Recommended Rhode Island Dental Office Opening Protocols

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Introduction

Following the guidance of the American Dental Association (ADA) and the Centers for Disease Control and Prevention (CDC), The Rhode Island Department of Health (RIDOH) recommended on March 24, 2020 that dentists restrict their practices to all but urgent and emergent care until April 6. This recommendation was later extended until May 1 at the earliest. The intent of the recommendation was to help mitigate the spread of the 2019 Novel Coronavirus, observe social distancing, and conserve essential personal protective equipment (PPE) for frontline healthcare workers. Dental treatment was limited to urgent and emergent dental care with the goal of avoiding overburdening hospital emergency departments.

As Rhode Island dental practices begin to plan for reopening, the Rhode Island Dental Association (RIDA) believes that dentists should exercise professional judgement and carefully consider the availability of appropriate PPE to minimize the risk of virus transmission. The American Dental Association is communicating with the Federal Emergency Management Agency (FEMA), other federal agencies, and relevant organizations to advocate that dentists, as essential healthcare workers and those at a very high risk of exposure, are prioritized for PPE.

As of April 23, 2020, Food and Drug Administration (FDA) approved tests for COVID-19 are not available to dentists in the United States. Dentists should therefore be aware that asymptomatic healthy appearing patients can still transmit COVID-19.

The American Dental Association has developed interim guidance for minimizing the risk of COVID-19 transmission in order to treat urgent and emergent patients during this pandemic. ***Additional guidance from the ADA, CDC, and RIDA will likely be forthcoming.***

The American Dental Association, Rhode Island Dental Association, and all other state dental associations are vigorously lobbying the US Department of Health and Human Services (HHS) to recognize licensed dentists to administer point of service COVID-19 tests.

The longer dental practices remain closed to preventative care and treatment, the more likely the patient's untreated disease will progress, increasing the complexity and cost for dental treatment in the future.

The decision to reopen a dental office or to remain closed, is a decision to be made by each individual practice. The following guidelines were developed to assist dentists in making that decision, as well as to encourage a concerted effort in making the reopening of dental offices the safest environment possible for patients, staff, and dentists. The RIDA presents the following guidelines not as mandates, but as recommendations to aid dental teams in the reopening of their offices.

These guidelines are presented in a phased in approach based on the continuous availability of additional PPE to our dental providers, expanded access to testing, and the behavior of the 2019 Novel Coronavirus.

Guidelines for Reopening Dental Offices Safely During the COVID-19 Pandemic

The Rhode Island Dental Association (RIDA) is recommending that Rhode Island dental practices open on May 1, 2020 and shift from seeing only urgent and emergent cases into Phase I described in this document. The following strict infection control guidelines and office protocols are designed to protect patients, dentists, and members of the dental team during the COVID-19 pandemic. Each individual office shall use its discretion as to when they will begin operating in the Phase I protocol based on their office preparedness and the availability of necessary PPE.

These guidelines have been reviewed and approved by representatives acting on behalf of the Rhode Island Dental Association, Rhode Island Association of Oral and Maxillofacial Surgeons (RIOMS), Rhode Island Dental Hygienist Association (RIDHA), and the Rhode Island Dental Assistants Association (RIDAA). A task force compromised of individual dentists representing the following dental specialties; endodontics, general dentistry, oral surgery, orthodontics, pediatric dentistry, and periodontics, together with representatives of the Rhode Island Dental Hygiene Association and the Rhode Island Dental Assistants Association collectively drafted these recommendations.

Background

Rhode Island dental regulations require dentists and all dental care workers to comply with the evidenced-based guidelines from the Centers for Disease Control and Prevention (CDC). CDC Standard Precautions are the minimum infection control guidelines, regardless of suspected or confirmed infection status of the patient, in any setting where dental care is delivered.

These practices are designed to protect both patients and Dental Health Care Personnel (DHCP) and prevent DHCP from spreading infections among patients. Standard Precautions include:

- Hand hygiene;
- Use of personal protective equipment (i.e., gloves, masks, eyewear);
- Respiratory hygiene/cough etiquette;
- Sharps safety (engineering and work practice controls);
- Safe injection practices (i.e., aseptic technique for parenteral medications);
- Sterile instruments and devices; and
- Clean and disinfected environmental surfaces

CDC Guidelines for Infection Control in Dental Health-Care Settings 2003 (MMWR Vol. 52, No. RR-17)
Summary of Infection Prevention Practices in Dental Settings: Basic Expectation for Safe Care

Mitigating Risk

Dental offices routinely mitigate the risk of infectious disease transmission. According to the CDC, "To date in the United States, clusters of healthcare workers positive for COVID-19 have been identified in hospital settings and long-term care facilities, but no clusters have yet been reported in dental settings or personnel."

Update: As of June 30, 2020, 97% of dental practices are reopened for non-emergency care and no clusters have been reported in dental settings or among dental personnel.

