

# COVID-19 Patient Care

## Low Aerosol Safety Protocols

### Objective:

*The following policies and procedures were designed to keep Doctors, Team Members, and patients safe. The COVID-19 virus will continue to be spread from person to person through droplets/aerosols, so it is important that everyone adheres to the below protocols to minimize risk of exposure.*

### I. Prior to Patient Arrival:

1. Take the temporal (forehead) temperature of the Doctors and Team Members that are working at the emergency practices to ensure no one is working in the practice with an elevated temperature. Normal adult temperature ranges from 97-99, which fluctuates throughout the day. If a Doctor or Team Member has 100° For greater, they should be sent home immediately.

### II. COVID-19 Patient Screening Must Continue Until Further Notice:

1. Phone screening of all patients continues.
2. Signs posted on the door asking patients not to enter the practice and call to reschedule if they are having a fever and/or respiratory symptoms.
3. The inside door to the practice should remain locked before and after the patient is let in.
4. Patients should be seen in the vestibule of the practice first, or outside of the building or suite if you are in a multi-tenant building. The patient should not be permitted to enter the reception area until the Doctor or Dental Assistant takes the patient's temperature. Doctor/Team Member should wear the appropriate PPE (level 1 mask and gloves).
5. If the patient has a temperature of 100° F or greater they should not be seen and referred to an urgent care/emergency room.

6. If the patient's temperature registers normal, then the patient should be given a procedural mask level 1 and gloves. If the patient has their own mask, they can wear this in the practice to save on our PPE. The patient must wear the mask (level 1), during interactions with the Scheduling Manager.
7. Patients should be distanced 6 feet from other patients in the practice.
8. Patient screening upon arrival (follow screening questions by CDC)
  - a. Does the patient have a fever or respiratory like symptoms?
  - b. Does anyone in the household have fever or respiratory like symptoms?
  - c. Has the patient tested positive for COVID-19 or exposed to anyone who is positive?
  - d. Has anyone in the household tested positive for COVID-19 or exposed to anyone who is positive?

*\*Anyone that responds yes to questions about being exposed to someone who has tested positive for COVID-19, and/or is having a fever/respiratory symptom must not be seen.*

*\*\*The clinical team make the note in the patient's record that the patient was screened and temperature taken. A smart note for COVID-19 added to the TDS Intake Note.*

### III. Reception/Scheduling Areas-Protocols:

1. Prior to re-opening the practice, the Scheduling Managers, Practice Managers/ Team Leads should wipe down/disinfect their working areas and the patient reception areas. Including but not limited to door handles in and out of the practice, arm rests on chairs, tabletops, counter tops, phones, desktops, keyboards. Use a common sense approach since it is not possible to list all areas that need to be cleaned and disinfected for each practice. See details below for on-going cleaning of the reception and non-clinical area of the practice.
2. Installation of acrylic barriers at the Scheduling Manager Stations to safely distance them from patients.
3. Scheduling Managers can wear a level 1 mask and gloves while interacting with patients. Nonclinical Team Members should follow the guidelines that the clinical team follows and remove PPE when they are in non-patient areas (i.e. breakroom etc.).



4. Chairs in the reception area should be removed to prevent patients from sitting closer than 6 feet. All practice's reception areas are different, and the practice needs to determine how best to accomplish this.
5. High touch items that were removed from the reception area (i.e. magazines, books, toys and marketing/non-regulatory displays) must not return until further notices.
6. High touch items in the reception area and desks should be disinfected routinely.
  - a. Use a "non-clinical" area disinfectant like Clorox wipes. Preserve the clinical area Benco Z wipes for the treatment rooms and clinical lab areas.
  - b. Practices should use common sense as to what all these items include based on the practice. High touch by patients include door handles in and out of the practice, arm rests on chairs, etc. This also includes the countertop where patients check in. \*\*The fish tank acrylic aquariums can only be cleaned with soap and water.
  - c. Hand the patient a pen and clip board if they have forms to fill out, then wipe down both items before they are handed to another patient.
  - d. Most Scheduling Managers normally wipe down their phones, keyboards, and general area around their workstation when they end their schedule before the next schedule begins, and this should continue.



