DENTAL DEPARTMENT

CLINICAL PROTOCOLS FOR POST-COVID REOPENING TO OPERATIONS

I. Message to patients

- Our office will communicate with you beforehand to ask pre-clinical screening questions.
- You'll be asked those same questions again when you come in the office.
- You will be required to wear a mask at all times except when you are being treated. If you do not have a mask, we will provide one for you.
- We have hand sanitizer that will be made available at the office. We ask that you use the hand sanitizer when you report to the clinic, and as necessary during your visit.
- Hand sanitizer may be found in the reception area, and various other locations in the office for you to use as needed.
- You may see that our waiting room will no longer offer common amenities such as children’s toys or magazines; this is due to the difficulty in ensuring that these items are kept properly disinfected for your safety.
- Appointments will be managed to allow for social distancing between patients. Consequently, we will be offering more limited appointment availability to ensure minimum contact between patients. Please only come by yourself, with no companion if at all possible. For children, only one parent is allowed. All other visitors may not stay in the clinic for the duration of the appointment.
- We will do our best to allow more time between patients to reduce waiting times for you, as well as to reduce the total number of persons in the reception area at any one time.

II. Pre-Appointment Screening Process

The following questions are being used to pre-screen patients prior to their office visit. Providers and staff may need to adapt the following sample transcript during telehealth calls prior to their office visit to collect necessary patient information. The following triage and telehealth processes have been used since March 19, 2020.

- Identify yourself as AHS staff/provider and ask to speak with the patient or the patient’s parent or legal guardian.
- Establish the purpose of the call, such as an appointment reminder, and then proceed with the COVID triage questions. These triage questions are available in office as well as posted on our intranet under “COVID.”
- Positive responses to any of these questions may initiate a deeper discussion with the dentist before proceeding with elective dental treatment.
- Inform patients that these questions will be repeated and their temperature will be taken when they arrive at the office to verify that it is safe for them to proceed with their treatment.
- Remind patients/guardians again to limit extra companions on their trip to your office to only essential people in order to reduce the number of people in the reception area.
• If patients/parents/guardians seem reluctant in any way, reassure them that the changes made to protocol are following public health best practices in order to ensure that all parties involved are being protected to our utmost ability
• If you need to leave a voicemail or are sending a text message, ask the patient to call the office prior to their appointment for preliminary screening

• We are working on having the questionnaire and instructions be available on our website.
• We should encourage patients to wait in their car until instructed to enter the practice (by text or call). This may not be practical for all of our patients, but we should try to encourage this as the protocol going forward. For patients who use other forms of transportation, we should tell them that the check-in process will be different; including temperature check and will take longer for their office visit.
• Any patient or client who shows symptoms, or has a current, confirmed COVID-19 diagnosis and infection (noted in Epic or reported by patient), will not be seen in dental for at least 14 days after onset of symptoms have elapsed. Although CDC and local health department guidelines recommend 10 days since symptoms have elapsed, and 72 hour free of fever without aid of medication and improved cough, AHS dental will use a 14-day waiting period.
• Check Epic for patient’s COVID status when applicable. Refer patients to medical for testing if you suspect a patient may have COVID from triage process and if the patient has not been seen by their medical providers for symptoms or been tested for COVID.

III. In-Office Patient Registration Procedures

We will use the following checklist and resources to help with managing patients throughout the entire patient check-in process

