

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

During Phase Two, employers 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 Two. If providing services, **the following measures should be implemented to help reduce the risk of COVID-19 transmission amongst employees, patients, and the community**. For additional information, see coronavirus.dc.gov/phasetwo.

Patient Considerations

- Providers should continue to consider alternative care delivery models, including teledental technology, when clinically appropriate.
- Prioritize procedures that minimize adverse patient outcomes associated with delayed care and with minimum transmission risk.
- Telephone screen all patients for symptoms consistent with COVID-19. If the patient reports symptoms of COVID-19, delay non-emergent dental care.
 - Symptoms may include: fever (subjective or 100.4 degrees Fahrenheit), chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, diarrhea, or otherwise feeling unwell.
 - For **Screening Tool Guidance**, visit coronavirus.dc.gov/healthguidance
- 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 cloth face coverings or facemasks when not receiving care.
- Patients should be requested to notify DHCP if they are diagnosed with COVID-19 within 14 days of their visit.

Facility Considerations

- Post signage stating that no one with a fever or symptoms of COVID-19 is permitted to enter the facility.
 - If a patient has a fever strongly associated with a dental diagnosis, but no other signs or symptoms consistent with COVID-19, care can be provided following the appropriate infection control protocols.
- 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 in the waiting room and promote social distancing.
 - 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.
 - Arrange waiting room chairs to ensure at least 6 feet between persons.
- Remove toys, magazines, and other frequently touched objects that cannot be regularly cleaned or disinfected from waiting areas.
- Ensure dental equipment has received appropriate maintenance and necessary repairs after periods of non-use.

Practice Considerations

- Implement leave policies that are flexible and non-punitive, and that allow sick employees to stay home. Leave policies are recommended to account for the following:
 - Employees who report COVID-19 symptoms,
 - Employees who were tested for COVID-19 and test results are pending,
 - Employees who tested positive for COVID-19,
 - Employees who are a close contact of someone who tested positive for COVID-19,
 - Employees who need to stay home with their children if there are school or childcare closures, or to care for sick family members
- Keep abreast of current law, which has amended both the DC Family and Medical Leave Act and the DC Sick and Safe Leave Law and created whole new categories of leave, like Declared Emergency Leave.
- Learn about and inform your employees about COVID-related leave provided through new federal law, the Families First Coronavirus Response Act (FFCRA) and all applicable District law relating to sick leave.
- All DHCP should be screened prior to the start of their shift.
 - Those with a subjective or objective (>100°F) fever, cough, shortness of breath, difficulty breathing, fever or chills, fatigue, muscle or body aches, headache, sore throat, new loss of taste or smell, congestion or runny nose, nausea, vomiting, or diarrhea should not be permitted into the facility and should follow up with their healthcare provider.
- 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 an individual develops any of the symptoms above during the work shift, there should be a plan in place for that individual to immediately isolate, notify their supervisor, and leave the facility.

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 (floor-to-ceiling when possible per building codes).
- 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 must 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 respirator is not available for an aerosol-generating procedure, use both a surgical mask and a full-face shield. If a surgical mask and a full-face shield are not available, do not perform any aerosol-generating procedures.
 - Respirators without valves are recommended to prevent the spread of COVID-19.
- Areas for donning and doffing PPE and trash receptacles 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.
- **If emergency dental care is medically necessary for a patient who has, or was exposed to, COVID-19**, DHCP should follow the CDC's Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed COVID-19 in Healthcare Settings, available at: [cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html](https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html).
 - In addition to the recommendations above, implement the following measures:
 - Provide dental treatment in an individual patient room with a closed door.
 - Avoid aerosol generating procedures. If they must be performed, DCHP should wear a respirator, eye protection, gloves, and a gown. Limit persons in the room to essential personnel.
 - Consider scheduling the patient at the end of the day.
 - Do not schedule other patients at the same time.

Cleaning and Disinfection

- 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.
 - If a patient diagnosed with COVID-19 is treated for an emergency procedure, DHCP should delay entry into the operatory until 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.
 - 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 [epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2-covid-19](https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2-covid-19)

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](https://www.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 into 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](https://www.cdc.gov/coronavirus/2019-ncov/php/building-water-system.html). For more information about prevention of Legionnaires' disease see [cdc.gov/legionella/wmp/index.html](https://www.cdc.gov/legionella/wmp/index.html)

Establish a Plan for COVID-19 Exposure

- Establish a plan in the event that an employee or patient is diagnosed with COVID-19.

- Identify a point of contact at the dental practice that an employee can notify if they test positive for COVID-19.
- If an employee develops any of the symptoms above during the work shift, there should be a plan in place for the employee to immediately isolate, notify their supervisor, and leave the facility.
- If an employee reports to the dental practice that they are positive for COVID-19, the practice should have a notification process to share the following with staff:
 - Education about COVID-19, including the signs and symptoms of COVID-19
 - Referral to the Guidance for Contacts of a Person Confirmed to have COVID-19, available at coronavirus.dc.gov/healthguidance
 - Information on options for COVID-19 testing in the District of Columbia, available at coronavirus.dc.gov/testing
- Any staff member who works in the facility and tests positive for COVID-19 must be reported to DC Health by the facility within 24 hours, using the COVID-19 Reporting Form DC Health Infectious Disease website: dchealth.dc.gov/service/infectious-diseases
- Any dental practice that conducts point-of-care testing on-site must report results to DC Health with 24 hours, using the COVID-19 Reporting Form found on the DC Health Infectious Disease website: dchealth.dc.gov/service/infectious-diseases.
- 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.