#### IV. Patient Care-Doctors and Team Members:

1. Standard/Universal Precautions must be followed as always. Please reference:
  - a. Infection Control and Sterilization Protocols (laminated copies in the sterile lab at the practice).
  - b. Personal Protective Equipment and Hand Washing Protocols following OSHA Standards are found in the Safety Monitor Notebook in each practice.
  - c. As with the start of every patient schedule the clinical team should clean and disinfect their treatment rooms and areas of the labs prior to the first patients being seen. We have confirmed the Benco Z wipe disinfectants are an effective disinfectant on surfaces possibly contaminated with COVID-19.
2. Droplet Precautions:
  - a. Use of Ultrasonic scalers and air polishers that generate a high volume of aerosol spray is currently prohibited under CDC guidance.
  - b. As a reminder below is the "Level of Mask" information from the Dental Advisor. Please continue to use the appropriate procedural mask based on the recommendations.

*\*Please note that all infection control products remain in high demand and supplies continued to be rationed. Further restrictions have been made on suppliers and distributors.*

3. Preserve PPE:

- a. Make sure masks and other PPE and infection control related supplies are in secure areas where patients could not take them.
- b. Follow the guidelines to wear a clean mask for each patient, however, do not become frivolous with PPE since we do not know when supply chains will be opened to regular purchasing.



**V. Additions to PPE Available:**

1. Wear a face shield in addition to safety glasses and masks. Wearing a face shield does not obviate the necessity to wear safety glasses for impact protection and the correct level mask for aerosols.
2. In Dentistry an N95 mask is only recommended if the patient has a confirmed respiratory infection such as COVID-19, or tuberculosis. However, many now feel more comfortable if they can wear an N95 mask. Doctors and Team Members must complete the OSHA required training course in the Dental Academy, complete the Medical Evaluation, and Fit Test. N95 Respirator Masks have been designed for one-time, single use. However due to the shortages of these masks, using them for more than one patient, by the same provider, has been allowed. Keep in mind the following:
  - a. It has been suggested to wear a dental procedure mask over the front of the N95, level 2 or 3 if available. The dental mask will absorb the aerosols on the front of the N95.
  - b. Use caution removing the N95 mask and setting it aside for reuse. The mask should be treated as a contaminated object.
  - c. Do not use a disinfectant or anything on the mask that would wet the material and degrade the protective layers.
3. Doctors and team members can wear head covering.
4. Doctors and Team Members can wear disposable gowns for aerosol procedures.



## VI. Additional Precautions for Seeing Patients and Procedures with Aerosols:

1. AAAAHC (our Accreditation Association) suggested if patient are not given gloves to concern PPE, then have the patient wash their hands when they enter the treatment room and after their appointment as part of a “no germs in and no germs out” philosophy.
2. It is recommended to have your patient rinse with a 1% hydrogen peroxide solution to reduce the microbial load prior to a procedure where aerosol would be generated. If the practice has a store purchased 3% solution this would need to be diluted 2:1 with water. A suggestion was made to dilute with mouth wash to help improve the taste for the patient. Though the recommendation to rinse with hydrogen peroxide is recommended, there is not a specific recommendation for the duration a patient should rinse prior to the procedure.
3. Avoid/Limit aerosol generation as much as possible (e.g. scoop and fill interim restorations, smoothing teeth if not a true dental urgency. Use hand instrumentation or slow speed handpiece whenever possible.
4. Use of a dental dam for isolation and high-volume suction to limit aerosol in treatment procedures.
  - a. Use of a dental dam for all operative aerosol generating procedures. Except for oral surgery and implant surgery procedures where this may cause greater risk increase aerosols if the dental dam is used.
  - b. When removing the dental dam, it must be cut between the holes with scissors and then a 2x2 gauze be placed over the teeth prior to gently lifting off to mitigate the flicking of droplets into the air.
  - c. Position high speed evacuation very closely to the handpiece where air/water is spraying out. Always perform procedures using 4-handed technique.
  - d. Rinsing for the patient, water should be sprayed slowly and gently when rinsing (avoid both water and air “carwash” style rinsing).
5. For questions related to sterilizing Nitrous Oxide Porter System components-see previous email sent to the Doctors.



## VII. Dismissing the Patient:

1. Prepare any necessary items to give the patient prior to them leaving the treatment room to avoid interactions if possible, in the front office area. If the patient must stop at the Scheduling Manager's desk upon dismissal from the treatment room, then the Scheduling Manager should follow procedures noted in Section II and disinfect the area and items touched.