Personal Protective Equipment

Considering that patients who are asymptomatic may still transmit COVID-19, **it should be assumed that all patients can transmit the disease,** absent a negative test prior to rendering treatment. Bear in mind that even with testing there can be false negatives.

Dentists must exercise their independent professional judgement and carefully consider the availability of appropriate PPE to minimize risk of virus transmission. Use the highest level of Personal Protective Equipment (PPE) available when treating patients to reduce the risk of exposure.

American Dental Association: Interim Mask and Face Shield Guidelines
American Dental Association: Understanding Mask Types

Dental Health Care Personnel Considerations

- Prior to reopening, dentists will meet with all staff and present the COVID-19 guidelines and instructions. Dentists will train staff accordingly and answer any questions.
- Remind personnel of strict adherence to hand hygiene including: before and after contact with patients; after contact with contaminated surfaces or equipment; and after removing PPE.
- Encourage all dental health care personnel to receive their seasonal flu vaccine.
- Clothing: If possible, use isolation gowns. Disposable gowns should be discarded in a dedicated waste container after use. Cloth isolation gowns should be laundered after each use. If scrubs are worn, change out of regular clothes and into scrubs at the dental office. Scrubs should be laundered after each use. Staff should consider wearing a separate pair of shoes that do not leave the dental office or wearing surgical shoe coverings when in the office.

Daily DHCP Health Screening

- Take all DHCP temperatures before each workday begins. If below 100.4 degrees, fine. If above 100.4 degrees, staff sent home or referred to a testing center based on answers to the COVID-19 questionnaire. (**updated**)
- If DHCP is sick, tests positive for COVID-19, or is caring for an individual that tests positive for COVID-19, the DHCP should not report to work.
- Follow ADA guidelines regarding if a staff member tests positive.
- Pregnancy: There is limited data currently available regarding susceptibility of COVID-19 and the severity of infection in pregnant women. Pregnant staff are encouraged to consult with their health care provider.

Resources:

ADA: Interim Guidance for Minimizing Risk of COVID-19 Transmission
CDC Hand Hygiene in Healthcare Settings
CDC: Strategies for Optimizing the Supply of PPE and Equipment
CDC: Steps Healthcare Facilities Can Take Now to Prepare for COVID-19
CDC: COVID-19 and Pregnancy
CDC: Characteristics of Health Care Personnel with COVID-19

Updated Resources:

ADA Return to Work Toolkit

Patient Pre-Appointment Screenings and Pre-Treatment Screenings

- Patients should be screened at the time of scheduling their appointment with the COVID-19 questionnaire. Consider asking the patient to take their own temperature at home if possible.
- Consider asking the patient to sign a COVID-19 release form.
- If possible, all forms and paperwork should be filled out online prior to the patient's appointment.
- Positive responses to the COVID-19 questionnaire prior to appointment – refer patient to primary healthcare provider and/or refer for testing. Do not schedule patient for dental treatment.
- If patient reports no symptoms, no possible contact with COVID-19 infected person, no out-of-state travel, and no, schedule patient for dental appointment.

- However, if a patient works in a congregate setting and has been exposed to COVID-19; works in a hospital or other care facility involved in the treatment of COVID-19 positive patients; the dentist is able to order a COVID-19 test for such patient prior to the patient's scheduled appointment if in the dentist's clinical judgement they deem a test appropriate.

- Repeat taking patient's temperature and COVID-19 questionnaire upon patient's arrival at the office and before proceeding with dental appointment.

- Positive responses to the COVID-19 questionnaire – following discussion with the patient if dentist determines a COVID-19 test is clinically appropriate a test should be ordered and appointment for dental treatment should be rescheduled pending test results.
  https://health.ri.gov/publications/guidelines/OrderingCOVID19TestingPriorToDentalProcedures.pdf

- If a patient has a fever that is visibly determined to likely be associated with an urgent dental diagnosis (i.e., pupal and periapical dental pain and intraoral swelling is present), and has no other signs/symptoms of COVID-19 infection (i.e., fever, sore throat, cough, difficulty breathing), they can be seen in dental settings with appropriate protocols and PPE in place.

- As the pandemic progresses, some patients will recover from the COVID-19 infection. It is important to determine when a patient who was diagnosed with the disease is ready to discontinue home isolation. CDC suggests two approaches to determine clearance to abandon quarantine.
  - Time-since-illness-onset and time-since-recovery strategy (non-test-based strategy): Persons with COVID-19 who have symptoms and were directed to care for themselves at home may discontinue home isolation under the following conditions:
    - At least 3 days (72) hours) have passed since recovery defined as resolution of fever without the use of fever-reducing medications and improvement in respiratory symptoms (i.e., cough, 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 and were directed to care for themselves at home may discontinue home isolation under the following conditions:
    - Resolution of fever without the use of fever-reducing medications and,
    - Improvement in respiratory symptoms (i.e., cough, shortness of breath) and,
    - Negative test results of an FDA Emergency Use Authorized molecular assay for COVID-19 from at least two consecutive nasopharyngeal swab specimens collected ≥24 hours apart (total of two negative specimens).

