

FERNANDO DENTAL OFFICE PROTOCOL DURING COVID 19 PANDEMIC

MINIMIZING RISKS OF INFECTION TRANSMISSION

Before Dental Care Starts

1. Dentist and Dental Team Preparation

a. Ensure safety of staff

- i. If staff member is experiencing influenza/flu-like-illness (fever with either cough or sore throat, muscle aches) they should not report to work
- ii. Bring your scrubs to the office and change into them at work. At the end of the day, place your scrubs in a plastic bag and either take them home with you or leave at the office for you to take home the next day
- iii. Staff members should self-monitor by remaining alert to any respiratory symptoms (e.g., cough, shortness of breath, sore throat) and check their temperature twice a day (when you arrive and after lunch), regardless of the presence of other symptoms

b. Office set-up

- i. Remove all clutter and unnecessary paper from front desks and operatories
- ii. Remove magazines, reading materials, toys and other objects that may be touched by others and which are not easily disinfected
- iii. Supply hand sanitizer throughout office and hand soap for handwashing
- iv. Place appropriate signage throughout office instructing patients on standard recommendations for maintaining a hygienic setting
- v. Conduct inventory of PPE

c. Appointment scheduling

- i. Appointments scheduled apart enough to maintain social distancing with other patients in the waiting room. Work with the Doctors and Staff to determine the appointment time intervals.
- ii. Patients are not allowed to bring companions to their appointment, except for instances where the patient requires assistance (e.g., pediatric patients, people with special needs, elderly patients, etc.)
 - If companions are allowed for patients receiving treatment, they should also be screened for signs and symptoms during patient check-in and should not be allowed entry into the facility if signs and symptoms are present (e.g., fever, cough, shortness of breath, sore throat)
 - Companions should not be allowed in the dental office if perceived to be at a high risk of contracting COVID-19 (e.g., having a pre-existing medically compromised condition)
 - Any person accompanying a patient should be prohibited in the dental operator

Before Dental Care Starts (Continued)

2. Screening and Triage for Dental Treatment

a. Phone/Text/Email pre-appointment communication

- i. Every effort will be made to communicate pre-appointment pandemic protection information and screen the patient by telephone, text monitoring system, or video before the visit
- ii. Prior to scheduling the appointment, patients should be asked screening questions which are set forth below.
 - What are some current symptoms you are experiencing?
 - Do you have a fever greater than 99.6 within the last 14 days
 - Do you or have you had any cough or any tightness of chest or pain when coughing within the last 14 days?
- iii. If the patient answers yes to any of these questions, instruct them to wait 14 days or consult with their primary care provider or seek care at an emergency room capable of providing isolation for the COVID-19.
- iv. If needed, a dentist or a staff member who understands the protocol will call the patient to review questions and to assist with instructions. This can be done via telephone, Teledentistry, or Facetime.
- v. Only asymptomatic patients or recovered patients (after 7 days since resolution of signs and symptoms) will be seen in the dental office
- vi. A new form, i.e. Patient Advisory and Acknowledgement, in the website **MUST** be filled up and signed 2 days prior to appointment.
- vii. All patients must update their patient and insurance information, medical and dental forms, all consents online 2 days prior to appointment. This will allow Dr. Fernando and staff to review paperwork before patient comes to their visit

b. Patient selection

- i. Initially, concentration will be placed on emergency dental care, allowing us to care for our emergency patients and alleviate the burden that dental emergencies would place on hospital emergency departments. During the COVID mandated closure period, we are seeing patients with pain, swelling, other signs of infection, bleeding, broken teeth, lost restorations with pain
- ii. State and local mandates as well as regional variation in infection rates will affect guidance on postponement periods and rendering routine treatments going forward.
- iii. If any patient states they previously had COVID-9, the requests will be made for them to bring in verification via a letter that they are now not positive.

c. Instructions for Patient Arrival

- i. Masks are required to enter the office
- ii. Social distancing is required in waiting area and all areas of the office
- iii. Infection control etiquette is required
 - Handwashing
 - Cough etiquette

d. Referrals

- i. If an emergency or urgent dental patient does exhibit signs and symptoms of respiratory illness, the patient should be referred for emergency care where appropriate Transmission-Based Precautions are available.

During Dental Care

1. Standard and Transmission Precautions and Personal Protective Equipment (PPE)

a. Standard precautions

- i. Hand hygiene, use of PPE, respiratory hygiene/etiquette, sharps safety, safe injection practices, sterile instruments and devices, clean and disinfected environmental surfaces.
- ii. All staff and patients should wash their hands or use hand sanitizer before and after all appointments
- iii. Supplies for infection control etiquette: alcohol-based hand rub, tissues/paper towels, and no-touch receptacles for disposal at healthcare facilities

b. Transmission Precautions

- i. Upon patient arrival, they are to wait in their personal vehicle or outside the facility where they can call our office to be instructed when it is their turn to be seen, as crowded waiting rooms are also a risk
- ii. The patient comes in the front door and will be escorted directly to the operator. They should be asked to wash their hands or use hand sanitizer. They should complete a detailed medical history form, COVID-19 screening questionnaire and COVID informed consent. The patient's body temperature using a contact forehead thermometer and must be less than 99.6 degrees. If higher or if there is a positive answer to any of the exposure questions or if the patient has any respiratory disease symptoms, they should be given a mask and immediately discharged and is told to see their primary health care provider. Dental care is deferred for at least two weeks.
- iii. In suspected or confirmed cases of COVID-19 infections requiring urgent dental care for conditions such as tooth pain and/or swelling, pharmacologic management in the form of antibiotics and/or analgesics is an alternative
- iv. Have the patient(s) and staff follow proper respiratory hygiene, such as covering the mouth and nose with tissue before covering and sneezing and then discarding the tissue.

