

Infection Prevention in the Dental Hygiene Treatment Room

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Thank You!!!



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Overview

- Where are we now – what do we know?
- What happens when we reopen for elective care?
- What standards/guidelines must we follow?
- What concerns should we have about safety?

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Will there be a new normal in dentistry?

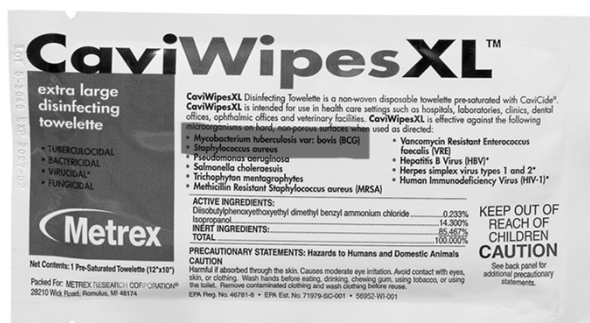
- Yes
- But many things will stay the same!

Source: fitprotrainingschool.com

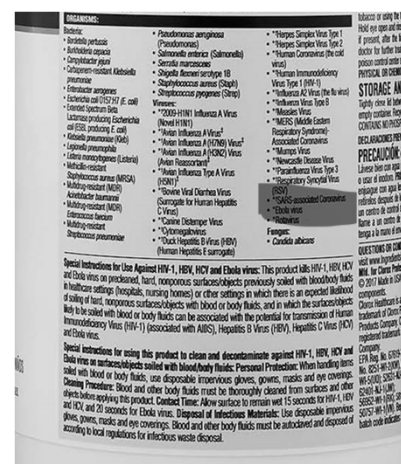
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What will stay the same?

- Disinfectants and disinfecting protocols



A



B

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Polling question

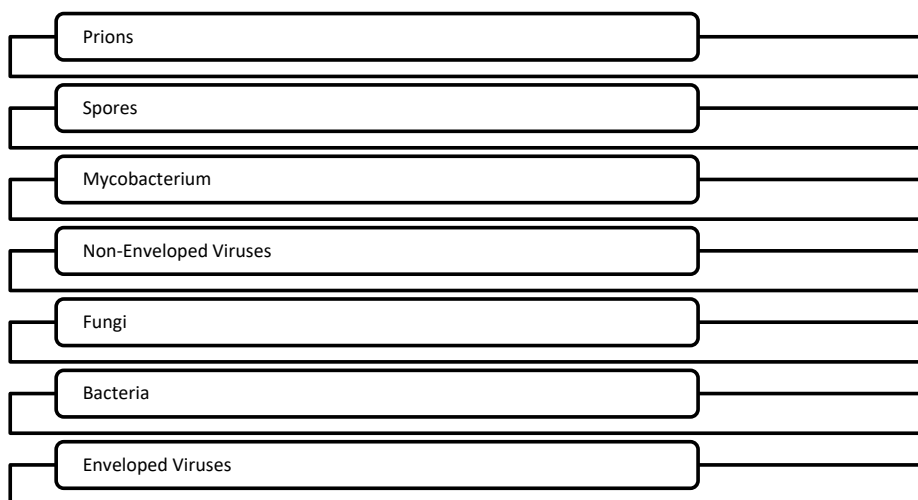
- Based on the labels shown, which disinfectant is the right choice for dentistry?

— Product A

— Product B

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Decreasing Order of Resistance of Microorganisms to Disinfectants



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What will stay the same?

- Sterilization protocols
 - Instruments and multiple use items
 - Handpieces
 - Other items attached to DUWL



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What will change and why?

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What we know about SARS-CoV-2 as it relates to dental practice

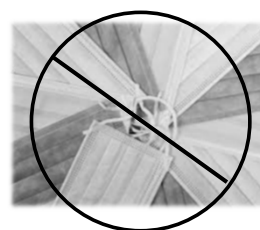
- Asymptomatic or pre-symptomatic individuals may be infectious.
 - May be the most infectious
 - Believed to have highest viral load before symptoms appear
 - We don't know who they are...