  - Individuals with laboratory-confirmed COVID-19 who have not had any symptoms may discontinue home isolation when at least 7 days have passed

since the date of their first positive COVID-19 diagnostic test and have had no subsequent illness."
    - Trace instructions: instruct patient to contact office if they experience COVID-19 symptoms within 14 days after dental appointment.

- Inform patients of new office protocols **prior** to appointment and provide instructions on:
    - Keeping 6 feet from all other persons when possible,
    - Proper hand hygiene,
    - Proper respiratory hygiene and cough etiquette and,
    - Wearing a cloth mask or face covering to the office, so long as the RIDOH advises to do so.

Resources:

CDC: Interim Infection Prevention and Control Guidance for Dental Settings During the COVID-19 Response
CDC: Interim Clinical Guidance for Management of Patients with Confirmed Coronavirus Disease (COVID-19)

Office Considerations – while social distancing is in effect

- If possible, stagger appointment times to help minimize possible contact between patients in the waiting room.

- If possible, separate patients by 6 feet in the waiting area.

- Depending on office size, patients may need to wait in their personal vehicles or outside the dental office until their appointment.

- Remove all items that cannot be disinfected from the waiting area such as magazines, other paper materials, remote controls, toys, etc. Place barriers to cover high touch items when possible.

- If possible, each individual office should consider team assignments for specific duties (i.e., seating patients, triage, transporting materials and instruments, sterilization, and clinical assisting).

- Prevent patients from bringing companions to their appointment, except for instances where the patient requires assistance (i.e., pediatric patients, people with special needs, elderly patients, etc.). If companions are allowed for patients receiving treatment, they should also be screened for signs and symptoms of COVID-19 during patient check-in and should not be allowed entry into the facility if signs and symptoms are present (i.e., fever, cough, shortness of breath, sore throat). Companions should not be allowed in the

dental office if perceived to be at a high risk of contracting COVID-19 (i.e., having a pre-existing medically compromised condition). Any person accompanying a patient should be prohibited in the dental operatory during procedure.

- If possible, consider having a clear barrier separating front desk staff from patients. Otherwise, try to maintain distance when possible between front desk and patients when conducting office functions such as accepting payments, scheduling future appointments, etc. Perhaps mark the floor with tape.
- Consider placing hand sanitizer in the entry area for patient use.

- Avoid taking patient's paper records into the operatory.

- DHCP should always adhere to Standard Precautions

    - Regular disinfection protocol of the operatory between patients.

    - Disinfect high touch surfaces often including, the waiting area and entry/exit door handles.

    - Provide hand sanitizer throughout the dental office containing at least 60% alcohol.

    - If possible, limit number of staff in operatory with the patient.

    - Dentist should decide patient treatment using independent clinical judgement in context of patient needs and risk. Some risk to DHCP and patient is inherent in all treatment scenarios and varies with level of PPE used when treating patients.

    - Use professional judgement to limit aerosol generating procedures and employ the lowest aerosol generating procedures whenever possible. If possible, hand scale rather than ultrasonic scale. If possible, use high-velocity suction and dental dams to minimize droplet spatter and aerosols. Use extraoral radiographs as an alternative whenever possible.

    - Treating patients at higher-risk: COVID-19 is a new disease and there is limited information regarding risk factors for severe illnesses. If possible, consider separate office hours for patients at higher-risk due to comorbidities or age.

Resources

EPA Disinfectants List N: Disinfectants for Use Against SARS-CoV-2
CDC: Guidelines for Infection Control in Dental Health-Care Settings – 2003
OSHA: Guidance on Preparing Workplaces for COVID-19
CDC: Groups at Higher Risk for Severe Illness

During Dental Care

Standard and Transmission-based Precautions and Personal Protective Equipment (PPE)

- DHCP should adhere to Standard Precautions, which "are the minimum infection prevention practices that apply to all patient care, regardless of suspected or confirmed infection status of the patient, in any setting where healthcare is delivered."

- If available, DHCP should implement Transmission-Based Precautions. "Necessary transmission-based precautions should include patient placement (i.e., isolation), respiratory protection (i.e., N-95 masks or equivalent or best available) for DHCP, or postponement of nonemergency dental procedures."

