



COVID-19 RESPONSE PLAN

Minnesota Practices

In response to the COVID-19 pandemic, Midwest Dental is implementing this response plan to ensure the health and safety of patients and employees.

Pre-opening Preparation

Prior to reopening the practice and resuming elective patient care, Midwest Dental will:

- Meet with employees to review reopening plans including but not limited to:
 - Patient and employee health screenings
 - Patient scheduling
 - Social distancing
 - Personal Protective Equipment
 - Operatory set-up and turnover
 - Limiting aerosols
 - Disinfection of common touch surfaces
- Provide employees copies of new Standard Operating Procedures and guidance documents
- Provide training of all new Standard Operating Procedures and guidances

Refer to:

- Appendix A – Reopening Checklist
- Appendix M – Training Checklist

Prioritizing Patient Treatment

Clinicians will employ clinical judgment and assess patient oral and overall health and risk to the patient if the procedure is delayed any further. During phase 1 of resuming elective care, clinicians will use their clinical judgement to determine necessary treatment of conditions that left untreated for the next 3 to 6 months would result in further deterioration of the patient's health.

Conditions and treatment during phase 1 of resuming elective care include, but are not limited to:

- Caries control
- Management of trauma
- Management of pathology
- Management of temporal mandibular disorders
- Management of active periodontal disease

- Management of malocclusion
- Management of edentulous spaces to prevent worsening of malocclusion or bone atrophy
- Endodontic treatment
- Restoration of endodontically treated teeth
- Extractions, oral surgery

When determining treatment necessity, clinicians will evaluate:

- Patients Medical History
- Risk factors
- Geographic incidence of COVID-19
- Previously cancelled and postponed cases due to the COVID pandemic
- Availability of PPE
- Prioritization of patients with more urgent needs.
- Opportunity to use teledentistry to assess the urgency of dental conditions for elderly patients with one or more diseases known to be associated with higher COVID mortality and/or immunocompromised patients

When determining appropriate treatment modalities, clinicians will use professional judgment to employ the lowest aerosol-generating armamentarium when delivering any type of restorative or hygiene care.

Midwest Dental will only treat suspected or confirmed COVID-19 patients in the event of a life-threatening dental emergency and only if N95 is available. Treatment with teledentistry and medications may be necessary in the event it is not a life-threatening dental emergency.

Infection Control-Engineering Controls

PPE utilization

- Gloves (nitrile)
- Cloth gowns to be laundered when
 - Visibly soiled
 - Used in an aerosol generating procedure
- Disposable gowns to be discarded when
 - Visibly soiled
 - Used in an aerosol generating procedure
- Eye protection (goggles or face shield)
 - N95 mask or KN95 for aerosol producing procedures (*note: Temporary discretion regarding fit test enforcement requirement means that providers can wear the mask that fits best*) Refer to Appendix C – Clinical Safety Procedure #68: Use of N95
 - Given the shortage of N95 masks, wearing an N95 and covering it with an ASTM Level 3 mask to prevent droplets and or splatter on your N95 mask. With this technique, the N95 mask may be reused. Appendix C – Clinical Safety Procedure #68: Use of N95
 - Proper donning and doffing will be practiced. Refer to Appendix D – Interim Donning and Doffing Instructions

- Additional clinical attire:
 - Head coverings
 - Shoe coverings/clinic shoes

Refer to Appendix B – PPE Guidance

Training and Use of N95/ KN95

Midwest Dental will ensure training and have fit testing performed when it becomes available. In the meantime, all employees utilizing a N95 will watch training provided from 3M related to N95 use: <https://multimedia.3m.com/mws/media/17932080/tips-for-using-a-3m-vertical-flat-fold-filtering-facepiece-respirator-9010.mp4>

Midwest Dental will use N95 or KN95 masks for aerosol generating procedures and employ MDH and CDC PPE preservation methods. Non-aerosol generating procedures can utilize a face shield and an ASTM Level 3 mask.

Refer to Appendix C – Clinical Safety Procedure #68: Use of N95

Resource: OSHA

Well patients		Patients with suspected or confirmed COVID-19	
<i>Dental procedures not involving aerosol-generating procedures</i>	<i>Dental procedures that may or are known to generate aerosols</i>	<i>Dental procedures not involving aerosol-generating procedures</i>	<i>Dental procedures that may or are known to generate aerosols</i>
Work clothing, such as scrubs, lab coat, and/or smock, or a gown	Gloves	Gloves	Gloves
Gloves	Gown	Gown	Gown
Eye protection (e.g., goggles, face shield)	Eye protection (e.g., goggles, face shield)	Eye protection (e.g., goggles, face shield)	Eye protection (e.g., goggles, face shield)
Face mask (e.g., surgical mask)	NIOSH-certified, disposable N95 filtering facepiece respirator or better*	NIOSH-certified, disposable N95 filtering facepiece respirator or better*	NIOSH-certified, disposable N95 filtering facepiece respirator or better*

<https://www.osha.gov/SLTC/covid-19/dentistry.html>

Administrative Control Plan

Midwest Dental will employ the following protocols for administrative team members and non-clinical areas of the practice

- Administrative team members will wear an ASTM Level 1 mask and face shield. Refer to Appendix B – PPE Guidance
- All common touch surfaces, including pens, will be disinfected routinely. Refer to Appendix E – Disinfection of Common Touch Surfaces Guidance

- Hand hygiene products are available at the reception desk.
- Reception room chairs will be placed 6 feet apart to maintain social distancing.
- All toys, reading materials, remote controls, beverage stations, etc. will be removed for the reception area.