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What we know about SARS-CoV-2 as it relates to dental practice

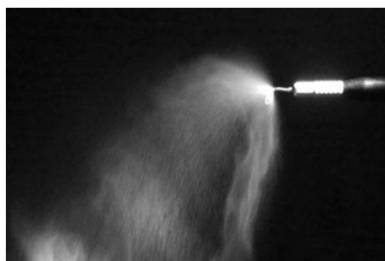
- We must treat all patients/individuals as if they are infectious for COVID-19.
 - Standard precautions but...
 - Typical respiratory protection is not sufficient



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What we know about SARS-CoV-2 as it relates to dental practice

- Aerosols from dentistry can remain airborne for up to 3 hours.
 - SARS-CoV-2 has been found in those aerosols



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Reopening for Elective Care

It begins with a conversation
and a plan...

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Conversations about reopening

- Do you have PPE? The right PPE? Enough?
- Are team members confident or fearful?
 - Everyone needs to express their true feelings and ask questions.
 - Consider the potential liability to the practice if anyone contracts COVID-19 as a result of work or treatment in the practice.

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**Just because your state
government says that you can
reopen the practice doesn't
necessarily meant that you should!**

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**MOST PRECAUTIONS WILL BE
TEMPORARY – REMEMBER WE ARE
STILL IN THE MIDDLE OF A PANDEMIC!**

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Return to Work Interim Guidance Toolkit

ADA

Overview

This toolkit contains interim recommendations from the American Dental Association's (ADA's) Advisory Task Force on Dental Practice Recovery. Since this is interim guidance, it is focused on the short-term management of dental practice during the COVID-19 pandemic as some offices return to providing non-emergent care. Details not specifically addressed in this interim guidance will be left up to the professional judgment of each dentist. The possible integration of additional infection control measures, air purification systems, and any other safety recommendations will be addressed by the Council on Dental Practice as the COVID-19 knowledge base grows.

The ADA Task Force was convened to advise in the development of tools to support dentists who are returning to work after the COVID-19 closures and practice restrictions. It is recognized that different areas will return to a more familiar style of practice at different times, and under different circumstances. Each dentist will need to incorporate their clinical judgment with their knowledge of the incidences of COVID-19 cases in their area, the needs of their patients, and the availability of any necessary supplies to re-engage in the provision of elective dental care.

Due to the evolving understanding of the world's knowledge of SARS-CoV-2, it is expected that more recommendations will be brought forward that might impact how dentists deliver care. The ADA's Council on Dental Practice will carry on the work of the Advisory Task Force. Further information and recommendations will be provided to our members as it becomes available.

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Page 3 [Pre-Appointment Screening Process](#) explains how to screen patients for symptoms of COVID-19 before the appointment and upon arrival. It also includes a patient screening form.

Page 4 [In-Office Patient Registration Procedures](#) are for dental teams to implement at the front-desk before reopening the practice.

Page 5 [Reception Area Preparation Strategies](#) explain how to reduce the risk of COVID-19 transmission during patient visits.

Page 6 [Chairside Checklist](#) includes procedures for dentists and staff while in the operator rooms and until the patient's room is cleaned and disinfected.

Page 8 [Staff Protection Strategies](#) includes recommendations for in-office clothing, pregnant staff, and a daily COVID-19 screening log for office staff and associates to use before entering the practice.

Page 11 [Shopping List](#)

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For COVID-19 resources from the ADA, visit the ADA Coronavirus (COVID-19) Center for Dentists at ada.org/covid19.



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LAST UPDATED: 4/24/2020 1

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Centers for Disease Control and Prevention

Coronavirus Disease 2019 (COVID-19)

Dental Settings

Interim Infection Prevention and Control Guidance for Dental Settings During the COVID-19 Response

Key Concepts

- Dental settings have unique characteristics that warrant additional infection control considerations.
- Postpone elective procedures, surgeries, and non-urgent dental visits.
- Proactively communicate to both staff and patients the need for them to stay at home if sick.
- Know steps to take if a patient with COVID-19 symptoms enters your facility.

What's New

Revisions were made on April 9, 2020

- Description of risk to dental health care personnel (DHCP) when providing emergency care during the COVID-19 pandemic.
- Recommendations for contacting patients prior to emergency dental care.
- Recommendations for providing emergency dental care to non-COVID-19 patients including engineering controls, work practices and infection control considerations.
- Potential exposure guidance.
- Contingency and crisis planning.

