Interim Guidance for Minimizing Risk of Covid-19 Transmission

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Before Beginning Dental Care

Dentist and Dental Team Preparation

Refer to the What to do after an office closure

1. Encourage dental health care personnel (DHCP) to receive their seasonal flu vaccine. (Recommended Vaccines for Healthcare Workers) and to **stay home when sick.** (Dental Settings)
    a. consider the level(s) of risk associated with various job tasks. It is suggested that providers who do not fall into higher risk categories (ie: older age; presence of chronic medical conditions, including immunocompromising conditions; pregnancy)." should be prioritized to provide patient care. (Guidance on Preparing Workplaces for COVID-19) (People Who Are at Higher Risk for Severe Illness)

2. Promote frequent and thorough hand washing, by providing workers, patients, and worksite visitors with a place to wash their hands. If soap and running water are not immediately available, provide alcohol-based hand rubs containing at least 60% alcohol.

3. All DHCP should self-monitor by remaining alert to any respiratory symptoms (e.g., cough, shortness of breath, sore throat) and must record their temperature before beginning work every day, regardless of the presence of other symptoms consistent with a COVID-19 infection. DHCP with temperatures of >100.0º must return home. If an employee develops fever or respiratory symptoms they should speak to their PCP to obtain advice about testing or self monitoring at home.
    a. To prevent transmission to DHCP or other patients and staff, contact your local or state health department immediately if you suspect someone has COVID-19. (Information for Health Departments on Reporting Cases of COVID-19) (Interim US Guidance for Risk Assessment and Public Health Management of Healthcare Personnel with Potential Exposure in a Healthcare Setting to Patients with Coronavirus Disease 2019 (COVID-19))

4. "Conduct an inventory of available personal protective equipment (PPE) supplies [e.g., surgical masks, surgical gowns, surgical gloves, face shields]." Assume that supplies may be unavailable in the near future. (Strategies for Optimizing the Supply of Facemasks: COVID-19) All Clinical employees will be changing from "street clothes' and shoes into scrubs and clinical footwear (ideally non-porous) when at the office. Admin staff will continue to wear business casual or scrubs as preferred. All employees will wear disposable garments- jackets (short) for all Administrative staff and coats (long) for the Clinical team. (When Going Home After a Workday section for photos) Additionally, surgical/isolation gowns will be available for surgery/procedures that you anticipate to be splatter producing

5. Prepare the reception waiting and reception areas by removing magazines, reading materials, toys, coffee stations and any non-essential furniture that may be touched by others and are not easily disinfected. Use cover tape and barrier sleeves on merchant machines and merchant pens that can be changed between patients. Place transparent barriers in front of the check-in and check out desk stations to protect staff. Discourage workers from using other workers' phones, desks, offices, or other work tools and equipment, when possible. Arrange chairs to optimize social distancing of front desk employees. If the waiting room does not allow

for appropriate “social distancing” of chairs (situated at least 6 feet or 2 meters apart), patients may wait in their personal vehicle or outside the facility where they can be contacted by mobile phone when it is their turn to be seen. This can be communicated to patients at the scheduling of the appointment, based on established office procedures.

5. Print and place signage (download) Stop the spread of germs that can make you and others sick! Provide tissues, hand sanitiser for patients and no-touch receptacles for disposal at healthcare facility entrances, waiting rooms, and patient check-ins.”

6. Prepare the operatories by removing all items that will not be used for the treatment of the next scheduled patient including: personal photos, memorabilia, masks, and extra supplies. Cover glove dispensers or remove them from the room. Keep countertops clean and clutter free.

Phone screening for COVID-19 Status and dental treatment

1. “Make every effort to interview the patient by telephone, text monitoring system, or video conference before the visit.” Covid 19 Screening Questions

2. Schedule appointments apart enough to minimize possible contact with other patients in the waiting room.

3. Discourage patients from bringing companions to their appointment, except for instances where the patient requires assistance (e.g., pediatric patients, people with special needs, elderly patients, etc.). Explain that if the patient needs a companion, the guest must also be screened for signs and symptoms of COVID19 during patient check-in and will not be allowed entry into the facility if symptoms are present (e.g., fever, cough, shortness of breath, sore throat). Companions should not assist patients in the dental office if they are at a high risk of contracting COVID-19 (e.g., having a pre-existing medically compromised condition)

