

The New Normal: COVID-19 and the Dental Practice

July 7th 2020, 5:30pm-7:00pm

OFFICE OF DENTAL HEALTH, ALAMEDA COUNTY PUBLIC HEALTH DEPARTMENT

ALAMEDA COUNTY DENTAL SOCIETY,

BERKELEY DENTAL SOCIETY

SOUTHERN ALAMEDA COUNTY DENTAL SOCIETY

ASIAN HEALTH SERVICES



Today's Moderators

Moderator: Bhavana Ravi, DDS

Community of Practice Manager, Healthy Teeth Healthy Communities,
Office of Dental Health,
Alameda County

Co-moderator: Deanna Aronoff, DDS, MSD

Clinical Dental Director,
Office of Dental Health,
Alameda County Public Health Department



House keeping tips

- If the entire meeting drops please check your email for instructions.
- This session is being recorded.
- Please forward your questions via the chat box to only Dr Aronoff. Dr Aronoff will present your questions to the panelists at the end of the session.
- Due to time limitations questions that cannot be answered at this session will be addressed at the subsequent session.
- CE credits will be provided by your respective dental societies. Please allow a few days for processing.
- The date and time of the next session is to be decided.



Resources

- The recording for today's webinar will be made available on the Alameda County Public Health Department website <http://www.acphd.org/2019-ncov/providers/dental-services.aspx>
- Link to register for Alameda County Health Alerts <https://tinyurl.com/yacfk49g>



