

## **Dakota Dental and Wellness Center**

# **Implementation Plan for Management and Treatment of Non-Emergent and Elective Dental Care**

### **Our Priority is Patients Health and Well Being**

We know that the oral cavity and surrounding structures are correlated with all the other aspects of our health. The bacteria in our mouths has been shown to be associated with many comorbidities of human disease and therefore if left untreated has a detrimental effect on the person's immune system and overall health.

We will therefore be seeing patients to make sure their oral health does not deteriorate further and we will perform necessary elective care to maximize our patients health. This may include any *diseases, disorders and/or conditions of the oral cavity, maxillofacial area and/or the adjacent and associated structures* that, left untreated for the next 3 to 6 months would result in further deterioration of the patient's health. This may include Sleep Disordered Breathing, Caries control, Gingivitis, Periodontal disease, Endodontic needs, Fractured Teeth, TMD, Trauma, Impacted teeth, Misaligned teeth, Growth and Development, Pathology. This list is not exhaustive.

We will use our clinical judgement to assess the patients needs and risks. If a patient is at high risk and the procedure can be delayed we will use our best judgement to guide the patient in the decision making process for treatment.

Treatment will be based on clinical judgements and evaluating

- Patients Medical History
- Risk factors
- Geographic incidence of COVID-19 in your clinic's location.
- Previously cancelled and postponed cases due to the COVID pandemic
- Availability of PPE including N95 or KN95 masks, gowns, face shields and hair coverings
- Prioritization of patients with more urgent needs.
- Professional judgment to employ the lowest aerosol-generating armamentarium when delivering any type of restorative or hygiene care.
- Example: use hand scaling rather than ultrasonic scaling when appropriate. If ultrasonic scaling is required, it should be used in conjunction with high volume evacuation and considering use of an assistant.
- For elderly patients with one or more diseases known to be associated with higher COVID mortality and/or immunocompromised patients, it is recommended

to use teledentistry consultation to assess the urgency of their dental condition prior to considering any treatment for them.

### **Infection Control-Engineering Controls, Administrative Controls**

This plan includes PPE, Infection Control, and Engineering Control Guidance provided by the Minnesota Board of Dentistry, CDC, and OSHA.

### **PPE utilization per Minnesota Board of Dentistry, CDC and OSHA**

- Gloves (nitrile)
- Cloth gowns to be laundered after each use.
- If there are shortages of gowns, they should be prioritized for:
  - Aerosol-generating procedures.
  - Clinical procedures where splashes and sprays are anticipated.
- Disposable gowns to be discarded after each patient.
- Eye protection (goggles or face shield)- Disinfect between patients
- N95 mask or KN95 (*note: Temporary discretion regarding fit test enforcement requirement means that providers can wear the mask that fits best*) For aerosol producing procedures
- Given the shortage of N95 masks, wearing an N95 and covering it with an ASTM Level 3 mask to prevent droplets and or splatter on your N95 mask, or wearing a face mask to prevent splatter. With this technique, the N95 mask may be reused.
- Proper donning and doffing will be practiced. (*CDC Donning and Doffing*)

Controls that you are using in your dental clinic to mitigate risk to patients and providers.

1. Wear Surgical Masks when in the same area as another team member. Eg. Treatment room.
2. Consults and Escorting of Patients wear Surgical Masks.
3. Plexiglass to be Placed on Front Desk to provide a barrier to patients getting to close.
4. Waiting room/lobby and brushing station are closed. Patients should come alone to the appointment. In the case of small children, a handoff in the lobby is requested. For those needing a driver, the driver should remain in the car if at all possible.
5. COVID 19 Screening questionnaire sent via text, email or in person prior to appointment.
6. Temperature taken if 100.0 F or above they cannot be seen.
7. There will be Medical Grade Hepa Air Filters in the Clinic. One in the Waiting area. One in the back hall. These filters filter out down below the size of virus particles to reduce transmission in the air.
9. OZONE. O3 has been shown to destroy virus particles. Pre-Procedural rinse with O3 or a 1.5% Hydrogen peroxide solution. O3 in the bottles to help reduce the transmission of virus in Aerosols. (Our office has the best ability to see patients during this because the O3 water and gas we can produce can clean and destroy bacteria, virus and fungi.) You can irrigate your nose with this stuff to kill pathogens in your nose and sinuses, swish and swallow and this is keeping the ways the virus would enter being an area that can kill the virus.  
O3 can also be used to Sterilize our PPE. The gas can be put in a plastic bag with our PPE and it will

kill Bacteria and Viruses.

