COVID-19

CDC & OSHA Guidance for Dental Practices

Jackie Dorst, RDH
The ADA recognizes that members of the public have questions about whether they should continue to visit their dentist during the COVID-19 pandemic. Because the ADA is currently recommending dentists close their offices to all but emergency care, we have provided guidelines to help patients determine when to consult with their dentist as to whether care should be rescheduled. When in doubt, please call your dentist to determine the best course of action.

**Dental care you can reschedule for another time:**
- Regular visits for exams, cleanings, and x-rays
- Regular visits for braces
- Removal of teeth that aren’t painful
- Treatment of cavities that aren’t painful
- Tooth whitening

**Dental care that you should have taken care of by a dentist at this time:**
- Bleeding that doesn’t stop
- Painful swelling in or around your mouth
- Pain in a tooth, teeth or jaw bone
- Gum infection with pain or swelling
- After surgery treatment (dressing change, stitch removal)
- Broken or knocked out tooth
- Denture adjustment for people receiving radiation or other treatment for cancer
- Snipping or adjusting wire of braces that hurts your cheek or gums
- Biopsy of abnormal tissue

For more information, visit MouthHealthy.org/virus.
REOPENING

WE CANNOT WAIT TO SEE YOUR SMILE AGAIN!

We care about your health and wellness and want to make your experience as safe and as easy as possible.

REST Assured! We have COVID-19 precautions in place! For more about our safety precautions, please visit our website.

IF you or anyone in the household is sick, please call to reschedule your appointment.

All new check-in. Our Lobby is closed.

YOUR car is our NEW waiting room. All patients and guests should remain in their cars! Simply call us when you arrive and a team member will check you in!

Please wear a mask to your appointment, be prepared to sanitize your hands and get a quick temperature check at the door.

WE ARE SSSSSST Digital!

All forms, agreements and payments are now digital and should be completed online prior to your visit! Look for a text message and/or email from our team for more information.

Our brushing station is closed. It can be used for hand washing.

smartpracticeconsulting.com

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COVID-19

• SARS-CoV-2
• Enveloped Virus .125 μm
• Incubation period 3 – 7 days
• Contagious for 14 days
• Transmission – Aerosols, Fluids, Respiratory
• Infectivity – High
• Immunity – none, no vaccine and no cure
Symptoms of COVID-19

- Fever
- Cough
- Shortness of breath or difficulty breathing
- Chills
- Repeated shaking with chills
- Muscle pain
- Headache
- Sore throat
- New loss of taste or smell

cdc.gov/coronavirus
COVID-19

- 80% Mild – possibly asymptomatic
- 15% Significant respiratory illness
- 5% Critically ill
• Standard Precautions
• Contact Precautions
• Droplet Precautions
• Airborne Precautions
### Disease Specific Precautions

**Standard Precautions**
- CMV
- HIV
- Hepatitis B and C
- Aspergillosis

**Contact Precautions**
- MRSA (mask if respiratory infection)
- VRE
- Adenovirus
- Diarrhea
- C. Difficile
- Rotavirus
- E coli 0157
- Enterovirus
- Salmonella
- Shigella
- Hepatitis A
- Herpes Zoster (shingles, localized)

**Droplet Precautions**
- Pertussis
- Influenza A or B
- MRSA (respiratory infection)
- Neissera meningitides (suspected or confirmed)
- Coxsackie
- Bacterial meningitis (for 24 hours after effective antibiotic therapy)
- RSV (droplet and contact)
- Mumps
- Rubella

**Airborne Precautions**
- Chicken pox
- Disseminated herpes zoster (shingles)
- Measles

**N-95 Mask:**
- Tuberculosis
- SARS
- Avian influenza
AGP — Aerosol Generating Procedure
NAGP - Non-Aerosol Procedure
Aerosol generating procedures

- Handpiece
- Slow speed
- Air/water Syringe
- Ultrasonic Scaler
- Lasers
- Prophy Jet
- Air Polisher
- Rubber Cup
Mitigate Aerosols

- # Cubic feet of air
- HVAC system
- 6 ACH - air exchanges per hour – Minimum
- 12 ACH - Best
- HEPA Filter
- UVGI – 254 nm
- Humidity 40-60%
- Barriers – Hang plastic sheet/Room dividers
- Private Room
- ASHRAE Engineer

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Negative Air Pressure Room
BH1012 HEPA AIR PURIFIER

Powerful, compact and very portable, the BH1012 air purifier is the tool of choice for localized filtration.

With a small footprint and negative/positive air ready BH1012 offers superior air quality for small indoor areas up to 50m² (1766 ft²).
Extra oral suction

- HVE attachment
• Welcome Back
• Pre-Appointment Screening
• In-office Patient Registration
• Reception Area Preparation
• Chairside Checklist
• Staff Protection
• Shopping List
• Appendix

Return to Work Interim Guidance Toolkit

Overview
This toolkit contains interim recommendations from the American Dental Association's (ADA's) Advisory Task Force on Dental Practice Recovery. Since this is interim guidance, it is focused on the short-term management of dental practice during the COVID-19 pandemic as some offices return to providing non-emergent care. Details not specifically addressed in this interim guidance will be left up to the professional judgment of each dentist. The possible integration of additional infection control measures, air purification systems, and any other safety recommendations will be addressed by the Council on Dental Practice as the COVID-19 knowledge base grows.

The ADA Task Force was convened to advise in the development of tools to support dentists who are returning to work after the COVID-19 closures and practice restrictions. It is recognized that different areas will return to a more familiar style of practice at different times, and under different circumstances. Each dentist will need to incorporate their clinical judgment with their knowledge of the incidences of COVID-19 cases in their area, the needs of their patients, and the availability of any necessary supplies to re-engage in the provision of elective dental care.