• Triage station: staff will screen all patients for symptoms of COVID-19, including temperature checks. Staff, vendors, delivery persons, etc. will also be routinely screened.
• Have hand sanitizer available for use
• Check the patient’s temperature (<100.4°F) with an infrared thermometer
  o Touchless forehead scan is convenient and produces less waste. The thermometer will be placed on the triage table when not in use
  o Be sure to follow the manufacturer’s instructions
  o If elevated temperature is noted (99.8-100°F), confirm temperature using an ear thermometer before dismissing patient. Record both temperature of patients in Dentrix charts
  o Provide patient with mask and instruct them how to wear it if they don’t already have one
  o Complete COVID Triage Form (regardless of presence of fever)
  o Positive responses to any of these questions will likely indicate a deeper discussion with the dentist before proceeding with dental treatment. Alert the dentist if medical referral may be appropriate at this time
  o If providers determine the need for patients to be tested, providers will make referral to medical and patient will not be seen in dental that day
  o Remember to maintain the confidentiality of the patient
• Remember to wipe down pens between hand-offs from one person to another.
- Wipe down pens, clipboard, counter, phone, keyboards, light switches, surfaces, and anything else as often as needed.
- If surfaces are dirty, they should be cleaned with approved disinfectant wipes. To disinfect, use products that meet EPA’s criteria for use against SARS-CoV2, the cause of COVID-19, and are appropriate for the surface.
- Reminder: Any patient or client who shows symptoms, or has a current, confirmed COVID-19 diagnosis and infection (noted in Epic or reported by patient), will not be seen in dental for at least 14 days after onset of symptoms have elapsed.
- Dental does not have a plan to test patients in the dental clinic yet as of June 2020, as such we will continue to practice universal precautions. Testing in the dental clinic will be considered when reliable tests become available.
- No patients who present with COVID-19 symptoms or tested positive to COVID-19 in the last 14 days will be seen for dental treatment. No exceptions.

IV. Post-Procedural Patient Exit

- Post-op instructions should include a reminder to the patient at checkout to report any signs or symptoms of COVID-19 within the next 14 days.
- If dental patients call within the next 14 days reporting any symptoms, or a positive COVID-19 test performed somewhere else (county test, for example) and Epic does not have the information yet, staff is to enter this information into Dentrix “medical alert” for medical staff to be able to access the information.

V. Reception Area Preparation Strategies

Protect patients and staff with the following checklist. Emphasize hand hygiene and cough etiquette for everyone. Hand hygiene signs are posted throughout the office.

i. Prepare the entrance to the building or office:
   Upon entry into the facility, patients and visitors should be given hand gel to use with instructions on how to use it before going up to the check-in counter. Remind patients to observe social distancing by standing on markers on floors that are 6’ apart. Hand gel is available for patients to use again before coming into the clinical area.

ii. Prepare the waiting area, bathrooms and patient consultation rooms:
   Provide supplies:
   - Tissues
   - Alcohol-based hand rub
   - Soap at sinks
   - Trash cans
   - Hand hygiene signs to be posted in all bathrooms (patient and staff)
   - Waiting lobby: place chairs 6 feet apart
   - Markers 6’ apart on floors for patients to know where to stand in line
   - Barriers installed for our front office staff
   - Remove toys, reading materials, remote controls or other communal objects, as we are unable to clean them regularly
On a regular schedule, wipe all touchable surface areas with an approved surface cleaner. Remember to include tables, chair arms, doorknobs, light switches, hangers, and any high touch areas with which people may come in contact.

If surfaces are dirty, they should be cleaned with approved disinfectant wipes.

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.

All patients use hand gel for a hand rub before going into clinical area in the back.

VI. Chairside Checklist

Dentists and staff should follow the following checklist as they prepare the procedures for working in the operatory rooms during the patient’s visit and after.

- Review overall health history, confirming that the screening questions were asked during the check-in procedure and check Epic for COVID medical history and other medical conditions BEFORE seating patient.
  - Informed consent: Use COVID template in clinical notes under administrative tab in Dentrix. Before bringing patient to the back, give patient hand gel for a hand rub, reaffirm with patient their understanding that we are in pandemic situation and go thru informed consent process.
  - Limit paperwork in the operatory as much as possible. Have patient sign consent form at the very beginning of the appointment and remove consent forms from operatory.
  - Cover the computer keyboard with disposable plastic barriers as usual and change between patients.
  - Place all supplies above the cabinetry or cover with plastic barriers if they have to be placed on counters.
  - Limit access to the operatory to only the patient when possible.