Midwest Dental Employees and Risk

List of employee positions and associated risk classification for exposure.

- I. Those who are exposed to blood or other infectious material during direct patient contact.
- II. Those who indirectly are exposed to blood or infectious material and are not involved in patient contact.
- III. Those who are not exposed to blood or other infectious material during the normal course of their duties.

Classification	Job Title
Class I	Dentist Dental Hygienist Dental Assistant Lab Technician
Class II	Office Manager Patient Service Representative
Class III	

Classification	Job Duties
Class I	All patient interactions/treatment Disinfection procedures Sterilization/instrument processing Lab work
Class II	Indirect patient contact
Class III	

COVID-19 Employee Screening

Employees will be screen daily for signs and symptoms of respiratory illness and COVID-19 according to Clinical Safety Procedure #65 –Screening of employees for illness during the COVID-19 pandemic. The screening will include:

- Employee self-screening for COVID-19 symptoms and fever daily prior to reporting for work.
- Employees will have temperature taken and screened for respiratory illness symptoms daily upon arrival at the practice.
- Employees who self-screen with temperature $\geq 100.4^{\circ}$ F or have COVID-19 symptoms should not go to work.
- Employees who report to work and have a temperature $\geq 100.4^{\circ}$ F or respiratory illness symptoms will be sent home

- Employees with a temperature $\geq 100.4^{\circ}$ F or have COVID-19 symptoms will be advised to contact their primary care physician for guidance.
- Employees sent home or who did not report to work because of illness will be allowed to return to work according the CDC's return to work criteria, Clinical Safety Procedures #69 – Return to work criteria.

Refer to:

- Appendix F – Clinical Safety Procedure #65: Employee Screening
- Appendix G – Clinical Safety Procedure #66: Return to Work Criteria

Patient Considerations

The following strategies are in place for patients and visitors:

- Signage is posted at the door for patients/visitors to call the practice prior to entry.
- Entry into the practice is restricted to patients, parents/legal guardians of minor patients or patients requiring special needs, approved vendors, and third party contractors.
- Anyone entering the practice is required to have a face covering and perform hand hygiene upon entry. If someone arrives without a face covering, they will be provided a mask. Face coverings/masks are to be worn for the duration of the time in the practice, except during treatment.
- Patients will be informed/reminded of the face covering policy during the appointment confirmation.
- Patients will complete a COVID-19 screening questionnaire prior to their appointment.
- Patients will be provided a consent form, Consent for Treatment During COVID-19, prior to treatment.
- Patients will rinse with a solution of 1-1.5% hydrogen peroxide for 1 minute prior to exams and procedures.

Refer to:

- Appendix H – Entry Signage
- Appendix I – Clinical Safety Procedure #67: Restricted Entry
- Appendix J – Patient Pre-screening Questionnaire
- Appendix K – Patient Consent

Social distancing and other infection prevention measures

- Make sure chairs are spaced in reception areas to allow social distancing (6 feet apart) and wipe down with disinfectant in between patients.
- Appointments will be staggered to limit the number of patients checking in/out at the same time.
- Air filtration units are available in the operatories/clinic area and the reception/administrative area.
- Masks will be worn at all times in clinic by patients and employees.

Infection Control Prevention Plan

Midwest Dental has comprehensive policies and procedures in place regarding infection prevention and control. All employees are trained in these policies and procedures at the time of hire and annually. The 2020 annual review will begin June 1.

Prior to reopening the practice for elective care, all employees will be trained on new SOPs and guidance developed in response to COVID-19. Refer to Appendix M – Training Checklist

Assessment of Clinical Operatories

Operatory	Mitigation Strategies
Doctor/Treatment	Elimination of non-essential times from counters Barrier protection of hard to disinfect surfaces Employ the lowest aerosol-generating armamentarium Use of High Volume Evacuation during aerosol generating procedures Use of rubber dam Air filtration
Hygiene	Elimination of non-essential times from counters Barrier protection of hard to disinfect surfaces Employ the lowest aerosol-generating armamentarium Use of High Volume Evacuation during aerosol generating procedures Air filtration

Refer to Appendix L – Operatory Guidance

Reduction of Care

In the event of another surge in COVID-19 cases, Dental clinics would revert to treatment of urgent Dental care only as directed. This would allow PPE preservation from the dental community providing elective care. Patients with urgent needs will be treated as previously and patients with elective needs will be postponed in the event of another Peacetime Emergency in the future. Patients will be screened for urgent needs and prioritized based on need for treatment.

Appendices

- Appendix A – Reopening Checklist
- Appendix B – PPE Guidance
- Appendix C – Clinical Safety Procedure #68: Use of N95
- Appendix D – Interim Donning and Doffing Instructions
- Appendix E – Disinfection of Common Touch Surfaces Guidance
- Appendix F – Clinical Safety Procedure #65: Employee Screening

- Appendix G – Clinical Safety Procedure #66: Return to Work Criteria
- Appendix H – Entry Signage
- Appendix I – Clinical Safety Procedure #67: Restricted Entry
- Appendix J – Patient Pre-screening Questionnaire
- Appendix K – Patient Consent
- Appendix L – Operatory Guidance
- Appendix M – Training Checklist



REOPENING CHECKLIST

Prior to reopening and caring for patients, each office must complete the following checklist.

