designed to filter and protect the wearer from aerosols.
  - Aerosols can travel much further than droplets.
- Airflow patterns affect the distance particles travel and air-suspension.[2]
- Wearing a mask prevents the user from rubbing or touching their mouth or nose (a high-risk factor).

[1]WHO, March 2020

[2]https://www.cdc.gov/infectioncontrol/guidelines/environmental/appendix/air.html

OSHA Guidelines for PPE

Well patients	
Dental procedures not involving aerosol-generating procedures	*Dental procedures that may or are known to generate aerosols*
▪ Work clothing, such as scrubs, lab coat, and/or smock, or a gown ▪ Gloves ▪ Eye protection (e.g., goggles, face shield) ▪ Face mask (e.g., surgical mask)	▪ Gloves ▪ Gown ▪ Eye protection (e.g., goggles, face shield) ▪ NIOSH-certified, disposable N95 filtering facepiece respirator or better*

Patients with suspected or confirmed COVID-19	
Dental procedures not involving aerosol-generating procedures	*Dental procedures that may or are known to generate aerosols*
▪ Gloves ▪ Gown ▪ Eye protection (e.g., goggles, face shield) ▪ NIOSH-certified, disposable N95 filtering facepiece respirator or better*	▪ Gloves ▪ Gown ▪ Eye protection (e.g., goggles, face shield) ▪ NIOSH-certified, disposable N95 filtering facepiece respirator or better*

https://www.osha.gov/SLTC/covid-19/dentistry.html

CDC: Extended use of N95 masks

- Discard N95 respirator if:
  - it as been used during aerosol generating procedures.
  - it is contaminated with blood, respiratory or nasal secretions, or other bodily fluids from patients.
  - it has been in close contact with any patient with an infectious disease.
  - the interior becomes contaminated (e.g., by inadvertently touching).
- Use a cleanable face shield (preferred) over an N95 respirator to reduce surface contamination of the respirator.
- Hang used respirators in a designated storage area or keep them in a clean, breathable container such as a paper bag between uses. Storage containers should be disposed of or cleaned regularly.
- Clean hands with soap and water or an alcohol-based hand sanitizer before and after touching or adjusting the respirator.
- Use a pair of clean (non-sterile) gloves when donning a used N95 respirator and performing a user seal check. Discard gloves after the N95 respirator is donned and adjustments are made.