During the COVID-19 pandemic, dental emergencies¹ will arise and may require treatment by DHCP. DHCP should regularly consult their state dental boards or other regulating agencies for requirements specific to their jurisdictions, as information is changing rapidly. The following dental-specific recommendations should be used with CDC's Interim Infection Prevention and Control Recommendations for patients with COVID-19 and the Interim Additional Guidance for Outpatient and Ambulatory Care Settings: Responding to Community Transmission of COVID-19 in the United States. This information supplements, but does not replace, the general infection prevention and control recommendations for COVID-19.

Background

SARS-CoV-2, the virus that causes COVID-19, is thought to be spread primarily through respiratory droplets. Airborne transmission from person to person over long distances is unlikely. However, the contribution of aerosols, or droplet nuclei, to close proximity transmission is currently uncertain. The virus has been shown to survive in aerosols for hours and on surfaces for days. There are also indications that patients may be able to spread the virus while pre-symptomatic or asymptomatic.

The practice of dentistry involves the use of rotary dental and surgical instruments such as handpieces or ultrasonic scalers and air-water syringes. These instruments create a visible spray that contains large particle droplets of water, saliva, blood, microorganisms, and other debris. This quater travels only a short distance and settles out quickly, landing on the floor, nearby operatory surfaces, DHCP, or the patient. The spray also might contain certain aerosols. Surgical masks protect mucous membranes of the mouth and nose from droplet splatter, but they do not provide complete protection against inhalation of airborne infectious agents.

There are currently no data available to assess the risk of SARS-CoV-2 transmission during dental practice or to determine whether DHCP are adequately protected when providing dental treatment using Standard Precautions. 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 nonoccupational. The Occupational Safety and Health.

OSHA Guidance Summary: Preparing Workplaces for COVID-19

ADA

(OSHA 3990.03 2020)

The Occupational Safety and Health Administration (OSHA) developed COVID-19 planning guidance based on traditional infection prevention and industrial hygiene practices. It focuses on the need for employers to implement engineering, administrative, and work practice controls and personal protective equipment (PPE). This guidance is intended for planning purposes. Employers and workers should use this planning guidance to help identify risk levels in workplace settings and to determine any appropriate control measures to implement. Additional guidance may be needed as COVID-19 outbreak conditions change, including as new information about the virus, its transmission, and impacts, becomes available.

The U.S. Department of Health and Human Services' Centers for Disease Control and Prevention (CDC) provides the latest information about COVID-19 and the global outbreak: www.cdc.gov/coronavirus/2019-ncov. The OSHA COVID-19 webpage offers information specifically for workers and employers: www.osha.gov/covid-19.

A COVID-19 outbreak could affect workplaces through absenteeism, change in commerce patterns, and interrupted supply/delivery.

Steps to Reduce Workers' Risk of Exposure to SARS-CoV-2

Develop an Infectious Disease Preparedness and Response Plan

If one does not already exist, develop an infectious disease preparedness and response plan that can help guide protective actions against COVID-19.

Stay abreast of guidance from federal, state, local, tribal, and/or territorial health agencies, and consider how to incorporate those recommendations and resources into workplace-specific plans.

Plans should consider and address the level(s) of risk associated with various work sites and job tasks workers perform at those sites. Considerations may include:

- Where, how, and to what sources of SARS-CoV-2 might workers be exposed
- Non-occupational risk factors at home and in community settings
- Workers' individual risk factors (e.g., older age; presence of chronic medical conditions, including immunocompromising conditions; pregnancy)

Follow federal and state, local, tribal, and/or territorial (SLTT) recommendations regarding development of contingency plans for situations that may arise as a result of outbreaks (e.g., increased absenteeism, interrupted supply chains/deliveries).

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UNITED STATES DEPARTMENT OF LABOR

OSHA QuickTake

Occupational Safety & Health Administration We Can Help

Home Workplaces Regulations Enforcement Data & Statistics Training

OSHA FactSheet

Healthcare Workplaces Classified as Very High or High Exposure Risk for Pandemic Influenza

What to do to protect workers

If your workplace requires your workers to have contact with people who are known or suspected to be infected with the pandemic virus, there are important practices to reduce the risk of infection and to protect your workers.