PRIOR TO OPENING			
Item	Owner	Timeline	Complete
Equipment			
Compressor/vacuum testing for offices that did not see any patients during closure	Procurement	2 Weeks Prior	<input type="checkbox"/>
Confirm IT connections for imaging, signature pads, DV/ Carestack	DA/OM/IT	1 Week Prior	<input type="checkbox"/>
Confirm images can be exposed	DA (OM if clinical)/IT	1 Week Prior	<input type="checkbox"/>
Shock waterlines using shock instruction. Refer to reference included in the COVID-19 resource folder on desktop	DA (OM if clinical)	48-72 hours before soft opening	<input type="checkbox"/>
Lab case check-ins			
Log cases that have come in during shutdown	DA (OM if clinical)	1 Day Prior	<input type="checkbox"/>
Supplies			
The support center is shipping PPE and non-PPE supplies to you	Support Center	2 Weeks Prior	<input type="checkbox"/>
Confirm you have supplies to operate for 2 weeks	OM	1 Week Prior	<input type="checkbox"/>
Order paper bags (Staples: 355738)	OM	1 Week Prior	<input type="checkbox"/>
Order reusable plastic bottle with spray trigger (Staples:490624)	OM	1 Week Prior	<input type="checkbox"/>
Order stick pens (Staples: Blue 123315 or Black 123372)	OM	1 Week Prior	<input type="checkbox"/>

Scheduling

Fill hygiene schedules using intentional scheduling guidance for office opening found in the COVID-19 resource folder on desktop	OM/PSR large office	1 Week Prior	<input type="checkbox"/>
Fill DDS schedule(s)	OM/DA	1 Week Prior	<input type="checkbox"/>
Reconfirm patients scheduled for 1st week	OM	3 Days Prior	<input type="checkbox"/>

Vendors

Reactivate cleaning services	Facilities	1 Week Prior	<input type="checkbox"/>
Reactivate laundry services (where applicable)	Cheyenne	1 Week Prior	<input type="checkbox"/>
Reactivate Avaya phones	IT/Support Center	1 Week Prior	<input type="checkbox"/>
Reactivate Demandforce	Support Center	1 Week Prior	<input type="checkbox"/>
Reactivate CEC (If applicable)	Support Center	1 Week Prior	<input type="checkbox"/>

Staffing

Identify gaps in returning staff and communicate with RD/HR	OM	1 Week Prior	<input type="checkbox"/>
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Communications

Contact team members to communicate return date/plan	OM	1 Week Prior	<input type="checkbox"/>
Patient communication to inform of what to expect when they arrive, changes etc...	Mktg/Clinical	1 Week Prior	<input type="checkbox"/>
Re-set Thermostat	OM	Soft open day	<input type="checkbox"/>
Team meeting prior to full opening and before seeing any patients to complete assigned clinical/ops micro-learnings, and review needed items	OM	Soft open day	<input type="checkbox"/>

Review expectations with team members prior to patient day	OM	Soft open day	<input type="checkbox"/>
Front office - Disinfection schedule (Refer to clinical SOP recommendations)			
Remove waiting room and check out area chairs to create social distancing	OM	Can be done today	<input type="checkbox"/>
Provide level one masks for front desk employees	OM	Can be done today	<input type="checkbox"/>
Remove all toys from the waiting room	OM	Can be done today	<input type="checkbox"/>
Remove all waiting room literature, informational material/brochures, and TV remote	OM	Can be done today	<input type="checkbox"/>
Work station disinfection and patient safety/interaction. Refer to guidance document checklist/schedule included in the COVID-19 resource folder on desktop	OM/PSR	1 Week Prior and ongoing	<input type="checkbox"/>
Order extra stick pens for front office and operatories. Refer to guidance document checklist/schedule included in the COVID-19 resource folder on desktop	OM	1 Week Prior	<input type="checkbox"/>
Remove temporary closed sign	OM	Soft open day	<input type="checkbox"/>
Change voicemail	OM	Soft open day	<input type="checkbox"/>
Staff areas - Disinfection schedule			
Create notice for breakroom and locker area	OM	Can be done today	<input type="checkbox"/>
Disinfect staff area. Refer to Guidance for Disinfection reference included in the COVID-19 resource folder on desktop	All Staff	At opening - on schedule	<input type="checkbox"/>

Do not leave dirty dishes in the sink, wash immediately	All Staff	Daily	<input type="checkbox"/>
Vendor deliveries			
Determine if orders can be sent to a non-patient entrance. Follow SOP guidance for Restricted Entry included in the COVID-19 resource folder on the desktop	OM/ongoing	Can be done today	<input type="checkbox"/>