Due to the evolving understanding of the world’s knowledge of SARS-CoV-2, it is expected that more recommendations will be brought forward that might impact how dentists deliver care. The ADA’s Council on Dental Practice will carry on the work of the Advisory Task Force. Further information and recommendations will be provided to our members as it becomes available.

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Page 2 Welcome Back Reassurance Sample Letter reassures patients of your office's commitment to maintaining up-to-date infection control procedures.

Page 3 Pre-Appointment Screening Process explains how to screen patients for symptoms of COVID-19 before the appointment and upon arrival. It also includes a patient screening form.

Page 4 In-office Patient Registration Procedures are for dental teams to implement at the front-desk before reopening the practice.

Page 5 Reception Area Preparation Strategies explain how to reduce the risk of COVID-19 transmission during patient visits.

For COVID-19 resources from the ADA, visit the ADA Coronavirus (COVID-19) Center for Dentists at ADA.org/coronavirus.
Dental Settings

Interim Infection Prevention and Control Guidance for Dental Settings During the COVID-19 Response

Key Concepts

- Dental settings have unique characteristics that warrant additional infection control considerations.
- Postpone elective procedures, surgeries, and non-urgent dental visits, and contact patients prior to emergency procedures. Stay at home if sick and...
Dentistry Workers and Employers

This section provides guidance for dentistry workers and employers. This guidance supplements the general interim guidance for workers and employers of workers at increased risk of occupational exposure to SARS-CoV-2.

On March 19, 2020, the American Dental Association called for dentists to keep their offices closed to all but urgent and emergency procedures during the COVID-19 outbreak. Unless emergency dental procedures absolutely cannot be delayed, OSHA further recommends that emergency dental procedures be performed on patients with suspected or confirmed COVID-19 only if appropriate precautions, including personal protective equipment (PPE), are available and used.

Dentistry employers should remain alert of changing outbreak conditions, including as they relate to community spread of the virus and testing availability, and implement infection prevention measures accordingly. As states or regions satisfy the gating criteria to progress through the phases of the guidelines for Opening Up America Again, employers will likely be able to adopt this guidance to better suit evolving risk levels and requirements, as determined locally.

Dentistry work tasks associated with exposure risk levels

<table>
<thead>
<tr>
<th>Lower (caution)</th>
<th>Medium</th>
<th>High</th>
<th>Very High</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Performing administrative duties in non-public areas of dentistry facilities, away from other staff members.</td>
<td>• Providing urgent or emergency dental care, not involving aerosol-generating procedures, to well patients (i.e., to members of the general public who are not known or suspected COVID-19 patients). • Working at busy staff work areas within a dentistry facility.</td>
<td>• Entering a known or suspected COVID-19 patient’s room or care area. • Providing emergency dental care, not involving aerosol-generating procedures, to a known or suspected COVID-19 patient. • Performing aerosol-generating procedures on well patients.</td>
<td>• Performing aerosol-generating procedures on known or suspected COVID-19 patients. • Collecting or handling specimens from known or suspected COVID-19 patients.</td>
</tr>
</tbody>
</table>

Note: For activities in the lower (caution) risk category, OSHA’s Interim Guidance for Workers and Employers of Workers at Lower Risk of Exposure may be most appropriate.

Until more is known about how COVID-19 spreads, OSHA recommends using a combination of standard precautions, contact precautions, and droplet precautions, including eye protection (e.g., goggles or face shields), to protect dentistry workers performing patient care that does not involve aerosol-generating procedures on individuals without suspected or confirmed COVID-19. In emergency situations when workers have exposure to suspected or confirmed COVID-19 patients, and anytime when performing aerosol-generating procedures, use standard precautions, contact precautions, airborne precautions, and eye protection (e.g., goggles or face shields) to protect dentistry workers.

*In dentistry, using dental turbines, micro-motor handpieces, ultrasonic scalers, and air-water syringes are examples of tasks that can generate aerosols. This list is not exhaustive; other procedures also may generate aerosols.

https://www.osha.gov/SLTC/covid-19/dentistry.html
PPE during COVID-19 Pandemic

Personal Protective Equipment

Dentistry workers must use proper PPE when exposed to patients. PPE differs for the care of well patient care during the COVID-19 pandemic versus PPE needed when providing emergency care to a patient with suspected or confirmed COVID-19 (See OSHA’s PPE standards at 29 CFR 1910 Subpart I).

OSHA recommends the following PPE for dentistry during the COVID-19 pandemic:

<table>
<thead>
<tr>
<th>Well patients</th>
<th>Patients with suspected or confirmed COVID-19</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Dental procedures not involving aerosol-generating procedures</strong></td>
<td><strong>Dental procedures not involving aerosol-generating procedures</strong></td>
</tr>
<tr>
<td>Work clothing, such as scrubs, lab coat, and/or smock, or a gown</td>
<td>Gloves</td>
</tr>
<tr>
<td>Gloves</td>
<td>Gown</td>
</tr>
<tr>
<td>Eye protection (e.g., goggles, face shield)</td>
<td>Eye protection (e.g., goggles, face shield)</td>
</tr>
<tr>
<td>NIOSH-certified, disposable N95 filtering facepiece respirator or better*</td>
<td>NIOSH-certified, disposable N95 filtering facepiece respirator or better*</td>
</tr>
</tbody>
</table>

*During extended procedures in which aerosols or other splashes/sprays of water, saliva, or other body fluids could cause moisture to collect in/on a filtering facepiece respirator, OSHA recommends using an R95, P95, or better filtering facepiece; elastomeric respirator with an appropriate cartridge; or powered air-purifying respirator (PAPR). Note that disposable N95 filtering facepiece respirators and certain cartridges for elastomeric respirators may be adversely affected by an increase in moisture and spray from certain work tasks.

