**COVID-19 Office Policies and Procedures**

***Waiting Room:***

Hand sanitation station will be near magazine rack. It will include:

* Thermometer
* Hand sanitizer
* Tissues
* Trash can
* Masks
* Wipes
* Gloves

Only the patient will be allowed in waiting area. One guardian will be allowed if the patient is a minor. A translator is also allowed if necessary.

Remove all toys, reading materials.

Disinfect area after patient is escorted into treatment area. All areas should be disinfected using *Optim* wipes. This includes chairs, door handles, and any other surfaces.

***Patients:***

Considering that patients who are asymptomatic may still be COVID-19 infectious, **it should be assumed that all patients can transmit disease**.

Pre-Appointment:

All patients will be screened 2 days before their appointment.

Use the provided Pre-Appointment Screening phone script for instructions.

COVID-19 Screening (form) should be completed during the phone call.

COVID-19 Checklist (form) should be completed for each patient. This will be the easiest way to track that all pre-appointment requirements are completed.

Treatment for patients who have symptoms of COVID-19 or potential exposure to COVID-19 should be postponed. If the patient has a dental emergency – speak with the doctor and we will make proper arrangements for the patient.

Arrival:

Patient will call from their car when they arrive at the office. Review the COVID-19 questionnaire again with the patient over the phone. Find out the make/color of the car and provide the patient with a mask in their car (weather permitting) if they do not have one with them. Take their temperature in their car (weather permitting).

If patient temperature is 100.4F or higher. DO NOT bring patient into office.

When the operatory is ready, instruct the patient to come into the office.

When the patient enters the waiting room: ask the patient to sanitize their hands. Make sure the patient has a mask on.

Post Op:

Instruct patients to contact the office if they experience COVID-19 symptoms within 14 days after dental appointment.

Treatment for COVID-19 Patients:

Patients with ACTIVE COVID-19 that need to be seen MUST be seen in a hospital setting.

Patients with COVID-19 who have [ended home isolation](https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html)can receive emergency dental care. This is decided using two strategies: a non-test-based strategy and a test-based-strategy:

* Non-test-based-strategy: At least 3 days (72 hours) have passed since recovery (resolution of fever without the use of fever-reducing medications **and** improvement in respiratory symptoms such as cough or shortness of breath), **and** at least 7 days have passed since symptoms first appeared.
* Test-based-strategy:
	+ Persons who have COVID-19 who have symptoms: Resolution of fever without the use of fever-reducing medications **and** improvement in respiratory symptoms (cough, shortness of breath) **and** negative results of an FDA Emergency Use Authorized molecular assay for COVID-19 from at least two consecutive nasopharyngeal swab specimens collected ≥24 hours apart[[ 4 ]](https://www.cdc.gov/coronavirus/2019-ncov/hcp/dental-settings.html#note4) (total of two negative specimens).
	+ Persons with laboratory-confirmed COVID-19 who have not had any symptoms: At least 7 days have passed since the date of the first positive COVID-19 diagnostic test and have had no subsequent illness.

***Chairside:***

Limit paperwork

Only the patient should be brought into the operatory. Exceptions: guardian of a minor, translator, service animal. A mask and face shield must be worn by anyone that accompanies the patient in the operatory. Use the face shields that do not have padding for these guests since they are easier to disinfect.

Team members should avoid leaving the treatment room as much as possible. Whenever possible, make use of intra-office communication options (Spark and walkie talkies) to avoid leaving the room.

Patient should complete 1.5% hydrogen peroxide rinse (when possible) for 60 seconds before treatment begins. Rinse will be poured into cup outside of the treatment area and provided to the patient in the operatory. Patient can spit the rinse back into the provided cup. Suction rinse out of cup and throw away cup.

Avoid aerosol generating procedures if possible.

Aerosol generating procedures:

 Use: 4-handed dentistry, HVE, rubber dam whenever possible.

Hygiene:

 If N95 is not available: Hand-scale only. No rubber cup polish or ultrasonic.

If N95 is available: MUST have assistant providing HVE suction when using ultrasonic.

Prefer hand scaling over ultrasonic scaling when possible. Make sure to look ahead at the schedule so that we can make sure an assistant is available when you need them. Be prepared at morning huddle.

Nitrous:

Continue with our current office procedures: Dispose of nasal hood and sterilize tubing between each use.

HEPA Filters:

 Turn on in each operatory at the start of the day.

 Leave on throughout the day.

End of day: turn to highest setting and put on 1 hour timer. After 1 hour the purifier will turn off on its own.