SOFT OPEN DAY (Teams arrive and complete prior to seeing patients)			
Item	Owner	Timeline	Complete
Central/Mechanical Room/Nitrous			
Fill ultrasonic cleaner and perform foil test to ensure unit is working properly	DA	Soft open day	<input type="checkbox"/>
Fill sterilizers and run test cycle	DA	Soft open day	<input type="checkbox"/>
Plug in/restart all equipment	DA/RDH	Soft open day	<input type="checkbox"/>
Perform spore test on all sterilizers	DA/RDH	Soft open day	<input type="checkbox"/>
Re-start compressor	DA/RDH	Soft open day	<input type="checkbox"/>
Inspect amalgam separator and change filter if necessary	DA	Soft open day	<input type="checkbox"/>
Turn on nitrous tanks, check gauges to ensure N2O and Oxygen present, listen for leaks	DA/RDH	Soft open day	<input type="checkbox"/>
Operatories (Refer to clinical SOP/recommendations)			
Restock DDS Ops	DA	Soft open day	<input type="checkbox"/>
Restock RDH Ops	RDH	Soft open day	<input type="checkbox"/>
Clean/Wipe down operatories. Refer to weekly operatory log sheet included in the COVID-19 resource folder on desktop	DA/RDH	Soft open day	<input type="checkbox"/>

Remove or barrier equipment not stored under cover. Refer to Operatory Guidance included in the COVID-19 resource folder on the desktop	DA/RDH	Soft open day	<input type="checkbox"/>
Refill self-contained water bottles	DA/RDH	Soft open day	<input type="checkbox"/>
Run water through lines and cavitrons/piezo scalers for 2-3 minutes	DA/RDH	Soft open day	<input type="checkbox"/>
Run vacuum line cleaner through each operatory (start in op furthest from mechanical room)	DA/RDH	Soft open day	<input type="checkbox"/>
While vacuum and compressor are running, check for suction in each op and check gauge to ensure unit is pressuring up	DA/RDH	Soft open day	<input type="checkbox"/>
Run all patient chairs through pre-set function (a slight delay may occur if set for an extended time)	DA/RDH	Soft open day	<input type="checkbox"/>
Plug in and charge all small equipment	DA/RDH	Soft open day	<input type="checkbox"/>
Sterilize instruments and spore test sterilizer(s)	DA/RDH	Soft open day	<input type="checkbox"/>

GUIDANCE FOR PERSONAL PROTECTIVE EQUIPMENT (PPE)

During the COVID-19 pandemic, it is necessary to increase the level of personal protective equipment utilized by all members of the dental team. The guidance will be in effect until the COVID-19 pandemic ends.

	Clinical	Administrative
Level 1 surgical mask		<ul style="list-style-type: none"> Worn throughout the day
Level 3 surgical mask	<ul style="list-style-type: none"> Worn during non-aerosol generating procedures Worn over N95/KN95 during aerosol generating procedures 	
N95/KN95 masks	<ul style="list-style-type: none"> Worn during aerosol generating procedures 	
All masks	<ul style="list-style-type: none"> Worn covering both the nose and the mouth. Never touch the outside of the mask with ungloved hands. If inadvertent touching of the outside of the mask with ungloved hands occurs, perform hand hygiene as soon as possible. 	
Face shield (reusable)	<ul style="list-style-type: none"> Worn during all procedures Disinfect after each patient use 	<ul style="list-style-type: none"> Worn throughout the day Disinfect at noon and EOD
All Face shields	<ul style="list-style-type: none"> Never touch the outside of the face shield with ungloved hands. If inadvertent touching of the outside of the mask with ungloved hands occurs, perform hand hygiene as soon as possible. 	
Protective eyewear	<ul style="list-style-type: none"> Can be worn in conjunction with a face shield 	
Gowns	<ul style="list-style-type: none"> Worn during all procedures and removed before leaving the clinical area Change if visibly soiled 	



Head cover	<ul style="list-style-type: none"> • Worn during all procedures and removed before leaving the clinical area • Hair should be tucked inside head cover 	
Shoe covers – based on availability	<ul style="list-style-type: none"> • Worn during all procedures and removed before leaving the clinical area. 	
Clinic only shoes	<ul style="list-style-type: none"> • In lieu of shoe covers, disinfect shoes at the end of the day with intermediate level disinfectant and remove before leaving the clinic 	
Exams gloves	<ul style="list-style-type: none"> • Worn during all procedures 	
Utility gloves	<ul style="list-style-type: none"> • Worn during all disinfection and sterilization procedures 	



Standard Operating Procedures

Clinical Safety Procedure #68 – Use of N95 respirators/face masks for aerosol generating dental procedures during the COVID-19 pandemic – crisis capacity	
Date Implemented: 4/28/2020	Revision Date:

A. Purpose

SARS-CoV-2, the virus that causes COVID-19, is thought to be spread primarily through respiratory droplets. Many dental procedures require the use of handpieces or ultrasonic scalers and air-water syringes. These instruments create a visible spray that contain large particle droplets of water, saliva, blood, microorganisms, and other debris. Surgical masks protect mucous membranes of the mouth and nose from droplet spatter, but they do not provide complete protection against inhalation of airborne infectious agents.

B. Scope

When performing aerosol-generating procedures, those procedures that require the use of a handpiece, ultrasonic scaler, and/or air-water syringe, employees will wear an N95 respirator/facemask according to the following guidelines:

- Remove facial hair and any clothing or jewelry that will interfere with the seal of the mask
- Remove any makeup that could transfer to the inside of the mask
- Wash hands with soap and water and thoroughly dry before handling the mask
- Cup the mask in one hand and place it over mouth and nose
- Pull the bottom and top straps over the head
- Mold the nose piece over the bridge of the nose
- Check the seal of the mask
 - Set both hands against the masks, inhale to make sure that it seals against the face
 - Exhale, feeling for any leakage from the nosepiece or around the edges. If air is leaking,
 - From the nose piece: remold the nosepiece
 - From the edges of the mask: adjust the placement of the straps
- Wear a reusable face shield and a Level 3 ear loop mask over the N95
- After the procedure, remove and disinfect the face shield and remove and discard the Level 3 ear loop mask
- At the end of the day, carefully remove the N95 and place it in a paper bag clear marked with the wearer's name and last date worn

Standard Operating Procedures

- Store in an area designate for decontamination, keeping bags separated from each other
- Always wear clean exam gloves when handling a previously worn N95 mask. Remove gloves and perform hand hygiene after the N95 is donned and adjusted.