Use respiratory protection as part of a comprehensive respiratory protection program that meets the requirements of OSHA’s Respiratory Protection standard (29 CFR 1910.134) and includes medical exams, fit testing, and training.
COVID-19
Interim Guidance: Routine Oral and Dental Care

Provision of Routine Oral and Dental Care Start Date: May 11, 2020

Beginning May 11, 2020, Illinois Department of Public Health’s (IDPH) guidance to limit oral and dental care to emergency and urgent oral and dental care needs is revised. IDPH recommends that oral health providers resume provision of routine oral and dental care consistent with this guidance for minimizing risk of transmission of COVID-19 in an oral healthcare setting.

Current Status
IDPH has carefully monitored the daily number of newly reported COVID-19 cases. If the trend continues as anticipated, certain models indicate there will likely be a decrease in the burden of COVID-19 illness in Illinois towards the end of May 2020. With that in mind, there is a need for a plan to resume safe and routine oral and dental treatment. As continued delay in the delivery of time-sensitive, disease treating, oral and dental care may result in the over-reliance on antibiotics and analgesics to manage oral health pathologies, patient complications, poorer prognoses, as well as the need for more complex and costly corrective oral and dental care.

Due to the COVID-19 pandemic, previous guidance recommended oral and dental care be limited to addressing emergency and urgent needs. Routine care was deferred to conserve essential resources for COVID-19 responders, as well as, to help reduce the potential of transmission to dentists, their staff, patients, and, consequentially, to the public. Oral health providers should continue to counsel their patients and communities on the primary prevention of oral disease to lessen the progression of pathologies. To yield good procedural outcomes, oral health providers should consider their patient’s healthcare needs, assess the risks and benefits of any procedures, and appropriately screen patients for COVID-19.

SARS-CoV-2 has been detected in respiratory secretion, saliva, and blood. While bodily fluids other than respiratory secretions have not been clearly implicated in the transmission of SARS-CoV-2 to date, unprotected contact with other bodily fluids, including blood, might pose a risk to oral health providers. A significant challenge in providing oral and dental care is that many routine procedures produce both droplets and aerosols. These may be inhaled and are potential vehicles of transmission between a patient and oral health provider, staff, and other patients in the facility. In addition, individuals with SARS-CoV-2 infection may be contagious while presenting as asymptomatic.

The approach to oral health care for individuals without symptoms of COVID-19 must always include optimizing the use of administrative controls, engineering controls, and use of PPE, as described in detail by the Centers for Disease Control and Prevention (CDC) Infection Control for Dental Settings, American Dental Association’s (ADA) Interim Guidance for Minimizing Risk of COVID-19 Transmission, and ADA’s Return to Work Interim Guidance Toolkit. However, since individuals with COVID-19 may be contagious while presenting as asymptomatic, CDC’s Transmission-Based Precautions, and Occupational Safety and Health Administration’s (OSHA) COVID-19 - Control and Prevention guidance should be used to safeguard everyone when performing aerosol-generating procedures.

CDC recommends the use of airborne isolation rooms when performing aerosolization procedures involving a known or suspected COVID-19 patient. It should be recognized that aerosolization of SARS-CoV-2 can occur in a patient who has tested negative for SARS-CoV-2 or in a patient who has not been tested. An aerosolized virus can remain airborne for prolonged periods and potentially expose individuals who subsequently enter a room after the patient is no longer present. CDC states that “when practicing in the absence of Airborne Precautions, the risk of SARS-CoV-2 transmission during aerosol generating dental procedures cannot be eliminated.”
Interim Guidance: Routine Oral and Dental Care

Oral health facilities and providers should take the following steps to mitigate the potential risk posed by aerosolized SARS-CoV-2:

- Use techniques to reduce aerosolization; i.e., high volume evacuation, etc.
- Use portable operated HEPA filters of appropriate size, placement, and maintenance (taking into consideration that removal rate is appropriate for the room; efficiency and airflow rate of the air cleaner; sizing and placement within the space; maintenance; and filter change; nature of space being cleaned and appropriate portable filtration is likely to be effective in concert with other measures).
- Use a properly designed and maintained UV system. The details of the UV system need to consider the design of fixtures, lamp type, lamp placement airflow amount and mixing, etc. Adding UV to an existing system without consideration of these factors has not been demonstrated to have any benefit against other respiratory viruses.

Oral health providers should remain attuned to changing pandemic conditions and be prepared for contact
Getting Ready

• Order supplies
• Restart equipment per MIFU’s
• Clean & Spore Test Sterilizer
• Clean and Test Ultrasonic & Instrument Washer
• Shock Water Lines, Treat & Test
• Train employees on Donning & Doffing PPE
• Create Employee & Patient Schedule – Social Distance
• Practice, Practice, Practice
CDC PPE Burn Rate Calculator

