

Safety Measures in our Dental Practice

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1 Training and Educating Our Team

One of the most important things we are doing during this time is to train and educate our staff.

- A. Our team has had refresher training in proper hand washing techniques. This may seem basic; however, it is the most important thing we can do to prevent spread of the virus. They have practiced the appropriate use of personal protective equipment (PPE) prior to caring for a patient to prevent contamination.
- B. We encourage staff that is not feeling well to proactively stay home for two weeks (We have a backup team if someone is ill).
- C. We have everyone in the office take their temperature at the beginning of every day and we will immediately send home anyone with an elevated temperature (100.2 F and above).
- D. Limit the numbers of staff providing their care to facilitate social distancing within the office and among team members
- E. We have created a specific checklist of recommendation for our team to follow so that they arrive to work healthy and go home to their families without worry. (see Checklist of Recommendations for Our Team)

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2 Recommendations for Our Team Before coming to work

- A. Take temperature (do not go in to work if you or any other family member are experiencing symptoms; cough, sore throat, fever...etc.)
- B. Remove watch and rings and leave at home
- C. Tie hair up, keep nails short
- D. Avoid extra accessories
- E. Place phone in a Ziplock bag that you will discard at the end of the day n If bringing a lunch, place in disposable wrapping
- F. Activate ApplePay so there is no need for credit card
- G. Bring work clothes in a washable bag
- H. They have practiced the appropriate use of personal protective equipment (PPE) prior to caring for a patient to prevent contamination.

At work

- A. Change into scrubs and work shoes (preferably plastic and wipeable) as soon as you arrive
- B. Use PPE as appropriate
- C. Leave all clutter (pens, phones, etc.) outside of patient op rooms
- D. We discourage workers from using other workers phones, desks, offices and other work tools and equipment when possible.
- E. Clean phone handset after use
- F. Discourage cell phone use at work

After work

- A. Wash hands and arms with soap
- B. Remove scrubs and place in washable bag or leave at work n Wash hands and put clean clothes on
- C. Sanitize phone, glasses, etc
- D. Wash hands again

At home

- Do not touch anything
- A. Remove shoes and clothes
- B. Wash clothes/scrubs in washing machine with detergent and hot water
- C. Shower immediately with soap and water before touching anything (including loved ones)

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3 Patient Interviews and Social Distancing. A. Filter patients during the phone call when scheduling appointments for care using established and recommended screening checklists and scripts

- B. Prepare scripts and questions to recognize potential carriers
- C. Reschedule patients who show any signs of a cough or fever or who describe having any concerning warning signs
- D. Instruct patients to call ahead and reschedule their appointment if they develop symptoms of a respiratory infection (e.g., cough, sore throat or fever) on the day they are scheduled to be seen.

To promote social distancing

- A. Prioritize high risk patients (immune compromised, over 60 y.o. etc.) with early morning appointments so less contact with other people
- B. When booking patients, we are spreading out the schedule so there are less people in the waiting room (A maximum of two people at a time)
- C. If a patient is being accompanied, their escort should wait in the car to limit the number of people in the waiting room and promote social distancing
- D. Utilizing a "virtual" waiting room: patients can opt to wait in their car or outside the office where they can be contacted by mobile phone when it is their turn to be treated.

Safety measures taken upon arrival

- A. Limit points of entry to the office.
- B. Leave office door open to avoid contact with door handles
- C. Post visual alerts (e.g., signs, posters) at the entrance door advising patients of the COVID-19 risk and advising them not to enter the facility when ill.
- D. Tissues are made accessible immediately upon entry and instructions are provided on how to use tissues to cover nose and mouth when coughing or sneezing, to dispose of tissues and contaminated items in waste receptacles.
- E. Provide supplies such as alcohol-based hand rub (ABHR) with 60-95% alcohol, tissues and no-touch receptacles for disposal, at the entrance, in waiting rooms and at front desk.
- F. Post photos at the entrance and in waiting room to provide patients and HCP (Health Care Personell) with instructions (in appropriate languages) about hand hygiene, respiratory hygiene, and cough etiquette.

ALL these measures can help to prevent transmission to others.

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4 Measures Upon Arrival Patients are

- A. Immediately escorted to a hand washing station n Asked to rinse with 1% hydrogen peroxide before each appointment
- B. Escorted into an examination room upon arrival to avoid lingering in front office.
- C. Asked about the presence of symptoms of a respiratory infection and history of travel or contact with possible COVID-19 patients.
- D. Assessed for respiratory symptoms and fever (with a non-contact digital infrared forehead thermometer) and they will be asked to sign a health declaration form.
- E. If fever temperature of 100.2 degrees F or higher or respiratory symptoms are present, they will be advised to seek medical treatment and their visit will be rescheduled.
- F. As testing for the virus becomes more available, we will be incorporating this added benefit to screen patients.