Employees will only use N95 mask assigned to them and not one that is assigned to another person.

C. Responsibility/Affected Employees

Dentists, Dental Assistants, Dental Hygienists

D. Personal Protective Equipment

Gloves, Level 3 facemask, N95 facemask, faceshield

E. Definitions & Abbreviations

F. Resources

Standard Operating Procedures

Correct Use an N95 Mask

1. Wash hands with soap and water
2. Put on your gown
3. Put on the mask correctly
4. Wear goggle, loupes and/or face shield
5. Put on your gloves

Putting on the N95 Mask correctly

1. **Trim your facial hair before wearing your mask, when possible.** If you know you need to wear an N95 mask, shave off all facial hair. It can get in the way of the mask and prevent a tight, sealed fit, which will compromise the effectiveness of the mask.



2. **Remove any clothing or jewelry that can get between the respirator and the face.** This includes body piercing, loose-fitting headtop/covering, earrings, etc.
3. **Remove any makeup that can transfer to the inside of the N95 respirator.**
4. **Wash your hands well before putting on your mask.** Use soap and water and dry your hands well so you don't get the mask wet. This will prevent you from accidentally contaminating your mask before you put it on
5. **Cup the mask in one hand and place it over your mouth and nose.** Place the mask in the palm of your hand so that the straps face the floor. Set it over your nose and mouth with the nosepiece fitting over the bridge of your nose. The bottom should go just under your chin. Try to touch only the outside and edges of the mask to keep it clean.
6. **Pull the bottom and top straps over your head.** If your mask has two straps, pull the bottom one over your head and secure it around your neck, just under your ears. Continue to hold the mask tightly against your face with the other hand. Then, pull the top strap over and set it above your ears

Standard Operating Procedures



7. **Mold the nose piece around the bridge of your nose.** Set your first 2 fingertips on either side of the metal nose clip at the top of your mask. Run your fingers down both sides of the strip, molding it along the bridge of your nose. If your mask doesn't have a nosepiece, simply make sure the fit is tight and snug



around your nose.

Checking the Seal and Removing Your Mask.

Breathe through the mask and test for leaks. Set both hands against the mask and take a breath to make sure that it seals against your face. Then exhale, feeling for any leakage from the nosepiece or around the edges. If you feel air leaking from the nose area, re-mold the nosepiece. If it's coming from the edges of the mask, adjust the placement of the straps on the sides of your head.

Removing the mask and storing it.

Remove your mask by pulling the straps over the top of your head. Without touching the front of the mask, pull the bottom strap over your head. Let it hang down over your chest. Then, pull the top strap over. You can either throw the mask away or store it in a clean, sealed container or bag. Avoid touching the mask itself, as it might be contaminated. Make sure that you thoroughly wash your hands after handling the mask.

Re-wear your mask as long as it stays dry and fits tightly.

- Seal has deteriorated and the mask does not fit tightly. Test the seal of your mask each time you put it on to make sure it still fits snugly.
- When the respiratory impedance increases significantly
- Contaminated masks (e.g. when contaminated with foreign bodies such as blood stains or droplets)
- Store your mask in a clean, sealed container or bag and make sure it doesn't get bent out of shape by surrounding objects.

Best Practices

- It is important to remember that respirators cannot eliminate the breathing in of all particles in the air and cannot eliminate the possibility of becoming sick. For your respirator to help reduce the number of particles you breathe, you need to make sure it fits right and that no gaps or leaks are detectable around the edge of the respirator.
- Minimize unnecessary contact with the respirator surface, strictly adhere to hand hygiene practices, and proper PPE donning and doffing techniques, including physical inspection and performing a user seal check.

Standard Operating Procedures

- Discard N95 respirators contaminated with blood, respiratory or nasal secretions, or other bodily fluids from patients.
- Use a reusable face shield over an N95 respirator and/or other steps (e.g., masking patients, use of engineering controls), when feasible to reduce surface contamination of the respirator.
- Use a ASTM 3 mask over an N95 respirator, when feasible, to reduce surface contamination of the respirator
- Store used N95 respirators in a designated storage area or keep them in a clean, breathable container such as a paper bag between uses. To minimize potential cross-contamination, store respirators so that they do not touch each other. Clearly label storage containers (paper bags) with the wearer's name and last date worn. Dispose of and replace after each use.
- Avoid touching the inside of the respirator. If inadvertent contact is made with the inside of the respirator, discard the respirator and perform hand hygiene as described above.
- Use a pair of clean (non-sterile) gloves when donning a used N95 respirator and performing a user seal check. Discard gloves after the N95 respirator is donned and any adjustments are made to ensure the respirator is sitting comfortably on your face with a good seal.
- Remove gloves and clean hands with soap and water or an alcohol-based hand sanitizer after touching or adjusting the KN95 mask
- Discard any respirator that is obviously damaged or becomes hard to breathe through.
- Pack or store respirators between uses so that they do not become damaged or deformed.
- Single wearer ONLY. Secondary exposures can occur from respirator reuse if respirators are shared among users and at least one of the users is infectious (symptomatic or asymptomatic). To prevent inadvertent sharing of respirators, make sure you label containers used for storing respirators or label the respirator itself (e.g., on the straps) between uses with the user's name to reduce accidental usage of another person's respirator.