- Calculate PPE needed for 2 weeks
- Delivery times are longer

<table>
<thead>
<tr>
<th>Box A</th>
<th>How Many COVID-19 Patients are Being Treated at Start of the Day? Enter Below.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Suspected and Confirmed COVID-19 Patients</td>
<td></td>
</tr>
<tr>
<td>Type of PPE</td>
<td>Size/Brand</td>
</tr>
<tr>
<td>Gowns</td>
<td>Size 1</td>
</tr>
<tr>
<td>Gloves</td>
<td>small</td>
</tr>
<tr>
<td>Respirators</td>
<td></td>
</tr>
<tr>
<td>Surgical Masks</td>
<td></td>
</tr>
<tr>
<td>Face Shields</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
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<tr>
<td>Respirators</td>
<td></td>
</tr>
<tr>
<td>Surgical Masks</td>
<td></td>
</tr>
<tr>
<td>Face Shields</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>

| Burn Rate Calculator V1 | | |
|-------------------------|------------------|
| Type of PPE | Size/Brand | |
| Gowns | Size 1 | 50 | 50 | 50 | 50 |
| Gloves | small | 50 | 50 | 50 | 50 |
| Respirators | | 50 | 50 | 50 | 50 |
| Surgical Masks | | 50 | 50 | 50 | 50 |
| Face Shields | | 50 | 50 | 50 | 50 |
| Other | | 50 | 50 | 50 | 50 |
Utility:
- If the clinic has a Ramvac Bulldog or Ramvac Bison vacuum pump, the pump may need to be purged when the clinic is started back up. When the vacuum sits for an extended time the pump can collect extra oil and will sound loud. This may or may not be needed.
  - Bulldog Instructions for use
  - Bison Instructions for use

Delivery Systems:
- When the offices re-open fill the water bottles and run each handpiece tubing, syringe and flush valve to purge the air out of the system.
- For full instructions please refer to the below links:
  - DENTALEZ delivery units and cuspidors
  - Forest delivery system and cuspidors:
    - Dental Unit Water Line Maintenance
    - Operatory Equipment Asepsis Guide
    - HVE/SE Reprocessing and Maintenance
    - Syringe reprocessing and maintenance
Training:

• Webinars
• OSAP.org
• FAQ’s
• Toolkits
Source Documents

Dental Infection Prevention Guidelines
Guidelines for Infection Control in Dental Health-Care Settings—2003
www.cdc.gov/mmwr/pdf/rr/rr5217.pdf

General Infection Prevention Guidelines
2007 Guidelines for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings


Guideline for Hand Hygiene in Health-Care Settings, 2002
www.cdc.gov/mmwr/pdf/rr/rr5116.pdf

Guideline for Infection Control in Healthcare Personnel, 1996
www.cdc.gov/hicpac/pdf/InfectContra96.pdf

Guidelines for Environmental Infection Control in Health-Care Facilities, 2003
www.cdc.gov/hicpac/pdf/guidelines/nic_in_rFC_03.pdf

Guidelines for Preventing the Transmission of Mycobacterium Tuberculosis in Health-Care Settings, 2005
www.cdc.gov/mmwr/pdf/rr/rr5417.pdf

Immunization of Health-Care Personnel: Recommendations of the Advisory Committee on Immunization, 2011
www.cdc.gov/mmwr/pdf/rr/rr6007.pdf

Management of Multidrug-Resistant Organisms in Healthcare Settings, 2006

Key Links for Additional Information
CDC Division of Oral Health
www.cdc.gov/oralhealth

www.cdc.gov/hicpac/pubs.html

CDC Web site on Hand Hygiene
www.cdc.gov/handwashing

CDC Web site on Influenza
www.cdc.gov/flu

CDC Web site on Injection Safety
www.cdc.gov/injectionSafety

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Infection Prevention Checklist
Section II: Direct Observation of Personnel and Patient-Care Practices

II.1 Hand Hygiene is Performed Correctly

<table>
<thead>
<tr>
<th>Elements To Be Assessed</th>
<th>Assessment</th>
<th>Notes/Areas For Improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. When hands are visibly soiled</td>
<td></td>
<td></td>
</tr>
<tr>
<td>B. After barehanded touching of instruments, equipment, materials and other objects likely to be contaminated by blood, saliva, or respiratory secretions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>C. Before and after treating each patient</td>
<td></td>
<td></td>
</tr>
<tr>
<td>D. Before putting on gloves</td>
<td></td>
<td></td>
</tr>
<tr>
<td>E. Immediately after removing gloves</td>
<td></td>
<td></td>
</tr>
<tr>
<td>F. Surgical hand scrub is performed before putting on sterile surgeon’s gloves for all surgical procedures</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Note:** Examples of surgical procedures include biopsy, periodontal surgery, apical surgery, implant surgery, and surgical extractions of teeth.

II.2 Personal Protective Equipment (PPE) is Used Correctly

<table>
<thead>
<tr>
<th>Elements To Be Assessed</th>
<th>Assessment</th>
<th>Notes/Areas For Improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. PPE is removed before leaving the work area (e.g., dental patient care, instrument processing, or laboratory areas)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>B. Hand hygiene is performed immediately after removal of PPE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>C. Masks, Protective Eyewear, and Face Shields</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
  a. DHCP wear surgical masks during procedures that are likely to generate splashes or sprays of blood or other body fluids | Yes/No     |                            |
  b. DHCP wear eye protection with solid side shields or a face shield during procedures that are likely to generate splashes or sprays of blood or other body fluids | Yes/No     |                            |
  c. DHCP change masks between patients and during patient treatment if the mask becomes wet | Yes/No     |                            |
Standard Precautions

1. Hand Hygiene
2. PPE
3. Respiratory Hygiene
4. Sharps Safety
5. Safe Injection Practices
6. Sterile Instruments & Devices
7. Clean & Disinfect Surfaces

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Before Appointment

- Inform patient about appointment process
- Patient only in the office – parent waits in car
- Wellness Screen for infection risk
- Ask patient to bring mask
- Ask patient to brush & floss before appointment
- Call/Text dedicated number when arrive – meet patient the at door
- Temperature taken (no hot/cold before arrival)
- Patient bring sweater – office will be cold