Panelists

Nicholas Moss, MD, MPH, Interim Health Officer, Alameda County

Jayanth Kumar, DDS, MPH, California State Dental Director

Ariane Terlet, DDS, Vice President California Dental Association

David Jalen, DDS, Past President Alameda County Dental Society, Private Practice

Huong Le, DDS, MA, Chief Dental Officer, Asian Health Services



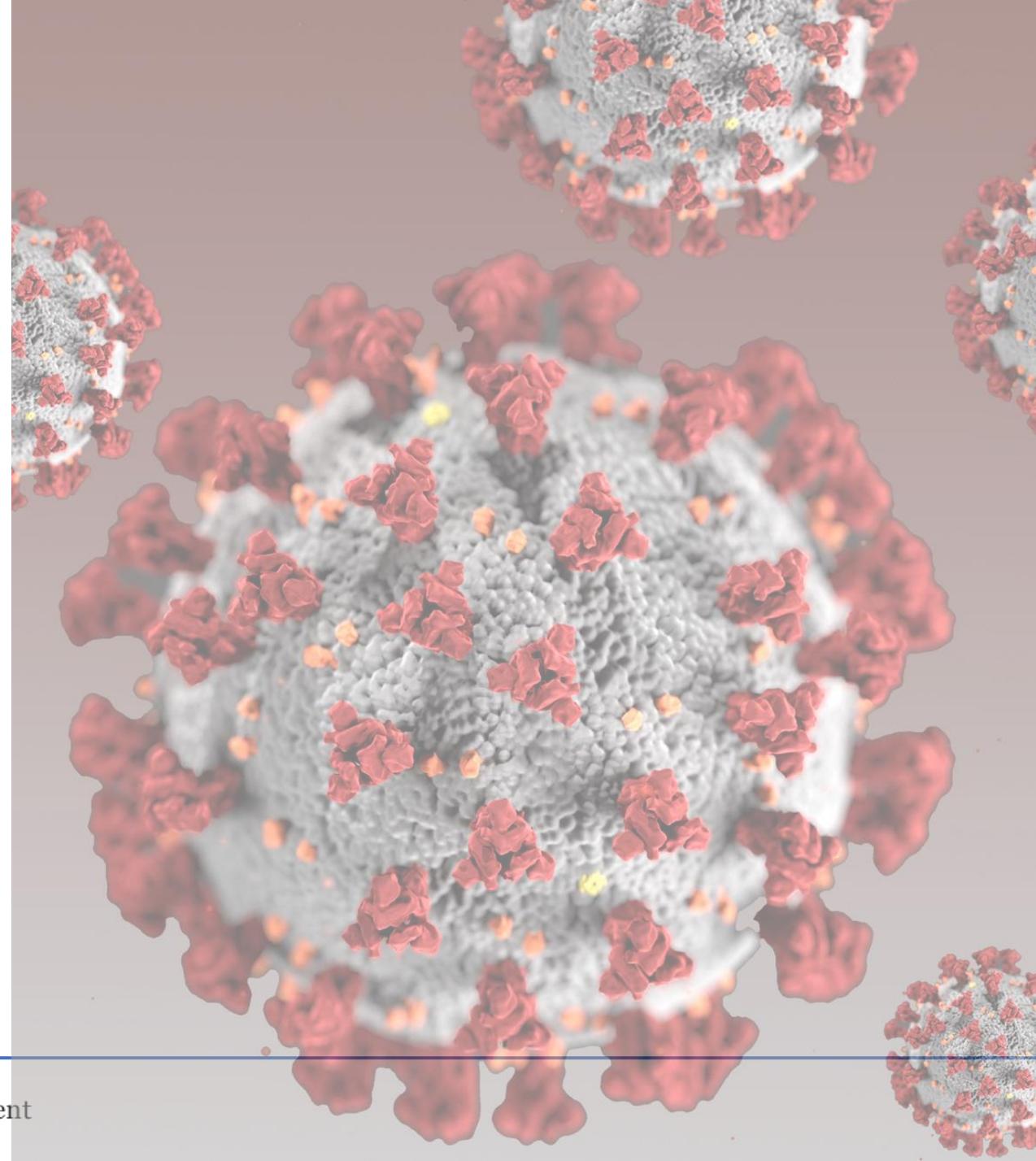
Thank you



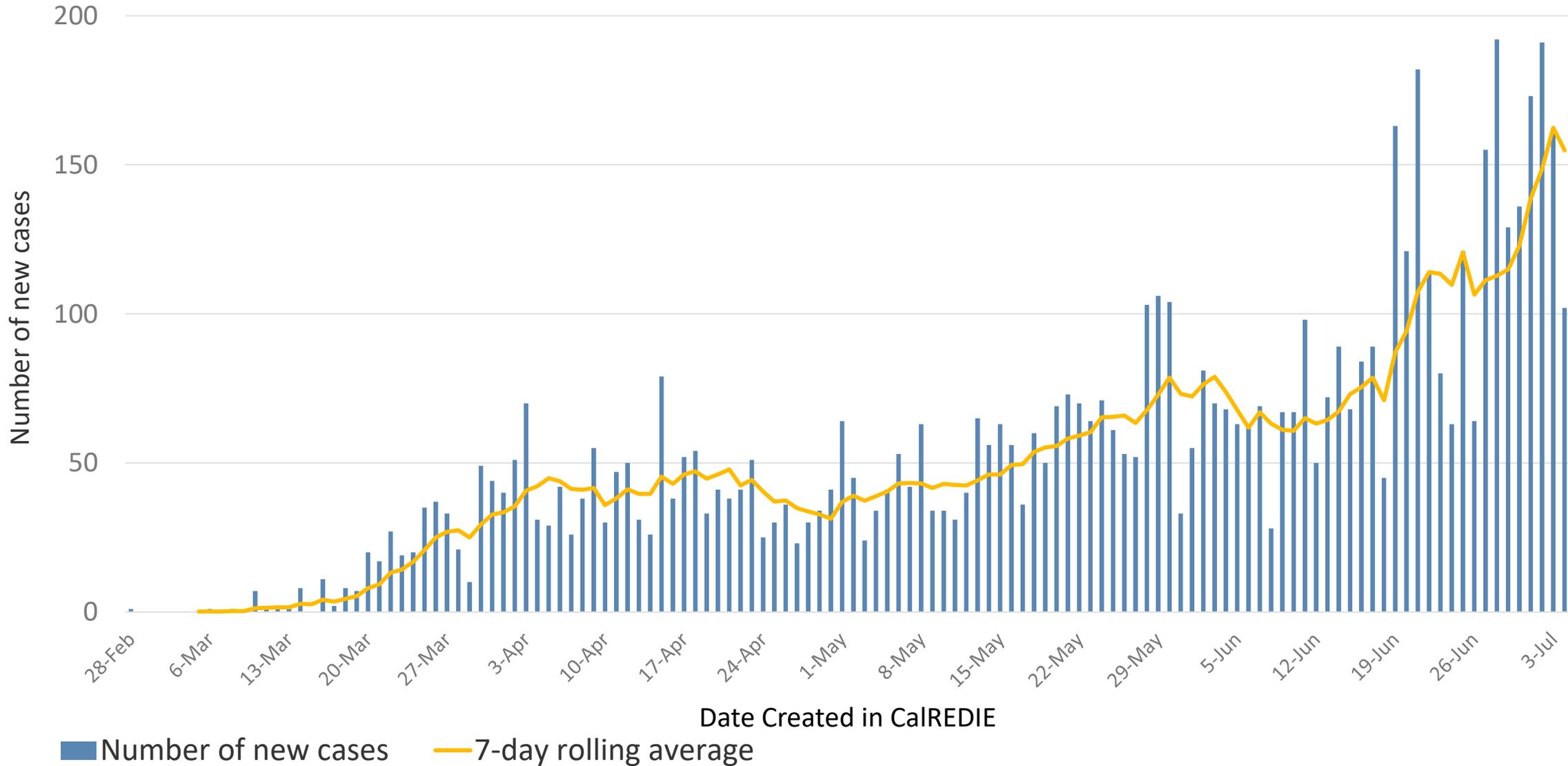
Alameda County COVID-19 Update

The New Normal:
COVID 19 And The Practice Of Dentistry
July 7, 2020

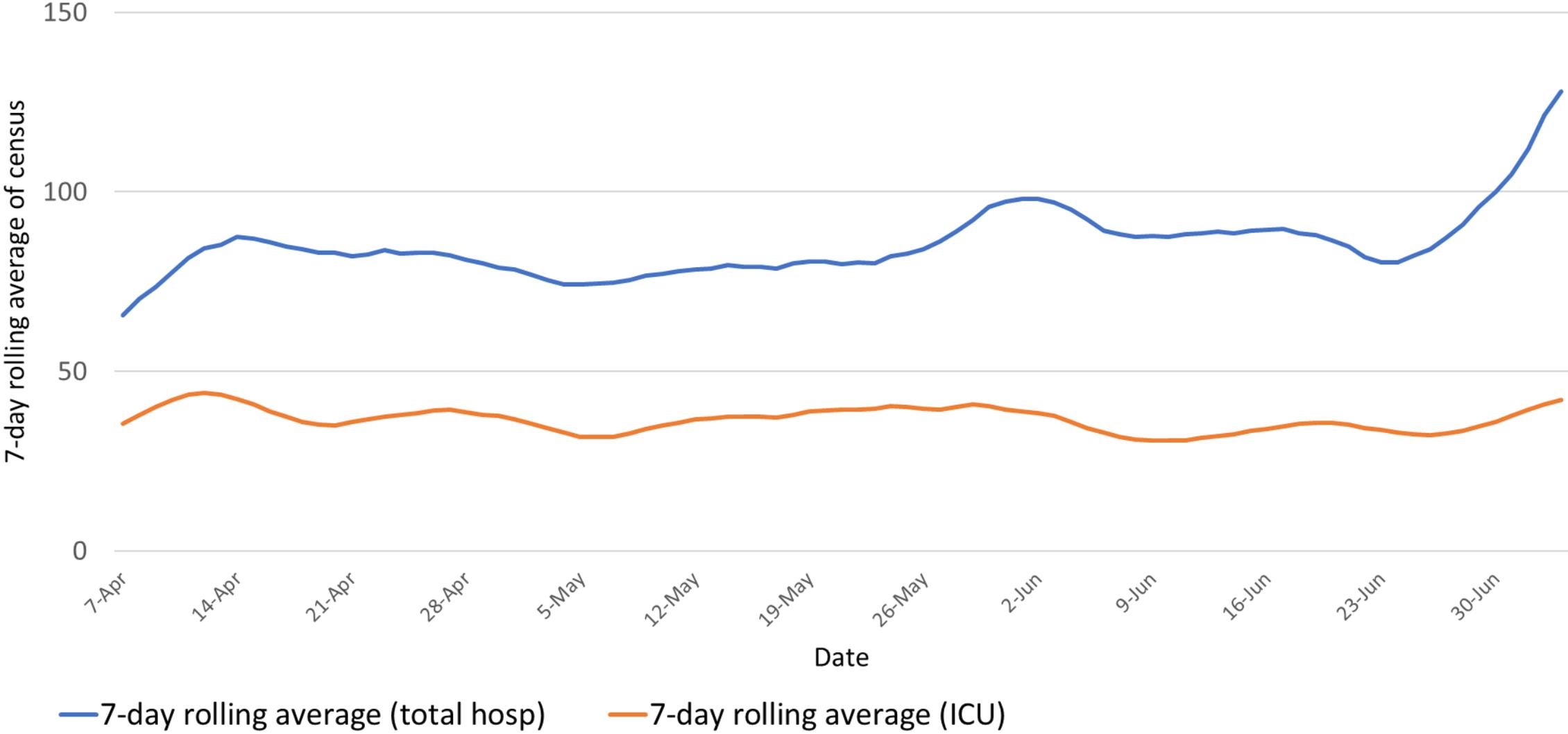
Dr. Nicholas Moss, Interim Health Officer
Health Care Services Agency



New Alameda County COVID-19 Cases, 2020



COVID-19 Patients Hospitalized in Alameda County, 7-day rolling average, 2020



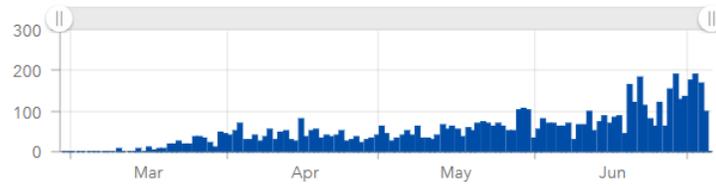


Alameda County COVID-19 Dashboard Updated 7/6/2020 with data through the end of 7/5/2020

Alameda County LHI

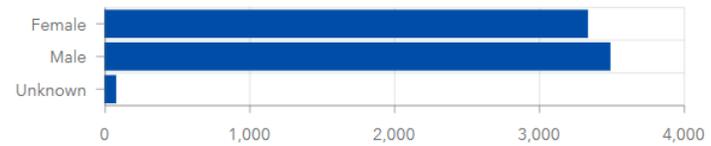
6,721
Cases **139**
Deaths

Alameda County LHI Daily Cases



Cumulative Daily

Alameda County Total Cases by Gender



Reported transgender, other, and unknown gender identities are each less than ten and so are suppressed

Cases Case Rates

[Click here to go to our mobile dashboard.](#)

[Click here to go to our second dashboard with data on](#)

Alameda County Cases by City/Jurisdiction

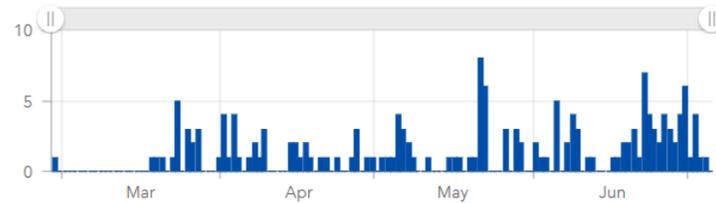
- Alameda County: 6887
- Berkeley LHI: 166
- Alameda County LHI: 6721
- Under Investigation: 298
- Homeless: 94
- Address Unknown: 29
- Santa Rita Jail: 63
- Alameda: 107
- Albany: 15
- Dublin: 66
- Emeryville: 31
- Fremont: 362
- Hayward: 1116
- Livermore: 213
- Newark: 175
- Oakland: 2712
- Piedmont: 14
- Pleasanton: 132
- San Leandro: 345

Cases Case Rates

Berkeley LHI

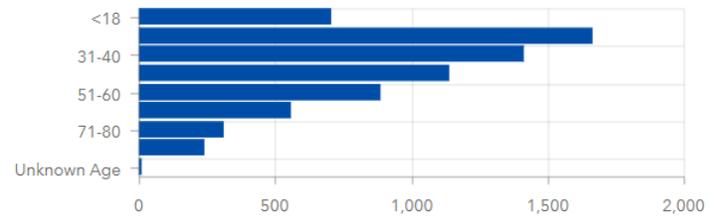
166
Cases **1**
Deaths

Berkeley LHI Daily Cases



Cumulative Daily

Alameda County Total Cases by Age Group

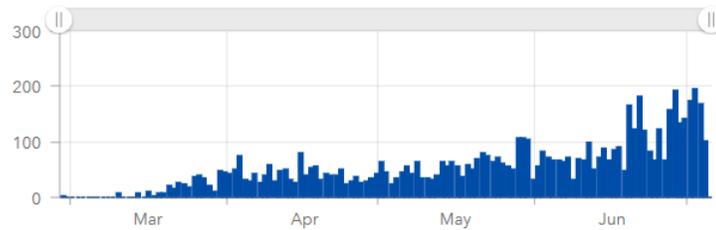


Cases Case Rates

Alameda County Total

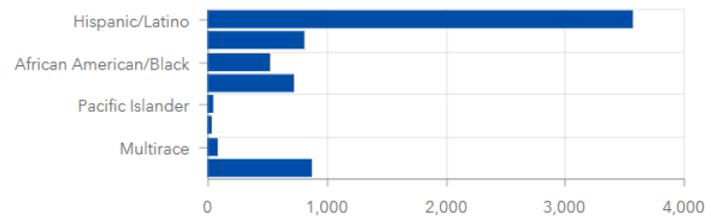
6,887
Cases **140**
Deaths

Alameda County Total Daily Cases



Cumulative Daily

Alameda County Total Cases by Race/Ethnicity



Cases Case Rates



COVID-19 Symptoms

- Fever or chills
- Cough
- Shortness of breath/dyspnea
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

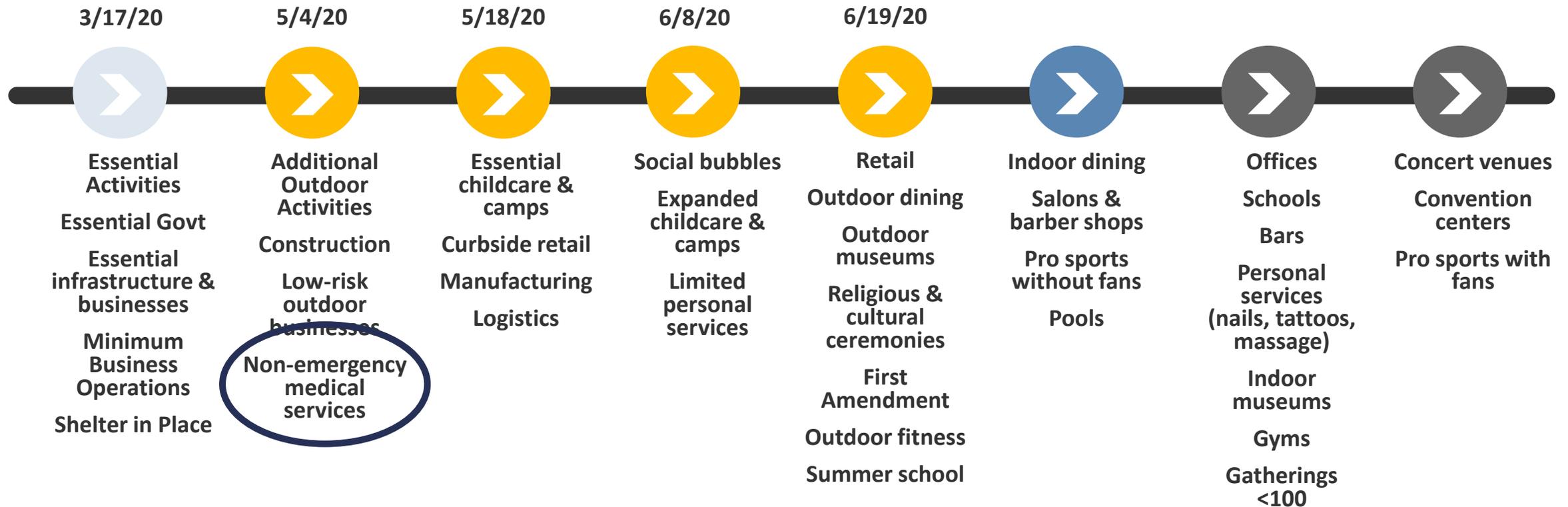
Time Course

- Incubation ~5 days (2-14)
- Can worsen at 7-10 days
- Some people have extended courses
 - Critical illness or
 - Waxing and waning
- Infectious period –
 - ≤ 2 days prior to symptom onset
 - ≥ 9 days after symptom onset



