

Dentistry in the Time of COVID-19

Amanda Nelson, DMD, ABGD, FAGD, FACD

Stephen Hutton, DMD, MS, MPH

Diane Cullen, MSN, MBA, RN, CIC

Herman McKenzie, MBA, CHSP

Jay Afrow, DMD, MHA

June 24, 2020

Intended Audience

This webinar is being presented to aid dental facilities in planning to resume or increase operations during the COVID-19 pandemic.

The focus is on key issues and prevention strategies to consider prior to resuming or increasing patient care in dental facilities based on what we know about COVID-19.

Acknowledgement

The Joint Commission Disclaimer

These slides are current as of June 24, 2020. The Joint Commission reserves the right to change the content of the information, as appropriate.

These slides are only meant to be cue points, which were expounded upon verbally by the original presenter and are not meant to be comprehensive statements of standards interpretation or represent all the content of the presentation. Thus, care should be exercised in interpreting Joint Commission requirements based solely on the content of these slides.

These slides may not be further used, shared or distributed without permission of The Joint Commission. Distribution of the speaker's presentation other than in PDF format is expressly prohibited.

Disclaimer



The views expressed in this presentation are those of the presenters and do not necessarily reflect the official policy or position of the Department of the Army, Department of the Navy, Department of Defense or the United States Government

Objectives

- Describe COVID-19 disease and transmission.
- Use the Infection Prevention hierarchy for COVID-19 planning.
- Describe strategies to reduce risks to patients and staff.
- Understand the steps to provide safe dental care.

COVID-19 Introduction

What is COVID-19?

- Historical:
 - 2002: SARS-CoV-1
 - 770 deaths
 - Died out w/in 1 year
 - 2012: MERS
 - 800 deaths
 - Still exists
 - Both: Symptoms present prior to transmissibility
- 
- 
- Recent:
 - 2019: SARS-CoV-2 (COVID-19)
 - 9,157,320 confirmed cases
 - 473,849 global deaths (as of 23 June 20)
 - Transmissibility ***prior*** to symptoms

<https://www.scientificamerican.com/article/a-visual-guide-to-the-sars-cov-2-coronavirus/>

How is COVID-19 Transmitted?



Source: CDC\Brian Judd <https://phil.cdc.gov/details.aspx?pid=11161>

- Person to person via droplets
- Airborne transmission (aerosol generating procedures)
- Touching contaminated surfaces



Modified from : CDC\Brian Judd

Key Points of Transmission

- Droplet and/or contaminated surfaces
- AGPs increase risk of exposure
- Symptoms: fever, cough and shortness of breath
- People at higher risk
- ***Pre-symptomatic and asymptomatic people have tested positive for COVID-19 and linked to transmission***



<https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/how-covid-spreads.html>

Recent Reports: Saliva & Coronavirus

- To, KK et al. (2020) Consistent Detection of 2019 novel coronavirus in saliva. *Clin Infect Dis*. doi: 10.1093/cid/ciaa149
 - Virus detected in saliva of 11/12 patients (91%)
- Chau, NVV et al. (2020) The natural history of transmission potential of asymptomatic SARS-CoV-2 infection. *Clin Infect Dis*. doi: 10.1093/cid/ciaa711
 - Compared with symptomatic individuals, asymptomatic people were less likely to have detectable SARS-CoV-2 in NTS samples collected at enrolment (8/13 (62%) vs. 17/17 (100%) $P=0.02$).
 - SARS-CoV-2 RNA was detected in 20/27 (74%) available saliva; 7/11 (64%) in the asymptomatic and 13/16 (81%) in the symptomatic group ($P=0.56$)

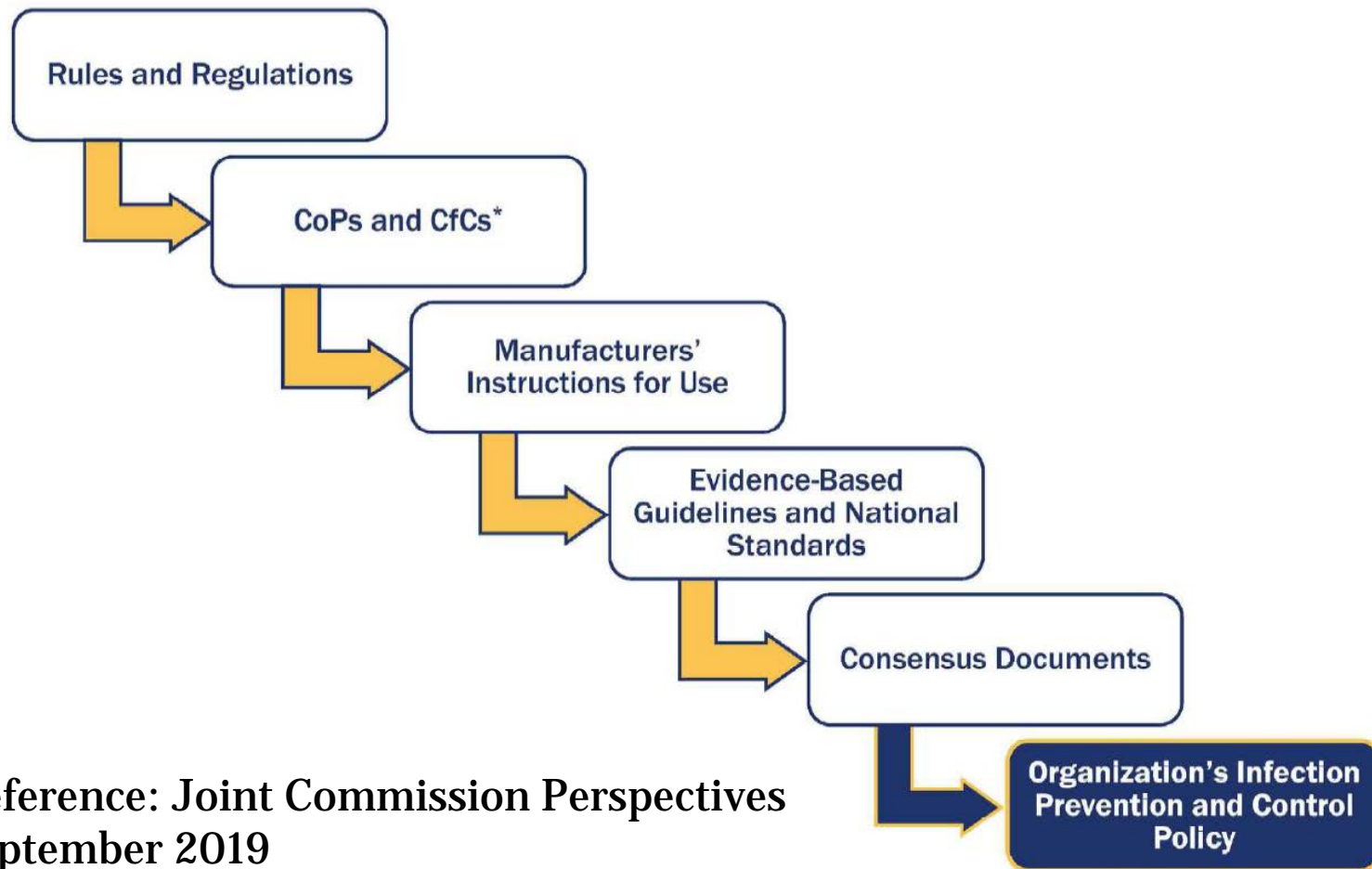
Dentistry and SARS-CoV-2: What's Unique?