<https://www.cdc.gov/niosh/topics/hcwcontrols/recommendedguidanceextuse.html>

INTERIM PPE DONNING AND DOFFING INSTRUCTIONS

Donning (putting on the gear):

1. **Identify and gather the proper PPE to don.**
2. **Perform hand hygiene.**
3. **Put on gown.**
4. **Put on respirator (use a facemask if a respirator is not available).** If the respirator has a nosepiece, it should be fitted to the nose with both hands, not bent or tented. Do not pinch the nosepiece with one hand. Respirator/facemask should be extended under chin. Both your mouth and nose should be covered/protected. Perform a seal check.
 - a. **If donning a respirator that has been previously worn, put on exam gloves before handling/putting on the respirator.**
 - b. **After the respirator has been put on, remove gloves and perform hand hygiene.**
5. **Put on facemask over the respirator.**
6. **Put on face shield.**
7. **Perform hand hygiene and put on gloves.** Gloves should cover the cuff/wrist of the gown.

Doffing (taking off the gear):

1. **Remove gloves.** Ensure glove removal does not cause additional contamination of hands.
2. **Remove gown, if clinical judgement of use during an aerosol-generating procedure warrants removal.** Carefully remove gown, turning inside out during removal. Place in dirty laundry receptacle, if reusable or dispose in trash receptacle if disposable.
3. **Perform hand hygiene.**
4. **Remove face shield.** Carefully remove face shield, pulling upwards and away from the head. Do not touch the front of the face shield.
5. **Remove and discard facemask that is being worn over the respirator.** Do not touch the front of the facemask.
6. **Remove the respirator and place in a breathable container (i.e. paper bag) for reuse.**
7. **Perform hand hygiene after removing the respiratory/facemask.**

Reference: CDC Use Personal Protective Equipment (PPE) When Caring for Patients with Confirmed or Suspected COVID-19



GUIDANCE FOR DISINFECTION OF COMMON TOUCH SURFACES

During the COVID-19 pandemic, diligence in the disinfection of common touch surfaces is critical to preventing the spread of disease.

- Disinfect common touch surfaces at least twice a day using an appropriate disinfecting solution:
 - Commercially available, EPA-registered household disinfectant (i.e. Lysol, Chlorox, or equivalent disinfecting products), following instructions on the label.
 - Diluted bleach solution may be used if commercial products are not available.
 - Check the label to confirm the bleach is intended for disinfection and the product is not past its expiration date.
 - To make bleach solution, mix:
 - 5 tablespoons (1/3 cup) of bleach per gallon of water
 - OR
 - 4 teaspoons bleach per quart of water
 - Solution is only effective for 24 hours. Mix new solution daily.
 - If using diluted bleach, use one of these methods for dispensing the solution:
 - Spray method
 - Mix solution in a spray bottle.
 - Spray solution onto a paper towel.
 - Wipe down surface, leaving the surface wet for 1 minute.
 - Wipe method
 - Mix solution and place in plastic container with a cover.
 - Add paper towels to the container make sure they are submerged in solution.
 - Wring out paper towel and wipe down surface, leaving the surface wet for 1 minute.
- Visibly dirty surfaces must be cleaned with soap and water prior to disinfection.
- **Do not** use the intermediate-level disinfecting wipes or spray that is used in the clinical area for disinfection of common touch surfaces.
- Pens: used by only one (1) patient. After use, place pens in a container labeled “Dirty” and disinfect with one of the methods above according to the schedule.



- Electronics: if manufacturer's instructions for cleaning and disinfection and reusable or disposable barriers are not available for keyboards, credit card machines, etc., alcohol-based disinfectant wipes or sprays with at least 70% alcohol are preferred.
- Signature pads – disinfect after each use



DISINFECTION CHECKLIST

Surfaces	Monday		Tuesday		Wednesday		Thursday		Friday	
	Noon	EOD	Noon	EOD	Noon	EOD	Noon	EOD	Noon	EOD
Office										
Telephone handsets & key pads										
Computer keyboards & mouse										
Door handles/knobs										
Restroom sinks, faucets, handles, etc										
Reception Area										
Counters										
Chair arms										
Tables										
Pens										
Copy machine										
Credit card machine										
Staff/Break room										
Table										
Chairs										
Counters										
Microwave										
Water dispenser										
Refrigerator										
Coffee maker										



Standard Operating Procedures

Clinical Safety Procedure #65 – Screening of employees for illness during the COVID-19 pandemic	
Date Implemented: 4/24/2020	Revision Date: 5/7/2020

A. Purpose

Providing a safe environment for both patients and employees is always a top priority in the dental practice. In response to the COVID-19 pandemic, it is critical that patients and employees have confidence the dental practice is as safe an environment as it was prior to the pandemic.