- v. Dental care is then provided under strict infection control minimizing (where possible) aerosol generation, the rubber dam and high speed suction.
- vi. View flowchart detailing processes to minimize infectious transmission when treating dental emergencies

c. Personal Protective Equipment (PPE) for dental health care professionals

- i. Headcovers
- ii. Safety glasses
- iii. Shield
- iv. Masks
- v. Gowns
- vi. Gloves
- vii. Shoe covers for surgeons
- viii. Non-contact thermometer

d. Equipment and supplies to help protect dental health care personnel from infection

- i. Dental Health Care Professionals are to wear a surgical mask and eye protection with solid side shields or a face shield to protect mucous membranes of the eyes, nose, and mouth during procedures likely to generate splashing or spattering of blood or other body fluids (please see chart on how to put on and take off PPE)
- ii. Change gloves often and wash hands frequently.
- iii. Routinely sanitize surfaces and equipment per CDC guidelines
- iv. If your mask is damaged or soiled, or if breathing through the mask becomes difficult, the face mask should be removed, safely discarded, and replaced with a new one
- v. Reduce aerosol production as much as possible.
- vi. Sterilize instruments between patient visits
- vii. Frequently clean and disinfect public areas, including door handles, chairs and front desks
- viii. Implement safe work practices including keeping your hands away from your face, limiting surface touches, changing gloves when torn or heavily contaminated and constantly performing hand hygiene
- ix. Given that asymptomatic patients may carry the virus, if a patient tests positive within 2 weeks after visit, DHCP should quarantine for 14 days

e. Hygiene protocol changes. The purpose is to keep the risk of transmission to a minimum while maintaining patient's oral health.

- i. Scaling and polishing: Hand scaling for hygiene will be the norm. Mechanical polishing should be avoided if possible. The more important service is removal of tartar and plaque. Hydroxyl peroxide rinse for 30 seconds has been recommended by ADA prior to procedure.
- ii. Ultrasonic scalers: To avoid as much as possible! If not, appropriate PPE and use of high volume suction should be considered. If necessary, reappoint patient for second visit.

- iii. Hygiene checks. Consider brief discussions after hygiene checks. If patient needs to be reappointed with Dr. Fernando for caries and restorations, hygiene check will be performed then. When necessary, further conversation over the phone after patient dismissal can be done during down time.
- iv. Patient treatment documentation can be done after patient is dismissed and room is clean. Minimize contact of surfaces and areas, including the computer. Remember our schedule will be staggered.

After Dental Care is Provided

1. In Between Patients

a. Cleaning and sanitizing surfaces and equipment

- i. After dental care is provided in between patients clean appropriate PPE with soap and water, or if visibly soiled, clean and disinfect reusable facial protective equipment (e.g., clinician and patient protective eyewear or face shields) between patients
- ii. Non-dedicated and non-disposable equipment (e.g., handpieces, dental x-ray equipment, dental chair and light) should be disinfected according to manufacturer's instructions.
 - 1. Handpieces should be cleaned to remove debris, followed by heat-sterilization after each patient.
 - 2. Routine cleaning and disinfection procedures (e.g., using cleaners to disinfect surfaces particularly frequently touched surfaces or objects for appropriate contact times. Clean/disinfect per CDC Guidelines.
- iii. Surfaces such as door handles, chairs, desks, and restrooms should be cleaned and disinfected frequently.
- iv. There is suggested protocol in disinfecting restrooms by **anyone** who uses it. Such protocol is posted by the restroom door.
- v. Expose cleaned operatory room to UVC light for 30 minutes every 4 hours.

b. Dismissal of patient

- i. Post-Operative Instructions and adjuncts to care
 - 1. Deliver instructions and give adjuncts, ie prescriptions/post op instructions in operatory
 - 2. In light of the controversy regarding whether ibuprofen should be used for patients with a COVID-19 infection, it is recommended to use ibuprofen as normally indicated when managing any type of dental pain. When discomfort is significant, the recommended NSAIDs in combination with acetaminophen (i.e. 400-600 milligrams ibuprofen plus 1,000 mg acetaminophen) can still be used.

- ii. Walk patient to appointment desk. Follow up appointments can be made over the phone and confirmed via text or email. If there is a co-payment, all attempts will be made to obtain the payments with as little as contact as possible. All co payments must be predetermined and arrangements are made over the phone or email prior to appointment.

c. Steps After Suspected, Unintentional Exposure

- i. Given that asymptomatic patients may carry the virus, if a patient tests positive within 2 weeks after the dental visit, to prevent possible transmission, DHCP should quarantine for 14 days.

Protocol Before Going Home After a Workday

1 Steps to prevent disease transmission between work and home

- a. When going home after a workday staff should change from scrubs to personal clothing before returning home. Upon arriving home, staff should take off shoes, remove and wash clothing [separately from other household residents], and immediately shower.

2 Self-monitor

- a. All staff should self-monitor by remaining alert to any respiratory symptoms (e.g., cough, shortness of breath, sore throat) and check their temperature twice a day, regardless of the presence of other symptoms consistent with a COVID-19 infection.
- b. If any staff member tests positive for COVID-19, then they will have to quarantine per their care takers instructions and also present with a verification letter that they tested as being not positive any longer to return to work.