- For aerosol procedures: Wear a surgical mask (N-95 if available or equivalent or best available) and eye protection with solid side shields or face shield to protect mucous membranes of the eyes, nose, and mouth during procedures likely to generate splashing or splattering (large droplets) of blood or other body fluids. Wear a gown and if available, a head cover.
  Once an aerosol producing procedure is started, every effort should be made to take that procedure to completion. Upon completion disposable PPE should be disposed of within that operatory. PPE that is reusable should be left in the operatory and disinfected along with the operatory or sterilized. Consideration should be given to utilizing two operatories if possible. Disinfect the operatory upon completion of the procedure allowing it to set while the other operatory is in use. Disinfect again before reusing. Hygiene exams should be done between aerosol producing procedures and not during aerosol producing procedures.

- For non-aerosol procedures: Adhere to Standard Precautions.

- "If your mask is damaged soiled, or if breathing through the mask becomes difficult, you should remove the face mask, discard it safely, and replace it with a new one."

Instructions for Donning and Doffing PPE

DHCP should adhere to the standard sequence of donning and doffing PPE. Consideration should be given to posting instructions in the office for staff to review.

Order of Donning PPE

1. Gown
2. Head cover and feet covers if using
3. Mask or respirator

4. Eye protection and face shield
5. Gloves

Order of Doffing PPE

1. Gloves (if double gloving)
2. Face shield and eye protection
3. Gown
4. Head and feet covers
5. Mask
6. Gloves

Hang used respirators in a designated storage area or keep them in a clean breathable container, such as a paper bag, between uses. To minimize cross contamination, store respirators so that they do not touch each other and the person using the respirator is clearly identified. Storage containers should be disposed of or cleaned regularly. Clean hands with soap and water or hand sanitizer before and after touching or adjusting the respirator. Use a pair of clean non-sterile gloves when donning a used N95 respirator and performing a user seal check. Discard gloves after the N95 respirator is donned and any adjustments are made to ensure the respirator is sitting comfortably on your face with a good seal.

N95 Respirator Extended Use Recommendations

To obtain extended use, remember to use a standard surgical mask over N95 respirator while in use if not using a face shield. Discard the surgical mask after every patient.

The Battelle Critical Care Decontamination System™ is available for use by dentists for the decontamination of N95 masks that *do not* contain cellulose and are not soiled. **See Battelle CCDS™ in Addendum*

Updated Resources:

ADA Conducting Respirator Fit Tests and Seal Checks

CDC PPE Burn Rate Calculator

Phase I – Expansion of Necessary Dental Treatment: Procedures That Cannot Be Postponed (May 2020)

- During this phase minimal testing is available
- Office protocols would be similar to those already in use to treat dental emergencies such as: including possible alternative check-in and check-out procedures to avoid prolonged time spent in the waiting room, social distancing, prescreening patients prior to scheduling appointments and at time of treatment for symptoms/history including temperature.
- Treatment for disease and trauma management, restoration of function, prevention, and maintenance as determined by clinical judgement of the operating dentist.

- Special management of medically compromised and otherwise vulnerable patients.
- Isolation of operatories being used for aerosol generating procedures.
- All materials unable to be appropriately disinfected or receive barrier protection should be removed from the room.
- Consider pre-treatment with appropriate anti-microbial rinse.
- Use of available appropriate personal protective equipment as recommended by the American Dental Association and Centers for Disease Control and Prevention, based on the level of aerosol production including approved respirators, moisture resistant surgical masks, gloves, face shields, eye protection, and disposable garments.
- When possible, aerosol mitigation techniques which may include rubber dams and enhanced evacuation systems.
- Protocol adjustments will be made as virus trends change.
- RIDA COVID-19 task force will review all new information/data to ensure constant patient and staff safety.

Resources:

CDC Interim Infection Prevention and Control Guidance for Dental Settings During COVID-19 Response (Revisions June 19, 2020)

CDC Guidance for Reopening Buildings After Prolonged Shutdown or Reduced Operation (May 7, 2020)

OSHA offered updated guidance on May 1, 2020

Phase II – Expansion of Procedures (June 1, 2020)

Implemented when rapid testing is available

- Rapid testing* with limited availability, perhaps at cooperative testing sites serving multiple medical and dental offices. ***See Testing in Addendum***
- Staff tested regularly as available.
- Patients cleared for treatment involving aerosol generating procedures with screening questionnaire and/or testing within five (5) days before appointment.
- Social distancing encouraged while recommendations are in effect.
- Consider pre-treatment with appropriate anti-microbial rinse.
- Standard Precautions per CDC recommendations for non-infectious patients.
- No limit on procedures or number of patients if screened as non-infectious.
- Routine hygiene may resume however it is still the recommendation of ADA to use hand scaling when possible and limit the use of aerosols.
- Protocol adjustments will be made as virus trends change.

- RIDA COVID-19 task force will review all new information/data to ensure constant patient and staff safety.