Alameda County Reopening Plan: **Paused 6.29.20**

Movement to next stage contingent upon local COVID-19 indicators



Face Coverings, Physical Distancing, and Site Specific Protection Plans Required – Stay in your Community

How COVID-19 spreads

- Between people
- Through respiratory droplets
 - Coughing
 - Sneezing
 - Talking/shouting
 - Singing
 - Aerosolizing procedures
- Close contact: <6 ft for ~15 min



How COVID-19 spreads

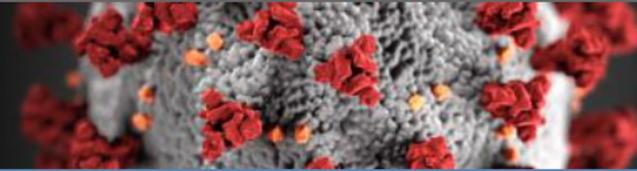
- Between people
- Through respiratory droplets
 - Coughing
 - Sneezing
 - Talking/shouting
 - Singing
 - Aerosolizing procedures
- Close contact: <6 ft for ~15 min



Dental Guidance



Division of Communicable Disease Control & Prevention COVID-19



Coronavirus Disease (COVID-19) > For Providers > Dental Services

Coronavirus Disease (COVID-19)
Home

Shelter in Place

Face Covering

Testing for COVID-19

COVID Recovery

Resources for Alameda County
Residents

Resources for Organizations

For Providers ▶

Clinician Guidance

Testing Guidance

Disease Reporting

Skilled Nursing & Residential
Care Facilities

Infection Control

Surge Planning

Dental Services

Dental Services

General Guidance

- [Resumption of Non-Urgent Health Care Services in Alameda County \(ACPHD\)](#)
- [Guidance for Dental Settings \(CDC\)](#)
- [Framework for Healthcare Systems Providing Non-COVID-19 Clinical Care During the COVID-19 Pandemic \(CDC\)](#)
- [Guidance for Resuming Deferred and Preventive Dental Care \(CDPH\)](#)
- [COVID-19: Patient Screening, Infection Control, PPE FAQ \(CDA\)](#)
- [Dentistry Workers and Employers \(OSHA\)](#)
- [Respiratory Protection Program \(CDA\)](#)

Other Resources

- [Alameda County Office of Dental Health](#)
- [California Dental Association](#)
- [CDPH COVID-19 Industry Guidance: Office Workspaces](#)

[Personal Protective Equipment Procurement and Decontamination for Dental Providers in Alameda County](#)

[WEBINAR: The New Normal: COVID-19 and The Dental Practice \(ACPHD, 1.5 CEs\)](#)

[6/6/2020 CDC COCA Webinar: Guidance for Dental Settings During the COVID-19 Response](#)

- [Webinar Recording](#)
- [Webinar Slides](#)



Key Questions

- Differences between guidance and order from the health officer?
 - Orders are binding under the law
 - Other guidance (e.g. Cal OSHA) may be enforceable
- Does a dentist need to report a COVID-19 positive employee to ACPHD?
 - Yes – all workplaces including health care providers must report cases
 - (510) 764-7836 or COVIDWorkplace@acgov.org
 - Patient reporting is different
- What to do when staff have COVID-19?
 - They should stay home!

•••• Hey Alameda County! ••••

YOU SAVED

6,441 lives

by staying home for 45 days.

On March 16, Alameda County's stay-at-home order went into effect.

While we are all aware of the rising death toll and the economic costs of COVID-19, it is important to recognize the positive difference we are all making to reduce the severity of this pandemic.



45 days home

60,216

people not in hospital

6,441

lives saved



60 days home

70,364

people not in hospital

7,291

lives saved

Thank you

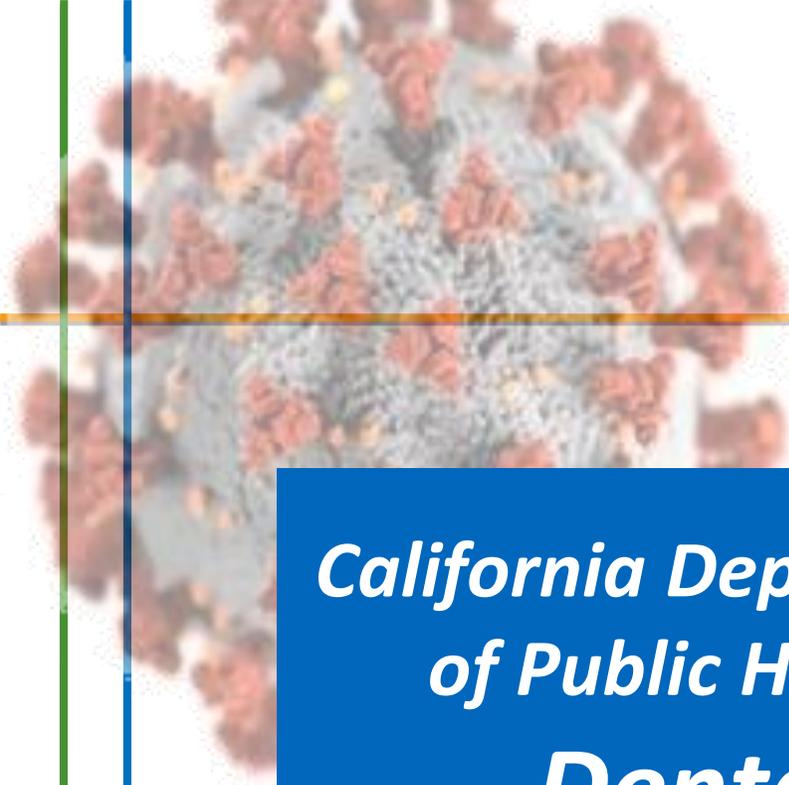
We are making an important difference everyday by staying home. Let's **keep staying home** and continue to **save lives**, Alameda County!

Using epidemiologists' models available through The New York Times, we can estimate the number of hospitalizations and deaths we can prevent by continuing to socially distance. The models are based on a variety of assumptions related to weather patterns, infectiousness of disease, and the aggressiveness of regulatory measures. As such, these numbers are only estimating the collective impact you and your neighbors are making to help save lives and are not actual hospitalizations or lives saved.

See the The New York Times model: bit.ly/NYTimesModel



Based on the infographic created by Community Information Now: bit.ly/CommInfoNow



*California Department
of Public Health
Dental
Guidance
Overview*

**Resuming Deferred and
Preventive Dental Care
July 7, 2020**



Office of Oral Health Contributors

Dr. Jay Kumar, DDS, MPH, California State Dental Director

Dr. Lynn Walton-Haynes, DDS, MPH, Dental Program Consultant

Rosanna Jackson, Chief, Statewide Community and Intervention Section

Joanna Aalboe, RDH, MPH, Health Program Manager

Jessica Byers, MPH, MS, Health Program Specialist



Topics

- Background on COVID-19 Pandemic in California
- Infection control practice
- Updated guidance for resuming deferred and preventive care
- Resources

California COVID-19 By The Numbers

July 5, 2020

Numbers as of July 4, 2020

CALIFORNIA COVID-19 SPREAD

260,155 (+5,410)

TOTAL CASES

Ages of Confirmed Cases

- 0-17: 21,219
- 18-49: 151,294
- 50-64: 52,869
- 65+: 34,493
- Unknown/Missing: 280