- Close Contact
- Aerosol Generating Procedures (AGPs)
- Engineering Controls
 - Ventilation
 - Operatory design
- SARS-CoV-2: new, still gathering information
- Highest Overall Volume of AGPs

An Infection Control Hierarchy for Dental Professionals

What guidelines are out there?

Hierarchical Approach to Guidance of Safe Practice



Reference: Joint Commission Perspectives
September 2019

** For organizations that use Joint Commission accreditation for deemed status purposes or that are required by state regulation or directive, Conditions of Participation (CoPs) and /or Conditions for Coverage (CoCs) should be reviewed for applicable mandatory requirements.*



Occupational Safety and Health Administration

CMS.gov

Centers for Medicare & Medicaid Services



United States
Environmental Protection
Agency



Health Resources & Services Administration



HRSA

Health Center Program



U.S. FOOD & DRUG
ADMINISTRATION



California Department of
PublicHealth



The Joint Commission



State of Illinois
Illinois Department of Public Health



ADA



DENVER
PUBLIC HEALTH &
ENVIRONMENT

Rules and Regulations

- Occupational Safety and Health Administration
- State Health Department
 - Reference Evidence Based Guidelines (lower tier)
- Local Health Department
- Food and Drug Administration
 - Spaulding Criteria
- Environmental Protection Agency



Occupational Safety and Health Administration



OSHA "Guidance" : May 1, 2020

OSHA Guidance for Dentistry Workers and Employers

OSHA recently issued *Guidance for Dentistry Workers and Employers*: that information details recommendations relating to hazard assessments, including the use of respiratory protection PPE like N95 masks, during aerosol-generating procedures. The agency also has recommendations regarding performing emergent vs. routine procedures.

How does OSHA's May 1, 2020, release of [Guidance for Dentistry Workers and Employers](#) impact my practice? Does this new information supersede previous regulations? Are there additional possible enforcement consequences?

This new Guidance from OSHA does not establish any new requirements and is offered as guidance only.

Guidance documents create no new legal obligations and do not change or establish compliance responsibilities; that information is detailed in OSHA standards. Standards documents, also known as regulations, are regulatory requirements that the agency has established and published to serve as criteria for measuring whether employers are complying with the applicable laws. Employers in all industries, including health care, are compelled to comply with those applicable OSHA standards that are appropriate to that industry.

What do I need to do to comply with the hazard assessment recommendations in the Guidance? It recommends that employers assess the hazards that their workers may face; evaluate any risks; and select, implement and ensure that employees use the controls their employer has implemented to minimize any risks. How does that translate to changes I need to implement in my practice?

OSHA has had a long standing requirement that employers assess occupational hazards to which their workers may be exposed. The agency's [Standards for Personal Protective Equipment \(PPE\)](#) have always required employers to conduct hazard assessments on the topics of [General Requirements](#) and [Respiratory Protection](#).

Some of the factors dentists should consider when conducting a hazard assessment under the new Guidance include:

- the incidence and prevalence of COVID-19 in their area
- COVID-19 testing in the area
- PPE
- the aerosol production that will occur during any procedures
- available aerosol reduction or mitigation methods, such as use of a rubber dam, availability of high speed evacuation, alternative treatment measures that might be employed

The ADA is developing a tool to assess an airborne hazard and to help guide dentists through this task. That resource will be posted on the ADA's COVID-19 website as soon as it's available.

Do OSHA regulations require the use of N95 masks during aerosol generating procedures?

The OSHA [Respiratory Protection Standard](#) requires that respirators, such as N95 masks, be used any time there is a respiratory hazard and effective engineering controls are not feasible or while they are being instituted.

If the hazard assessment conducted by an employer dentist determines that workers will be exposed to airborne contaminants, including aerosols containing SARS-CoV-2, that cannot be mitigated by the systems or controls put in place to protect them, the employer should consider implementing and following the respiratory protection standard.

According to the Guidance, aerosol-generating procedures performed on patients who are well are considered high risk procedures and the Guidance recommends, but does not require, that dentistry workers wear N95 masks when performing those procedures.

The Guidance does require the use of N95 masks any time dentistry workers treat patients who are known to have tested positive for COVID-19 or who are suspected of having COVID-19. Pre-screening patients for symptoms of COVID-19, by phone and/or upon arrival for treatment, increases the likelihood those with COVID-19 symptoms will not be seen and treated. Of course, it's important to keep in mind some people with COVID-19 remain asymptomatic.

- Guidance is not regulation
- Recommendations and mandatory health standards
- Assist employers to provide safe workplace
- Free from recognized hazards likely to cause death or harm

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

OSHA COVID-19 Dentistry Employees

Who Says Dentistry is "High Risk"?

Dentistry work tasks associated with exposure risk levels

Lower (caution)	Medium	High	Very High
<ul style="list-style-type: none">Performing administrative duties in non-public areas of dentistry facilities, away from other staff members. <p>Note: For activities in the lower (caution) risk category, OSHA's Interim Guidance for Workers and Employers of Workers at Lower Risk of Exposure may be most appropriate.</p>	<ul style="list-style-type: none">Providing urgent or emergency dental care, not involving aerosol-generating procedures, to well patients (i.e., to members of the general public who are not known or suspected COVID-19 patients).Working at busy staff work areas within a dentistry facility.	<ul style="list-style-type: none">Entering a known or suspected COVID-19 patient's room or care area.Providing emergency dental care, not involving aerosol-generating procedures, to a known or suspected COVID-19 patient.Performing aerosol-generating procedures on well patients.	<ul style="list-style-type: none">Performing aerosol-generating procedures on known or suspected COVID-19 patients.Collecting or handling specimens from known or suspected COVID-19 patients.


What about the status
of community spread of
COVID-19?