Resources:

Reopening RI Phase 2

Phase III (July 1, 2020)

- Random testing as warranted.
- Continued screening of patients.
- Patients identified as potentially positive based on screening procedures are referred for testing (either by PCP or the dentist) for a definitive diagnosis before proceeding with dental treatment
- Social distancing encouraged while recommendations are in effect.
- Consider pre-treatment with appropriate anti-microbial rinse.
- Standard Precautions per CDC recommendations for non-infectious patients.
- Measures should still be implemented to limit the amount of aerosol when possible.
- When performing aerosol or splatter generating procedures, including with the use of high or slow speed hand pieces, ultrasonic, air syringe, air polisher, or other aerosol producing instruments, appropriate PPE should be worn.
- Protocol adjustments will be made as virus trends change.
- RIDA COVID-19 task force will review all new information/data to ensure constant patient and staff safety.

Phase IV

Implemented when effective vaccine and/or herd immunity is established.

- Random testing as warranted.
- Routine symptom/history screening as standard health history
- Standard Precautions per CDC recommendations for non-infectious patients.
- No limit on procedures or number of patients if screened as non-infectious.

**These tests look for fragments of the virus itself to determine active infection and possible infectiousness as opposed to rapid antibody tests which detect previous infection or exposure with a possible degree of immunity.*

Addendum

July 1, 2020

Required COVID-19 Control Plan

As a part of Reopening Rhode Island, all businesses, including healthcare businesses, were required to develop a written COVID-19 Control Plan outlining how its workplace will prevent the spread of COVID-19.

You can fill out this template to fulfill the requirement that you completed a COVID-19 Control Plan. This plan does not need to be submitted to a state agency for approval; however, the template must be retained on the premises of the business and must made available to RIDOH in the event of an inspection or outbreak.

Reopening Checklist

In accordance with Reopening RI, critical infrastructure businesses already operating as of May 6, 2020 were ***required*** to complete and sign the " reopening checklist " by May 18, 2020. All businesses must post the checklist in an area that is visible to employees and visitors. The checklist contains four discrete questions indicating these businesses are complying with cleaning procedures, are requiring face coverings, are screening all who enter the premises, and have developed the written COVID-19 Control Plan.

RI Department of Health Coronavirus Disease 2019 (COVID-19) Information for Dental Providers

https://health.ri.gov/diseases/ncov2019/for/dental/index.php

Employee and Public Notices Required

Post Informational Notices: All businesses must post notices educating employees, customers, and visitors about how to protect themselves in accordance with RIDOH regulations. The posters should describe the business's rules for wearing face coverings, maintaining social distancing, and specifying that sick individuals should stay home. Posters encouraging healthy handwashing are recommended in common areas and near handwashing stations. These posters must be placed at entrances and in common areas, such as bathrooms or near handwashing stations. Acceptable posters are available here: https://health.ri.gov/covid/for/business/

Post Access Screening Notices: Businesses should post informational notices communicating access screening requirements, as appropriate, depending on the business's method of screening.

Post Reopening Checklist: All businesses must post the reopening checklist described above in an area that is visible to employees and visitors.

Disseminate Materials Describing Phased In Approach: Businesses are encouraged to develop a communications plan to explain aspects of its Phase 1 and Phase 2 operations to staff, visitors, community members, and other appropriate target audiences. Businesses should determine appropriate materials and channels for communicating this information, such as a one-pager or posting information and FAQs to its website, considering language barriers or physical impairments that could impact understanding.

Resources:

www.reopeningri.com

Aerosol vs. Non-Aerosol Generating Procedures

Aerosol-generating procedures are defined as medical and dental procedures that result in the production of airborne particles (aerosols) that create the potential for airborne transmission of infections that may otherwise only be transmissible primarily by the droplet route.

COVID-19 may be spread through aerosols produced by mask ventilation, instrumentation of the airway, numerous dental procedures using high and low speed handpieces (including surgical handpieces), ultrasonic scalers, air/water syringes, and other irrigating devices, and during cardiopulmonary resuscitation. The ADA has promoted these recommendations (abbreviated) as strategies to minimize aerosolization and transmission of COVID-19:

- Use 1.5% hydrogen peroxide or 0.2% povidone as a pre-procedural mouth rinse
- Prioritize the use of hand instrumentation
- Use rubber dams if an aerosol-producing procedure is being performed
- Prefer the use of high-volume evacuators

Resources:

ADA Interim Guidance for Minimizing Risk of COVID-19 Transmission

N95 Requirement and Fit Testing

1) Is N95 mask use during aerosol generating procedures required by regulation?

A: The OSHA Respiratory Protection Standard (29 CFR 1910.134) requires respirators (i.e. masks) when there is a respiratory hazard and effective engineering controls are not feasible, or while they are being instituted. As part of the Personal Protective Equipment (PPE) regulation, OSHA has established a subsection describing the PPE hazard assessment process for determining potential workplace hazards and implementing control measures. According to Subsection 1910.132(d), *Hazard assessment and equipment selection*, the employer must assess the hazards that may demand the use of certain categories of PPE, and further (1) make available the appropriate PPE for each hazard type, (2) communicate these PPE requirements to staff, and (3) ensure proper fit.