Gender of Confirmed Cases

- Female: 128,461
- Male: 130,351
- Unknown/Missing: 1,343

6,331 (+18)
Fatalities

Hospitalizations

Confirmed COVID-19
5,669/1,711
Hospitalized/in ICU

Suspected COVID-19
1,480/196
Hospitalized/in ICU

For county-level
hospital data:
bit.ly/hospitalsca

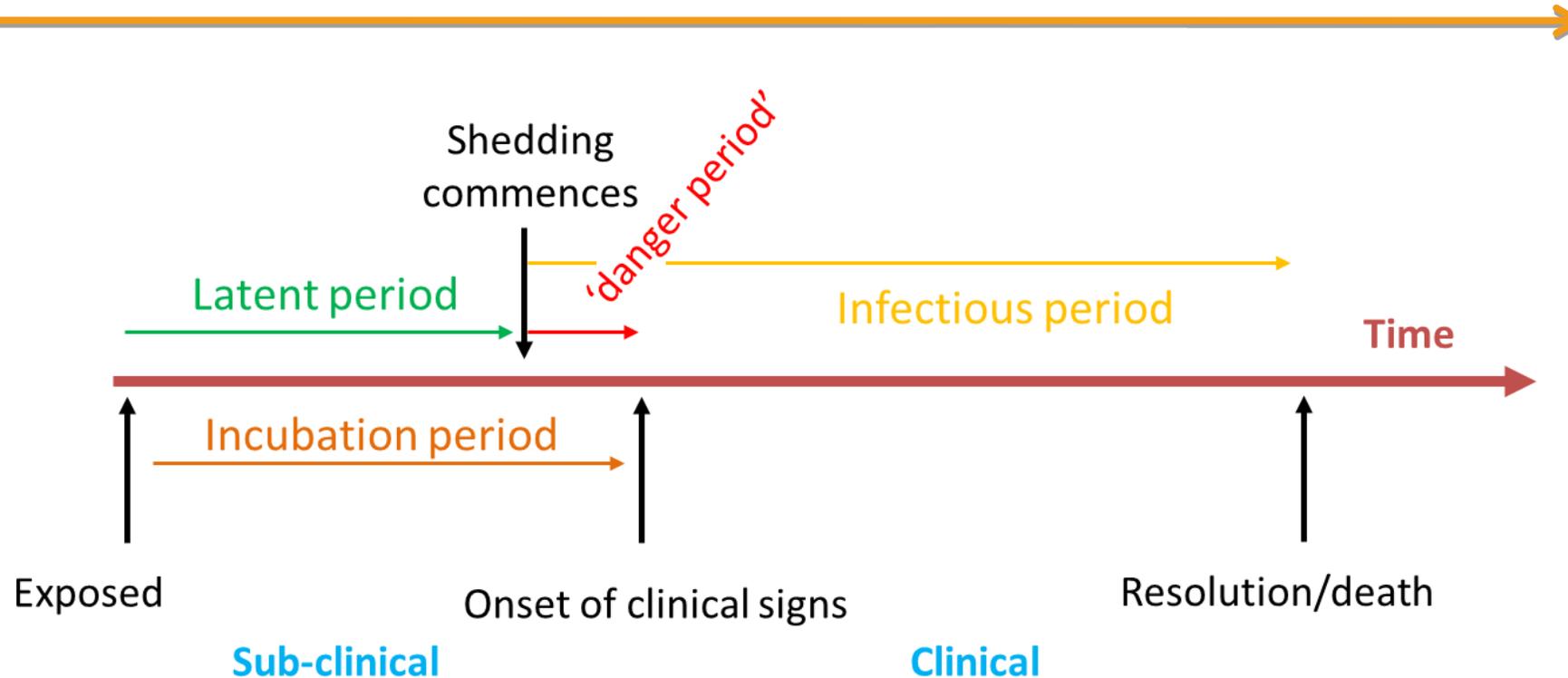
Your actions **save lives.**

For county-level data:
data.chhs.ca.gov

covid19.ca.gov



COVID-19: Infectious Disease Concept



Source: http://eadonline.com.au/modules/overview/infectious_disease_concepts.html

Infection Control Practice During COVID Pandemic

Federal



State



Local

CDC, OSHA, FDA



State Boards, Cal/OSHA,
State Health Officer
CDPH



Local Health Officer



Clinically Necessary Dental Care CDPH Guidelines



- Previously deferred treatment
- Previously scheduled urgent procedures
- Patients who are likely to develop dental emergencies
- Preventive services (fluoride, sealants, scaling)
- Non-aerosol generating dental procedures (SDF, ART, IRT, etc..)
- If aerosol generating procedures are necessary, employ aerosol management tools

Guidance - General Considerations

Local
Geographic
Orders

Supplies

Screening &
Testing

Visual Signs

Dental Specific Considerations

- Evaluate the necessity of care
- Have patient scheduling and flow protocols
- Comply with Cal/OSHA requirements
 - Not perform dental procedures on COVID-19 patients
 - Update office Injury and Illness Prevention Program
 - Develop a Respiratory Protection Program
 - Ensure that employees are trained

SAFETY



Updated CDC Interim Guidance for Dental Settings

May 19, 2020

Summary of Recent Changes

- Recommendations are provided for resuming non-emergency dental care during the COVID-19 pandemic.
- New information is included regarding **facility and equipment** considerations, **sterilization and disinfection**, and considerations for the **use of test-based strategies** to inform patient care.
- Expanded recommendations for provision of dental care to both patients with COVID-19 and patients without COVID-19.

Updated CDC Interim Guidance for Dental Settings

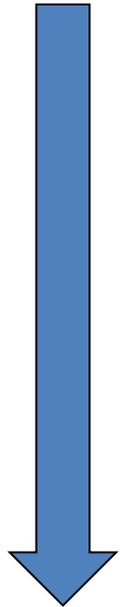
June 17, 2020

Summary of Recent Changes

- The recommendation to wait 15 minutes after completion of clinical care and exit of each patient without suspected or confirmed COVID-19 to begin to clean and disinfect room surfaces has been removed.
- The time period recommended for patients to inform the dental clinic if they develop symptoms or are diagnosed with COVID-19 following a dental appointment has been changed to 2 days.
- Clarifying language has been added to Engineering Controls.

Work Practice and Patient Management

Most Effective



Least Effective

Elimination

Screen and rule out COVID-19

Engineering Controls

Create barriers, use evacuation system, dental dam, other tools, instrument set up, evaluate air flow, air filtration device, ultraviolet irradiation

Administrative Controls

Personal hygiene, limiting the number, and keeping a 6-foot separation, masks

PPE

Respirators, masks, face shield, eye protection, gloves and protective clothing

Patient and Staff Screening

All patients and dental practice staff must be screened for contact and symptoms of COVID-19 prior to entering the dental facility

CONTACT

Symptoms

Coughing

Difficulty breathing

Shortness of breath

Fever

Nausea or vomiting

Fatigue

Headache

Muscle and body ache

New loss of taste or smell

Sore Throat

Diarrhea

More Info: <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>

Provision of Dental Care to Patients without COVID-19

At a minimum, dental practitioners must follow the CDC recommendations for:

- Engineering controls and work practices
- Infection control measure
 - Source control, PPE use, Hand hygiene, Screening and monitoring of DHCP, and Patient management.
- Clean and disinfect office spaces, patient rooms, and equipment

Engineering Controls

- Properly maintain ventilation systems.
 - Ventilation systems design
 - Consult a heating, ventilation and air conditioning (HVAC) professional
 - Limit the use of demand-controlled ventilation
 - Consider the use of a portable HEPA air filtration unit
 - Consider the use of [upper-room ultraviolet germicidal irradiation](#) (UVGI) as an adjunct to higher ventilation and air cleaning rates.

CDC Guidance

- DHCP should wear a **surgical mask, eye protection (goggles, protective eyewear with solid side shields, or a full-face shield), and a gown or protective clothing** during procedures likely to generate splashing or spattering of blood or other body fluids.
- During **aerosol-generating procedures conducted on patients assumed to be non-contagious**, consider the use of an [N95 respirator](#)* or a respirator that offers a higher level of protection such as other disposable filtering facepiece respirators, PAPRs, or elastomeric respirators, if available.

Pre-procedural rinse

- Pre-procedural mouth rinse:
 - Previous studies have shown that SARS-CoV and MERS-CoV were highly susceptible to povidone mouth rinse. Therefore, pre-procedural mouth rinse with 0.2% povidone-iodine might reduce the load of corona viruses in saliva.
 - chlorhexidine gluconate, essential oils, povidone-iodine or cetylpyridinium chloride
- This is inexpensive and harmless and may help reduce viral load.

Education and Training

CDC and Cal/OSHA

- Provide DHCP with job- or task-specific education and training on preventing transmission of infectious agents, including refresher training.
- Ensure that DHCP are educated, trained, and have practiced the appropriate use of PPE.

Dental Prophylaxis

To reduce aerosols:

- Use a toothbrush and floss to remove plaque and some extrinsic stain
 - Also recommended as alternate to rubber cup before sealant placement
- Hand scale to remove calculus and remaining stain
- Selective polishing when needed

Resources and Guidelines



<https://www.cdc.gov/coronavirus/2019-ncov/index.html>



<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/ncov2019.aspx>

<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/GuidanceforDentistry.aspx>

ADA American Dental Association®

<https://success.ada.org/en/practice-management/patients/infectious-diseases-2019-novel-coronavirus>



https://www.adha.org/resources/docs/ADHA_TaskForceReport.pdf



<https://www.cda.org/Home/News-and-Events/COVID-19-coronavirus-Updates>



CDA Resources

Back to Practice Resources

A new suite of resources to prepare dentists and their staff in safely returning to practice



Categories



Finance & Billing



Guidance & Regulations



Infection Control & PPE



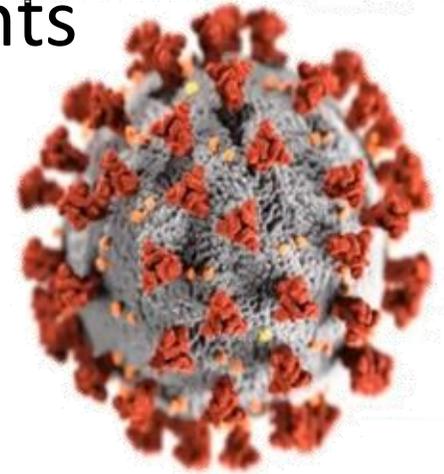
Patient Care



Practice Management

COVID 19 Dental Guidance Key Messages

1. Stay updated on your County specific developments
2. Ensure education and training of staff
3. Employ workplace practices to minimize risks
4. Assure COVID screening of all staff and patients
5. Prioritize non- aerosol generating procedures
6. If aerosol generating procedures are undertaken, take extra precautions
7. Follow CDC and Cal/OSHA guidance