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

ADA: COVID-19 State Mandates & Recommendations

All States are Open for Dentistry

State Mandates and Recommendations on COVID-19



States Open for Elective Procedures
53

Instructions: To view the latest state-by-state updates on procedure requirements and/or restrictions for dentists, click a state above or select a state from the dropdown filter.

Select a State
Alaska

Alaska
610 Total Cases per the CDC as of June 12, 2020
Information below last updated June 3, 2020.

State Governor / Department of Health Mandate for Dentistry
Summary
Reopened for low risk routine type services as of April 20 and elective surgeries and non-urgent needs including aerosol generating procedures as of May 4

Order
On April 21, Health Mandate 015 was issued by Gov. Dunleavy and the State of Alaska. Mandate 015 will go into effect in phases, with Section II going into effect April 20, 2020 and Section IV going into effect May 4, 2020 (dentistry); however, the State of Alaska reserves the right to amend the Mandate at any time.

Section I. Delivery of Routine Health Care Services. Section I goes into effect April 20, 2020. a. Health care facilities and providers defined in statute, and listed in Section IV (includes dentists), will be able to resume low-risk, routine-type services which require minimal protective equipment by complying with the requirements listed in I. through viii. below. This section is intended to apply to services that do not require special or invasive procedures – examples include, but are not limited to, annual physical examinations, prenatal appointments, and routine dental cleanings.

Section II. Provision for Resuming Non-Urgent/Non-Emergent Elective Surgeries and Procedures going into effect May 4, 2020.

State Dental Society
Summary
Aligned with state except regarding required COVID testing

Recommendation
Gov. Dunleavy has said that Alaskans can schedule elective surgeries on or after May 4 and visit their doctors for non-urgent needs with proper Covid testing (this includes elective aerosol generating procedures). Non aerosol generating procedures opened April 20.

Sources for Alaska
State Government Sources
<https://covid19.alaska.gov/health-mandates/>

Dental Society Sources
<https://www.akdental.org/>

Dental Board Sources
<https://covid19.alaska.gov/wp-content/uploads/2020/05/MANDATE-015-A.pdf>

Licensure Sources
<https://aws.state.ak.us/OnlinePublicNotices/Notices/View.aspx?id=198237>
<https://www.commerce.alaska.gov/web/portals/5/pub/DEN.Reg-0520.pdf>

Visit the [Dental Licensure by State Map](#) to see information about initial licensure, continuing education requirements, licensure by credential or specialty licensure information.

- Status of COVID-19
- Governor/DOH
- Dentistry Mandates
- Written Order
- State Dental Society
- Dental Board
- Licensure Updates

https://success.ada.org/en/practice-management/patients/covid-19-state-mandates-and-recommendations?utm_source=adaorg&utm_medium=covid-resources-lp&utm_content=stateaction&utm_campaign=covid-19&ga=2.229803100.1789813472.1586180884-546057196.1551986459

Guidance on Emergency, Urgent, Elective Procedures

Emergency Procedure Definitions in State Orders and Directives

State	Definition or Criteria
Alabama	<p>State Health Officer Order: "Emergency medical condition" is defined as a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain, psychiatric disturbances, and/or symptoms of substance abuse) such that the absence of immediate medical attention could reasonably be expected by a person's licensed medical provider to result in placing the health of the person in serious jeopardy or causing serious impairment to bodily functions or serious dysfunction of bodily organs."</p> <p>Board of Dental Examiners guidance: Urgent care includes any patient needs that are urgent, such as:</p> <ul style="list-style-type: none"> Dental pain (including chronic ulcerative mucosal disease management) Swelling of gums, face or neck Signs of infection, such as a draining site Trauma to face, jaw or teeth, including fractures Pre- and post-transplant, radiation or bisphosphonate patients with oral symptoms (evaluate by telephone screening first) Pre-transplant evaluations Referrals made by physicians or other healthcare providers Potential malignancy Broken tooth Ill-fitting denture Final crown/bridge cementation if the temporary restoration has broken, is lost or is causing gingival irritation
Alaska	<p>From Executive Order: "Defined by the ADA as 'health care related to relief of severe dental/oral pain and infection management.'"</p>
Arizona	<p>From Executive Order: "Means a surgery than can be delayed without undue risk to the current or future health of a patient. A licensed medical professional shall use their best medical judgment in determining whether a surgery is non-essential or elective. In making that decision, the medical professional shall consider the health and age of the patient, especially given the risks of concurrent COVID-19 infection during recovery and the urgency of the surgery. A surgery should not be deemed non-essential or elective if it would threaten the patient's life, threaten permanent dysfunction or impairment of any body part, risk metastasis or progression of staging, or require the patient to remain hospitalized if the surgery was delayed."</p> <p>Arizona State Board of Dental Examiners references the ADA's "What Constitutes a Dental Emergency?"</p>

Updated 4-3-20



What Constitutes a Dental Emergency?

The ADA recognizes that state governments and state dental associations may be best positioned to recommend to the dentists in their regions the amount of time to keep their offices closed to all but emergency care. This is fluid situation and those closest to the issue may best understand the local challenges being faced.

DENTAL EMERGENCY

This guidance may change as the COVID-19 pandemic progresses. Dentists should use their professional judgment in determining a patient's need for urgent or emergency care.

Dental emergencies are potentially life threatening and require immediate treatment to stop ongoing tissue bleeding, alleviate severe pain or infection, and include:

- Uncontrolled bleeding
- Cellulitis or a diffuse soft tissue bacterial infection with intra-oral or extra-oral swelling that potentially compromise the patient's airway
- Trauma involving facial bones, potentially compromising the patient's airway

Urgent dental care focuses on the management of conditions that require immediate attention **to relieve severe pain and/or risk of infection and to alleviate the burden on hospital emergency departments. These should be treated as minimally invasively as possible.**

- Severe dental pain from pulpal inflammation
- Pericoronitis or third-molar pain
- Surgical post-operative osteitis, dry socket dressing changes
- Abscess, or localized bacterial infection resulting in localized pain and swelling
- Tooth fracture resulting in pain or causing soft tissue trauma
- Dental trauma with avulsion/luxation
- Dental treatment required prior to critical medical procedures
- Final crown/bridge cementation if the temporary restoration is lost, broken or causing gingival irritation
- Biopsy of abnormal tissue

Other urgent dental care:

- Extensive dental caries or defective restorations causing pain
- Manage with interim restorative techniques when possible (silver diamine fluoride, glass ionomers)
- Suture removal
- Denture adjustment on radiation/oncology patients
- Denture adjustments or repairs when function impeded
- Replacing temporary filling on endo access openings in patients experiencing pain
- Snipping or adjustment of an orthodontic wire or appliances piercing or ulcerating the oral mucosa

DENTAL NON EMERGENCY PROCEDURES

Routine or non-urgent dental procedures includes but are not limited to:

- Initial or periodic oral examinations and recall visits, including routine radiographs
- Routine dental cleaning and preventive therapies
- Orthodontic procedures other than those to address acute issues (e.g. pain, infection, trauma) or other issues critically necessary to prevent harm to the patient

- Extraction of asymptomatic teeth
- Restorative dentistry including treatment of asymptomatic carious lesions
- Aesthetic dental procedures

Updated 3/31/20

FOR THE LATEST UPDATES, VISIT [ADA.ORG/VIRUS](https://www.ada.org/virus)

https://success.ada.org/~media/CPS/Files/Open%20Files/ADA_COVID19_Dental_Emergency_DDS.pdf

State Clarifying Guidance: Aligned with EBG & Professional Organizations

- Emergency vs. Elective

- AAOMS Guide

- State by State

- Timelines

- Urgent, Non-Urgent

- Symptoms

- Presence of Disease

- ADA Guide

- Emergency

- Urgent

- Routine

- Non-Urgent



State Clarifying Guidance: Aligned with EBG & Professional Organizations

Seek guidance from the State Dental Board & Local Dental Society

CoPs and CfCs



- Mar 18, 2020: CMS Releases Recommendations on Adult Elective Surgeries, Non-Essential Medical, Surgical, and Dental Procedures During COVID-19 Response

<https://www.cms.gov/newsroom/press-releases/cms-releases-recommendations-adult-elective-surgeries-non-essential-medical-surgical-and-dental>

- Apr 19, 2020: CMS issues recommendation to Re-Open Health Care Systems in Areas with Low Incidence of COVID-19

<https://www.cms.gov/newsroom/press-releases/cms-issues-recommendations-re-open-health-care-systems-areas-low-incidence-covid-19>

Clarifying Guidance

- CoPs and CfCs apply to hospitals with deemed status
- Not applicable to dentistry
- Some accreditation standards MAY stem from CoPs and CfCs
- May impact accredited dental practices

Manufacturers' Instructions for Use (IFU)

Take Another Look

- Reviewed and approved by FDA
- Often overlooked or not included in clinic policy
- Always follow the IFU
- COVID-19
 - Coronavirus easily killed by most disinfectants
 - EPA disinfectants for COVID-19



Staff and clinical safety depend on compliance with IFU!

<https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2-covid-19>

- Variability between products
- Contact time

Evidence Based Guidelines and National Standards

- CDC Guidance
 - Infection Control Dental (2003)
 - Basic Expectations for Safe Care (2016)
 - CDC Guidance Sterilization (2008)
- COVID-19:
 - Interim Guidance for Dental Settings
 - Updated June 17, 2020



Consensus Documents & Resources

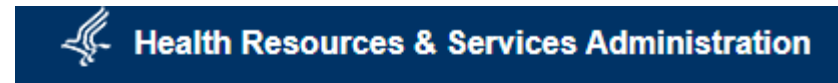
Updated Often, Check for New Releases

- American Dental Association
 - Return to Work Toolkit June 9, 2020
 - Aligned with CDC
- Academy of General Dentistry COVID-19 Resources
 - Return to Work Guidance June 15, 2020
 - Regulatory Resources (Uses Hierarchy)
- American Academy of Periodontology
 - Webinar Series
- American Society of Dental Anesthesiologists
 - <https://old.asdahq.org/content/covid-19-pandemic>
- American Dental Hygienists Association
 - Task Force on Return to Work
 - <https://www.adha.org/covid19>
- OSAP
 - Up to date links to consensus documents from all relevant organizations
 - <https://www.osap.org/page/COVID-19>