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<100.4°F

Return to Work Interim Guidance Toolkit

In-Office Patient Registration Procedures

☐ Have hand sanitizer available for use.
☐ Check patient’s temperature (<100.4°F) with thermometer.
  ○ Touchless forehead scan is convenient and produces less waste, though any thermometer is appropriate as long as cleaned appropriately between uses.
  ○ Be sure to follow the manufacturer’s instructions.
  ○ If elevated temperature is noted, supply patient with mask and instruct them how to don it; follow through with asking screening questions and alert the dentist.
☐ Complete Patient Screening Form (regardless of presence of fever).
  ○ Positive responses to any one of these would likely indicate a deeper discussion with the dentist before proceeding with elective dental treatment.
  ○ If referring patients for testing, see the list of State and Territorial Health Department Websites for your specific area’s information.
  ○ Remember to maintain the confidentiality of the patient.
☐ Consider providing pens (with office brand for marketing) for each patient and then giving it to them, rather than reusing. If reusing, remember to wipe down pens between transfers back and forth.
☐ Provide wipes or materials to clean pens, clipboard, counter, phone, keyboards, light switches, surfaces, and anything else high touch.
  ○ If surfaces are dirty, they should be cleaned using a detergent or soap and water prior to disinfection.
  ○ To disinfect, use products that meet EPA’s criteria for use against SARS-CoV-2, the cause of COVID-19, and are appropriate for the surface.

Post-Procedural Patient Exit

☐ Post-op instructions should include a reminder to report any signs or symptoms of COVID-19 within next 14 days.

Resource: CDC Interim Infection Prevention and Control Guidance for Dental Settings during the COVID-19 Response
Post Treatment

• Please call us if you have fever, symptoms or test positive for COVID19 in the next 14 days

• 48 hours
Reception
Reception

• Sign on front door
• Remove magazines, coffee bar, etc
• No Family in reception/treatment area
• Disinfect public area (check-in screen, ipads, games)
Arrival – Call/Text dedicated phone #

- Ask patient to wear mask
- Greeter meets patient at door
- Chair in entry, hallway or by front door
- Table with Thermometers, Tissues, ABHR, Trash Can, Masks, gloves, Patient Wellness Screening Forms
- Take patient temperature <100.4 proceed with appointment
- Patient replaces mask
- Ask Wellness Screening Questions
- Patient Sanitizes Hands with ABHR or washes hands
- Optional – Pre-procedural mouthrinse (Peroxyl)
- Escort patient to treatment chair
- Patient wears mask until procedure / replaces after procedure
- Dentists/assistant in PPE at chair ready for patient treatment
- Greeter escorts patient out after treatment
# Wellness Screening

## Patient Screening Form

<table>
<thead>
<tr>
<th>Question</th>
<th>PRE-APPOINTMENT</th>
<th>IN-OFFICE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you/have fever or have you/had hot or feverish recently (14-21 days)?</td>
<td>☐ Yes ☜ No ♦ Yes ☜ No</td>
<td></td>
</tr>
<tr>
<td>Are you/having shortness of breath or other difficulties breathing?</td>
<td>☐ Yes ☜ No ♦ Yes ☜ No</td>
<td></td>
</tr>
<tr>
<td>Do you/have a cough?</td>
<td>☐ Yes ☜ No ♦ Yes ☜ No</td>
<td></td>
</tr>
<tr>
<td>Any other flu-like symptoms, such as gastrointestinal upset, headache or fatigue?</td>
<td>☐ Yes ☜ No ♦ Yes ☜ No</td>
<td></td>
</tr>
<tr>
<td>Have you/had recent loss of taste or smell?</td>
<td>☐ Yes ☜ No ♦ Yes ☜ No</td>
<td></td>
</tr>
<tr>
<td>Are you/have you in contact with any confirmed COVID-19 positive patients?</td>
<td>☐ Yes ☜ No ♦ Yes ☜ No</td>
<td></td>
</tr>
<tr>
<td>Patients who are well but who have a sick family member at home with COVID-19 should consider postponing elective treatment.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is your/your age over 60?</td>
<td>☐ Yes ☜ No ♦ Yes ☜ No</td>
<td></td>
</tr>
<tr>
<td>Do you/have have heart disease, lung disease, kidney disease, diabetes or any auto-immune disorders?</td>
<td>☐ Yes ☜ No ♦ Yes ☜ No</td>
<td></td>
</tr>
<tr>
<td>Have you/have traveled in the past 14 days to any regions affected by COVID-19? (as relevant to your location)</td>
<td>☐ Yes ☜ No ♦ Yes ☜ No</td>
<td></td>
</tr>
</tbody>
</table>

Positive responses to any of these would likely indicate a deeper discussion with the dentist before proceeding with elective dental treatment.
- For testing, see the list of [State and Territorial Health Department Websites](#) for your specific area’s information.
Employee Wellness Screening

• Daily Log for all employees
• Temperature?
• Symptoms?

COVID-19 Daily Screening Log

<table>
<thead>
<tr>
<th>DATE</th>
<th>NAME</th>
<th>TEMPERATURE &lt;100.4°F</th>
<th>COUGH</th>
<th>NEW SNEEZING OF BREATH</th>
<th>ASKED TO GO HOME (Note: Time Dismissed)</th>
</tr>
</thead>
<tbody>
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<td></td>
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<td>□ Yes □ No</td>
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<td>□ Yes □ No □ No □ No □ No □ No</td>
</tr>
</tbody>
</table>
Staff Protection

• Front Desk – PPE
  • Barrier
• Hand Hygiene
• Clothing
  • Gowns – long sleeve
  • Scrubs – change at office
PPE – Change at office
Pregnancy

• Information limited
• Limit exposure
HCP return to work after COVID-19 Infection

• No Fever for 72 hours (recovery) and 7 days since 1\textsuperscript{st} symptoms
  or
• No Fever
• No Symptoms
• 2 negative tests, 24 hours apart
PPE – personal protective equipment

- Gown / Jacket
- Mask
- Glasses
- Gloves
- Utility Gloves
Aerosols

- Use HVE
- N95 Respirator/Shield
- Level 3 Mask/Shield
- Gown
- Gloves
Preferred PPE – Use

Face shield or goggles

N95 or higher respirator
When respirators are not available, use the best available alternative, like a face mask.