Thank you



The New (temporary) Normal: COVID 19 And The Dental Practice

Ariane Terlet, DDS

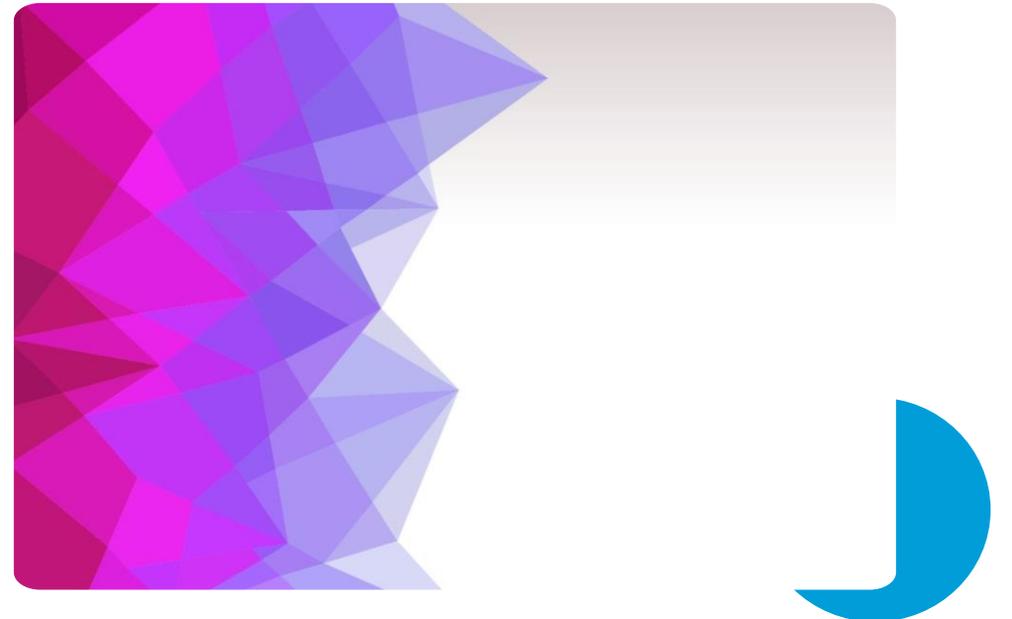
Private Practice Berkeley, CA

Chief Dental Officer, La Clinica De La Raza

Vice President, California Dental Association

Payroll Protection Program (PPP)

- Apply through an SBA-approved lender. The fastest way to get approved is by applying through a financial institution you already have a banking relationship. www.sba.gov
- On July 1, 2020 the application window for the Paycheck Protection Program (PPP) has been extended until Aug. 8, 2020.
- There is approximately 129 Billion Dollars available in the fund
- Extension to 24 weeks from 8 weeks to spend monies
- Loan forgiveness if spent on specific expenses
- 60 % needs to be spent on payroll costs
- Up 40 % on non-payroll costs



Forgiveness Documentation

- Payroll Deductions
- Copy of your lease
- 2020 retirement calculations
- Practice loans
- Health insurance invoices
- Utility bills



\$10,000 Economic Injury Disaster Loan (EIDL) Advance

- This is a free grant if you didn't apply for a PPP loan.
- If you did take the PPP loan, it will still be a free grant, but it will reduce the amount of our PPP loan forgiveness, which is acceptable.
- Amounts were from \$1,000.00 to \$ 10,000.00

Economic Injury Disaster Loan (EIDL)

- Apply for the EIDL directly through the SBA
- The maximum EIDL loan has been capped at \$150,000 (down from \$2M).
- 3.75% interest
- Repayment period of 30 years,
- Payment deferral for 12 months
- No personal guarantees.
- **You cannot use funds from both loans for the same purposes**
- Must be spent on defined “working capital” and can’t be spent on others.
- Working capital means meeting normal overhead expenses like payroll, supplies, rent, monthly

Return to Care supplemental reimbursement program

- Delta Dental is temporarily offering a \$10 supplemental reimbursement for each qualifying evaluation or consultation code, starting June 22, 2020. This Return to Care reimbursement program will be available for a limited time.
- The reimbursement will be provided when you submit a claim for any of the following evaluation or consultation codes: D0120, D0140, D0145, D0150, D0160, D0170, D0180, D0190, D0191, D8660, D9310 and D9430.
- United Concordia is another company paying \$ 10 for PPE

Pandemic Relief

- Delta Dental of California has announced a \$200 million loan program through a partnership with Lendavor that will provide economic assistance and post-COVID-19 pandemic relief for its independent provider network across 15 U.S. states and the District of Columbia. Lendavor, a leading digital lender that provides financial solutions to healthcare practices, will manage the program.
- The loan assistance program, which launches April 30, 2020, features a combination of cash flow relief and interest savings, including:
- First 12 months of interest on refinance and working capital loans covered by Delta Dental
- Second 12 months of interest on working capital loans arranged by Delta Dental and covered by Lendavor
- Deferred payments for 6 months
- Working capital up to 15% of previous year's collections, capped at \$200,000
- 126-month term, which can reduce monthly payments significantly

PPE Surcharge

- Insurance Companies will not pay
- California law does not allow unless the patients are told ahead

Staffing Return Concerns

- California maximum weekly unemployment allowance prior to COVID 19 = \$450.00/week = \$ 10.25/ hour
- Additional Federal Funding of \$ 600.00/week increased the total weekly unemployment allowance to \$1,050.00/week = \$26.50/hour
- July 25, 2020 the additional \$600.00 per week will stop unless extended. Congress is in support but the Senate is not.

California EDD Extension

- Eligibility criteria under the federal law require claimants to remain able and available for work and require claimants to potentially accept different work options, including potentially lower wages than they've earned previously.

Tax Relief for California Employers

- Employers who pay federal and state UI taxes on their employees' wages to fund regular UI benefits will not bear the costs of the extra up to 20 weeks of FED-ED benefits.
- These tax-rated employers will also be relieved of all COVID-19 related charges to their reserve account balance and experience rating, unless the employer or agent of the employer was at fault. Generally, when employers have a high amount of unemployment benefit charges applied to their reserve account balance, their tax rates would increase. With AB 103, the state is leveraging the provisions of the federal legislation, which included a provision to encourage states to apply a "non-charging" rule to avoid significant increases to employers' tax rates due to layoffs beyond their control. This is especially critical since employers are already experiencing financial losses due to this pandemic.
- Non-contributory employers who reimburse the State's Trust Fund for the costs of regular and extended UI benefits are required to pay 100 percent of their former employees' benefit costs. But, under the CARES Act, they are eligible to receive a 50% reimbursement on their UI charges, including FED-ED benefits.

THE NEW NORMAL: COVID-19 AND THE DENTAL PRACTICE

Mission Statement

Our mission will be, and always has been, to deliver the most outstanding dental care in the safest manner we possibly can with respect to our patients AND our dental team.

David K Jalen, BA, DDS

Private Practice

A decorative graphic consisting of several parallel white lines of varying lengths, slanted diagonally from the bottom right towards the top right, located in the lower right quadrant of the slide.

QUESTION: WHEN TO GO BACK TO PRACTICING?

- Decision when to re-open the practice
 - Guidance from state and local health agencies
 - ADA and CDA recommendations
 - When the dentists feels safe
 - When the dental team feels safe
 - When the patients feel safe
 - When the supply level of PPE is adequate
- 

DENTAL TEAM

- Zoom meetings to keep team connected
- Webinars and other online learning
- Letter stuffing
- Team meetings in small groups
 - **Socially distanced and with masks**
 - Hygienist
 - Assistants
 - Administrative/front office
 - **Back to Practice Letter for Team**

LETTER TO DENTAL TEAM

KEY POINTS

- Employees feeling sick should stay home
- Screened each day with temperature taken
- N95 Mask Fit Test/Medical clearance
- Absences due to COVID-19
- “we encourage everyone to make responsible, sensible decisions.”...”reach out to the doctors...to discuss any personal questions, concerns, conflicts or risks regarding your return.”

Drs Jalen & Rouleau

May 30, 2020

We know that you are as anxious as we are to get back to routine patient care and we're looking forward to the return to our "new normal". It is our intention to return to limited employee scheduling on June 1, 2020. Please be aware that because this situation is fluid, your schedule could change as we navigate the needs of the practice and that you will be notified of any additional schedule changes.

The following measures will be implemented to ensure your safety and the safety of our patients:

*Employees who are feeling sick or have members in their household who are feeling sick should stay home and follow the practice's attendance policy and communicate with Drs Jalen & Rouleau as soon as practicable.

*As recommended by the CDC you will be required to be screened each day as you report to work. This will include a series of questions related to any symptoms you may be experiencing as they relate to COVID-19 as well as taking a temperature reading. In the event an employee displays symptoms of illness, they will be asked to go home to minimize risk to others and will be paid in accordance with reporting time pay law. Please rest assured that any health information collected will be maintained in your confidential employee medical record.

***N95 Mask Fit Testing Requirements** for specifically identified employees

If you are identified as an employee who is required to wear an N95 respirator, you may be required to undergo a medical evaluation to determine your ability to use a respirator.

Absences Due to COVID-19:

If you are affected by COVID-19, you may be eligible for leave under the practice's paid sick leave, disability reasonable accommodation, vacation/PTO or personal time leave in accordance with practice policies. Further, the Families First Coronavirus Response Act (FFCRA) created paid leave provisions for employees for qualifying reasons from April 1, 2020 – December 31, 2020. Please speak with Dr Jalen or Rouleau to explore if you meet FFCRA eligibility, or eligibility for leave per the practice policies identified above.

Times of great uncertainty and change can be hard to navigate. Besides being flexible and adaptable to the best of our ability, when things are in flux, the question to ask ourselves is, "What isn't changing?" Things that aren't changing are:

- Our mission, vision, and values.
- Our commitment to our patients.
- Our commitment to be there for each other.
- Our commitment to excellence.

In your personal life ask, "What isn't changing?" Things that don't have to change are:

- Your ability to choose your attitude.
- Your ability to choose your words.
- Your ability to choose your actions.
- Your ability to choose how you will serve others.
- Your ability to focus on things that lift you up.
- Your ability to not focus on things that bring you down.