- Reminder: In certain circumstances, it may be impractical to limit others in the operatory when their presence is legally required (e.g., translators, service animals).
- Keep staff level in operatory to the minimum required.
- Wear a mask prior to entering operatory as virus-containing aerosol particles may exist.
- No hand shaking, or physical contact.
- Wash hands and gloves in the room.

**All adult patients will go through pre-procedural rinses to reduce the transmission of the COVID-19 virus** with 1.5% hydrogen peroxide rinses for 1 minute prior to seating the patient and vitals.

Prior to in-person visit, and during telehealth visit, providers should have already decided on treatment using clinical judgment and known facts, combining:
  - Procedural requirements/clinical risks (production of aerosol, inducement of patient cough during procedure, ability to employ use of rubber dam.)
  - Type of PPE with relation to risk.

- Use professional judgment to employ the lowest aerosol-generating armamentarium when delivering any type of restorative or hygiene care. As an example, use hand scaling rather than ultrasonic scaling when appropriate. Use SDF when appropriate. Toothbrush demonstration instead of coronal polish. **Rubber dams are** to be used on all procedures where applicable. Only **High Volume Evacuation (HVE)** should be used. When using
water to rinse mouth, cavity preparation, or etching liquid, only use water then air. Do not use both air and water at the same time to reduce production of aerosols. If needed, water could be delivered via a separate method such as monojet or syringes.

- High volume evacuation (HVE) should be employed in conjunction with the Isolite/Isodry unit. Please refer to Scope of Service chart for additional instructions on the use of rubber dam, Isolite and HVE for specific procedures.
- Nitrous oxide: use disposable nasal hood; tubing should either be disposable or if reusable, sterilize according to the manufacturer’s recommendations.
- Shock your dental unit water lines at sites that have been closed and follow state board Infection Control guidelines.
- Use professional judgment on mask removal and replacement between patients.
- If you are removing your mask, do so outside the treatment room to prevent from breathing possible droplets in the air in the exam room and discard the surgical mask immediately.
- Upon completing treatment of aerosol procedures, leave the exam room vacant.
- Wait for 20 minutes before returning to operatory to disinfect.
- Clean the operatory while wearing gloves, a mask, gown, and face shield or goggles.
- Dispose of surface barriers after each patient.
- If surfaces are dirty, they should be cleaned using an approved disinfectant wipe.
- For disinfection, use products that meet EPA’s criteria for use against SARS-CoV-2 (the cause of COVID-19) and are appropriate for the surface, following manufacturer’s instructions.
- Replace surface barriers.
- All dental exam rooms, lobby, lab, staff rooms are fitted with HEPA filtration systems. School based sites will have different extra-oral suction units because HEPA filters may not be practical.

VII. Staff Protection Strategies

- At staff meetings, the new strategies to be implemented will be discussed.
- Patient flow into and through the practice, timing for operatory usage and sterilization will be considered including prioritization of services, patient population, location of rooms with doors and without doors.
- On-going training on staff routines for donning and doffing of PPE.
- The daily schedules will be in stages.
- All staff must be checked temperature once they step in the working area. If elevated temperature is noted (99.8-100°F) from the forehead scan, confirming temperature by using an ear thermometer. Staff will be sent home if the temperature is >100.4°F.
- All staff are asked to stay home or be sent home if presenting with any signs of illness such as: temperature, cough, and other signs of being unfit to work. This will be applied to be consistent with AHS HR policy. Staff may be required to be tested for COVID if exhibiting COVID symptoms and will be required to follow COVID protocol as detailed in HR policy.
i. Front Desk
   • Front desk staff wear masks and gloves
   • Plastic barriers have been installed
   • Consider individual phone headsets for each front desk staffer to reduce virus spread through the phone hand piece