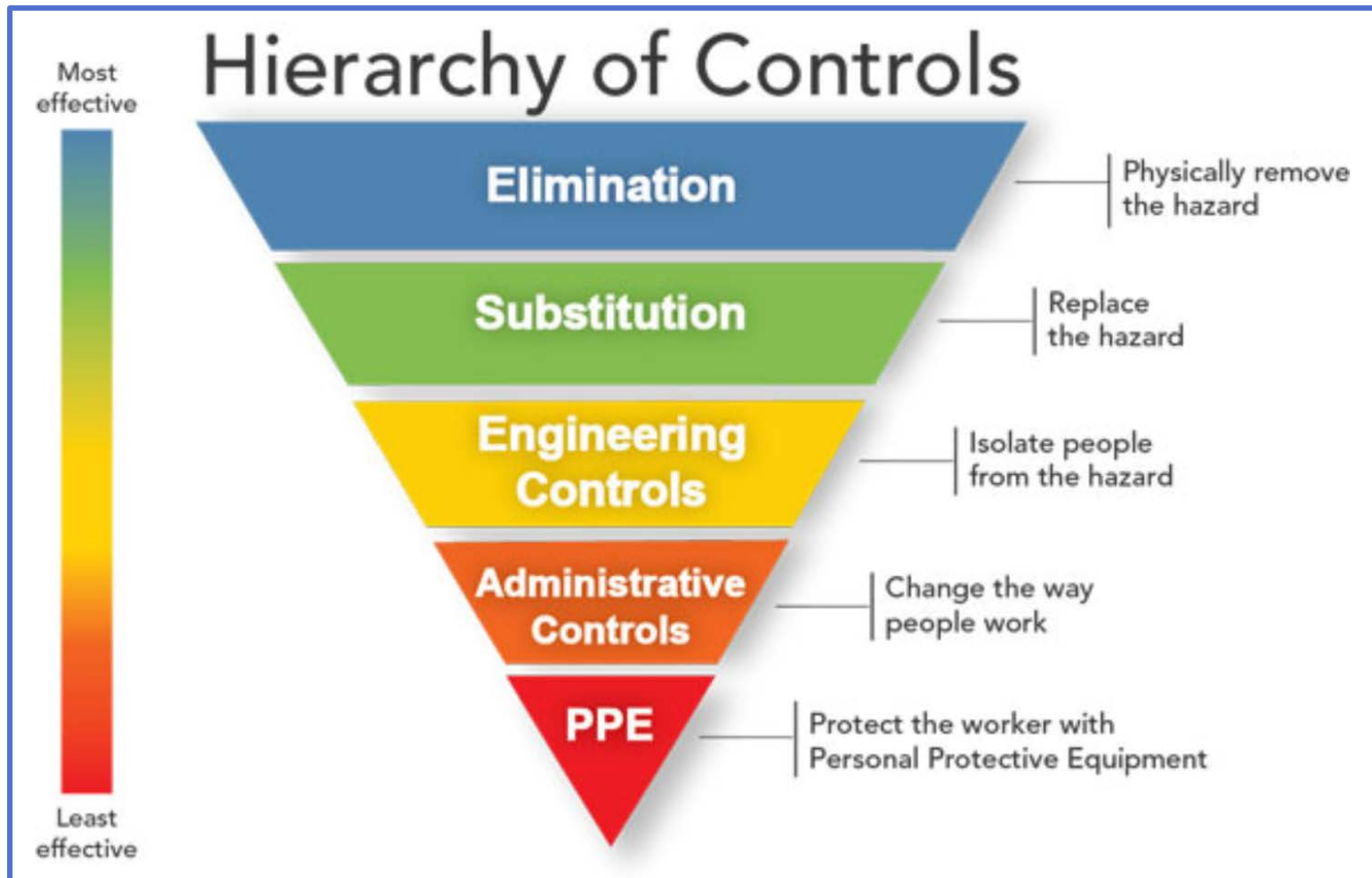
Policies and Procedures

- Organizational Guidelines
 - Recovery Plan
 - Preventive Protocols
 - Team Guidance
- Clinical / Departmental Guidelines
 - Clinical Safety Guide
 - Scheduling
 - Clinical Treatment Techniques/Modifications
- Employee Manual
 - Protocols
 - Policies
 - Procedures



Strategies to Eliminate Risk

Strategies to Stop Transmission



<https://www.cdc.gov/niosh/topics/hierarchy/default.html>

Hierarchy of Controls: Defined

Elimination:

Physically remove the hazard

- Pre-appointment screening prior to and upon arrival

Substitution:

Replace a high risk procedures with a lower risk procedures

- Hand scale for dental cleanings
- Teledentistry

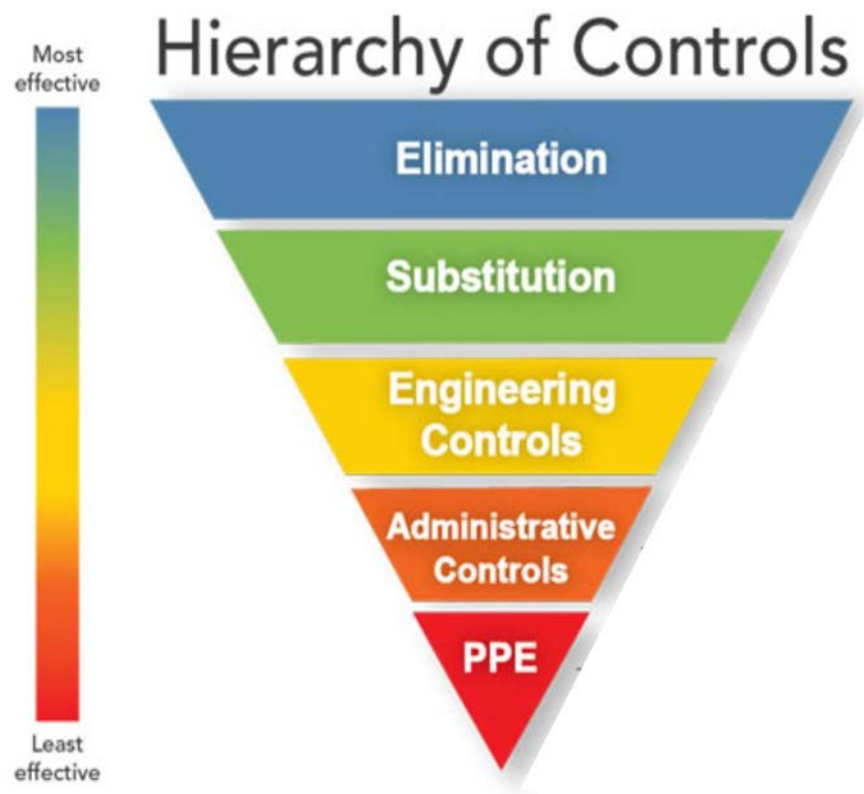
Administrative Controls:

Policy and Procedures

- Temperature checks
- Training/education/competency

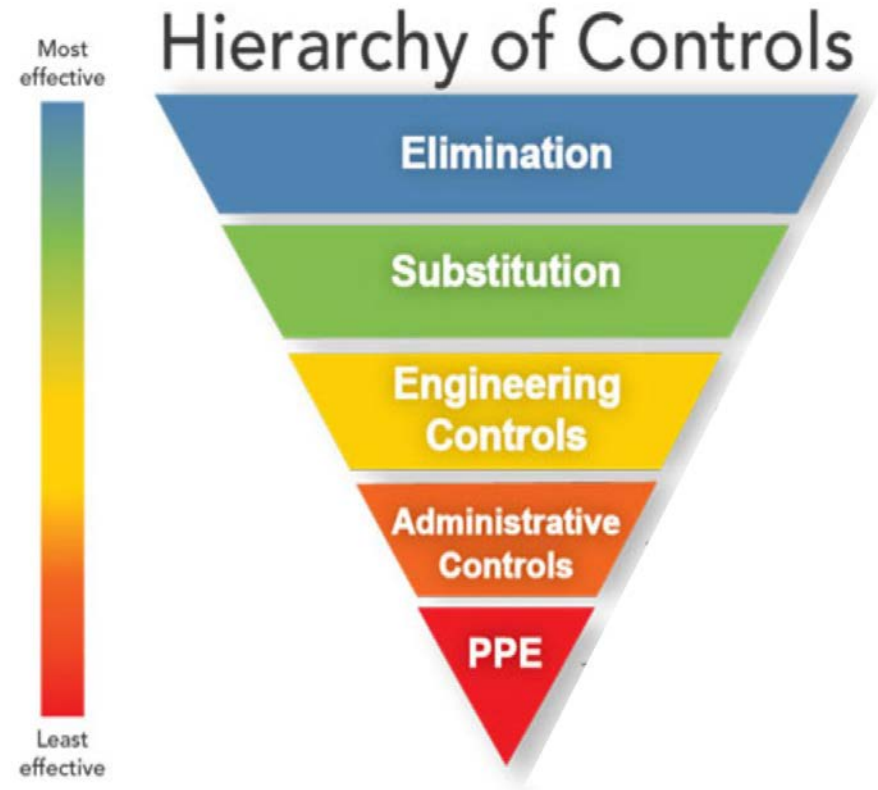
Hierarchy of Controls - Engineering

- Operate HVAC in fan mode
- HVAC filter: Consider upgrading the filtration at the HVAC unit to MERV 13 or MERV 14 if possible.



