

Covid-19 Infection Prevention and Control Program

Carlos E. Sanchez D.D.S.

Effective:

COVID-19 is a new disease caused by a novel coronavirus known as SARS-CoV-2. The virus is thought to spread mainly between people who are in close contact with one another (within about 6 feet) through respiratory droplets produced when an infected person coughs or sneezes. It is believed an individual becomes infectious anywhere from 2-14 days after exposure. Dental procedures that use certain dental instruments, such as handpieces and ultrasonic scalers, and air-water syringes create a spray that can contain contaminated droplets. This spray can also contain aerosols.

This dental practice sees patients for emergency and urgent care during the current public health emergency. However, this may change when guidance from the CDC and CDPH changes, or the local public health officer issues an order impacting dental practice. This dental practice screens patients to ensure we do not knowingly treat an individual who has COVID-19 or exhibits symptoms of the disease.

OSHA has associated certain work tasks with exposure risk levels.¹ The agency describes “well patients” as members of the general public who are not known or suspected COVID-19 patient

This document also describes procedures to follow if a patient or staff member reports a positive COVID-19 test or symptoms.

ENGINEERING CONTROLS

The following engineering controls are used in this dental practice.

This dental practice (*check one*) does not have a negative pressure air infection isolation room.

A rubber dam and high-speed evacuation are used as much as possible during patient treatment to minimize the amount of aerosols leaving the area around the patient’s mouth.

Each dental operatory has a Honeywell True Hepa Allergen Remover Air Purifier. Also, each inlet of the office heater/air conditioning system has had a heap filter placed to further remove aerosols from the office HVAC system.

ADMINISTRATIVE CONTROLS

EMPLOYEE INSTRUCTIONS

Employees are provided with instruction and reminders on:

- Covering a cough or sneeze with a tissue or inside elbow and not with a hand.

¹ Dentistry Workers and Employers, May 1, 2020, <https://www.osha.gov/SLTC/covid-19/dentistry.html>

- Washing hands often with soap for at least 20 seconds.
- Using hand sanitizer if soap and water are not readily available.
- Using hand sanitizer when donning and doffing personal protective equipment.
- Avoiding touching their eyes, nose and mouth with unwashed hands.
- Not sharing personal items, such as cups, with others.
- Avoiding close contact with sick persons.
- Wearing a mask when interacting with others and using personal protective equipment as required.
- Adhering to physical distancing protocols when possible.
- Only necessary staff may be in patient treatment areas.

Employees are actively encouraged to stay home if sick or if someone at home has been quarantined because they have been diagnosed with or is exhibiting symptoms of COVID-19. Employees must report symptoms of acute respiratory illness to employer and to stay home and not return to work until they can show they do not have COVID-19, or until seven days after symptoms first appeared and at least three days after symptoms begin to improve (including fever reduction without the use of fever reducing medication).

Employees are screened at the beginning of their shift for symptoms and their temperature is taken. Records of the screenings are maintained in employee medical records in accordance with CCR 8 Section 3204. Any employee who appears to be sick upon arrival to work will be sent home immediately. Any employee who starts to exhibit symptoms of COVID-19 while at work will be sent home and asked to self-isolate pending diagnosis.

PATIENT MANAGEMENT

Employees are instructed on how this dental practice evaluates and screens patients to minimize exposure to the coronavirus in the facility.

Patient evaluation for care: A patient can be evaluated via telephone or telehealth platform. A patient may need to present at the dental practice if the telephone or telehealth evaluation is inadequate for determining the need for care. Appointments are timed so as to aid physical distancing protocol between patients. Aerosol-producing procedures are prioritized for scheduling at the end of the day to allow aerosols to settle prior to disinfecting the treatment area.

Patient screening: Staff administers a [screening questionnaire](#) at the time patient makes an appointment or at appointment reminder, and again no more than two days before patient presents. Patient should not enter the facility until the second screening is completed. Patient temperatures will be taken at the practice. Patients seeking an appointment will be not be seen immediately if their responses indicate possible infection.

COVID-19-positive/symptomatic patient: A patient who passed the two screenings but begins to experience symptoms consistent with COVID-19 while at the appointment will be isolated until they can be sent home or to an appropriate medical facility for care. This dental practice works with the patient's medical provider to locate an appropriate facility for emergency or urgent dental care of a COVID-19 positive or symptomatic patient. COVID-19-positive/symptomatic patients **must not be treated** in a dental facility that does not have an air illness isolation room.

Scheduling a patient who has or had COVID-19: It is currently recommended that symptomatic individuals who had the disease may leave home isolation seven days after symptoms first appeared and at least three days after symptoms begin to improve (including fever reduction without the use of

fever reducing medication). An individual who tested positive for COVID-19 but was asymptomatic can be scheduled for a date at least seven days after date of the positive test. Until clearer evidence on infectivity timelines is determined, this dental practice uses the additional respiratory protection described below.