10. N95 Masks. We have a limited number of them. You can wear a face shield or a surgical mask over the top to stop any spatter onto the N95 so it can be reused. We can use the O3 gas to sterilize at the end of the day to allow for Re-Use.
11. Leave Scrubs here. We can launder them so you are not bringing them home.
12. Shoes. Leave a pair here to be used in the clinic.
13. Go through each procedure before starting on the patient. Make sure everything you need is in the room prior to starting. We don't want team members leaving the room once they have started on a patient.
14. Radio's We can implement radio use for in office communication.
15. Disposable Gowns, or Full arch length Lab Coats that can be laundered.
16. Have Patients fill out History prior to Apt as much as is possible.
17. Wipe Down Pens and Clipboard between use.
18. Remove Beverages and Papers from the Waiting room.
19. Limit number of Patients per Dr. to begin until we have protocols smoothed out.
20. Wipe down the waiting area and door handle once an hour.

### **Administrative Control Plan**

- Placement of a plexiglass between the front office/check out desk.
- If not feasible, front desk staff should wear level 3 mask and nitrile gloves during patient interactions.
- Pens used by patients and visitors should be disinfected after each use. Have a container for disinfected/clean pens and a container for used/dirty pens.
- Credit cards should be disinfected before their use by office staff.
- Handwashing whenever entering or leaving the building. Hand Sanitizer while at stations.
- Ready access of hand sanitizer as patient's enter or require hand washing prior to entry.
  
- Patients and visitors should arrive wearing masks, if they arrive without masks the dental office should provide them.
  
- Waiting room will be limited. If a guest must use the waiting room, chairs will be placed 6 feet apart. All office toys, reading materials, remote controls or other communal objects, will be removed.
  
- Brushing station is closed.
  
- On a regular schedule, all touchable surface areas will be sanitized with an approved surface cleaner.
  
- If visibly dirty, surfaces should be cleaned using a detergent or soap and water prior to disinfection.
  
- To disinfect, use products that meet EPA's criteria for use against SARS-CoV and

are appropriate for the surface. (Cavicide)

### Clinic Employees and Risk

- List all employees and risk based on procedures that they are performing (same as you would with OSHA Bloodborne Pathogen Standards)

<b>Well patients</b>		<b>Patients with suspected or confirmed COVID-19</b>	
<i>Dental procedures not</i>	<i>Dental procedures that may</i>	<i>Dental procedures</i>	<i>Dental procedures</i>

<i>involving aerosol-generating procedures</i>	<i>or are known to generate aerosols</i>	<i>not involving aerosol-generating procedures</i>	<i>that may or are known to generate aerosols</i>
Work clothing, such as scrubs, lab coat, and/or smock, or a gown	Gloves	Gloves	Gloves
Gloves	Gown	Gown	Gown
Eye protection (e.g., goggles, face shield)	Eye protection (e.g., goggles, face shield)	Eye protection (e.g., goggles, face shield)	Eye protection (e.g., goggles, face shield)
Face mask (e.g., surgical mask)	NIOSH-certified, disposable N95 filtering facepiece respirator or better*	NIOSH-certified, disposable N95 filtering facepiece respirator or better*	NIOSH-certified, disposable N95 filtering facepiece respirator or better*

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

- We will refer patient onto HCMC if they are a known COVID patient with a dental emergency.

### **COVID-19 Employee Screening**

- Every clinic day you must conduct an active health screening of all staff members to assess for signs and symptoms of COVID-19. This will include assessment for fever and symptoms associated with COVID infection as recommended by in *CDC: Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings*. These daily screenings must be maintained in a logbook.
- Staff will not work while sick, even if presenting with mild signs or symptoms. If during the workday they develop signs or symptoms of illness they should leave the office.

### **Training for N95/ KN95 Use**

- Clinic will ensure training and have fit testing performed when it becomes available. In the meantime, Facility will have all staff watch training provided in videos from 3M related to N95 use.

- See <https://www.osha.gov/memos/2020-04-08/expanded-temporary-enforcement-guidance-respiratory-protection-fit-testing-n95>.
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- Clinic will use N95 or KN95 masks for aerosol generating procedures and employ MDH and CDC PPE preservation methods whenever possible. Non-aerosol generating procedures can utilize a face shield and surgical mask.