If a dental employer's hazard assessment concludes that there will be worker exposure to airborne contaminants, including aerosols containing SARS-CoV-2 that cannot be mitigated by the controls put in place to protect them, then it's likely the respiratory protection standard would be triggered. The OSHA Guidance for Dentistry Workers and Employers notes that performing aerosol-generating procedures on *well* patients is a high risk procedure. As this document provides only guidance, it should be noted that it recommends N95s, but does not mandate use of them.

However, if a dentist treats a patient with ***known*** COVID-19, or a person ***suspected*** of having COVID-19, an N95 mask must be worn. Keep in mind that many dentists will not be seeing known or suspected COVID-19 patients, as they will have screened them for common signs/symptoms and taken the patient's temperature. Patients that have symptoms raising any concerns will likely not be seen.

2) How do I perform a hazard assessment?

A: This takes into consideration a number of factors, a few of which are:

- the incidence and prevalence of COVID-19 in their area
- the overall health and age of the patient
    - any co-morbidities such as heart disease, chronic respiratory diseases, cardiovascular disease, including hypertension, diabetes, obesity, chronic kidney disease and especially those on dialysis, chronic liver disease, and any immunocompromised patient
    - any current testing results for the patient
- the PPE available to the staff

CHECKLIST FOR PERMISSIBLE PRACTICE

√ Check all that apply

Hazard Determination

Is there a hazardous atmosphere in your workplace, which has (check all that apply):

☐ Insufficient oxygen
☐ Harmful levels of chemical, biological, or radiological contaminants
☐ Known and reasonably foreseeable emergencies related to…
☐ Unknown exposure levels or exposures to substances without an OSHA PEL

*If you did not check any of the boxes above, the Respiratory Protection standard **does not** apply to your workplace.*

*If you checked any of the boxes above, the Respiratory Protection standard **may** apply to your workplace.*

OSHA requires use of the following methods to control the hazardous atmosphere(s) in your workplace:

☐ Engineering controls, such as ventilation, isolation or enclosure of the work process, or substitution of non-hazardous materials for the materials that pose respiratory hazards; and
☐ Administrative controls, such as worker rotation, or scheduling major maintenance for weekends or times when few workers are present.

*When engineering controls are not feasible, or while engineering controls are being installed or maintained, or whenever there is an emergency, appropriate respirators **must** be used.*

Does your workplace have (check the box to indicate yes, and check all that apply):

☐ Sufficient engineering controls to prevent illness or diseases caused by breathing hazardous air in the workplace
☐ Sufficient administrative controls to prevent illness

*If you did not check **both** of the boxes above, the Respiratory Protection plan standard **does apply** to your workplace, and you must develop a written respiratory protection program that is specific to your*

- the aerosol production that will occur during any necessary 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

Nonmandatory compliance guidelines on conducting the assessment and implementing requirements can be found in Appendix B to Subpart 1. For dentistry, examples of workplaces hazards include not only the risk of airborne and bloodborne pathogens, but also chemical, eye and noise hazards.

General information about identifying and assessing hazards in the workplace is available in an OSHA resource entitled Recommended Practices for Safety and Health Programs: Hazard identification and Assessment for the general workplace, which describes six steps in detail:

1. Collect existing information about workplace hazards
2. Inspect the workplace for safety hazards
3. Identify health hazards
4. Conduct incident investigations
5. Identify hazards associated with emergency and nonroutine situations
6. Characterize the nature of identified hazards, identify interim control measures, and prioritize the hazards for control

3) If an N95 mask is to be used, what else is required?

A: If the hazard assessment concludes that N95 are not required, but it still is preferred for use by the dentist or team member, the requirement to conduct the initial fit test, or

CHECKLIST FOR RESPIRATORY PROTECTION PROGRAMS

√ Does your program contain written procedures for (check all that apply):

☐ Your specific workplace

☐ Selecting respirators

☐ Medical evaluations of employees required to wear respirators

☐ Fit testing

☐ Routine and emergency respirator use

☐ Schedules for cleaning, disinfecting, storing, inspecting, repairing, discarding, and maintaining respirators

☐ Ensuring adequate air quality for supplied-air-respirators

☐ Training in respiratory hazards

☐ Training in proper use and maintenance of respirators

☐ Program evaluation

☐ Ensuring that employees who voluntarily wear respirators (excluding filtering facepieces) comply with the medical evaluation and cleaning, storing, and maintenance requirements of the standard

☐ A designated program administrator who is qualified to administer the program

☐ Updating the written program as necessary to account for changes in the workplace affecting respirator use

☐ Providing equipment, training, and medical evaluations at no cost to employees

*If you did not check all of the boxes above, your respiratory protection program **does not** meet OSHA standards.*

the subsequent annual fit test, for employees is ***not*** required. However, the initial and annual fit tests are recommended.