Very high exposure risk occupations are those with high potential for exposure to known or suspected sources of pandemic influenza during specific medical or laboratory procedures:

- Healthcare workers performing aerosol-generating procedures on known or suspected pandemic patients.
- Healthcare or laboratory personnel collecting or handling specimens from known or suspected pandemic patients.

High exposure risk occupations are those with high potential for exposure to known or suspected sources of pandemic virus:

- Healthcare delivery and support staff exposed to known or suspected pandemic patients.
- Staff providing medical transport of known or suspected influenza patients to enclosed vehicles.
- Staff performing autopsies on known or suspected pandemic patients.

Engineering Controls

These types of controls involve making changes to the work environment to reduce work-related hazards.

- Healthcare facilities equipped with isolation rooms need to use them when performing aerosol-generating procedures for patients with known or suspected pandemic influenza.
- Only Biosafety Level 2 or 3 laboratory facilities (depending on the procedures performed) should process specimens from known or suspected pandemic patients.
- Where possible, install physical barriers such as clear plastic waste panels in reception or intake areas.
- Barriers and increase housekeeping vigilance to control the spread of infectious agents through additional cleaning of contact surfaces, and through prompt and thorough waste disposal.

Administrative Controls

Healthcare facilities need to follow existing guidelines and facility standards of practice for identifying and isolating infected individuals and for protecting workers. Develop and implement policies that reduce exposures.

- Post signs requesting patients and family members to immediately report symptoms of respiratory illness on arrival at the facility and use disposable tissues to cover the nose and mouth when coughing.

Work Practices

Train workers to work practices such as hand hygiene, facility hygiene, and other infection control measures. For details see *Pandemic Influenza Preparedness and Response Guidance for Healthcare Workers and Healthcare Employers* at www.osha-slc.gov/Publications/3328-OS-2007-English.html.

- Provide conveniently located masks, tissues and alcohol-based hand rubs for waiting areas and patient evaluation areas to reduce the spread of infection.

Personal Protective Equipment (PPE)

For those who work closely (within 6 feet) with people known or suspected to be infected with pandemic influenza:

- Use NIOSH-certified respirators that are N95 or higher. When both fluid protection (e.g., blood splashes) and respiratory protection are needed, use a "tight-fitting" respirator that has been certified by NIOSH and cleared by the FDA.
- Consider NIOSH-certified elastomeric respirators (e.g., cartridge respirators) for essential workers who may have to decontaminate and reuse respirators in the event that there is a shortage of disposable respirators.
- Consider NIOSH-certified powered air-purifying respirators for essential workers who may have to decontaminate and reuse respirators, wear respirators for prolonged periods of time, be exposed to high-risk procedures, or work in high-risk environments. Loose-fitting hooded powered air-purifying respirators have the additional advantage of not requiring fit testing.
- Do fit testing and training in the proper use and care of a respirator. (<https://www.osha-slc.gov/NIOSH/NIOSH-OS-2007-English.html>)
- Use gloves made of latex, vinyl, nitrile, or other synthetic materials as appropriate, when there is contact with blood and other bodily fluids, including respiratory secretions.
- Wear an isolation gown when it is anticipated that soiling of clothes or uniforms with blood or other bodily fluids, including respiratory secretions, may occur.
- Use eye and face protection if sprays or splashes of infectious material are likely. Goggles should be worn during the performance of aerosol-generating procedures. Use of a full face shield in front of a respirator may also prevent leak contamination of the respirator.

Education and training material need to be easily understood and available in the appropriate language and literacy level for all workers. Employees must have a respiratory protection program that complies with OSHA's Respiratory Protection Standard at 29 CFR 1910.134, including worker fit testing, medical evaluation, and training in the proper use and care of a respirator.

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Key Concepts




- Dental settings have unique characteristics that warrant additional infection control considerations.
- Postpone elective procedures, surgeries, and non-urgent dental visits.
- Proactively communicate to both staff and patients the need for them to stay at home if sick.
- Know steps to take if a patient with COVID-19 symptoms enters your facility.