Ultimately, we encourage everyone to make responsible, sensible decisions. We welcome you to reach out to the doctors no later than June 1, 2020 to discuss any personal questions, concerns, conflicts or risks regarding your return.

We look forward to seeing you on June 1, 2020

Sincerely,
Brett T. Rouleau, DDS

David K. Jalen, DDS

Employee acknowledgment: _____ Date: _____



BACK TO PRACTICE

PREPARING YOUR PRACTICE



California Dental Association
1201 K Street, Sacramento, CA 95814
800.232.7645 | cda.org



Employee Screening for COVID-19

Date _____

Questions should be administered by the employer or designated senior management.

Employee Name	Temperature (>100.4°F)	Shortness of breath	Dry cough	Runny nose	Sore throat	Loss of smell, taste	Chills	Muscle pain	Headache	Asked to go home if yes, note time dismissed
		<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y Time: _____							
		<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y Time: _____							
		<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y Time: _____							
		<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y Time: _____							
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		<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y Time: _____							
		<input type="checkbox"/> N <input type="checkbox"/> Y	<input type="checkbox"/> N <input type="checkbox"/> Y Time: _____							

Information contained on this form is confidential employee health information.

Dear Valued Patient,

We hope this letter finds you and your family in good health. Our community has been through a lot over the last few months, and all of us are looking forward to resuming our normal habits and routines.

While many things have changed, one thing has remained the same: our commitment to your health and safety. Our office follows the infection control recommendations from the American Dental Association, the U.S. Centers for Disease Control and Prevention and the Occupational Safety and Health Administration. We are committed to ensuring that our infection control procedures are current and effective.

You may see some new processes when it is time for your next appointment. Please be assured that we have made these changes to help protect our patients and staff.

For example:

- You will be asked screening questions both before your appointment and when you arrive in the office.
- You will be asked to wash your hands with soap and water or use the hand sanitizer we will have available as soon as you enter the office.
- You may notice that our waiting room will no longer offer magazines, coffee, other beverages and other items that are difficult to clean.
- You may be offered fewer scheduling options for your appointment in order to allow for physical distancing between patients.
- You will be asked to bring a face mask to wear when you enter the office. Also gloves if you have them.
- HEPA Air Purifiers have been installed through out the office.
- Plexiglas shields have been placed around the reception desk.
- If Possible, please come alone to your appointment to minimize the number of people in the office at any one time.

We look forward to seeing you again and are happy to answer any questions you may have. To make an appointment, please call our office at **510-521-5252**.

Most of all, thank you for being our patient. We value your trust and loyalty and look forward to welcoming you back to our office.

HIERARCHY OF CONTROLS

Most Effective

ELIMINATION

ENGINEERING

ADMINISTRATION

**PERSONAL
PROTECTIVE
EQUIPMENT**

Least Effective

ELIMINATION

- **Removal of the biohazard**
 - **Staff screening**
 - **To protect each other and patients**
 - **Patient screening**
 - **To protect staff**
 - **Patient selection**
 - **To protect patient**
 - **Medically compromised**

PATIENT SCREENING

- Within a few days of their appointment by phone
- Before entering the practice at front door
 - Masks, gloves
 - Temperature taken
 - Keep mask on until asked to remove it
 - Pre and Post treatment dilute H₂O₂ rinse
 - Put mask on before leaving op
 - Next appointment given in op, not at the front desk



BACK TO PRACTICE
PATIENT CARE

California Dental Association
1201 K Street, Sacramento, CA 95814
800.232.7645 | cda.org



Covid-19 Patient Screening Form

Instructions for use: Use one form for each patient appointment. Ask the patient these questions at the time appointment is made or with appointment reminder, and again no more than two days before the appointment. Take the patient's temperature and note any signs of fever, coughing, or shortness of breath.

Patient/Parent/Guardian Names: _____

Screening questions	Date: / /	Staff initial: _____	Notes
Do you have a fever or above-normal temperature (>100.4° F)? <i>Take temperature at appointment.</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<i>If patient answers "yes" to either question on shortness of breath or coughing, or answers yes to any combination of two other symptoms and the patient does not need emergency care, consider not scheduling or seeing the patient until symptoms resolve or until patient can provide proof they are not infectious for COVID-19. The dentist may want to seek additional information from the patient regarding symptoms.</i>
Are you experiencing shortness of breath or having trouble breathing?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Do you have a dry cough?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Do you have a runny nose?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Have you recently lost or had a reduction in your sense of smell or taste?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Do you have a sore throat?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Are you experiencing chills or repeated shaking with chills?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Do you have unexplained muscle pain?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Do you have a headache?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Even if you don't currently have any of the above symptoms, have you experienced any of these symptoms in the last 14 days?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	

Screening questions	Date: / /	Staff initial: _____	Notes
Have you been in contact with someone who has tested positive for COVID-19 in the last 14 days?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<i>If yes, ask for date of last contact with COVID-positive patient and set appointment time for more than 14 days later, unless the patient needs emergency care.</i>
Have you been tested for COVID-19 in the last 14 days? <i>If "no," proceed to next question.</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	
<i>If yes, what is the result of the testing?</i> <i>If negative, proceed to next question.</i> <i>If still waiting on results, schedule appointment after results are known.</i>	<input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/> Positive	<input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/> Positive	<i>If positive, determine if patient needs emergency care. If not an emergency, schedule patient to be seen when it has been more than 7 days since symptoms first appeared and 3 days of no fever without use of fever-reducing medication.</i>
Have you traveled more than 100 miles from your home in the last 14 days?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<i>If yes, determine if patient traveled to an area where COVID-19 cases are high. Determine if patient followed physical distancing precautions and wore a mask while in public. Use professional judgement when determining whether to proceed with the appointment.</i>

Patient signature required at appointment:

I agree to notify the dental practice if within 14 days I become ill with COVID-19 symptoms or test positive for COVID-19. I understand the dental practice has a legal and ethical obligation to inform me if a staff person I had contact with tested positive for COVID-19 within 14 days.

Signature _____





Disposable plastic gloves

Clean

Dirty

Disposable Protective Mask
50 Pcs
LEUSL

HIERARCHY OF CONTROLS

Most Effective

ELIMINATION

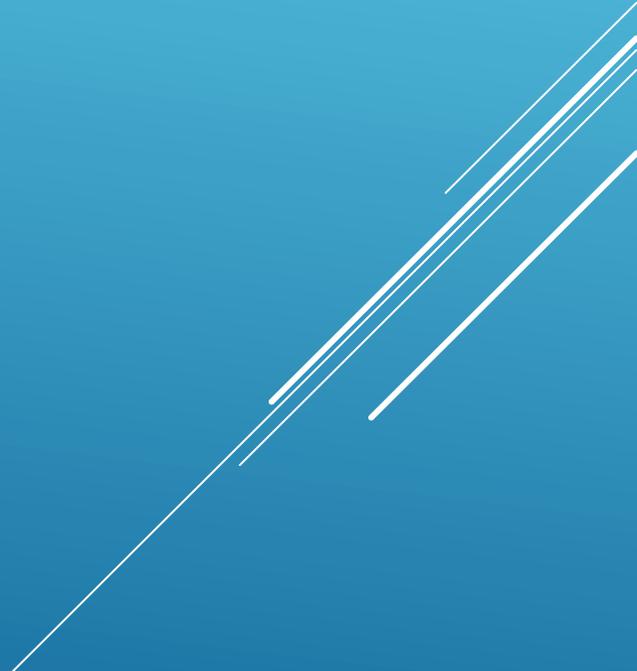
ENGINEERING

ADMINISTRATION

**PERSONAL
PROTECTIVE
EQUIPMENT**

Least Effective

ENGINEERING/PHYSICAL INTERVENTION

- Plexiglass shields around front office staff
 - Increased outside airflow from HVAC
 - Increased outside airflow by opening windows
 - Closing treatment room doors during treatment
 - Air purifiers in rooms (waiting, ops, hall, break)
 - HVE at source (IsoDry, Releaf, rubber dam, RDA)
 - Removal of chairs, magazines in waiting room
 - Waiting in car if possible
- 