If the conclusion is that the N95 *is* required for the particular circumstance, then the dentist is required to comply with all aspects of OSHA's respiratory protection program including the initial and annual fit test and having a written respiratory protection plan.

A seal check must be performed whenever an N95 mask is used.

Resources:
Small Entity Compliance Guide for the Respiratory Protection Standard (OSHA)

Mask Decontamination with Battelle CCDS™

The Battelle CCDS Critical Care Decontamination System™ addresses the current shortage of critical Personal Protective Equipment (PPE) across the United States. Battelle CCDS™ is designed to work on N95 respirators for the removal of the novel coronavirus (SARS-CoV-2) and has received emergency use authorization from the U.S. FDA.

Battelle CCDS™ can decontaminate thousands of N95 respirators using concentrated, vapor phase hydrogen peroxide. The respirators are exposed at the validated concentration level to decontaminate biological contaminants, including the SARS-CoV-2. Battelle CCDS™ can decontaminate the same respirator multiple times without degrading N95 respirator performance.

Battelle CCDS™ has set up a decontamination site in Providence for use by hospitals and other medical and *dental providers*. This service is available at no cost to the healthcare provider. Contracts have also been established between Battelle CCDS™ and commercial carriers to allow for the shipping of PPE to and from the providers for free. The only requirement is to enroll for an account with Battelle CCDS™ at: https://www.battelle.org/inb/battelle-critical-care-decontamination-system-for-covid19

Once you have enrolled with Battelle CCDS™ you will be provided with a provider specific code to use when sending PPE for decontamination. From there you will collect worn N95 respirators in accordance with an approved procedure, and the PPE will be labeled with a barcoded serial number for tracking the chain-of-custody throughout the decontamination process. This procedure ensures that the provider receives their own respirators back. The average turnaround time is 3 to 4 days so you must plan accordingly.

The Rhode Island Dental Association is urging our members to make use of this service during this pandemic to help preserve your N95 supply. As of now there continues to be shortages of N95 respirators and as we all know these respirators are critical for the safety of all dental health care providers.

Enrollment instructions are provided on their website, as are the instructions for properly identifying and packaging the respirators. Please make sure that your office staff has this information so they can feel comfortable with this service. Additionally, please advise your staff that any respirator that is damaged or soiled (dried blood, body fluids, or **MAKE-UP**) will be discarded by Battelle CCDS™ and cannot be decontaminated. Finally, any N95 mask that contains cellulose also cannot be decontaminated.

The Battelle CCDS™ cannot be used for KN95 masks.

FDA Approved Masks

Please continue to check the FDA Emergency Use Authorization (EUA) website for a current list of all EUAs, as this information changes regularly.

COVID-19 Testing

Resources for COVID-19 testing continue to expand in Rhode Island. While testing of people with symptoms and those connected to outbreaks remain a priority, opportunities are now available for more testing of asymptomatic individuals. Dental providers may now order testing for patients prior to significant aerosol generating procedures or for patients who work in a congregate setting with COVID positive patients or in a hospital /health care setting where COVID positive patients receive treatment. Those ordering tests should have a full understanding of what the test provides.

For information on how to order a COVID-19 test, please see Ordering COVID-19 Testing Prior to Dental Procedures.

Tests and Testing for COVID-19 by Dr. Michael Glick, University at Buffalo School of Dental Medicine

ADA Steps to Take if a Patient Reports COVID-19 Exposure After Treatment

ADA Testing Dental Employees for Antibodies and Antigens

Dental healthcare personnel may request asymptomatic testing for themselves by visiting https://portal.ri.gov.

Addressing Positive Cases of COVID-19

Dental offices may find out patients or staff who have been in the office later tested positive for COVID-19.

- Staff who have prolonged, close contact with someone who tested positive for COVID-19 should follow guidance for healthcare workers. Close contact for healthcare exposures is defined as:
    - Being within approximately six feet (two meters) of a person with COVID-19 for longer than 15 minutes (such as caring for or visiting the patient; or sitting within six feet of the patient in a healthcare waiting area or room); or
    - Performing an aerosol-producing procedure without the appropriate PPE.
- Any suspected cases of COVID-19 should be reported to RIDOH immediately. For any questions and to report cases, call the Rhode Island Department of Health Center for Acute Infectious Disease Epidemiology at 401-222-2577 during business hours (8:30 a.m. to 8:30 p.m., seven days a week) or 401-276-8046 after hours.
    - Dental offices with concerns about exposure of other patients will engage in a conversation with clinical consultants from RIDOH to determine recommended next steps.

