

Employee FAQ's – Version 2 May 18, 2020

Resuming Operations

What changes will be in place for employees and patients when we return?

Please refer to the Patient FAQ's and Employee FAQ's previously posted for employees and information within the COVID-19 resource folder on the desktop of work stations at the office.

What if patients refuse to wear a face covering, complete the screening, or have their temperature recorded?

It will be necessary to inform the patient that we have developed screening protocols based on guidance to reduce risk related to COVID-19 exposure and these new protocols are part of what we are doing for patient and employee safety. If the patient refuses you will discuss with them rescheduling of their appointment to a time in the future when these things may not be required, however at this time we are not aware of that timeline. You will also want to remind them of the importance of oral health to their total body wellness.

Will testing be provided for employees and patients?

We continue to monitor availability of point of care testing and once available will review related to compliance and implementation for dental practices. We have implemented both employee and patient screening protocols as part of the risk management plan related to COVID-19. Please see new SOP's in the COVID-19 resource folder on the desktop of practice work stations.

What happens if I begin to experience symptoms while at work or when I get home?

You will contact your Office Manager and then Regional Director who will work with HR to get additional information and determine action needed.

What if patients or employees have traveled to areas where cases are increasing?

Per the CDC there are communities where spread is occurring, this is happening at varied rates and also some areas where the trajectory is declining. The recommendations include: being alert to symptoms of COVID-19, take temperature if symptoms develop, practice social distancing, and following CDC guidelines if symptoms develop. There are other guidelines when there is exposure to a confirmed positive COVID-19 individual and these should then be followed. The implementation of daily screening for patients and employees has been designed to identify anyone who is symptomatic at the earliest point so guidance can be given accordingly to reschedule, isolate or quarantine.

I know that parents are allowed to enter the practice with a minor child, would the same apply if the patient has a caregiver who is responsible for a patient who may require assistance?

Yes, the determination of need for a caregiver to enter the practice will be made at the discretion of the doctor. This could be important to delivery of care and patient management for some patients. Please consider the priority for treatment and patient/caregiver risk also in any situation.

When will the CEC return and start booking appointments for offices?

We understand that there are several adjustments that need to be made to offices schedules, therefore we do not have plans for the CEC to resume scheduling patients until mid to late June. If an office would like to resume scheduling efforts prior to this timeframe, the CEC has

agents available to help on an office by office case. Please contact Anne LaTourelle alatourelle@midwest-dental.com.

When will DemandForce start?

To allow time to adjust office schedules, DemandForce will resume about three days after the practice has reopened. The confirmation frequency and timetable will change as follows:

- 2-day confirmation email and text
- 3-hour reminder text

All confirmation communications and reminders will include the link to the pre-screening survey. We will resume a 4-week confirmation timetable at a later date that is yet to be determined.

Patient Care

Are we going to place plastic barriers at the operatory doorway and extending from half walls between the operatories? And what are we doing to manage aerosols?

There are many ways to affect aerosol production, the first being to consider modifications in treatment that can be made. Additionally we are implementing air filtration units and have many other risk mitigation strategies in place to reduce the possibility of a symptomatic patient or employee entering the practice. The recommendations for these types of barriers are generally associated with open air operatories and at this time there is not a plan for this type of barrier. We understand that each office has a unique layout and floor plan and if needed can discuss necessity for additional barriers.

Will state guidelines for phased care be followed?

We are monitoring all state guidance as well as additional information from the CDC, OSHA, and professional associations and developing plans as needed to be in compliance.

Will hygiene assistants be provided?

Offices have varied levels of dental assistant staffing and they can provide support for patient care with both the dental hygienist and doctors. It is important to note that members of the administrative team who may have clinical experience will not be able to assist in an overflow capacity without the proper PPE for patient care.

Will schedules be booked the same? How will patient flow be managed?

There will be adjustments made to the schedule to help with patient flow and prioritizing of treatment as well as allowing time needed for additional cleaning/disinfection. Your team will discuss modifications needed based on office flow and staffing.

We will have many patients who are backlogged for their appointments how will we get them all in when we return?

There will be options to build flexibility with schedules and providers. Some have asked if extra hours can be worked and this should be discussed with your Operations leadership to better identify and plan for what is needed.

I know we are staggering start times for patients in the morning to help with patient flow but what is the recommendation for “hand-offs” to avoid multiple patients needing to check out at the same time?