Doors/curtains to operatories should be kept closed during treatment.

**Other:**

Pens will be disinfected each time they are used. Disinfected pens will be kept in cups marked “new.” Patients and staff will be instructed to place a pen in a cup marked “used.” Do not leave pens out on counters.

Countertops in ALL areas should be kept as free of items as possible. Only have out what you need.

Scheduling:

Appointments will be scheduled at a staggered time. Appointment start times every 15 minutes should allow for proper social distancing.

Hygienists should evaluate their schedule for need for ultrasonic ahead of time. If this is necessary for treatment and N95 respirator is not available, reschedule patient.

***Employees:***

Upon entry of the office:

-Surgical masks will be available and should be put on as soon as you enter.

-Sanitize hands.

-A designated staff person (most likely the Dr.) will be there to meet all staff as they enter and take each team member’s temperature and screen for COVID-19 symptoms. Someone else will take the doctor’s temperature, screen for COVID-19 symptoms and record it.

-Temperatures will be taken each time a staff member enters the building (i.e. start of day, when returning from lunch) and at the end of the work day.

-Temperatures will be recorded on the Staff COVID-19 Screening Form

-If an employee’s temperature measures 100.4 F or higher that employee will be immediately sent home and asked to contact their healthcare provider.

Employees are expected to wash their hands frequently as well as use hand sanitizer.

If you are exhibiting any symptoms, \*please stay home\*

If a team member is sick, tests positive for COVID-19, or is caring for an individual that tested positive for COVID-19, the employee should not report to work.

Lunch/breaks: proper social distancing should be followed. This may require some team members to eat in their car or use the private front office to eat. I appreciate your understanding during this time.

Hand Hygiene

 When entering the office

 Before and after any contact with patients

 After contact with contaminated surfaces or potentially infectious material

 Donning and doffing PPE

 Before and after touching or adjusting your face mask

 After removing gloves

 Any time!

 If hands are visibly soiled soap and water must be used for at least 20 seconds.

Otherwise, alcohol-based hand rub can be used.

***PPE:***

**\*\***Face mask to be worn by staff at all times.

Uniforms: Must be kept at the office and laundered at the office. Change into uniforms when you arrive for work. Staff should change out of uniforms at lunch time, or any time you are leaving the office. Shoes are to be kept in the office. \**New gown must be worn for every patient. (\*this is the addition to old policy)*

Donning of PPE should be completed before entering an operatory and doffing after exiting the operatory.

\*\*Gloves should be put on before starting patient treatment and removed before leaving the operatory.

Front Desk:

 Face mask

 Face shield

When behind plexiglass barrier (at check in or check out) – face shield is not required

Patient Contact – No Hands-On Treatment:

Surgical mask

Face shield

 Disinfect between every patient

Patient Treatment:

 Face shield

 Disinfect between every patient

Gown

Gown is changed between every patient. Place gown in biohazard laundry bins when finished with patient.

Surgical cap – cloth or disposable

Eye Protection (loupes or safety glasses)

Mask

 Respirator (N95) strongly recommended with surgical Type III mask over the top.

 If N95 not available: Level 3 surgical mask.

 \*Reminder for hygiene procedures: No N95? No rubber cup polish or ultrasonic.

Cleaning an Operatory:

 Surgical mask

Recommend keeping surgical mask on over N95 when you are finished with the patient and continue cleaning

 Face shield

 Eye protection

 Jacket

Sterilization Area:

 Surgical mask

 Eye protection

 Face shield

 Gloves (when processing instruments)

Laundry:

Surgical mask

 Eye protection

 Gloves

 Curtain should be kept covering uniform storage area when uniforms are not being

accessed in order to prevent contamination of clean uniforms.

N95 Masks:

Lipstick and makeup will contaminate the mask and decrease protection. It is important that you

do not wear makeup or lip products.

Use a pair of clean gloves when donning and performing the user seal check. The seal check

should be completed every time the respirator mask is put on. <https://www.youtube.com/watch?v=pGXiUyAoEd8>

Until N95 masks are readily available, follow these procedures for safe reuse:

Each mask user will mark their name on the elastic of their mask

Masks will be kept in a brown paper bag at the end of the day. The bag should be

labelled with your name.

Each time you wear the mask, write the date and number of hours of respirator wear

time on that bag. After 48 hours of use the mask will be discarded. It should be discarded sooner if it becomes stained or compromised.

 Masks will be rotated so that the mask is worn no more than every 72 hours.

Avoid touching the inside of the respirator.