What's New

Revisions were made on April 27, 2020

- To address asymptomatic and pre-symptomatic transmission, implement source control (require facemasks or cloth face coverings) for everyone entering the dental setting (dental healthcare personnel [DHCP]^[1,2] and patients), regardless of whether they have COVID-19 symptoms.
- Actively screen everyone on the spot for fever and symptoms of COVID-19 before they enter the dental setting.
- Actively screen DHCP on the spot for fever and symptoms before every shift.

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Mask Type – With Goggles or Face Shield (Understanding Mask Types)		Level of Risk*** to DHCP
 N95	N95	Low
 KN95	N95 EQUIVALENT MASK* KN/KP95, PFF2, P2, DS/DL2, KOREAN SPECIAL 1ST	Low
 Surgical Mask**		Moderate

Source: American Dental Association – based on CDC Guidance

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The Real Deal about N-95 Respirators

N95 respirators must be fit-tested – initially and annually.

- OSHA has waived only the annual requirement
- Employees must complete a medical questionnaire
 - Determines whether they have any medical conditions that may prevent them from wearing a respirator
 - Based on questionnaire, employee may need medical exam/evaluation



Source: 3M

<https://youtu.be/s3tU2hb9U2o>

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Eye Protection and Splatter Protection

- Chin-length face shields
 - Helps prevent contamination of outside of mask
- Know which shields will work with loupes and lights



Source: Palmero Health



Source: DHPI and Dental Safety Solutions



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Protective Clothing

- Gowns – always required by OSHA – but often ignored
 - CDC says change after each patient
 - Remove before leaving tx room
- Disposable
- Reusable
 - Launder on site
 - Cannot take home



Source: Halyard Health

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Additional Protection

- Recommended – but not required (yet)
- Hair covers - bonnets
- Shoe covers



Source: Halyard Health



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Preparing to See Elective Patients

- Get the reception room ready:
 - Remove magazines and toys
 - Close down beverage/coffee bars
 - Space out chairs (may have to remove some)
 - Have hand hygiene station



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Preparing to See Elective Patients

- Get the front desk ready:
 - Screens/sneeze guards for admin. team members
 - Masks for admin team members
 - Do you have the capability to do teledentistry
 - Prepare screening protocols
 - Pre-appointment and upon arrival

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Preparing to See Elective Patients

- Get the clinical support areas ready:
 - Water system
 - Shock and test
 - Sterilizers
 - Spore test and validate with Type 5 integrator
 - Check compressor, vacuum pump, amalgam separator

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Preparing to See Elective Patients

- Get the hygiene room ready:
 - Remove non-essential items from countertops
 - Store in drawers/cabinets or outside the room
 - Evaluate where barriers may be appropriate
 - Sealants, fluoride varnish, etc.
 - Decide how to mitigate aerosol production