Patients are discouraged from bringing others to an appointment, except when a parent, guardian or caretaker must accompany a minor patient or special needs patient to the appointment. Staff should ensure patients and others comply with physical distancing rules in the waiting area. Staff will remind the patient to wear a mask while in the dental practice and may provide a mask to the patient if masks are available. Patients are encouraged to use hand sanitizer provided for their use.

Patient treatment:

- Dentist will prioritize use of minimally invasive/atraumatic restorative procedures to reduce production of aerosols.
- Dental handpieces and air-water syringes will only be used if necessary and appropriate precautions will be taken.
- Operations that can produce droplets or aerosols are minimized and rubber dams used as much as possible.
- Ultrasonic scalers will not be used.
- Rinse the oral cavity slowly, avoiding unnecessary splatter.
- Use high-speed evacuation.
- Avoid or minimize procedures that may induce coughing in the patient.
- Only necessary personnel may be in the treatment area.
- Patient will rinse with antimicrobial rinse prior to dental treatment

OFFICE ENVIRONMENT

Posters that encourage coughing and sneezing etiquette and proper hand hygiene are placed where employees may view them and in other areas where they are likely seen by the public.

There is a seating limit in the waiting area. Items typically available to patients but difficult to disinfect, such as magazines and some toys, will not be in the waiting area.

Any disinfectant used in the office must be labeled as effective against SARS-CoV-2 virus and registered in California. The disinfectant also must be effective against *Mycobacterium tuberculosis* or HIV and HBV as use of that category of disinfectants is required by the Dental Board.

Public areas are cleaned and disinfected regularly. Special attention is given to door handles, chairs and bathrooms. Frequently touched objects and surfaces are disinfected using a regular household cleaning spray or wipe.

Items that are difficult to disinfect, such as paper and computer keyboards, are removed from patient treatment areas or covered with barriers.

Operatory disinfection: Surfaces in treatment areas are cleaned and disinfected soon after patient treatment is complete. If an aerosol-generating procedure is performed, entry into the room is prohibited for a set period, preferably overnight, to allow aerosols to settle and then be disinfected. If the room is not lockable, signs are used to indicate room is not to be entered.

PERSONAL PROTECTIVE EQUIPMENT

Staff performing or assisting in patient treatment must wear appropriate personal protective equipment to cover their hands, faces, body, and clothing. Participation in aerosol generating procedures requires the additional use of head and shoe covers, although office-only footwear may be used in lieu of shoe covers. The office-only footwear must be disinfected at the end of each day. This dental practice will utilize CDC-recommended strategies when PPE supply is at contingent or crisis levels.

Procedures that produces aerosols require additional respiratory tract protection. All staff in the immediate treatment area will wear an N95 filtering facepiece respirators (also known as N95 surgical masks), powered air purifying respirators (PAPR) or better respirator. Individuals required to wear an N95 must undergo a medical evaluation and will be fit tested. [This dental practice has a respiratory protection program.](#)

Staff involved in clinical care are instructed on the proper procedures for putting on and taking off their personal protective equipment.

Minimum PPE required for staff is shown in the table.

STAFF CATEGORY	PPE
Administrative staff	Surgical mask or face mask
Lab/instrument processing staff	Mask, gloves, gown and eye protection appropriate for working with disinfectants
Clinical care staff, non-aerosol procedures	Face shield or protective eyewear, surgical mask, gloves and gown

<p>Clinical care staff, aerosol procedures</p>	<p>Face shield, N95, powered air-purifying respirator (PAPR) or better, gloves, surgical gown, head and foot covers. Work-only footwear can be substituted for foot covers.</p> <p>If N95, PAPR or equivalent respirator are not available (recommend maintaining weekly log of N95 availability), face shield and mask may be substituted.</p>
------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Single-use PPE are disposed immediately after use. These items are: **Level 1,2, and 3 masks. Shoe covers, surgical gowns, gloves, surgical caps, and N-95 that can no longer be reused.** _____

Reusable PPE are cleaned and disinfected in a manner that prevents cross-contamination. *Review federal Department of Labor April 24, 2020 memorandum on decontamination of N95s, <https://www.osha.gov/memos/2020-04-24/enforcement-guidance-decontamination-filtering-facepiece-respirators-healthcare>.* These items are: **N-95 masks and surgical gowns** _____

Staff who choose to use office-only shoes in lieu of foot covers must disinfect those shoes at the end of each work shift.

This dental practice will ensure it has an adequate supply of PPE for staff and sanitation supplies.

POSTEXPOSURE PROCEDURES

Staff is required to report the following information to the employer:

- Positive COVID-19 test.
- Close contact within the past 14 days with an individual who tested positive for COVID-19 or who is exhibiting symptoms.

This dental practice requests patients notify the office if they are diagnosed with or experience symptoms of COVID-19. We will identify and notify patients and employees who were in contact with the affected employee or the patient at the practice. This information will be kept confidential and part of an employee’s medical record. This dental practice will comply with instructions provided by the local public health department.