

## EMPLOYEE COVID-19 FAQ

### What changes will be in place for patient treatment when we return?

The safety of our patients and our employees has always been important to us. To further reduce risk of exposure to COVID-19, we have put several temporary policies in place. For patients, these include:

- Pre-appointment screening. While we will not make changes to the existing medical history, each patient in advance of their appointment will complete a few screening questions related to COVID-19. This is an online questionnaire and the patient will print their results and bring them into the office. If they don't complete it in advance, they will complete it in office prior to starting treatment. Patients who are symptomatic will be rescheduled.
- A sign will be placed on the door, and when patients arrive, they will follow instructions to enter the office.
- Only the scheduled patient should come to the office and we are asking patients to avoid bringing other family members with them. If the patient is a minor they will have the option to come in, but there will be new guidelines to follow.
- All patients will be asked to wear a mask when they enter the office. This can be a cloth mask they already have. If they arrive without a mask, we will provide one for them. Patients will put the mask back on when treatment is completed and wear it until they exit the office. We will also perform temperature screening for all patients in advance of any treatment.
- Pre-procedural rinsing with diluted hydrogen peroxide will be expected for all patients prior to commencing treatment.
- We will also be implementing practices to ensure social distancing within the patient waiting areas as well as treatment areas.

### Will we have the recommended PPE to treat patients?

We have been sourcing PPE and continue to use the CDC and other state and federal agencies for guidance related to PPE and treatment of patients. We have developed some new SOP's and will review others that were previously part of our organizational safety plan that will give assurance to all employees. We expect to have the following available for treatment of patients upon return:

• N95 and/or KN95 masks	• Disposable bonnets
• Level one and level three surgical masks	• Gowns (disposable or laundered)
• Face shields	• Gloves

We are also sourcing shoe covers as these become more readily available within the supply chain. Additional information related to use of all PPE will be provided through review of SOP and training prior to resuming patient care.

### **Will there be any testing available for employees or patients?**

We are continuing to monitor the availability of point of care tests for use in our dental offices. Currently these are not readily available. We will however implement screening protocols for both employees and patients. For employees, this will include temperature screening at home to determine if you are experiencing any symptoms. If you are symptomatic, you will contact your Office Manager who will provide guidance. If you are asymptomatic, employees will arrive to the office and will have a temperature screening and complete other screening questions each day. This information will be recorded on a log sheet each day. If at any time an employee becomes symptomatic the Office Manager will provide additional guidance.

### **What environmental controls will be implemented?**

With each office having differences in floor plans there will be some things that may not be uniform in all offices with regard to patient flow, vendor deliveries, etc. We will provide acceptable controls in all offices that will align with recommendations as they evolve. We will provide guidance for operatory cleaning/set-up as it will be necessary to remove unnecessary items from the treatment room and barrier other items that remain on counter tops to avoid contamination.

### **How will we manage aerosols in our office for doctor procedures?**

It is important to always consider what things can be done to reduce aerosols with treatment procedures. Use of high speed evacuation should be a priority when aerosol production is inherent (high speed, air/water syringe, power scalers – cavitron/piezo). Guidance from some organizations have indicated that treatment options should be considered where aerosol production can be reduced. For example, is Silver Diamine Fluoride an option versus the use of high speed hand piece, or can hand scaling be performed and postpone use of power scaling until a later date when conditions for testing/vaccine improve. It is not our intention to reduce the standard of care provided, only to provide guidance in decision making in accordance with other agencies who are recommending these considerations.

### **How will it work with cross-contamination when a doctor has to get up from one room to check a patient in another?**

This is one area where work flow may change related to scheduling, also it may be an option to provide information to the doctor via technology utilizing intra-oral photos, radiographs, and documentation of findings, so that while in the office the doctor can provide evaluation within more of a tele-health model. The need for a doctor in-person exam can also be evaluated related to findings or lack thereof, planning for in-person evaluation at the next visit when we expect testing to be more widely available. This would be similar to practicing hygiene by prescription where you can review charts and identify patients who can be seen this way – similarly to when the doctor is out of the office. There will be times when the doctor may need to change gowns prior to checking a patient in another room and clinical judgement should be used accordingly to reduce risk to patients or employees.

### **Will we be scheduling differently to allow for more time for everything that needs to be done?**

While we have always expected infection control procedures to be at the highest level and have a variety of standard operating procedures that support this, we will be allowing extra time initially to

accommodate new workflow and processes that will be in effect. In offices where overflow operatories are available, you can also consider staggered scheduling to allow more time for disinfection and set-up. We will expect that over time, efficiency with the new workflow will be recognized and more routine scheduling will resume.

**What happens if an employee becomes exposed to COVID-19?**

Contact your Office Manager who can provide additional direction.

**If we become aware of an employee or patient who has COVID-19 will the office close?**

Should we become aware of a confirmed positive case the Office Manager should be informed. The Office Manager will inform the Regional Director and HR Solutions so that additional information can be gathered as needed. We are resuming practice operations using guidance from many organizations. We have had sound Standard Operating and Safety Procedures in been historically, and have developed a few new SOP's in response to COVID-19. We will also be screening both patients and employees daily so expect that the risk for exposure to a COVID-19 positive individual will be reduced in the practice. With this in mind, we expect that all employees will follow protocols and provide patient care with recommendations for enhanced standard precautions. We do not expect that practice closure will be needed as a result of the many best practices that are in place, however, should this need occur we will respond to individual circumstances.