Phase 1 Guidance
Coronavirus 2019 (COVID-19) Guidance for Dental Settings

During Phase 1, the public and businesses will be required to adopt new behaviors and rigorous safeguards to reduce risk for all. This guidance is intended to guide Dental Healthcare Providers (DHCP) in provision of non-emergency dental services during Phase 1. If providing services, the following measures should be implemented to help reduce the risk of COVID-19 transmission amongst employees, customers, and the community. For additional information, visit coronavirus.dc.gov/phaseone.

Patient Considerations

- Providers should continue to consider alternative care delivery models, including teledental technology, when clinically appropriate.
- Prioritize opening elective dental care that is essential, based on the urgency for care and the necessity of face to face oral health care.
- Telephone screen all patients for symptoms consistent with COVID-19. If the patient reports symptoms of COVID-19, delay non-emergent dental care.
- Assess all patients and visitors upon arrival. If a patient is febrile or exhibits symptoms compatible with COVID-19, non-emergency dental care should be delayed.
- Ensure that the patient and visitors wear facemasks when not receiving care.

Facility Considerations

- Post signage stating that no one with a fever or symptoms of COVID-19 is permitted to enter the facility.
- Provide supplies for respiratory hygiene and cough etiquette, including alcohol-based hand rub (ABHR) with 60– 95% alcohol, tissues, and no-touch receptacles for disposal, at healthcare facility entrances, waiting rooms, and patient check-ins.
- Install physical barriers (e.g., glass or plastic windows) at reception areas to limit close contact between triage personnel and potentially infectious patients.
- Minimize the number of persons waiting in the waiting room.
    - Patients may opt to wait in a personal vehicle or outside the dental facility where they can be contacted by mobile phone when it is their turn for dental care.
    - Minimize overlapping dental appointments.
- Ensure dental equipment has received appropriate maintenance and necessary repairs after periods of non-use.

Practice Considerations

- Practices should implement sick leave policies for DHCP that are flexible, non-punitive, and consistent with public health guidance.
- Patients should be requested to notify DHCP if they are diagnosed with COVID-19 within 14 days of their visit.
- DHCP should be asked to regularly monitor themselves for fever and symptoms consistent with COVID-19.

- DHCP should not practice when they are sick. If they become sick at work, they should immediately stop providing care, notify their employer, leave the facility, and consult with their healthcare provider.

Infection Control and Personal Protective Equipment

- DHCP should limit clinical care to one patient at a time, placing patients in individual patient rooms if possible. If this is not possible, patients should be 6 feet apart with physical barriers in place.
- All supplies and instruments not in active use should be in covered storage, such as drawers and cabinets, and away from potential contamination. Any supplies and equipment that are exposed but not used during the procedure should be considered contaminated and should be disposed of or reprocessed properly after completion of the procedure.
- DHCP should practice strict hand hygiene, particularly before and after all patient contact, contact with potentially infectious material, and before putting on and after removing personal protective equipment (PPE), including gloves.
- DHCP should wear a surgical mask at all times; in addition, eye protection (goggles, protective eyewear with solid side shields, or a full-face shield), gloves, and a gown should be worn during procedures likely to generate splashing or spattering of blood or other body fluids.
- Avoid aerosol-generating procedures whenever possible. If such procedures are necessary, DHCP should wear an N95 respirator instead of a mask, in addition to other PPE listed above. Respirators should be used in the context of a respiratory protection program, which includes medical evaluations, training, and fit testing.
- If a surgical mask and a full-face shield are not available, do not perform any aerosol-generating procedures.
- Areas for donning and doffing PPE and trash receptables for PPE should be established in every patient room.
- PPE should be changed between patients, and hand hygiene performed before donning and after doffing PPE to remove any pathogens that might have been transferred to bare hands during the removal process.
- DHCP should remove their respirator or surgical mask and put on their cloth face covering when leaving the facility at the end of their shift.

Cleaning and Disinfecting

- DHCP should ensure that environmental cleaning and disinfection procedures are followed consistently and correctly after each patient.
- After a patient without suspected or confirmed COVID-19, wait 15 minutes after the exit of each patient to begin to clean and disinfect room surfaces to allow for droplets to sufficiently fall from the air after a dental procedure.
    - o If a patient diagnosed with COVID-19 is treated for an emergency procedure, DHCP should delay entry into the operatory until a sufficient time has elapsed for enough air changes to remove potentially infectious particles.
- Routine cleaning and disinfection procedures (e.g., using cleaners and water to clean surfaces before applying 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.

- o Refer to List N on the EPA website for EPA-registered disinfectants that have qualified under EPA's emerging viral pathogens program for use against SARS-CoV-2.

Building Considerations

- Ensure ventilation systems are properly maintained and set up to increase circulation as much as possible. Detailed guidance for appropriate set-up options can be found on the CDC website Guidance for Dental Settings: cdc.gov/coronavirus/2019-ncov/hcp/dental-settings.html#EngineeringControls
- Flush water systems to clear out stagnant water and replace it with fresh water. This will remove any metals (e.g. lead) that may have leached in to the water and minimize the risk of Legionnaires' disease and other diseases associated with water. Steps for this process can be found on the CDC website: cdc.gov/coronavirus/2019-ncov/php/building-water-system.html.

More detailed guidance can be found on the CDC's Guidance for Dental Settings, cdc.gov/coronavirus/2019-ncov/hcp/dental-settings.html. The guidelines above will continue to be updated as the outbreak evolves. Please visit coronavirus.dc.gov regularly for the most current information.