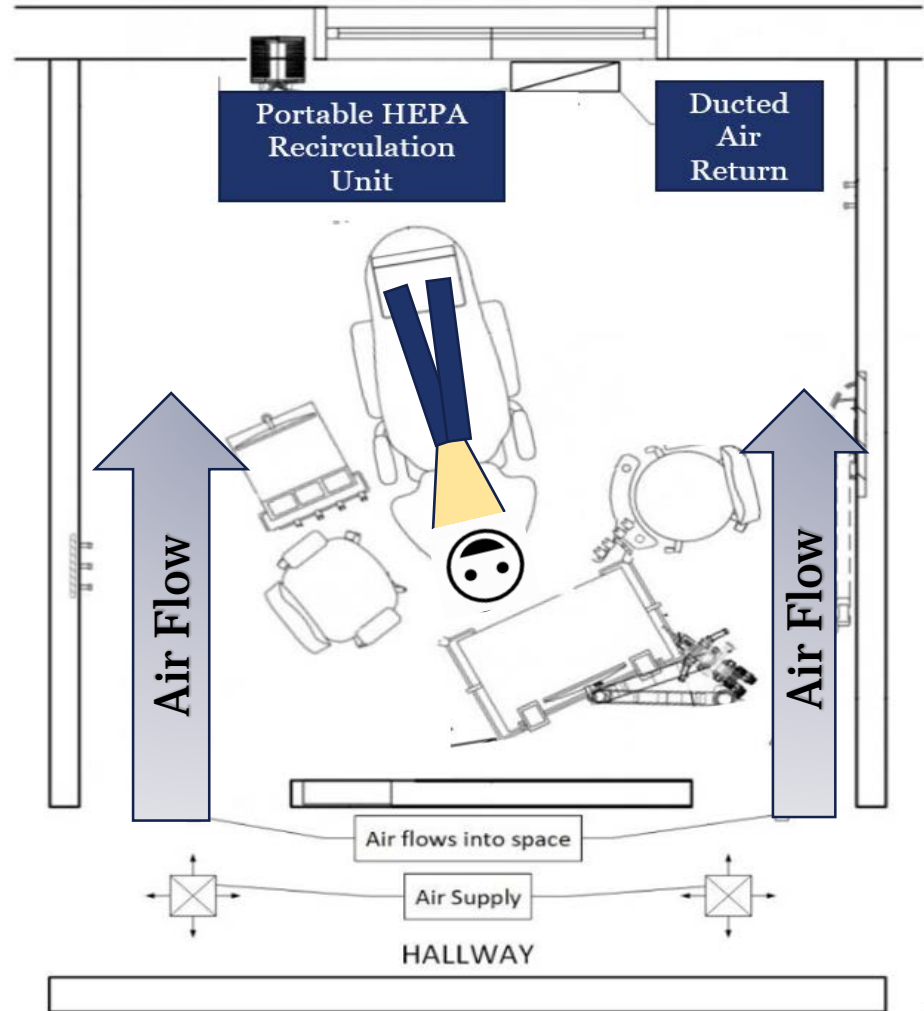
Hierarchy of Controls - Engineering

- Evaluate whether dental vacuum can operate in continuous suction.
- Utilize portable HEPA unit.



Hierarchy of Controls - Engineering

- The HVAC supply is oriented towards the entrance of the room
- The return is at the rear of the room
- The HEPA filter is at the rear of the room



Graphic Modified from CDC/NIOSH

Hierarchy of Controls - **Engineering**

- Portable room dividers
- Adjustable heights available



Personal Protective Equipment: PPE

**Increased
Demand**

**Limited
Resources**

COVID-19
patients

Aerosol
generating
procedures

Additional users
of PPE

Dwindling stock


Limited
supplies/suppliers



PPE Burn Rate Calculator

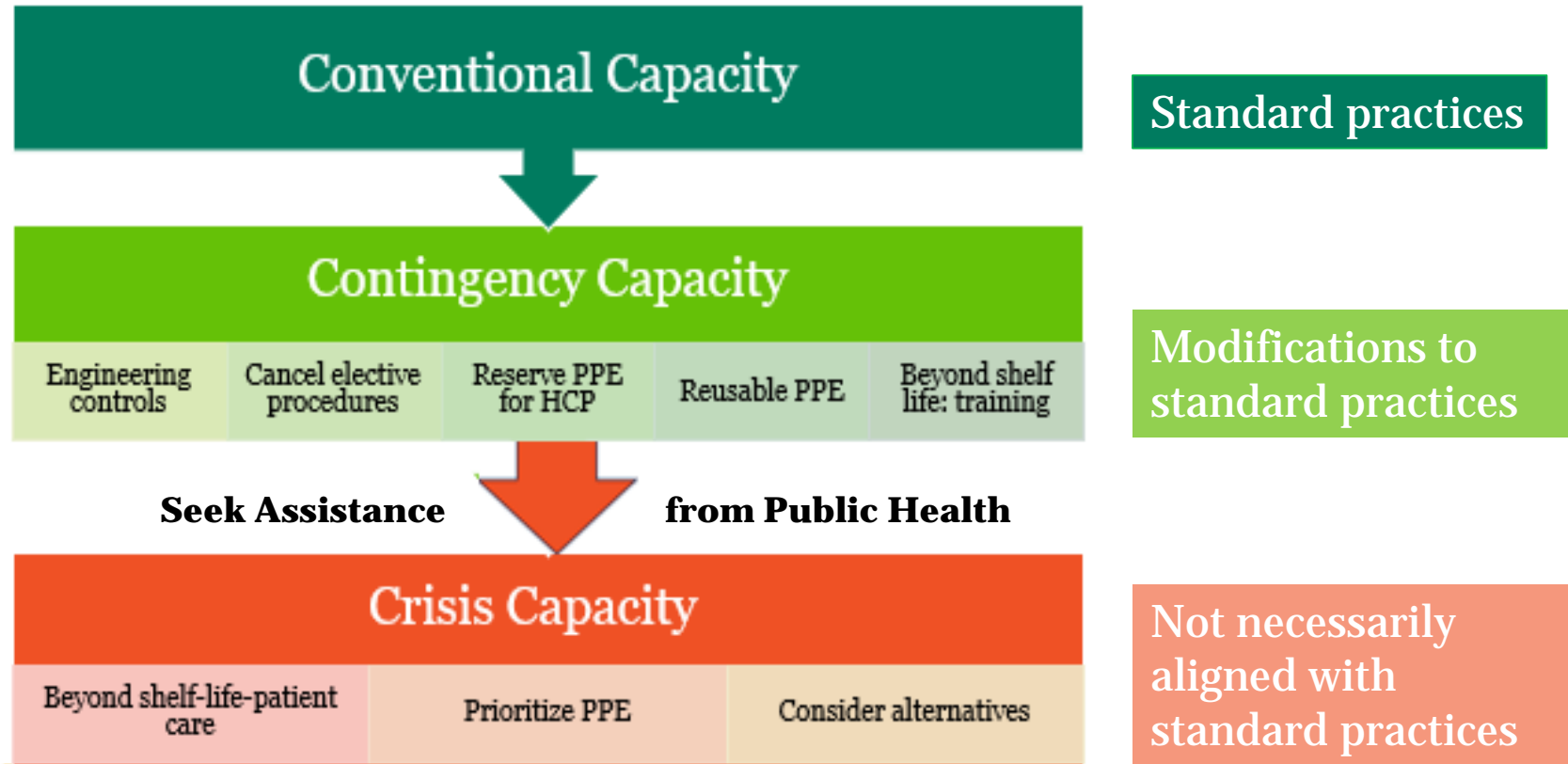
- The rate of supply use depends on multiple factors including
 - Number of patients
 - Number of staff
 - Processes organizations put in place to conserve supplies
 - Increases in production and distribution