One pair of clean, nonsterile gloves

Isolation gown

Acceptable Alternative PPE – Use

Face mask

N95 or higher respirators are preferred but face masks are an acceptable alternative.

One pair of clean, nonsterile gloves

Isolation gown

cdc.gov/COVID19
Sequence for Donning & Doffing PPE

SEQUENCE FOR PUTTING ON PERSONAL PROTECTIVE EQUIPMENT (PPE)

The type of PPE used will vary based on the level of precautions required, such as standard and contact, droplet or airborne infection isolation precautions. The procedure for putting on and removing PPE should be tailored to the specific type of PPE.

1. GOWN
   - Fully cover torso from neck to knees, arms to end of wrists, and wrap around the back
   - Fasten in back of neck and waist

2. MASK OR RESPIRATOR
   - Secure ties or elastic bands at middle of head and neck
   - Fit flexible band to nose bridge
   - Fit snug to face and below chin
   - Fit-check respirator

3. GOGGLES OR FACE SHIELD
   - Place over face and eyes and adjust to fit

4. GLOVES
   - Extend to cover wrist of isolation gown

USE SAFE WORK PRACTICES TO PROTECT YOURSELF AND LIMIT THE SPREAD OF CONTAMINATION

- Keep hands away from face
- Limit surfaces touched
- Change gloves when torn or heavily contaminated
- Perform hand hygiene

© 2020 Jackie Dorst
### Understanding Mask Types

<table>
<thead>
<tr>
<th></th>
<th>Surgical Mask</th>
<th>N95 Mask*</th>
<th>N95 Equivalent Mask KN/KP95, PFF2, P2, D5/DL2, Korean Special 1ST*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Testing and Approval</td>
<td>Cleared by the U.S. Food and Drug Administration (FDA)</td>
<td>Evaluated, tested, and approved by NIOSH as per the requirements in 42 CFR Part 84</td>
<td>FDA Emergency Use Authorization (EUA)</td>
</tr>
<tr>
<td>Sizing</td>
<td>No</td>
<td>Yes. The sizing differs with each mask model. Some of the sizing options include small, small/medium, medium, medium/large, and large.</td>
<td>Yes. The sizing differs with each mask model. Some of the sizing options include small, small/medium, medium, medium/large, and large.</td>
</tr>
<tr>
<td>Intended Use and Purpose</td>
<td>Fluid resistant and provides the wearer protection against large droplets, splashes, or sprays of bodily or other hazardous fluids. Protects the patient from the wearer’s mask emissions</td>
<td>Reduces wearer’s exposure to particles including small particle aerosols and large droplets (only non-oil aerosols).</td>
<td>Reduces wearer’s exposure to particles including small particle aerosols and large droplets (non-oil aerosols).</td>
</tr>
<tr>
<td></td>
<td></td>
<td>OSHA recommends certifying the authenticity of masks to ensure they provide the expected protection.</td>
<td>Manufactured in compliance with standards of other countries and considered equivalent to NIOSH approved N95 masks. Authorized manufacturers are listed at: <a href="https://www.fda.gov/media/136663/download">https://www.fda.gov/media/136663/download</a></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Face Seal Fit+</th>
<th>Loose-fitting</th>
<th>Tight-fitting**</th>
<th>Tight-fitting**</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fit Testing Requirement</td>
<td>No</td>
<td>Temporary lifting of fit test enforcement requirement.</td>
<td>Temporary lifting of fit test enforcement requirement.</td>
</tr>
<tr>
<td>User Seal Check Requirement</td>
<td>No</td>
<td>Yes. Required each time the mask is donned (put on).</td>
<td>Yes. Required each time the mask is donned (put on).</td>
</tr>
<tr>
<td>Use Limitations</td>
<td>Disposable. Discard after each patient encounter.</td>
<td>Ideally should be discarded after each aerosol-generating patient encounter.</td>
<td>Ideally should be discarded after each aerosol-generating patient encounter.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>It should also be discarded when it becomes damaged or deformed; no longer forms an effective seal to the face; becomes wet or visibly dirty; breathing becomes difficult; or if it becomes contaminated with blood, respiratory or nasal secretions, or other bodily fluids from patients.</td>
<td>It should also be discarded when it becomes damaged or deformed; no longer forms an effective seal to the face; becomes wet or visibly dirty; breathing becomes difficult; or if it becomes contaminated with blood, respiratory or nasal secretions, or other bodily fluids from patients.</td>
</tr>
</tbody>
</table>

*OSHA video on mask seal check: [https://www.youtube.com/watch?v=YvSb5p8lHcE](https://www.youtube.com/watch?v=YvSb5p8lHcE)

Facts that may affect the fit of the mask: [https://www.cdc.gov/niosh/topics/fitpage/niosh_d200_2012_5gb.pdf](https://www.cdc.gov/niosh/topics/fitpage/niosh_d200_2012_5gb.pdf)

**Note:** A seal test is a test performed by the wearer every time the mask is put onto to ensure that the mask is properly seated to the face. It must, kneads to be adjusted. A fit test is used to determine appropriate mask size for the individual.