Hand Hygiene
   Hand hygiene signs are posted throughout the clinic with instructions for staff on how to clean hands thoroughly:
   • Upon entry into the workplace.
   • Before and after any contact with patients.
   • After contact with contaminated surfaces or equipment
   • During donning and doffing PPE

ii. Clinical staff:
   PPE: gown, gloves, N95 for all aerosol procedures, full face shield, hair and shoe covers. Wearing a regular surgical mask over N95 is not required. If used, N95 must not be touched by dirty gloves and surgical masks must be discarded after each patient. All PPE should be left in designated clinical areas and not brought into provider’s office or non-clinical areas
   • All gowns, reusable and disposable, should be changed when soiled
   • Disposable gowns should be discarded after use.
   • Staff should consider changing between street clothes and scrubs upon entry and exit of practice, or do the same with other office garb at staff’s discretion
   • Gowns must cover the length of one’s arms.
   • All clinical staff are to be fitted for N95 masks
   • Adequacy of available PPE for at least 30 days, including supplies required for potential second wave of COVID-19 cases, will be maintained.
   • Staff training on and proper use of PPE according to non-crisis level evidence-based standards of care will be provided.
   • Policies for the conservation of PPE have been developed, as well as policies for the extended use/reuse of PPE per CDC guidelines.
   • AHS is using Battelle decontamination services for N95. WDC is the pickup and drop-off location. COA and main dental masks will be transferred to WDC for the decontamination process. N95 may be labeled with staff’s names prior to pick-up so they can be reused by the same staff if preferred.

VIII. Facilities:
   Principle: AHS has and implements a social distancing policy for staff, patients and patient visitors in non-restricted areas in the facility which meets the current local and national recommendations for community isolation practices.
Considerations:
Each facility’s social distancing policy should account for:

- Within the facility, administrative and engineering controls should be established to facilitate social distancing, such as minimizing time in waiting areas, spacing chairs at least 6 feet apart, and maintaining low patient volumes. Markers are placed on floor to keep patients at 6’ apart at check-in and checkout.

- **Visitors** will be limited unless they are necessary for an aspect of patient care (i.e. legal guardian, conservator, and translator for sign language). They will be **pre-screened in the same way as patients**. Limit to only one visitor per patient.

HEPA filtration systems are placed throughout each clinic site to reduce particulates and improve air quality.

IX. Sanitation Protocols

- There is an established plan for thorough cleaning and disinfection prior to using spaces or facilities for patients with non-COVID-19 care needs. Clinic has janitorial services come by throughout the day to clean counters, high touch areas and patients’ bathrooms at WDC. COA and main site are provided by HOA and college.
- Ensure that equipment are thoroughly decontaminated. Only use disinfectants approved by FDA, following CDC guidelines.
- Hand hygiene signs will be posted in all bathrooms (staff and patients)
- All lab cases have to be disinfected prior to trying in a patient’s mouth.
- All prostheses must be disinfected before & after adjusting with acrylic trimming burs
- All adjustments must be done in the exam rooms with HVE usage
- Cases to be sent to the lab:
  - Spray liberally with disinfectant solution and place in sealed bag. Keep impression in bag for 3 minutes
  - Rinse prosthesis/impression with water
  - Package in zip lock bags for sending to laboratory
- **Crown pre-cementation:** Do not adjust occlusion in the mouth. Remove crown, soak in hydrogen peroxide oral rinse for 60 seconds. Adjust occlusion outside of the mouth.

X. Supplies

- Adequate inventory of equipment, medication and supplies must be ensured.
- When adequate testing capability is established, patients should be screened by laboratory testing before care, and staff should be regularly screened as well.

AHS dental will continually evaluate whether the community remains a low risk of incidence and should be prepared to cease non-essential procedures if there is a surge. By following the above recommendations, flexibility can allow for safely extending in-person, non-emergent care in select communities and facilities.
XI. Personal Protective Equipment

- Consistent with CDC’s recommendations for universal source control, AHS recommends that healthcare providers and staff wear surgical face masks at all times.
- **N95 will be fitted on all staff and a fit test form will be kept for records. Staff are required to watch this N95 fit test video.**
  https://www.youtube.com/watch?v=xl4gX6qEYXU
- Every effort should be made to conserve personal protective equipment.