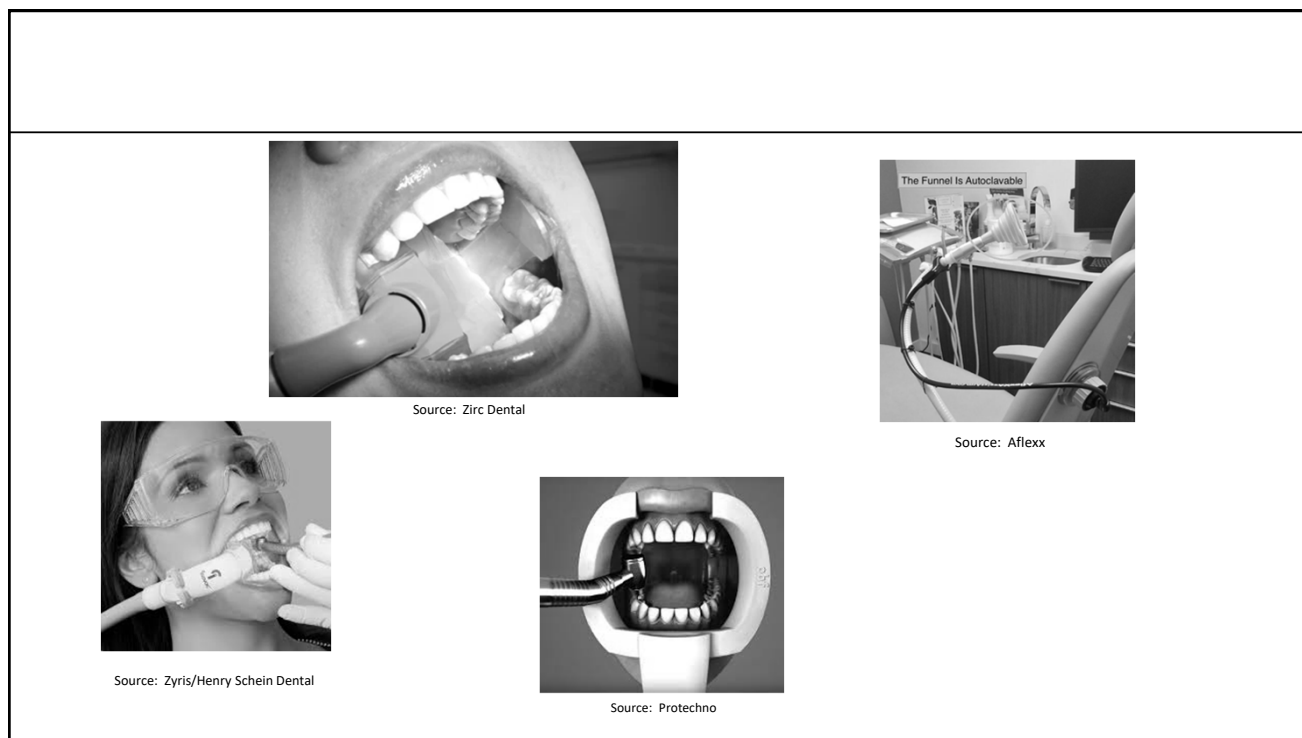
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What to do about aerosols:

- CDC says minimize during pandemic
 - Limit use of handpieces
 - Ultrasonic scalers not recommended

Remember this is temporary!

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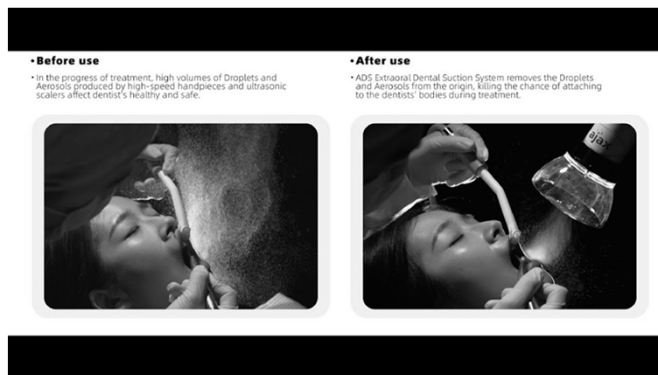
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Controlling Aerosols

○Extraoral evacuation

○Air filtration/purification

- “There is no direct scientific evidence of benefit, but some reduced exposure can reasonably be inferred based on the ability of some filters to remove particles that contain a SARS-CoV-2 virus.” **National Air Filtration Association**

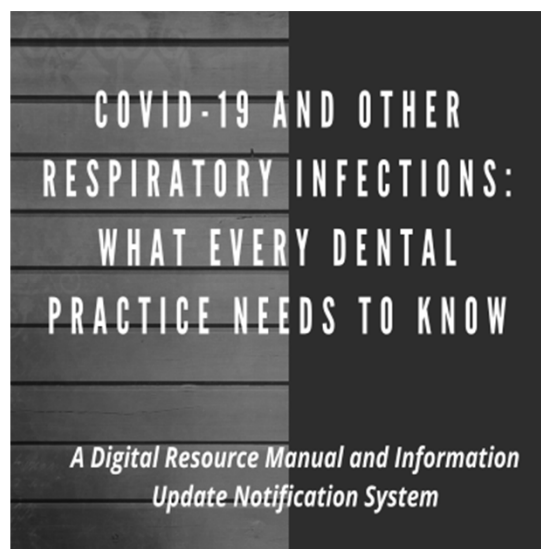


Source: ADS Dental

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[https://www.marygovoni.com/store/p8/COVID-19 and Respiratory Infection Resource Manual.html#/](https://www.marygovoni.com/store/p8/COVID-19+and+Respiratory+Infection+Resource+Manual.html#/)


Use Code: VIVA





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Questions???