Each team will need to discuss/develop work flow based on office layout and staffing with the goal to be responsive to social distancing and not having all patients dismissed at the same time. Offices should discuss planning for the day during the morning huddle.

What is the best way to manage things that are shared between operatories like Velscope and Intra-Oral Cameras?

There will be times as in the past when shared equipment is needed. As we work to have fewer items on the counter in operatories be mindful to store equipment in areas that are more accessible to all.

Personal Protective Equipment

How can employees eat lunch when they have to wear a mask at all times?

Employees will remove their mask to eat lunch, the breakroom should be set up to accommodate social distancing and lunches can also be staggered.

Can we change scrubs and launder at the office if we have laundry facilities available? What if we don't have laundering facilities, what is the recommendation then?

Yes if laundering is available scrubs can be laundered at the office – this is a best practice. If laundering is not available employees can change into street clothes at the office and take clothes home in a bag for laundering if they desire to change before leaving.

Is the recommendation to change your gown after each patient?

The recommendation is to change the gown after aerosol procedures or when it is soiled.

When will the PPE arrive in our offices and what will be included?

PPE will be in the office prior to resuming patient care. PPE will include respirators, face shields, gowns (variance to include some disposable gowns for use with offices that do not currently have laundering onsite), surgical masks, gloves, head covers and booties (as they become available).

What PPE is required and which is considered optional?

PPE as mentioned above is required for all patient treatment. The use of a respirator with a surgical mask over the top is required for all aerosol procedures. We have always complied with requirements for PPE and it is not acceptable to treat patients without PPE.

Can I wear fabric headcovers and wash them daily or do we have to wear disposable ones?

If you have fabric head covers they can be worn and washed daily. They should be changed in advanced if soiled.

Can we wear fabric masks if we are a PSR or Office Manager?

Administrative team members can wear a cloth face covering instead of a surgical mask but these should be laundered daily.

What is the proper way to don and doff PPE?

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.

This information can also be found in the COVID-19 resource folder on the desk top of your work station.

What are the requirements for medical screening and fit testing with the respirators?

The annual fit testing requirement has been waived, however initial fit testing/seal testing is required. Currently, the availability of qualitative fit testing is limited due to availability. We will be providing training on fit testing to all teams and you will access an online portal to complete your medical questionnaire.

Will we have options for full length gowns in fabric or disposable?

There is not anything in current guidance that refers to a required length for a gown. The gown provided is the protective piece of equipment which meets the requirements by OSHA and recommendations by others who have provided back to work guidance. As we move forward we have identified that flexibility with gowns increases when we have laundering on site in the office and in the future will be looking at this consideration where feasible. We will discuss with our gown manufacturer the options for longer gowns and consider if this is feasible. Disposable gowns provided may arrive in varied lengths depending on availability with the supply chain.

What do we do if we see a patient who indicates they are recovered from COVID-19?

Patients will complete screening questions and in the event that they answer “yes” to any questions, they will be directed to call the office and additional questions will be asked. Patients will be rescheduled if needed.

If we are wearing respirators do we need to be free of facial hair and make-up for them to fit best?

There is a new SOP on N95 masks and it includes information on facial hair and best fit techniques. This information can be found in the COVID-19 resource folder on the desk top of work stations.

Are the respirators we will be provided NIOSH approved?

The most recent respirators are NIOSH approved. All respirators that are distributed will be NIOSH approved or FDA approved for emergency use.

Why are the PSR's and OM's being provided face shields instead of a barrier (sneeze guard)? Do we still need to stay 6 ft away from people?

The PPE requirements for administrative staff include a face shield and surgical mask (or cloth face covering) there is more consistent protection when wearing a face shield vs a plastic stationary barrier. Social distancing is a strategy that is used when face coverings and PPE are not worn, we understand that

teams may be within 6 feet of each other and that is why all team members are wearing recommended PPE throughout the day in addition to being mindful of social distancing strategies.

Liability

Does the doctor/organization's liability insurance cover all providers?

Our liability insurance carrier has indicated that dentists should follow their local and state government and dental board instructions and guidance as to the operations and procedures and protocols to re-open practices. Dental Hygienists and Dental Assistants work on the supervision and delegation of the doctor and are covered accordingly.

I am a dental hygienist and carry my own liability insurance, how will they view guidelines for resuming practice?

You will want to confirm this information with your individual carrier.

Other

How do all of these extra supplies that will be needed figure into the supply budget?

There is understanding of the need for additional PPE and this will be factored accordingly.