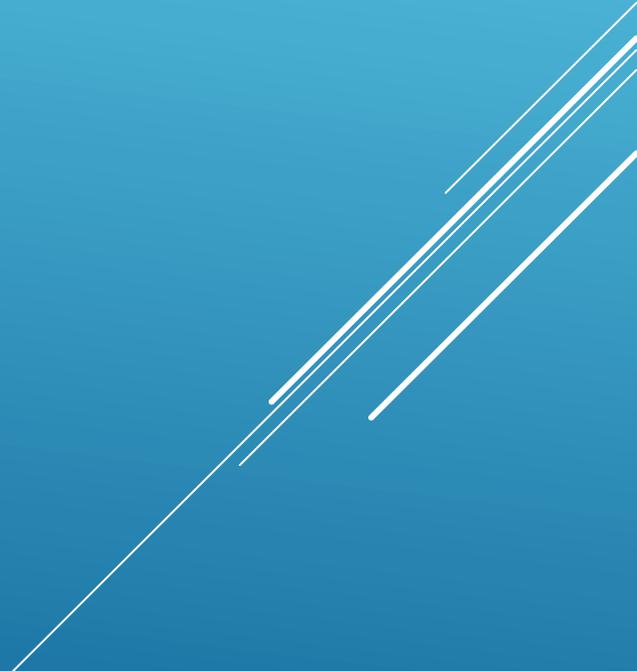


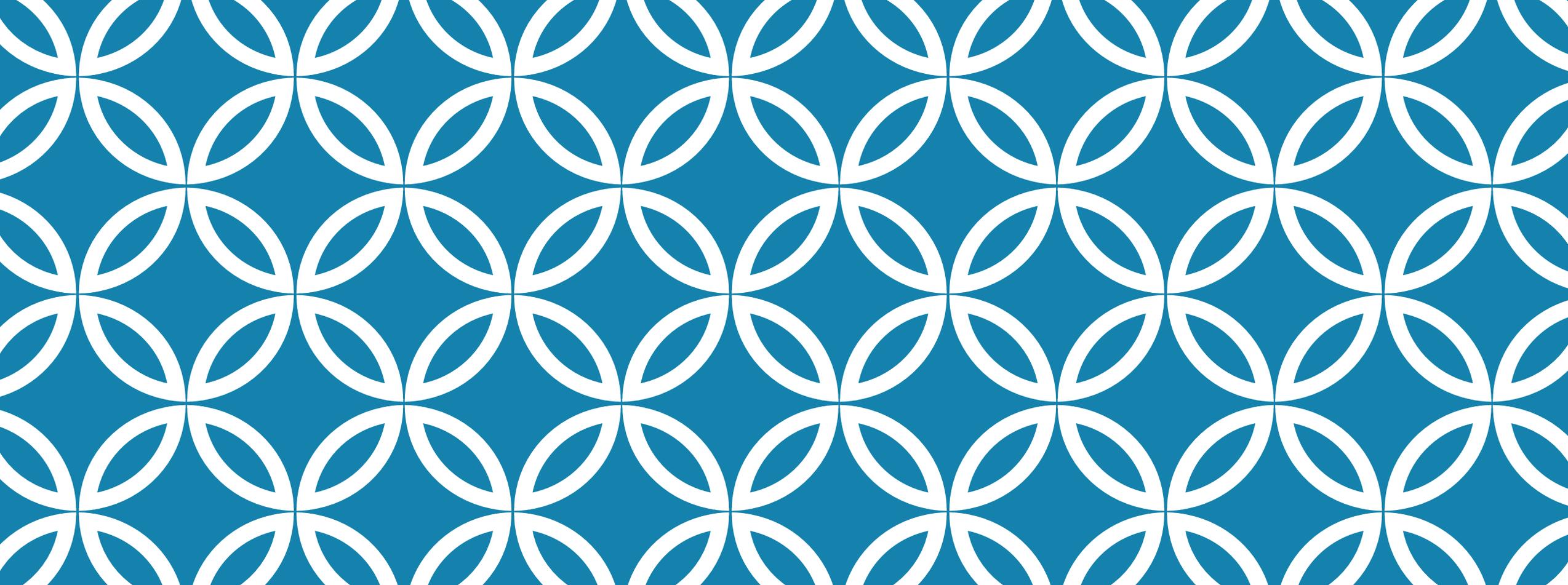


CHALLENGES

- **Dental team acceptance of plan/strategy**
 - **Involve them in decision making process**
 - **Ask for and value their input**
 - **Patient anxiety/fear**
 - **Of the virus**
 - **Of dentistry**
 - **Physical facility**
 - **Financial**
- 

THANK YOU

- ▶ Let me introduce Dr. Le
- 



ALAMEDA COUNTY
THE NEW NORMAL: COVID 19 AND THE DENTAL PRACTICE
JULY 7, 2020

Huong Le, DDS, MA
Chief Dental Officer
Asian Health Services



ASIAN HEALTH SERVICES

REOPENING PLAN OF ASIAN HEALTH SERVICES

- * Post-COVID Clinical Protocol
- * Scope of Dental Services Chart



ASIAN HEALTH SERVICES



ASIAN HEALTH SERVICES

REOPENING PLAN-MESSAGING TO PATIENTS

Message to patients: communicate clearly with patients so they know what to expect with the new protocols-How clinic has changed to make patients safe. Inform patients thru telehealth to prioritize treatment and schedule appointments.

- A. COVID triage questions.
- B. Temperature check for all persons entering the clinic premises: patients, companions, vendors, delivery persons, AHS staff from other sites
- C. Masks
- D. Hand sanitizer
- E. No magazines, no toys, seating arrangements
- F. Limited appointments
- G. No companion or visitor and limit to only one companion for child or patient who need assistance
- H. No tele-reminder is being used at this time. Staff does all the schedules, reminders

PRE-APPOINTMENT SCREENING PROCESS

Telehealth, both telephonic and video conference, by providers to determine needs

- Review current treatment plans.
- Prioritize services based on urgency, needs, age, medical conditions. Patient health/risk factors/geographic incidence of COVID-19.
- Procedural requirements/clinical risks (production of aerosol, inducement of patient cough during procedure, ability to employ use of rubber dam.)
- Type of PPE with relation to risk.
- Triage for COVID symptoms
- Check patient's current COVID status in EHR** when applicable. **Refer patients to medical or county locations for testing if a patient is suspected to have COVID** from triage process and if the patient has not been seen by their medical providers for symptoms or been tested for COVID in the last 7 days.
- Any patient or client who shows symptoms, or has a current, confirmed **COVID-19 diagnosis and infection** (noted in EHR or reported by patient), will not be seen in dental for at least 14 days after onset of symptoms have elapsed. Although CDC and local health department guidelines recommend fewer days since symptoms have elapsed, and 72 hour free of fever without aid of medication and improved cough, AHS dental will use a 14-day waiting period.

***CDC new guidelines came out first week of June with minor changes





OFFICE PREPARATION

- Signs are posted on door of new protocols: COVID pandemic, county directives on masks, social distancing and others
- Triage:** staff triages all patients upon entering the clinic premises using CDC triage questions. Positive responses to any of the triage questions will require providers to have a deeper discussion with the patient before proceeding with dental appointment.
- Temperature check on all person entering the clinics. Temperature of $<100.4^{\circ}\text{F}$ is considered for dismissal for the day. If high temperature (99.8 or higher) , we use ear thermometer to verify temperature before dismissing patient or staff. The thermometer will be placed on the triage table when not in use.
- Provide patient with mask and instruct them how to wear it if they don't already have one
- If lobby has too many patients, staff asks patients to wait in car. Seats are spaced 6' away from each other.

IN OFFICE-FRONT OFFICE



ASIAN HEALTH SERVICES

- ❑ Pens: one holder for “clean” and one holder for “used”
- ❑ Remind patients of social distancing
- ❑ Markers on floor for patients to know where to stand while waiting
- ❑ Seats are spaced apart
- ❑ Wipe down pens, clipboards, counters, phones, keyboards, light switches, surfaces, door handles and anything else as often as needed.
- ❑ If surfaces are dirty, they should be cleaned with approved disinfectant wipes. To disinfect, use products that meet EPA’s criteria for use against SARS-CoV2, the cause of COVID-19, and are appropriate for the surface.
- ❑ Dental does not have a plan to test patients in the dental clinic yet as of June 2020, as such we will continue to practice universal precautions. Testing in the dental clinic will be considered when reliable tests become available.
- ❑ **No patients who present with COVID-19 symptoms or tested positive to COVID-19 in the last 14 days will be seen for dental treatment. No exceptions.**



ASIAN HEALTH SERVICES

FACILITY PREPARATIONS

Bathrooms:

- Tissues
- Alcohol-based hand rub
- Soap at sinks
- Trash cans
- Hand hygiene signs to be posted in all bathrooms (patient and staff)

Lobby:

- Chairs are set 6 feet apart.
- Markers 6' apart on floors for patients to know where to stand in line
- Barriers installed for our front office staff
- No toys, reading materials, remote controls or other communal objects
- Wipe all touchable surface areas with an approved surface cleaner. Remember to include tables, chair arms, doorknobs, light switches, hangers, and any high touch areas with which people may come in contact.
- All patients use hand gel for a hand rub before going into clinical area in the back



HEPA FILTERS

New CDC guidelines (June 3, 2020)-Consider the use of a portable HEPA air filtration unit while the patient is undergoing, and immediately following, an aerosol-generating procedure.

- Select a HEPA air filtration unit based on its Clean Air Delivery Rate (CADR). The CADR is an established performance standard defined by the Association of Home Appliance Manufacturers and reports the system's cubic feet per minute (CFM) rating under as-used conditions. The higher the CADR, the faster the air cleaner will work to remove aerosols from the air.
- Rather than just relying on the building's HVAC system capacity, use a HEPA air filtration unit to reduce aerosol concentrations in the room and increase the effectiveness of the turnover time.
- Place the HEPA unit near the patient's chair, but not behind the DHCP. Ensure the DHCP are not positioned between the unit and the patient's mouth. Position the unit to ensure that it does not pull air into or past the breathing zone of the DHCP.
- Consider the use of upper-room ultraviolet germicidal irradiation (UVGI) as an adjunct to higher ventilation and air cleaning rates.
- Subcommittee at AHS on HEPA filters: physicians and dentists

POST-PROCEDURAL PATIENT EXIT

- ❑ Post-op instructions include a reminder to the patient at checkout to report any signs or symptoms of COVID-19 within the next 14 days. New CDC is 2 days post appointment
- ❑ If dental patients call within the next 14 days reporting any symptoms, advise patient to get tested, make not in chart.
- ❑ If patient reported positive COVID-19 test performed somewhere else (county test, for example) and EHR does not have the information yet, staff is to enter this information into EDR “medical alert” for medical staff to be able to access the information.



CHAIRSIDE PREPARATION

- ❑ BEFORE bringing patient to the exam room:
 - Informed consent: Use COVID template in clinical notes under administrative tab in EDR to confirm patient's consent
 - Give patient hand gel for a hand rub, reaffirm with patient their understanding that we are in pandemic situation and go thru informed consent process
 - Limit paperwork in the operator as much as possible. Have patient sign consent form at the very beginning of the appointment and remove consent forms from operator
 - Cover the computer keyboard with disposable plastic barriers as usual and change between patients.
 - Place all supplies above the cabinetry behind patient or cover with plastic barriers if they have to be placed on counters
 - Limit access to the operator to only patient with few exceptions.
- ❑ Reminder: In certain circumstances, it may be impractical to limit others in the operator when their presence is legally required (e.g., legal guardian, translators, service animals).
- ❑ Keep staff level in operator to the minimum required.
- ❑ Don mask prior to entering operator as virus-containing aerosol particles may exist.
- ❑ No hand shaking, or physical contact.
- ❑ Wash hands and don gloves in the room.