B. Scope

Employees will self-screen daily prior to leaving their homes for work. Self-screening will include:

- Taking their temperature
- Observation of COVID-19 symptoms:
 - Coughing
 - Shortness of breath or difficulty breathing
 - Chills
 - Repeated shaking with chills
 - Muscle pain
 - Sore throat
 - Loss of taste or smell
 - Headache in combination of other symptoms

Employees having a temperature $\geq 100.4^{\circ}$ F or experiencing COVID-19 symptoms will contact their immediate supervisor and not go into work.

Employees who pass the self-screening criteria and report to work, will have their temperature taken and be screened for respiratory illness symptoms (coughing, shortness of breath, or difficulty breathing) upon arriving at the practice. Any employee having a temperature $\geq 100.4^{\circ}$ F or experiencing respiratory illness symptoms will be sent home and directed to contact their primary care physician.

Employees not reporting to work or being sent home due to fever or respiratory illness symptoms will not be allowed to return to work until they meet the CDC's return to work criteria as outlined in Clinical Safety Procedures #66.

C. Responsibility/Affected Employees

All employees

D. Personal Protective Equipment

Standard Operating Procedures

E. Definitions & Abbreviations

CDC – Centers for Disease Control and Prevention

F. Resources

CDC Symptoms of Coronavirus: <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>

CDC Criteria for Return to Work for Healthcare Personnel with Confirmed or Suspected COVID-19: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html>

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COVID-19 Employee Health Screening Log

Use one sheet for each employee for ongoing daily COVID-19 health screens. Complete section I by entering the date, employee's temperature, if they have respiratory or other COVID-19 symptoms, and your name. **If an employee's temperature is ≥ 100.4 degrees Fahrenheit, complete section II and immediately send the employee home. Please keep this Log in a confidential location separate from an employee's other personnel documents.**

Employee name: _____ Job title: _____

Supervisor's name: _____

SECTION I

Date	Employee Temperature	Respiratory or other symptoms of COVID-19?*(Y/N)	Screened by

****Respiratory symptoms include cough, shortness of breath, or difficulty breathing. Other COVID-19 symptoms may include chills, muscle pain, headache, sore throat, and new loss of taste or smell.***

SECTION II (To be completed if employee is sent home)

Date the employee was sent home: _____ Recorded temperature: _____

Are visible signs of respiratory illness present? _____ Yes _____ No

If "Yes," please list symptoms: _____

An employee sent home with a fever can return to work when:

- He or she has had no fever for at least three days without taking medication to reduce fever during that time; **AND**
- Any respiratory symptoms (cough and shortness of breath) have improved for at least three days; **AND**
- At least ten days have passed since symptoms began.

Standard Operating Procedures

Clinical Safety Procedure #66 – Return to work criteria for employees with confirmed or suspected COVID-19	
Date Implemented: 4/24/2020	Revision Date: 5/7/2020

A. Purpose

Ensuring that employees with confirmed or suspected COVID-19 are no longer contagious before returning to work is critical to protecting patients and co-workers from the virus.

B. Scope

Employees with confirmed or suspected COVID-19 must meet the CDC return to work criteria before resuming their job duties.

Employees who are symptomatic with suspected or confirmed COVID-19 will be excluded from work based on one of the following strategies.

- **Symptom-based Strategy**
 - 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 (i.e. cough, shortness of breath), **and**
 - At least 10 days have passed since symptoms first appeared
- **Test-based Strategy**
 - Resolution of fever without the use of fever-reducing medications, **and**
 - Improvement in respiratory symptoms (i.e. cough, shortness of breath), **and**
 - Negative results of an FDA Emergency Use Authorized COVID-19 molecular assay for COVID-19 for the detection of SARS-CoV-2 RNA from at least two consecutive respiratory specimens collected ≥ 24 hours apart (total of two negative specimens).

Employees with laboratory-confirmed COVID-19 who have not had symptoms will be excluded from work based on one of the following strategies.

- **Time-based Strategy**
 - 10 day have passed since the date of their first positive COVID-19 diagnostic test assuming they have not subsequently developed symptoms since their positive test. If they have developed

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symptoms, then the **symptom-based** or **test-based strategy** will be used.

- **Test-Based Strategy**
 - Negative results of an FDA Emergency Use Authorized COVID-19 molecular assay for COVID-19 for the detection of SARS-CoV-2 RNA from at least two consecutive respiratory specimens collected ≥ 24 hours apart (total of two negative specimens).

When returning to work, employees will:

- Wear a facemask for source control at all times while in the healthcare facility until all symptoms are completely resolved.
 - A facemask does not replace the need to wear an N95 or higher-level respirator (or other recommended PPE) when indicated, including when caring for patients with suspected or confirmed COVID-19.
- Self-monitor for symptoms, and seek re-evaluation from occupational health if respiratory symptoms recur or worsen

C. Responsibility/Affected Employees

All employees

D. Personal Protective Equipment

N/A

E. Definitions & Abbreviations

CDC – Centers for Disease Control and Prevention

F. Resources

CDC Criteria for Return to Work for Healthcare Personnel with Confirmed or Suspected COVID-19: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html>

We have made temporary changes to our check-in process due to COVID-19.



Entry is limited to patients, parents or legal guardians of minor patients, approved third-party vendors, and contracted workers.

Please wait outside our office and call us at

We will provide you with further instructions.

Thank you for your understanding.