4. As the pandemic progresses, some patients will recover from the COVID-19 infection. It is important to determine when a patient who was diagnosed with the disease is ready to discontinue home isolation. CDC suggests two approaches to determine clearance to abandon quarantine:

a. “**Time-since-illness-onset and time-since-recovery strategy (non-test-based strategy)*** Persons with COVID-19 who have symptoms and were directed to care for themselves at home may discontinue home isolation under the following conditions:

i. At least 3 days (72 hours) have passed since recovery defined as resolution of fever without the use of fever-reducing medications and improvement in respiratory symptoms (e.g., cough, shortness of breath); and,

ii. At least 7 days have passed since symptoms first appeared.”
(Disposition of Non-Hospitalized Patients with COVID-19, https://www.cdc.gov/coronavirus/2019-ncov/hcp/dental-settings.html)

b. **Test-based strategy:** Persons who have COVID-19 who have symptoms and were directed to care for themselves at home may discontinue home isolation under the following conditions:

i. Resolution of fever without the use of fever-reducing medications and,

ii. Improvement in respiratory symptoms (e.g., cough, shortness of breath) and,

iii. Negative results of an FDA Emergency Use Authorized molecular assay for COVID-19 from at least two consecutive nasopharyngeal swab specimens collected ≥24 hours apart** (total of two negative specimens)." (Disposition of Non-Hospitalized Patients with COVID-19

"Individuals with laboratory-confirmed COVID-19 who have not had any symptoms may discontinue home isolation when at least 7 days have passed since the date of their first positive COVID-19 diagnostic test and have had no subsequent illness."

Footnote
1. *This recommendation will prevent most, but may not prevent all instances of secondary spread. The risk of transmission after recovery, is likely very substantially less than that during illness.
2. **All test results should be final before isolation is ended. Testing guidance is based upon limited information and is subject to change as more information becomes available.

Upon Patient Arrival

1. Patients should be greeted at check in with hand sanitizer, tissues no touch receptacle and cough etiquette poster. (see before dental care starts above) Cover your cough poster
Patients that are symptomatic should be given a facemask upon check in at entry points.

2. Ask screening questions and take temperature screening at check-in. If the patient passes their screening questions, escorting patients directly to treatment rooms to complete paperwork and await their appointment is recommended whenever possible. Patients may also wait in their personal vehicle or outside the facility where they can be contacted by mobile phone when it is their appointment time.

3. If an emergency or urgent dental patient has a fever strongly associated with a dental diagnosis (e.g., pulpal and periapical dental pain and intraoral swelling is present), but no other signs/symptoms of COVID-19 infection (e.g., fever, sore throat, cough, difficulty breathing), they can be seen in dental settings with appropriate protocols and PPE in place (Algorithm 2 and 3). Screening Algorithms

4. 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. (Algorithm 2). (Summary of Infection Prevention Practices in Dental Settings: Basic Expectations for Safe Care;
Patients who fail their screenings should not fill out paperwork. The patient should leave the office and call to reschedule when they have left the office.

5 Patients who have tested negative for COVID-19 infection, or recovered patients (after 3 days since resolution of signs and symptoms and at least 7 days since onset of symptoms) can be seen in dental settings.

When Resuming Dental Care

Standard and Transmission-based Precautions and Personal Protective Equipment (PPE)

1. DHCP should adhere to Standard Precautions, which "are the minimum infection prevention practices that apply to all patient care, regardless of suspected or confirmed infection status of the patient, in any setting where healthcare is delivered."

    a. Standard Precautions include: frequent hand hygiene, use of PPE, respiratory hygiene/etiquette, sharps safety, safe injection practices, sterile instruments and devices, clean and disinfected environmental surfaces.

2. If available, DHCP should implement Transmission-Based Precautions. "Necessary transmission-based precautions might include patient placement (e.g., isolation), adequate room ventilation, respiratory protection (e.g., N-95 masks or equivalent) for DHCP, or postponement of nonemergency dental procedures."

3. PPE "Wear a 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 [(large droplets)] of blood or other body fluids" and a protective "gown".

4. Surgical type masks are one use only, and one mask should be used per patient.

    a. Refer to Additional information on surgical masks from the ADA regarding interim guidance. ADA Mask interim guidance

5. "If your mask is damaged or soiled, or if breathing through the mask becomes difficult, you should remove the face mask, discard it safely, and replace it with a new one."
(Guidance on Preparing Workplaces for COVID-19)

6. DHCP should adhere to the standard sequence of donning and doffing of PPE.
(1. GOWN 2. MASK OR RESPIRATOR 3. GOGGLES OR FACE SHIELD 4. GLOVES)

Clinical Technique (Handpieces, Equipment, etc.)