**Mask that does not fit does not protect as, meaning that you should not rely on it to protect you from infection.**

4/17/20
Mask vs N95

- OSHA Respirator Tool Kit
- N95 Fit Test
- N95 Medical Clearance
- N95 Seal Check video

### Understanding the Difference

<table>
<thead>
<tr>
<th></th>
<th>Surgical Mask</th>
<th>N95 Respirator</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Testing and Approval</strong></td>
<td>Cleared by the U.S. Food and Drug Administration (FDA)</td>
<td>Evaluated, tested, and approved by NIOSH as per the requirements in 42 CFR Part 84</td>
</tr>
<tr>
<td><strong>Intended Use and Purpose</strong></td>
<td>Fluid resistant and provides the wearer protection against large droplets, splashes, or sprays of bodily or other hazardous fluids. Protects the patient from the wearer’s respiratory emissions.</td>
<td>Reduces wearer’s exposure to particles including small particle aerosols and large droplets (only non-oil aerosols).</td>
</tr>
<tr>
<td><strong>Face Seal Fit</strong></td>
<td>Loose-fitting</td>
<td>Tight-fitting</td>
</tr>
<tr>
<td><strong>Fit Testing Requirement</strong></td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>User Seal Check Requirement</strong></td>
<td>No</td>
<td>Yes. Required each time the respirator is donned (put on)</td>
</tr>
<tr>
<td><strong>Filtration</strong></td>
<td>Does NOT provide the wearer with a reliable level of protection from inhaling smaller airborne particles and is not considered respiratory protection</td>
<td>Filters out at least 95% of airborne particles including large and small particles</td>
</tr>
<tr>
<td><strong>Leakage</strong></td>
<td>Leakage occurs around the edge of the mask when user inhales</td>
<td>When properly fitted and donned, minimal leakage occurs around edges of the respirator when user inhales</td>
</tr>
<tr>
<td><strong>Use Limitations</strong></td>
<td>Disposable. Discard after each patient encounter.</td>
<td>Ideally should be discarded after each patient encounter and after aerosol-generating procedures. It should also be discarded when it becomes damaged or deformed; no longer forms an effective seal to the face; becomes wet or visibly dirty; breathing becomes difficult; or if it becomes contaminated with blood, respiratory or nasal secretions, or other bodily fluids from patients.</td>
</tr>
</tbody>
</table>
N95 Respirator – S, M, L fit test, medical clearance
N95 “Seal Test”

YouTube:
“How to Perform a User Seal Check with an N95 Respirator”
https://www.youtube.com/watch?v=pGXiUyAoEd8&t=25s
Facial Hair Compromises Mask Seal

Facial Hairstyles and Filtering Facepiece Respirators

- CLEAN SHAVEN
- STUBBLE
- LONG STUBBLE
- FULL BEARD
- FRENCH FORK
- DUCOTAIL
- VERDI
- GARIBALDI
- BANDICOI
- SOUL PATCH
- GOATEE
- CHIN CRAWL
- EXTENDED GOATEE
- CIRCLE BEARD
- ANCHOR
- BALS
- VAN DIKE
- IMPERIAL
- SIDE WHISKERS
- MUTTON CHOPS
- HULHHE
- HORSESHOE
- ZARPA
- WALRUS
- PAINTER'S BRUSH
- CHEVRON
- HANDLEBAR
- PENCIL
- TOOTHBRUSH
- LAMP SHADE
- ZORRO
- VILLAIN
- FU MANCHU
- ENGLISH
- DALI

Facial hair that may interfere with mask fit:
- CAREFULLY check seal for fit.
- Do not allow hair to cross the seal.

Facial hair that does not interfere with mask fit:
- CLEAN SHAVEN
- STUBBLE
How to Properly Put on and Take off a Disposable Respirator

**Putting On The Respirator**
- Position the respirator in your hands with the nose piece at your fingertips.
- Cup the respirator in your hand allowing the headbands to hang below your hand. Hold the respirator under your chin with the nose piece up.
- The top strap or double strap respirator goes over and rests at the top back of your head. The bottom strap is positioned around the neck and below the ears. Do not crisscross straps.
- Place your fingertips from both hands at the top of the metal nose clip (if present). Slide fingertips down both sides of the metal strip to mold the nose clip to the shape of your nose.

**Checking Your Seal**
- Place both hands over the respirator and inhale to check whether the respirator seals tightly to the face.
- Place both hands completely over the respirator and exhale. If you feel leakage, there is not a proper seal.
- If air leaks around the nose, readjust the nose piece as described. If air leaks at the mask edges, readjust the straps along the sides of your head until a proper seal is achieved.
- If you cannot achieve a proper seal due to air leakage, ask for help or try a different size or model.

**Removing Your Respirator**
- DO NOT TOUCH the front of the respirator! It may be contaminated!
- Remove by pulling the bottom strap over back of head, followed by the top strap, without touching the respirator.
- Discard in waste container. WASH YOUR HANDS!

Employees must comply with the OSHA Respiratory Protection Standard, 29 CFR 1910.134 if respirators are used by employees performing work-related duties.

1. Manufacturer instructions for non-NIOSH approved disposable respirators can be found at www.cdc.gov/niosh/nsp/index.html
2. According to the manufacturer’s recommendations
3. For more information call 1-800-CDCINFO or go to http://www.cdc.gov/niosh/nsp/index.html
# Surgical or Procedural Mask

## Maximum Filtration

<table>
<thead>
<tr>
<th>Metric</th>
<th>Requirement</th>
<th>Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>NIOSH Approved N95 Particulate Respirator</td>
<td></td>
<td>N95</td>
</tr>
<tr>
<td>High Fluid Resistance</td>
<td>160 mmHg</td>
<td></td>
</tr>
<tr>
<td>Filtration Efficiency</td>
<td>PFE ≥ 99.9% @ 0.1 micron</td>
<td></td>
</tr>
<tr>
<td>Breathability - Delta P</td>
<td>&gt; 5.0 mm H₂O/cm²</td>
<td></td>
</tr>
<tr>
<td>Flame Spread</td>
<td>Class 1</td>
<td></td>
</tr>
</tbody>
</table>