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Clinical Safety Procedure #67 – Restricted entry to facilities and screening during the COVID-19 pandemic	
Date Implemented: 4/24/2020	Revision Date:

A. Purpose

Providing a safe environment for both patients and employees is always a top priority in the dental practice. In response to the COVID-19 pandemic, limiting the amount of people in the practice will be important to minimizing risk of virus transmission.

B. Scope

Until the COVID-19 pandemic has ended, entry into the dental practice is limited to patients, parents or legal guardians of minor patients, approved third-party vendors, and contracted workers. Signage will be placed at all entries outlining entry limitations and requirements.

Prior to entry to the practice, patients, parents or legal guardians of minor patients, approved third-party vendors, and contracted workers will:

- Have their temperature taken
- Be screened for respiratory illness symptoms (i.e. cough, shortness of breath, difficulty breathing)
- Be given a facemask to wear for the duration of their visit if they don't present with their own facemask

Anyone presenting with a temperature $\geq 100.4^{\circ}$ F or showing signs of respiratory illness will not be allowed to enter.

Upon entry to the practice, patients, parents or legal guardians of minor patients, approved third-party vendors, and contracted workers will be required to perform hand hygiene.

Anyone accompanying a patient, excluding parents and legal guardians of minors, will not be allowed to enter and will be required to wait for the patient outside of the practice.

When possible, deliveries will be made to an entrance other than the main patient entrance.

C. Responsibility/Affected Employees

All

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D. Personal Protective Equipment

E. Definitions & Abbreviations

F. Resources

Signage



COVID-19 Pre-Appointment Questionnaire

Instructions: Please complete the questions below prior to your appointment. If you answer YES to any of the questions we may reappoint you for a later date. If you answer NO to all the questions, please print, sign and bring the completed form to your appointment. If you are unable to print the form, you can complete it in our office on the day of your appointment.

Have you had contact with anyone confirmed positive for COVID-19 in the last 14 days?	Y N
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Has anyone in your household had close contact with a confirmed or probable COVID-19 case?	Y N
--	-------

In the past 14 days, have you had symptoms that include:	
Fever over 100.4°F	Y N
Shortness of breath or difficult breathing	Y N
Cough	Y N
Gastrointestinal upset	Y N
Headache	Y N
Fatigue	Y N
Recent loss of taste or smell	Y N

Have you taken any of the following medications in the last 14 day:	
Acetaminophen	Y N
Ibuprofen	Y N
Naproxen Sodium	Y N
Aspirin	Y N

Full Name (Printed):	Signature:	Date:
_____	_____	____/____/____

Consent for Treatment during CoVID-19 outbreak

Patient's Name: _____

Date of Birth: _____

Our goal is to protect the safety of the dental office, our team members, the patients we serve and other individuals who come upon the premises.

Our staff are symptom-free and, to the best of their knowledge have not been exposed to the virus. However, since we are a place of public accommodation, other persons (including other patients) could be infected, without their knowledge. Despite our careful attention to sterilization, disinfection, and use of personal barriers, there is still a chance that you could be exposed to an illness in our office. "Social Distancing" nationwide has reduced the transmission of the Coronavirus. Although we have taken measures to provide social distancing in our practice, due to the nature of the procedures we provide, it is not possible to maintain social distancing between the patient, dental staff and sometimes other patients at all times.

Acknowledgment

- I acknowledge that all my questions have been answered to my satisfaction and I consent to the performance of the treatment proposed by my dentist.
- I acknowledge and understand that there is an increased risk that COVID-19 can be transmitted in any place of public accommodation, including a dental office, and I have been informed that my dentist desires to protect the safety of the dental office and the patients, staff and other individuals who come upon the premises
- I have been advised that I should seek care from a qualified physician for any medical questions and/or concerns.

Patient/Guardian Signature: _____

Date: _____

Treating Dentist Signature: _____

Date: _____

Witness Signature: _____

Date: _____

GUIDANCE FOR OPERATORIES

During dental procedures that utilize handpieces, air and water syringes, or ultrasonic scalers a visible spray is created. Thoroughly disinfecting operatory surfaces where large droplet particles may have landed is critical to preventing cross contamination.

- Minimize the amount of items on counters and other surfaces to equipment and instruments necessary to perform the procedures. Remove the following items from operatory counters or exposed shelves:
 - Displays of sample products and demonstration materials
 - Personal photos, mementos, etc.
 - Paper products from open areas (i.e. magazines, note pads, etc.)
 - Children's toys, books, etc.
- Use stick pens only and disinfect during routine operatory disinfection. Dispose of the stick pen cap and remove all other types of pens.
- Consent forms, operatory references, etc. should be laminated or in sheet protectors, stored in a drawer or other closed area, and disinfected after use.
- Barrier protect all hard to disinfect surfaces.
 - Keyboard and computer mouse
 - X-ray unit tube head and exposure button
 - Patient chair, including switches/buttons
 - Light handles and switch
 - Intraoral camera
 - Digital sensor
 - Curing light
- Waste containers should be stored in a cabinet with access through the counter or door for waste disposal. If waste containers are stored outside of a cabinet, they have a lid with hands-free operation (i.e. foot control).
- Refer to the following Clinical Safety Procedures for additional guidance:
 - #19 – Operatory set-up prior to patient treatment
 - #20 – Use of surface barriers
 - #21 – Operatory disinfection after patient treatment
 - #22 – Equipment and surface cleaning
 - #23 – X-ray equipment disinfection



