



Practice Operation and Safety Guidance - Responding to COVID-19

		Aerosol Procedures	Non-Aerosol Procedures
PPE Recommendations	N95/KN95 respirator masks - level 3 surgical mask over the top to preserve PPE until further notice	x	
	Full face shields	x	x
	Full arm gowns	x	x
	Level 3 surgical masks	x	x
	Eye protection	x	x
	Gloves	x	x
	Booties, Head Covers	*TBD	*TBD
	Rubber dams	x	
	High volume suction	x	
	Patient level 1 surgical masks in non-treatment areas	x	x
	Patient eye protection	x	x
	Air Filtration Units	x	x
Infection Control and Enhanced Cleaning	Treatment rooms	x	x
	Dental equipment	x	x
	More frequent handwashing	x	x
	Signage asking all guests to wash hands	x	x
	Patients rinse with hydrogen peroxide	x	x
	Operatories (see guidance document)	x	x
	Administrative Work Stations (see guidance document)	x	x
	Patient check-in areas	x	x
	Reception area chairs	x	x
	Touch area light covers	x	x
	Controls in place to reduce aerosols - HVAC/Tx modifications, open windows when possible for air circulation	x	x

		Notes
Patient Treatment Considerations	Aerosol producing procedures	It is recommended that treatment modifications to reduce aerosols be considered during this interim period. Use of cavitron or piezo instrumentation, should be considered in the interim when critical to treatment outcomes. While the benefit of this treatment modality is recognized, during this time when testing is not available clinical judgement must be used to weigh the risk/benefit when performing procedures that generate aerosols. Use of a high speed hand piece should be weighed in the same way in consideration of alternate treatment options. When aerosols are generated high speed evacuation is mandatory, gowns should be changed using clinical judgement with each procedure.
	Source: American Dental Association Return to Work Interim Guidance	Use professional judgment to employ the lowest aerosol-generating armamentarium when delivering restorative or hygiene care. As an example: use hand scaling rather than ultrasonic scaling when appropriate.
	Source: American Dental Hygienists Association	Avoid aerosols as much as possible, when possible, use four handed technique and HVE for controlling aerosols and splatter, use hand instrumentation vs ultrasonic for periodontal debridement and scaling procedures, use selective plaque and stain removal vs full-mouth coronal polishing do not use air and water functions on the syringe together, at the same time.
	Aerosol producing procedures	Provide tele-dentistry consults for those patients who prefer to stay at home for basic consult or post-operative appointments.

	Patient evaluation/hygiene appointments with review of information consult in office	Consider the need for chairside evaluation by the doctor for hygiene patients. Setting criteria that would provide information to the doctor for review and then consult with the patient with social distancing criteria so the patient would be informed by the doctor that they have "reviewed the assessments gathered and screening information provided by the dental hygienist and the results of this show _____" Recommended information for review: medical history, intra-oral photos of problematic areas, radiographs, periodontal and restorative charting, clinical notes, intraoral photos (2) of lateral borders of the tongue, one of oral pharyngeal area and one of floor of the mouth
	Evaluation deferral with hygiene appointments	Consider criteria for deferral of the periodic hygiene evaluation when patients are low risk. This would be similar to protocols used in delegating patients to be seen when the doctor is out of the office. As an example: had a periodic evaluation within the last year, radiographs not treatment planned for the appointment, low risk history of dental care/needs, not a periodontal maintenance patient who had evaluation in the treatment plan for the day.
Social Distancing Measures	Patient schedules modified	Review schedules and confirm appointments to allow for scheduling in alternate operatories when available. Add 10 minutes to appointments to allow for additional cleaning/patient interaction and education. Stagger start times for hygiene and doctor patients to avoid overflow of patients into/exiting office at the same time.
	6 feet chair spacing - non-treatment areas	Reception area, doctor offices, staff breakroom, consultation rooms. Consider hand-off process after appointment and adjust accordingly to avoid overflow of patients in one area

	Restricted entry to facilities - see SOP #67	Entry limited to patients, parents or legal guardians of minor patients, approved 3rd party vendors and contracted workers. Face coverings worn for duration of visit, handwashing upon entry. Deliveries when possible to entrance other than main patient entrance. (SOP #67 located in COVID-19 desktop resource folder)
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Screening Protocols	Online patient questionnaire	Patients will complete online in advance of appt. and be asked to reschedule if symptomatic. If not completed in advance of arrival will complete on paper. (located in COVID-19 desktop resource folder)
	Patient temperature checks (outside if possible)	Take temperature outside if possible, if not will be taken in advance of walking patient back to the treatment room, if symptomatic will be rescheduled. Documentation of the patient's temperature should be communicated to the provider so that it is recorded in the record after each screening
Screening Protocols	Employee temperature screening prior to starting work each day - SOP #65	Recommended that employees screen their own temperature at home first and contact supervisor if symptomatic. Employees will all screen temperature each day prior to the start of work and documentation will be recorded on an employee log sheet
COVID-19 Exposure	Reporting and Practice Operations	In the event that a positive exposure is confirmed from a patient or employee the Office Manager or Doctor will report the information to the Regional Director for additional guidance. Post op instructions for patients should include that they inform the office if they experience any symptoms of COVID-19 within 14 days.

The information provided in this document is subject to change as guidance from the CDC, ADA, ADHA, and individual state agencies is updated. Please refer to your state's guidance as requirements/direction/use of PPE related to patient care may be indicated. Additionally, use your best clinical judgement in determining if changing of PPE with non-aerosol and aerosol procedures is indicated beyond the guidelines indicated. Detailed guidance for disinfection of common touch surfaces and operatory cleaning/work flow including reference to existing Clinical/Safety SOP's, and newly developed SOP's can be found on the COVID-19 resource folder on the desk top of each work station. *Booties and Head Covers will be available for order as the supply chain allows in the future.