## ASTM Level 3

<table>
<thead>
<tr>
<th>Metric</th>
<th>Requirement</th>
<th>Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>High Fluid Resistance</td>
<td>160 mmHg</td>
<td>LEVEL 3</td>
</tr>
<tr>
<td>Filtration Efficiency</td>
<td>BFE ≥ 98%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>PFE ≥ 98% @ 0.1 micron</td>
<td></td>
</tr>
<tr>
<td>Breathability - Delta P</td>
<td>&lt; 5.0 mm H₂O/cm²</td>
<td></td>
</tr>
<tr>
<td>Flame Spread</td>
<td>Class 1</td>
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## ASTM Level 2

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<tr>
<td>Moderate Fluid Resistance</td>
<td>120 mmHg</td>
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</tr>
<tr>
<td>Filtration Efficiency</td>
<td>BFE ≥ 98%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>PFE ≥ 98% @ 0.1 micron</td>
<td></td>
</tr>
<tr>
<td>Breathability - Delta P</td>
<td>&lt; 5.0 mm H₂O/cm²</td>
<td></td>
</tr>
<tr>
<td>Flame Spread</td>
<td>Class 1</td>
<td></td>
</tr>
</tbody>
</table>

## ASTM Level 1

<table>
<thead>
<tr>
<th>Metric</th>
<th>Requirement</th>
<th>Level 1</th>
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</thead>
<tbody>
<tr>
<td>Low Fluid Resistance</td>
<td>80 mmHg</td>
<td></td>
</tr>
<tr>
<td>Filtration Efficiency</td>
<td>BFE ≥ 95%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>PFE ≥ 95% @ 0.1 micron</td>
<td></td>
</tr>
<tr>
<td>Breathability - Delta P</td>
<td>&lt; 4.0 mm H₂O/cm²</td>
<td></td>
</tr>
<tr>
<td>Flame Spread</td>
<td>Class 1</td>
<td></td>
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</tbody>
</table>
FDA response to Shortage

• Emergency Use Authorization

• All disposable filtering facepiece respirators (FFRs) approved by the National Institute for Occupational Safety and Health – NIOSH

• Passed the manufacturers’ recommended shelf-life for use in healthcare settings by healthcare personnel

• K95, KN95 (international)
Implement limited re-use of facemasks.

Limited re-use of facemasks is the practice of using the same facemask by one HCP for multiple encounters with different patients but removing it after each encounter. As it is unknown what the potential contribution of contact transmission is for SARS-CoV-2, care should be taken to ensure that HCP do not touch outer surfaces of the mask during care, and that mask removal and replacement be done in a careful and deliberate manner.

- The facemask should be removed and discarded if soiled, damaged, or hard to breathe through.
- Not all facemasks can be re-used.
  - Facemasks that fasten to the provider via ties may not be able to be undone without tearing and should be considered only for extended use, rather than re-use.
Counterfeit Respirators / Misrepresentation of NIOSH-Approval

Updated May 13, 2020

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 to alert users, purchasers, and manufacturers.
# Tips to Avoid Counterfeit Masks

The Centers for Disease Control and Prevention (CDC) has issued guidance, [Counterfeit Respirators / Misrepresentation of NIOSH-Approval](https://www.cdc.gov/niosh/), to help healthcare professionals avoid buying counterfeit masks. This page includes information on how to identify a NIOSH-approved respirator, and also a link to NIOSH Certified Equipment List and a NIOSH Trusted Source page.


## Tips for spotting suspicious websites and/or marketplaces before you buy

### Website tip-offs:
- Primary email contact uses a free email service
- Presence of typos, bad grammar and other errors
- Contains broken links
- Site is unfinished and temporary “dummy” text is still present

### Third-party marketplace red flags:
- Use of terms like “legitimate” and “genuine”
- Customer feedback that seems suspicious
- Inconsistency in the type of products sold
- Prices that are too good to be true
- During times of shortage, claiming “unlimited stock”

## Signs that a mask may be counterfeit

- Lack of, or misspelling of NIOSH in the marking
- Claiming approval for use by children
- Presence of decorative add-ons
- Lack of NIOSH approval (TC) number on the N95 or headband
- Lack of any type of marking on the N95
- N95 has ear loops instead of headband
Hand Hygiene
Clinical Contact Surfaces
Disinfectant

- Clean
- Disinfect - kill
- EPA Registered
- Intermediate
List N: Disinfectants for Use Against SARS-CoV-2

List N includes products that meet EPA’s criteria for use against SARS-CoV-2, the cause of COVID-19.

When purchasing a product, check if its EPA registration number is included on this list. If it is, you have a match and the product can be used against SARS-CoV-2. You can find this number on the product label – just look for the EPA Reg. No. These products may be marketed and sold under different brand names, but if they have the same EPA registration number, they are the same product.

This list includes products with emerging viral pathogen claims and those with human coronavirus claims. If a product with an emerging viral pathogen claim is not available, use a product with a coronavirus claim. If the product is listed as “N” under the Emerging Viral Pathogen Claim column, then it has a human coronavirus claim.

- Frequently Asked Questions about List N: Disinfectants for Use Against SARS-CoV-2
Technology Equipment - Barriers

- FDA cleared barrier
- Touch pads, scanner
- MIFUs
- Clean & disinfect between patients
Man-Machine.com
Wireless Keyboard & Mouse
Sterilization
Sterilization

- Clean
- Dry
- Package
- Sterilize
- Sterile Storage
• No Fans
Thank you!

Jackie Dorst
949-842-1747
SafePract@gmail.com
www.JackieDorst.com

CHICAGO DENTAL SOCIETY