ADA What to Do if Someone on Your Staff Tests Positive for COVID-19

ADA Steps to Take if a Patient Reports COVID-19 Exposure After Treatment

Updated CDC Guidance for the Dental Setting (June 17, 2020)

https://www.cdc.gov/coronavirus/2019-ncov/hcp/dental-settings.html

Key Points

- Dental settings have unique characteristics that warrant specific infection control considerations.
- Prioritize the most critical dental services and provide care in a way that minimizes harm to patients from delaying care and harm to personnel from potential exposure to COVID-19.
- Proactively communicate to both personnel and patients the need for them to stay at home if sick.
- Know the steps to take if a patient with COVID-19 symptoms enters your facility.

Summary of Recent Changes

- The recommendation to wait 15 minutes after completion of clinical care and exit of each patient without suspected or confirmed COVID-19 to begin to clean and disinfect room surfaces has been removed to align with CDC Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings.
- The time period recommended for patients to inform the dental clinic if they develop symptoms or are diagnosed with COVID-19 following a dental appointment has been changed to 2 days to align with CDC's Healthcare Personnel with Potential Exposure Guidance.
- Clarifying language has been added to Engineering Controls.

Environmental Infection Control

- DHCP should ensure that environmental cleaning and disinfection procedures are followed consistently and correctly after each patient (however, it is not necessary that DHCP should attempt to sterilize a dental operatory between patients).
    - Clean and disinfect the room and equipment according to the Guidelines for Infection Control in Dental Health-Care Settings—2003.

- Routine cleaning and disinfection procedures (e.g., using cleaners and water to clean surfaces **before** applying an Environmental Protection Agency-registered, hospital-grade disinfectant to frequently touched surfaces or objects for appropriate contact times as indicated on the product's label) are appropriate for SARS-CoV-2 in healthcare settings, including those patient-care areas in which aerosol-generating procedures are performed.
    - Refer to this list on the EPA website for EPA-registered disinfectants that have qualified under EPA's emerging viral pathogens program for use against SARS-CoV-2.

- Alternative disinfection methods
    - The efficacy of alternative disinfection methods, such as ultrasonic waves, high intensity UV radiation, and LED blue light against COVID-19 virus is not known. EPA does not routinely review the safety or efficacy of pesticidal devices, such as UV lights, LED lights, or ultrasonic devices. Therefore, EPA cannot confirm whether, or under what circumstances, such products might be effective against the spread of COVID-19.
    - CDC does not recommend the use of sanitizing tunnels. There is no evidence that they are effective in reducing the spread of COVID-19. Chemicals used in sanitizing tunnels could cause skin, eye, or respiratory irritation or damage.
    - EPA only recommends use of the surface disinfectants identified on this list against the virus that causes COVID-19.
- Manage laundry and medical waste in accordance with routine policies and procedures.

Resources:

https://www.cdc.gov/coronavirus/2019-ncov/hcp/dental-settings.html#Hygiene

Best Practices for Infection Control in Dental Clinics During the COVID-19 Pandemic by OSAP and DentaQuest, Revised June 19, 2020

Required Employee Poster

Under the Families First Coronavirus Response Act (FFCRA or Act) employers with under 500 employees are required to display this poster in their office notifying employees of their right to paid sick leave and expanded family and medical leave for specified reasons related to COVID-19. These provisions will apply from April 1, 2020 through December 31, 2020.

Anesthesia During COVID-19

As SARS-CoV-2 (the causative agent of COVID-19) is thought to be primarily spread through respiratory droplets, dentists and anesthesia providers are at a higher risk of exposure due to aerosol generating procedures. For those dental providers where anesthesia is performed in the office setting interim guidance documents have has been developed by the American Association of Oral and Maxillofacial Surgeons as well as the American Society of Dentist Anesthesiologists.

It is recommended that existing protocols and procedures in offices where any level of anesthesia is performed be modified in accordance with these documents.

Resources:

AAOMS Interim Reopening Protocol for the OMS Office

ASDA Interim Guidance for Dentist Anesthesiologists Practicing in the Office-Based Setting During the COVID-19 Pandemic

Nitrous Oxide Use

Each nitrous oxide delivery system should be used and disinfected in accordance with the manufacturer's guidelines. Disposable hoods should ideally be utilized and disposed of after use. Reusable hoods must be autoclaved. All remaining tubing can be autoclaved, and any fixed equipment should be disinfected. Some units have a directional valve at the mixed gas outlet that prevents contamination of the reservoir bag; however, each unit must be evaluated to determine this. If the unit does not have the valve, an option is to place a viral filter between the outlet and the tubing or to autoclave the reservoir bag. If gas analysis is used, a gas sampling line with a filter should prevent any contamination in the water trap and monitor. If nitrous oxide is not needed, it may be preferable to use a disposable nasal cannula or other oxygen delivery device. To date, there is no scientific research regarding SARS-CoV2 and the use/sterilization/contamination of nitrous equipment.

Resources:

https://www.apsf.org/article/cross-contamination-via-anesthesia-equipment/
https://ramedical.com/guidance-on-infection-control-procedures-with-covid-19/