XII. Scope of Dental Services

*Case Prioritization and Scheduling – Please see chart of Allowed and Non-Allowed services posted in P drive under shared documents*

AHS uses a prioritization strategy appropriate to the immediate patient’s needs. Considerations: Prioritization decisions should address case scheduling and prioritization of services at the discretion of the providers, based on ADA recommendation as employed at the beginning of COVID era.

- Clinicians should prioritize care that was previously postponed and conditions that are likely to lead to dental emergencies if treatment is not provided in a timely manner.
- **Evaluate the necessity of the care based on clinical needs via telehealth.**
  Teledentistry will be employed to triage patients’ needs for in-person treatment and will continue into the foreseeable future
- Providers should prioritize surgical/procedural care and high-complexity chronic disease management; however, selected preventive services may also be highly necessary.
- At this time, removable prosthetic services are allowed. If doing partial dentures, while preparing rest seats, must wear full PPE and two HVE sources must be used.
- Ultrasonic scalers will only be used for emergency periodontal procedures. No routine periodontal treatment such as deep scaling is allowed until further evaluation of resurgence of COVID cases in the community. If emergency periodontal treatment must be provided, full PPE must be worn and two high volume evacuation (HVE) sources (Isolite and HVE) must be used.
- Rubber dams should be used in restorative treatment and high volume evacuation (HVE) must be used. All restorative procedures are allowed except crowns and bridges at this time until further notice. These procedures will be re-evaluated and reinstated at a later date, pending the COVID data.
- Root canals, periodontal procedures including surgeries, and oral surgery (simple extractions or surgical extractions) are allowed as long as providers and staff adhere to the PPE including using the special full-coverage face shields, and use two sources of high volume evacuations. This is possible when working with our specialists (periodontists and oral surgeons) because both specialists have two assistants assisting at all times.
- Sufficient resources are available at this time across phases of care (including PPE, healthy workforce, facilities, supplies) without jeopardizing surge capacity.
• Exam rooms with doors will be used for aerosol procedures and be left closed for 20 minutes after each patient to allow additional air filtration to work. Turn up HEPA filtration system to the maximum level.

• Non-aerosol procedures like exams, X-Rays, dentures, and office visits can be done in exam rooms without doors without additional wait time between patients.

XIII. Strategy for phased opening

i. Capacity goal after resuming is set at 50% of pre-COVID productivity, including telehealth for June-September, and go up to 75% for October-December before returning to 100% by January 2021 provided that the community is stable with no resurgence

ii. All restorative and other aerosol generating procedure appointments will be allocated for 1 hour instead of regular 40 minutes to allow 20 minutes for turnaround time (disinfection, clear air with HEPA filters, etc.) and scheduled in rooms with doors. Non-aerosol procedures such as dentures, exams where no aerosols are generated (by not using water and air together) can be scheduled in open rooms.

iii. Appointments will be staggered to allow turnaround time and reduce the number of patients in the clinic to ensure social distancing.

iv. Children, elderly, and patients with medical conditions such as COPD, diabetes, or organ failure should be scheduled in the morning for non-aerosol procedures (such as exams, SDF, denture, recalls). If these patients need other procedures, they can be scheduled in the exam rooms with doors. Downtime following completion of procedures will be needed.

v. Aerosol generating procedures should be scheduled in the afternoon for all patients

vi. Specialty procedures will be coordinated with specialists and turnaround time will be allowed for a minimum of 15-20 minutes in between patients for the same exam room. Patients are staggered with downtime. There is an overflow exam room, so consider using alternate rooms when possible.

The use of two sources of HVE in conjunction of rubber dam in restorative procedures will help reduce aerosol generation down to as much as 90-95%. HEPA filters hopefully will capture the rest of the droplets. Staff will have all PPE for their protection along with their own personal responsibility with strict hand hygiene practices. We can work together to ensure safety for all staff and patients.

Resources:

https://aidph.org/

https://www.koiscenter.com/support-material/covid-19/


https://www.cda.org/Portals/0/pdfs/covid19/b2p-training-presentation-packet.pdf

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