### **Patient Considerations**

- Clinic will require patients and visitors to wear cloth coverings or facemasks and will provide them to patients when needed if they do not present with one. It is recommended to remind patients of the mask policy when phoning to confirm patient appointments.
- Each patient must be informed that even with mitigation equipment and techniques there is risk of COVID transmission while receiving care in a dental setting and the procedure may be cancelled on short notice if the patient tests positive for or experiences symptoms of COVID-19.
- Patients will be provided a consent form
- Patients rinse with a solution of Ozonated Water or 1-1.5% hydrogen peroxide for 1 minute prior to exams and procedures.

### **Social distancing and other infection prevention measures**

- Make sure chairs are spaced in reception areas to allow social distancing (6 feet apart) and wipe down with disinfectant in between patients.
- Make attempts to stagger appointments so that patients aren't checking in and checking out at the same time. Hygiene team keep your patient in the chair if one of the other hygiene patient is being brought up.
- Place plastic or other barriers in between open air operatories to decrease the risk of aerosol into other areas of the clinic. Plexiglas is placed in between hygiene area.
- Masks will be worn at all times in clinic.

### **Clinic Plan for social distancing of patients, non-clinical staff, and clinical staff**

### **Clinic Plan for Infection Control Prevention**

- Clinical staff that are licensed are required by the Board of Dentistry to have a course in infection control every biennial cycle. This is also a requirement for non-licensed clinical dental assistants.
- Clinic will provide resources for infection control education for all staff, clinical and non-clinical.
- (Resource - OSAP is a valuable resource in this area, although there are also others)

### **Assessment of Clinical Operatories**

- List operatories and if they are not uniform list risk mitigation strategies for operatories and what they will be used for (Example - ortho, fixed or removable prost, aerosol generating procedures, dental hygiene (using hand scalers only or use of ultrasonic only where High Volume Evacuation is available and hygienist has an assistant or another risk mitigation strategy to reduce aerosol production)

Op 1	Hygiene
Op 2	Hygiene
Op 3	Hygiene
Op 4	Hygiene
Op 5	Op 10

Op 6	
Op 7	
Op 8	
Op 9	

**Consider the following when assessing your operatories and supply:**

- Avoid production of aerosols when possible.
- Use 4-handed dentistry with high volume evacuation.
- Allow time for aerosols to settle following procedures before disinfecting the rooms
- No paper material of any kind should be in the operatory during treatment that uses sprays or aerosols.
- HEPA filtration, modify air units.
- Use of professional judgment to employ the lowest aerosol-generating armamentarium when delivering any type of restorative or hygiene care
- Have all supplies and materials in operatory before beginning a procedure

**Community Considerations**

- Dental professionals will continue to collaborate with peers and supply chain representatives to ensure adequate supply, including PPE, is present in order to provide care for non-emergent and elective procedures and surgeries.

**Reduction of Care**

- In the event of another surge in COVID-19 cases, Dental clinics would revert to treatment of urgent Dental care only. This would allow PPE preservation from the dental community providing elective care. Patients with urgent needs will be treated as previously and patients with elective needs will be postponed in the event of another Peacetime Emergency in the future. Patients will be screened for urgent needs and prioritized based on need for treatment.

**Screening and Testing for Patients and Visitors**

**See Further Instructions when Developing your screening and testing plan**



- Facilities should conduct screening and temperature check for visitors who enter the facility. Ill or febrile visitors are not allowed to enter the facility.
- All patients should undergo active screening for fever and symptoms of COVID-19, including measurement of body temperature.
- Patients, and any accompanying visitors, should come to the facility wearing a cloth face covering or facemask, or are provided one by the facility if needed.
- Facilities may use RT-PCR testing of patients prior to elective procedures to help inform infection prevention and control practices to protect staff and patient safety, with the understanding that a negative RT-PCR test represents a single point in time and patients may be infected in the interim prior to the procedure.
- If developing a protocol for RT-PCR or other diagnostic test prior to elective procedures, facilities should consider testing within the shortest time window available (e.g., 24-72 hours) preceding the procedure, based on laboratory turnaround time.

**If no protocol for patient testing is implemented, facilities should consider all patients potentially COVID-19 positive and take appropriate precautions when conducting aerosol-generating procedures. This means use of N95 or KN95 masks, face shields, gowns and high-volume evacuation.**

- Facilities should consider the availability, accuracy and current evidence regarding tests when developing their testing protocols.
- Due to current lack of availability to dental clinic systems at this time, clinic will continue to follow all other universal precautions when treating patients and use PPE to protect against exposure.