PPE Burn Rate Calculator

[Personal Protective Equipment Burn Rate Calculator](#)  [3 sheets]

This spreadsheet can help healthcare facilities plan and optimize the use of personal protective equipment (PPE) for response to coronavirus disease 2019 (COVID-19). [Get the Instructions](#)

CDC: Personal Protective Equipment Optimization Strategy



Extended Use: Masks and Respirators

What does it mean?

- Using same mask or respirator
- Between patients
- Without removing mask/respirator

How do I operationalize?

- Consult with IP and HD.
- Train/education staff.

What precautions do I need to address?

- Discard mask if soiled, damaged or difficult to breathe.
- Hand hygiene after adjustment.
- Leave care area if remove mask

Limited Re-Use: Mask and Respirator

What Does it mean?

- Same mask/respirator
- Multiple encounters with different patients
- Remove after each encounter

How do I operationalize?

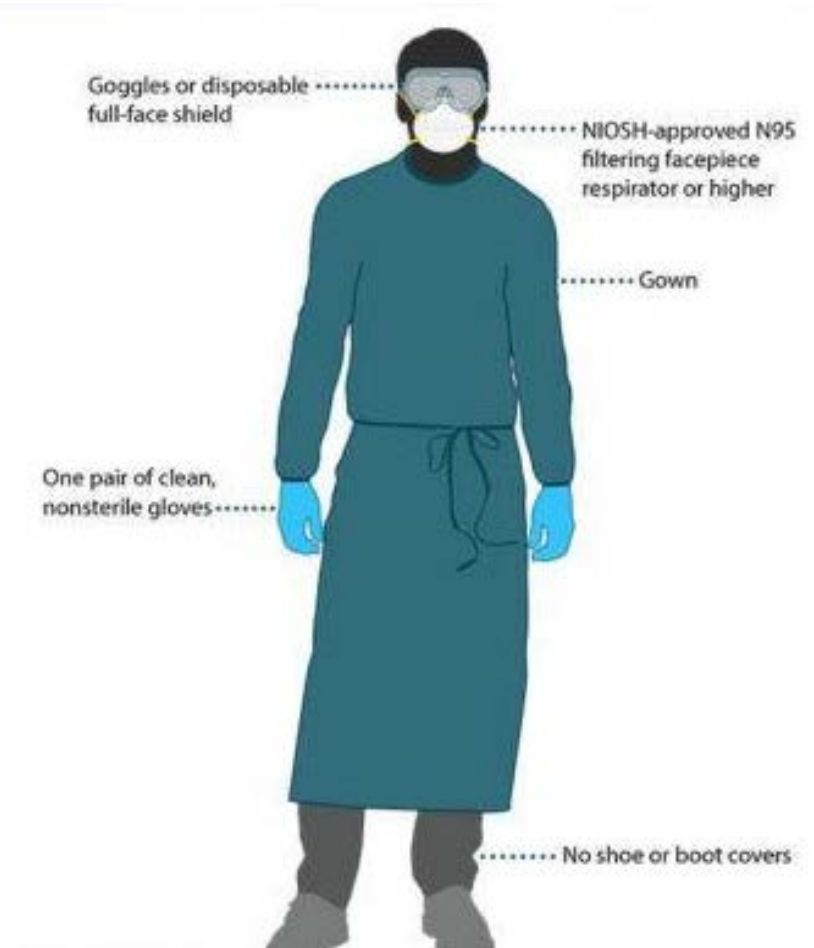
- Assumptions to consider prior to implementing

What precautions do I need to take?

- Remove and discard if soiled, damaged or difficult to breathe
- Follow IFU for number of reuses
- Store to protect from contamination
- Identify staff member on storage

Example: Proper Donning Re-usable N95

- Hand hygiene
- Don gown (if applicable) and gloves
- Remove mask from storage container: check integrity
- Don mask/N95: Seal test (N95)
- Remove gloves, hand hygiene
- Don new gloves
- Don eye protection/faceshield



Example: Proper Doffing Re-usable Respirator

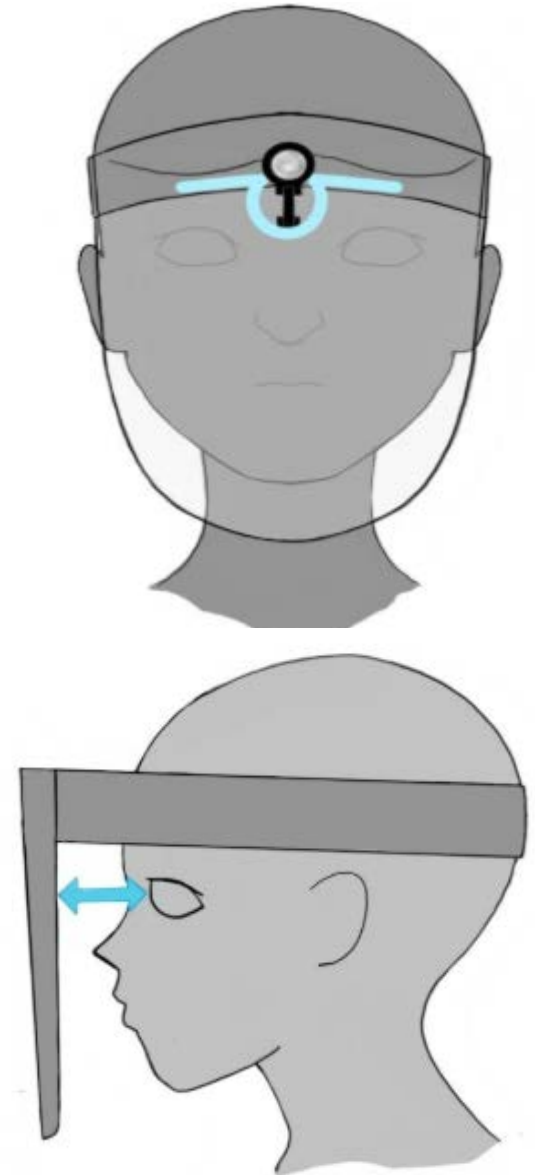
- Remove gloves and gown (if applicable)
- Hand Hygiene
 - don gloves
- Remove and clean eye protection
- Remove gloves
 - Hand hygiene
- Remove mask/ N95
 - Hand hygiene
- Place supplies in designated storage



Dentistry Specific Face Shield: Protect the N95!