1. Pre-procedural rinse: Since SARS-CoV-2 may be vulnerable to oxidation,use 1.5% hydrogen peroxide (commercially available in the US or mix 3% hydrogen peroxide with water 1:1) or use 0.2% povidone as a preprocedural mouthrinse. (There are no clinical studies supporting the virucidal effects of any preprocedural mouthrinse against SARS-CoV-2).

2. DHCP may use "extraoral dental radiographs, such as panoramic radiographs or cone beam CT, [and] are appropriate alternatives" to intraoral dental radiographs during the outbreak of COVID-19, as the latter can stimulate saliva secretion and coughing.

3. Reduce aerosol production as much as possible, as the transmission of COVID-19 seems to occur via droplets or aerosols and DHCP should prioritize the use of hand instrumentation.

4. DHCP should use rubber dams if an aerosol-producing procedure is being performed to help minimize aerosol or spatter.

5. DHCP may use a 4-handed technique for controlling infection.

6. Anti-retraction functions of handpieces may provide additional protection against cross-contamination.

7. DHCP should prefer the use of high-volume evacuators. DHCP "should be aware that in certain situations, backflow could occur when using a saliva ejector," and "this backflow can be a potential source of cross contamination"

8. DHCP should "[minimize] the use of a 3-in-1 syringe as this may create droplets due to forcible ejection of water/air." "Disinfectants (hypochlorite, ethanol) in the handpiece and 3-in-1 syringe water supplies have been reported to reduce viral contaminants in splatter, but its action on human coronavirus is unknown."

After Dental Care Is Provided

In Between Patients Cleaning and sanitizing surfaces and equipment

1. "Clean and disinfect reusable facial protective equipment between patients." (e.g., clinician and patient protective eyewear or face shields)

2. Non-dedicated and non-disposable equipment should be disinfected according to manufacturer's instructions. (e.g., handpieces, dental x-ray equipment, dental chair and light)Handpieces should be cleaned to remove debris, followed by heat-sterilization after each patient.

3. "Routine deep cleaning and disinfection procedures (e.g., using cleaners and water to pre-clean surfaces prior to applying an EPA-registered, hospital-grade disinfectant to frequently touched surfaces or objects for appropriate contact times as indicated on the product's label) are appropriate for SARS-CoV-2 in healthcare settings, including those patient-care areas in which aerosol-generating procedures are performed."

    a. Surfaces such as door handles, chairs, desks, elevators, bathrooms and waiting rooms should be deep cleaned and disinfected frequently throughout the day.

Post-Operative Instructions for Patients & Medications as adjuncts to care

1. 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 pain. For example, for the management of pulpal- and periapical-related dental pain and intraoral swelling in immunocompetent adults, it is recommended that NSAIDs in combination with acetaminophen (i.e. 400-600 milligrams ibuprofen plus 1,000 mg acetaminophen) can still be used.

2. When treating patients with dental pain and intraoral swelling, dentists should determine whether definitive, conservative dental treatment (i.e. pulpotomy, pulpectomy, nonsurgical root canal treatment, or incision for drainage of abscess is available. The 2019 ADA clinical practice recommendations regarding the use of antibiotics are still applicable for immunocompetent adult patients with symptomatic irreversible pulpitis with or without symptomatic apical periodontitis, pulp necrosis and symptomatic apical periodontitis, or pulp necrosis and localized acute abscess, and should be referred to a dental specialist when determining the recommended course of action.

When Going Home After a Workday

1. Clinical DHCPs should change from scrubs to personal clothing before returning home. Do not wear work shoes at home.
   a. Offices with Washer/dryer - Clothing is changed and put directly into the washer.
   b. Offices with Linen service - Clothing is changed and scrubs are placed directly in 'pick up' bags.
   c. Offices where scrubs are taken home - Clothing is changed and soiled scrubs are placed in a plastic bag, taken home and washed separately from other household items.
   d. It is recommended that all DHCP shower directly after work.

Coat
clinical team

Jacket
reception team

Isolation/Surgical gown

**Adapted from: The ADA's interim guidance for management of emergency and urgent Dental care 4/1/2020*
CDC's Discontinuation of Isolation for persons with Covid-19 Interim Guidance 4/10/2020
OSHA's Guidance for Preparing Workplaces for Covid 19