5 Measures Taken Upon Patient Entry to the Clinic

- A. If an examination room is not readily available, ensure social distancing in the waiting room by placing seating a minimum of 6 feet apart.
- B. Remove all clutter and anything that is not easily disinfected from the waiting room (magazines, area rugs, pillows, toys, etc)
- C. Cover all furniture which cannot be disinfected with disposable covers (including chairs and couches) which will be replaced after each patient
- D. Frequent wipe down of waiting rooms, bathrooms, door handles, tables, light switches, computers

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6 Protocols of the Clinical Team

We adhere to usual standard and transmission-based precautions in operatory but with greater attention to detail and ensure that procedures are followed consistently and correctly.

Hand Hygiene is performed by our staff

- A.Before and after all patient contact, contact with potentially infectious material, and before putting on and after removing personal protective equipment (PPE), including gloves.
- B. After removing PPE in order to remove any pathogens that might have been transferred to bare hands during the removal process.
- C.Washing hands with soap and water for at least 20 seconds. **Personal Protective Equipment**

- D. Wear PPE (masks, gloves, cap, eye protection, face shields, gowns (N95 masks when around confirmed cases)
- E. Masks are one time use and replace if soiled
- F. N95 respirators should be used instead of a facemask when performing or present for an aerosol-generating procedure.

Eye Protection

- A. Put on eye protection (i.e., goggles or a disposable face shield that covers the front and sides of the face) upon entry to the patient room or care area.
- B. Remove eye protection before leaving the patient room or care area.
- C. Reusable eye protection (e.g., goggles) must be cleaned and disinfected according to manufacturer's reprocessing instructions prior to re-use.
- D. Disposable eye protection should be discarded after use.

Gloves

- A. Put on clean, non-sterile gloves upon entry into the patient room or care area.
- B. Change gloves if they become torn or heavily contaminated.
- C. Remove and discard gloves when leaving the patient room or care area, and immediately perform hand hygiene.

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Gowns

- A. Put on a clean isolation gown upon entry into the patient room or area.
- B. Change the gown if it becomes soiled. Remove and discard the gown in a dedicated container for waste or linen before leaving the patient room or care area. Disposable gowns should be discarded and cloth gowns should be laundered after each use.
- C. Gowns should be prioritized for all aerosol-generating procedures and during activities where splashes and sprays are anticipated.

Shoe Covers

- A. These will be worn over running shoes unless staff is wearing plastic shoes that can be wiped down and disinfected.

7 Patients in the Operatory

- A. Health care personnel (HCP) should strictly follow basic infection control practices between patients (e.g., hand hygiene, cleaning and disinfecting shared equipment).
- B. Limit transport and movement of the patient outside of the room
- C. Consider placing x-ray equipment in patient operatories to reduce the need for patient transport.
- D. No other team member should enter the room during a procedure and if necessary, should use PPE as described above.
- E. Once the patient has left the operatory, HCP refrain from entering the op until sufficient time has elapsed to remove potentially infectious particles.
- F. After this time has elapsed, the room should undergo appropriate cleaning and surface disinfection before it is returned to routine use
- G. Special precautions will be taken when performing Aerosol Generating procedures (AGP), in particular, procedures that are likely to induce coughing are avoided if possible.
- H. Patients undergoing aerosol-generating procedures are in a separate op.

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8 Protocols After the Clinical Treatment

- A. All non-disposable medical equipment used for patient care should be cleaned and disinfected according to manufacturer's instructions.
- B. Ensure that environmental cleaning and disinfection procedures are followed consistently and correctly.
- C. Routine cleaning and disinfection procedures (e.g., using cleaners and water to pre-clean surfaces prior to applying an EPA-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.
- D. We are also in the process of purchasing a mobile, self-contained germicidal cleaning device that uses proven ultraviolet emitting radiation technology to help reduce and eliminate bacteria, viruses and other pathogens on environmental surfaces and is approved by the FDA.

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Safety Measures After the Visit Safety Measures in our Dental Practice **8 Protocols After the Clinical Treatment**

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- A. Encourage payment by E-Transfer, PayPass or credit card over the phone to encourage social distancing with front desk
- B. Review of estimates and insurance forms can be carried out via phone call or video conferencing and sent via mail
- C. Patients wash hands before leaving

At the End of the Day

- A. A special cleaning crew has been hired to clean and disinfect the office from top to bottom in preparation.

We are confident that these guidelines will help to create a safe environment for all of our patients and team members and hope that you can feel secure in the knowledge that we are doing everything in our power to provide the safest clinical conditions in order to protect our patients, our team and our families.