- Mask over N95
- Faceshield over N95:
Accommodates the use of light and loupes
- Facilitates droplet protection of N95 mask during AGP allowing for extended use or reprocessing
- Follow Manufacturer's IFU to clean or dispose of shield after each use

NIOSH Blog <https://blogs.cdc.gov/niosh-science-blog/2020/06/16/covering-n95s/>



Decontamination and Reuse of Filtering Facepiece Respirators using Contingency and Crisis Capacity Strategies

Disposable filtering facepiece respirators (FFRs) are not approved for routine decontamination and reuse as standard of care. However, FFR decontamination and reuse may need to be considered as a crisis capacity strategy to ensure continued availability. Based on the limited research available, ultraviolet germicidal irradiation, vaporous hydrogen peroxide, and moist heat showed the most promise as potential methods to decontaminate FFRs. This document summarizes research about decontamination of FFRs before reuse.

N95 Respiratory Reprocessing

- Filtration performance
- Retain fit characteristics
- Maintain safety for wearer

Acceptable Strategy

- Crisis respiratory capacity
- Not suitable respirators for AGPs

Consult manufacturer

- Ultraviolet germicidal irradiation
- Vaporous hydrogen peroxide
- Moist heat



Types of Air-Purifying Respirators



Filtering Facepiece Respirator (N95 or higher mask)

Disposable
Covers nose and mouth
Filters air particles
Fit testing required



Elastomeric Half/Full Facepiece Respirator

Reusable device
Requires cartridges or filter
Requires fit testing
May be disinfected
Full provides eye protection



Powered Air-Purifying Respirator (PAPR)

Reusable device
Battery operated
Provides eye protection
Loose- fitting (no fit testing)
Tight-fitting (requires fit testing)

<https://www.cdc.gov/niosh/npptl/images/infographics/FY17N95infographicWhatAre.jpg>

OSHA Guidance Well vs COVID-19 Patients

Establishing a Respiratory Protection Program

Well patients	
<i>Dental procedures not involving aerosol-generating procedures</i>	<i>Dental procedures that may or are known to generate aerosols</i>
<ul style="list-style-type: none">▪ Work clothing, such as scrubs, lab coat, and/or smock, or a gown▪ Gloves▪ Eye protection (e.g., goggles, face shield)▪ Face mask (e.g., surgical mask)	<ul style="list-style-type: none">▪ Gloves▪ Gown▪ Eye protection (e.g., goggles, face shield)▪ NIOSH-certified, disposable N95 filtering facepiece respirator or better*

OSHA Guidance Well vs COVID-19 Patients

Establishing a Respiratory Protection Program

Patients with suspected or confirmed COVID-19

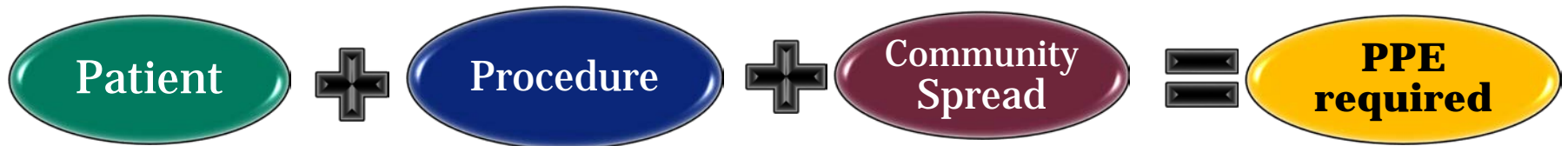
Dental procedures not involving aerosol-generating procedures

- Gloves
- Gown
- Eye protection (e.g., goggles, face shield)
- NIOSH-certified, disposable N95 filtering facepiece respirator or better*

Dental procedures that may or are known to generate aerosols

- Gloves
- Gown
- Eye protection (e.g., goggles, face shield)
- NIOSH-certified, disposable N95 filtering facepiece respirator or better*

PPE Selection: Risk= Resources Needed



COVID-19 Patient?	Aerosol Generating Procedure?	Spread of COVID in community?	Type of PPE
Yes	Yes	Any level	FFR, face/eye protection, gloves, gown
Yes	No	N/A	FFR or mask, face/eye protection, gown, gloves
No/ Unknown	Yes	Any level	FFR and face/eye protection, gloves, gown
No/Unknown	No	Moderate or Substantial	Mask and eye protection *
No/ Unknown	No	Minimal or Limited	Mask or cloth covering (source control) *

Patient Flow: Applying Risk Mitigation Strategies

Prior to Patient Arrival

- Pre-appointment contact
- Triage dental needs
- Health Screening
- Advise patients about new protocols
- Visitor limitations
- Spacing out appointments
- Arrival process
- Request face covering
- Stay home if sick



Facility Considerations

- Limit and monitor points of entry
- Prepare waiting and clinic areas
- Post signage
- Provide supplies for respiratory hygiene and cough etiquette
- Is the air flow optimized and/or HEPA filter in use
- Dental chairs 6 feet apart and physical separation
- Have waterlines been tested & maintained

Upon Patient Arrival

- Assess all patients
 - Fever, cough, shortness of breath?
 - Take temperature
 - Face covering
- Waiting in appropriate area
- If COVID-19 Symptoms (+)
 - Make sure patient is masked
 - Send home, ER, or 911

Providing Care

- One patient at a time when possible
- Limited staff present
- Masks on all staff
- Adequate supplies available in the operator
- Avoid AGPs, if possible
- During AGPs:
 - 4-handed dentistry
 - 4-handed hygiene
 - High evacuation suction
 - Dental dams

After Dental Treatment

- Advise patient to inform the facility if they become ill with respiratory or COVID-19 symptoms within 48 hours
- Proper handling of PPE



After Dental Treatment

- Remove and replace any barrier protection
- Disinfection products must be on the EPA N list
- Clean and disinfect the room and equipment according to the CDC Guidelines for Infection Control in Dental Health-Care Settings—2003

Summary

- Infection Prevention Hierarchy
- OSHA/CDC Hierarchy of Controls
- PPE strategies
- Follow a methodical step by step approach for addressing risk to staff and patients

Questions?

- Use the Standards Interpretation Site

<https://web.jointcommission.org/sigsubmission/sigquestionform.aspx>