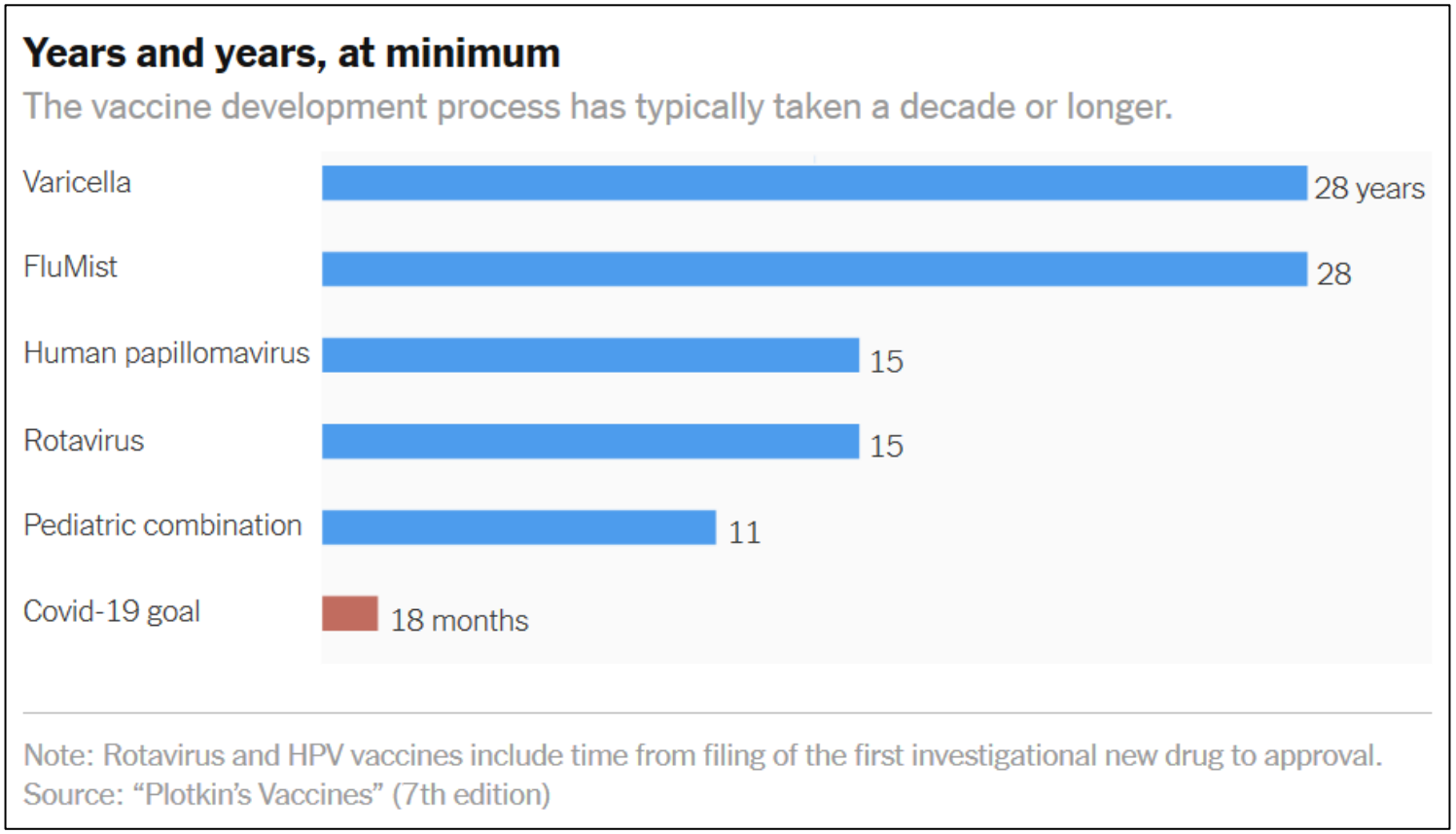
https://www.cdc.gov/niosh/topics/hcwcontrols/recommendedguidanceextuse.html

CDC: Extended use of N95 masks (cont.)

- When practicing extended use of N95 respirators, the maximum recommended extended use period is 8–12 hours. Respirators should not be worn for multiple work shifts and should not be reused after extended use. N95 respirators should be removed (doffed) and discarded before activities such as meals and restroom breaks.

https://www.cdc.gov/coronavirus/2019-ncov/hcp/respirators-strategy/index.html

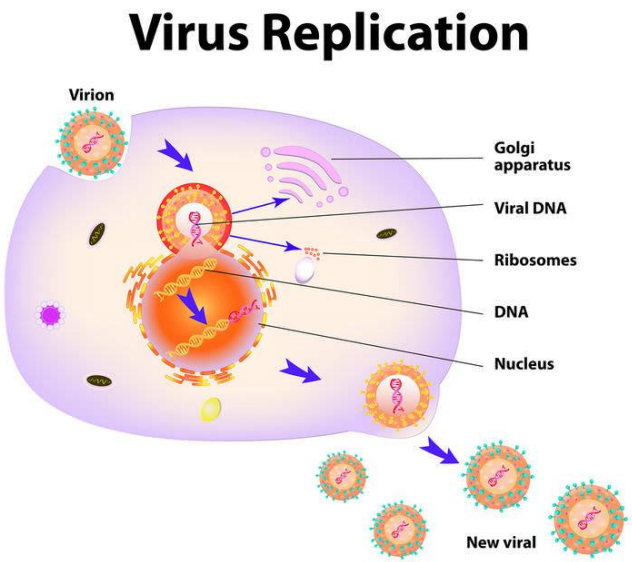
Time it takes to create a vaccine



- Sometimes effective vaccines ***cannot*** be created (e.g., HIV)

3 ways to treat COVID-19

1. **Block viral replication**
   - Remdesivir
   - EIDD-2801
   - Danoprevir-Ritonavir
   - RNAi Experimental Compounds
2. **Prevent entry into cells**
   - APNO1
   - Multiple Human Antibody Cocktail
   - Monoclonal Antibody Candidates
   - TAK-888



3. **Reduce hyperimmune response and acute respiratory distress**
   - Kevzara (sarilumab)
   - Actemra (tocilzumab)
   - Remestemcel-L
   - Xeljanz (tofacitnib)

Scientific *American*, June 2020

Wear if you care