ASIAN HEALTH SERVICES



ASIAN HEALTH SERVICES

CHAIRSIDE PROTOCOL

- All adult patients will go through pre-procedural rinses to reduce the transmission of the COVID-19 virus** with 1.5% hydrogen peroxide rinses for 1 minute prior to seating the patient and vitals. ***Some literature recommends 1%, we do 1.5% at AHS
- Use professional judgment to employ the lowest **aerosol-generating** armamentarium when delivering any type of restorative or hygiene care: hand scaling rather than ultrasonic scaling when appropriate.
- Use SDF when appropriate.
- Toothbrush demonstration instead of coronal polish.
- Rubber dams are** to be used on all procedures where applicable.
- Only **High Volume Evacuation (HVE)** should be used.
- When using water to rinse mouth, cavity preparation, or etching liquid, **only use water then air. Do not use both air and water at the same time to reduce production of aerosols.** If needed, water could be delivered via a separate method such as monojet or syringes. Then use air to dry tooth prep.
- High volume evacuation (HVE) should be employed in conjunction with the Isolite/Isodry unit.
- Scope of Service chart for additional instructions on the use of rubber dam, Isolite and HVE for specific procedures



ASIAN HEALTH SERVICES

EXAM ROOM PROTOCOL

- Nitrous oxide:** use disposable nasal hood; tubing should either be disposable or if reusable, sterilize according to the manufacturer's recommendations.
- Shock your dental unit water lines at sites that have been closed and follow state board Infection Control guidelines.
- Use professional judgment on mask removal and replacement between patients.
- Remove your mask outside the treatment room to prevent from breathing possible droplets in the air in the exam room and discard the surgical mask immediately.
- Upon completing treatment of aerosol procedures, leave the exam room vacant.
- Wait for 15-20 minutes before returning to operatory to disinfect.*** CDC on June 17 removed this recommendation
- Clean the operatory while wearing gloves, a mask, gown, and face shield or goggles.
- Dispose of surface barriers after each patient.
- If surfaces are dirty, they should be cleaned using an approved disinfectant wipe
- For disinfection, use products that meet EPA's criteria for use against SARS-CoV-2 (the cause of COVID-19) and are appropriate for the surface, following manufacturer's instructions.
- Replace surface barriers.
- All dental exam rooms, lobby, lab, staff rooms are fitted with HEPA filtration systems. School based sites will have different extra-oral suction units because HEPA filters may not be practical**



ASIAN HEALTH SERVICES

STAFF PROTECTION STRATEGIES

Patient flow depends on the following factors:

Timing for operatory usage and sterilization will be considered

Prioritization of services

Patient population

Location of rooms with doors and without doors.

On-going training on staff routines for donning and doffing of PPE

The daily schedules will be in stages.

All staff are asked to stay home or be sent home if presenting with any signs of illness such as: temperature, cough, and other signs of being unfit to work.

Staff may be required to be self-quarantine and tested for COVID if exhibiting COVID symptoms and will be required to follow COVID protocol

FRONT OFFICE STAFF

Front Desk

- Front desk staff wear masks and gloves *** staff's preference, not required (accept money, credit cards, etc.)
- Plastic barriers have been installed
- Consider individual phone headsets for each front desk staffer to reduce virus spread through the phone hand piece.

Hand Hygiene

Hand hygiene signs are posted throughout the clinic with instructions for staff on how to clean hands thoroughly:

- Upon entry into the workplace.
- Before and after any contact with patients.
- After contact with contaminated surfaces or equipment



ASIAN HEALTH SERVICES

CLINICAL STAFF

- Gown, gloves, N95 for all aerosol procedures, full face shield, hair and shoe covers.**
- Wearing a regular surgical mask over N95 is not required. If used, N95 must not be touched by dirty gloves and surgical masks must be discarded after each patient.**
- All PPE should be left in designated clinical areas and not brought into provider's office or non-clinical areas**
- All gowns, reusable and disposable, should be changed when soiled
- Staff should consider changing between street clothes and scrubs upon entry and exit of practice, or do the same with other office garb at staff's discretion
- All clinical staff are to be fitted for N95 masks.
- Consistent with CDC's recommendations for universal source control, AHS recommends that healthcare providers and staff wear surgical face masks at all times.
- N95 will be fitted on all staff and a fit test form will be kept for records. Staff are required to watch this N95 fit test video.**
<https://www.youtube.com/watch?v=xl4qX6qEYXU>
- Every effort should be made to **conserve personal protective equipment.**
- Policies for the conservation of PPE have been developed, as well as policies for the extended use/reuse of PPE per CDC guidelines.
- AHS is using Battelle decontamination services for N95.



ASIAN HEALTH SERVICES

FACE SHIELDS



ASIAN HEALTH SERVICES



LAB PROTOCOL

All lab cases have to be disinfected prior to trying in a patient's mouth.

All prostheses must be disinfected before adjusting with acrylic trimming burs after trying in

Spray all impressions liberally with disinfectant solution and place in sealed bag.
Keep impression in bag for 3 minutes

Rinse prosthesis/impression with water

Package in zip lock bags for sending to laboratory

Crown pre-cementation: do not adjust occlusion in the mouth. Remove crown, soak in hydrogen peroxide oral rinse for 60 seconds. Adjust occlusion outside of the mouth

INVENTORY OF SUPPLIES

- ❑ Adequate inventory of equipment, medication and supplies must be ensured.
- ❑ PPE has 30 day inventory (recommendation is minimum 15 days)
- ❑ When adequate testing capability is established, patients should be screened by laboratory testing before care, and staff should be regularly screened as well.
- ❑ AHS dental will continually evaluate whether the community remains a low risk of incidence and should be prepared to cease non-essential procedures if there is a surge. By following the above recommendations, flexibility can allow for safely extending in-person, non-emergent care in select communities and facilities.





ASIAN HEALTH SERVICES

CASE PRIORITIZATION AND SCHEDULING

AHS uses a prioritization strategy appropriate to the immediate patient's needs.

- Clinicians should prioritize care that was previously postponed and conditions that are likely to lead to dental emergencies if treatment is not provided in a timely manner.
- **Evaluate the necessity of the care based on clinical needs via telehealth.** Teledentistry will be employed to triage patients' needs for in-person treatment and will continue into the unforeseeable future
- Providers should prioritize surgical/procedural care and high-complexity chronic disease management; however, selected preventive services may also be highly necessary.
- At this time, removable prosthetic services are allowed. If doing partial dentures, while preparing rest seats, must wear full PPE and two HVE sources must be used.
- Ultrasonic scalers will only be used for emergency periodontal procedures (See chart of services for HVE sources to be used)
- No routine periodontal treatment such as deep scaling is allowed until further evaluation of resurgence of COVID cases in the community. If emergency periodontal treatment must be provided, full PPE must be worn and two high volume evacuation (HVE) sources (Isolite and HVE) must be used.
- Rubber dams are to be used in restorative treatment and high volume evacuation (HVE) must be used. All restorative procedures are allowed except crowns and bridges at this time until further notice. These procedures will be re-evaluated and reinstated at a later date, pending the COVID data. Teeth with temporary crowns are allowed to proceed with cementation.
- Root canals, periodontal procedures including surgeries, and oral surgery (simple extractions or surgical extractions) are allowed as long as providers and staff adhere to the PPE including using the special full-coverage face shields, and use two sources of high volume evacuations.
- Sufficient resources are available at this time across phases of care (including PPE, healthy workforce, facilities, supplies) without jeopardizing surge capacity.
- Exam rooms with doors will be used for aerosol procedures and be left closed for 20 minutes after each patient to allow additional air filtration to work. Turn up HEPA filtration system to the maximum level.
- Non-aerosol procedures like exams, X-Rays, dentures, and office visits can be done in exam rooms without doors without additional wait time between patients.



ASIAN HEALTH SERVICES

APPOINTMENT PRIORITIZATION

All **restorative** and other **aerosol generating procedure** appointments will be allocated for 1 hour

Allow 15-20 minutes for turnaround time (disinfection, clear air with HEPA filters, etc) and scheduled in rooms with doors.

Non-aerosol procedures such as dentures, exams where no aerosols are generated (by not using water and air together) can be scheduled in open rooms.

Appointments will be staggered to allow turnaround time and reduce the number of patients in the clinic to ensure social distancing.

Children, elderly, and patients with medical conditions such as COPD, diabetes, or organ failure should be scheduled in the morning for non-aerosol procedures (such as exams, SDF, denture, recalls). If these patients need other procedures, they can be scheduled in the exam rooms with doors. Downtime following completion of procedures will be needed.

Aerosol generating procedures should be scheduled in the afternoon for all patients

Specialty procedures will be coordinated with specialists and turnaround time will be allowed for a minimum of 15-20 minutes in between patients for the same exam room. Patients are staggered with downtime.

There is an overflow exam room, so consider using alternate rooms when possible.

The use of two sources of HVE in conjunction of rubber dam in restorative procedures will help reduce aerosol generation down to as much as 90-95%.

HEPA filters hopefully will capture the rest of the droplets.

Staff will have all PPE for their protection along with their own personal responsibility with strict hand hygiene practices.

**LIMITED SCOPE OF DENTAL SERVICES**

THE NEW NORMAL

This guide is to help dental providers to identify which dental procedures are allowed during re-opening period. Dental providers are to use this as a guide, and encouraged to make professional judgment calls, on the urgency of any procedures. Please note: all should take into consideration risk factors associated with demographics more susceptible to COVID19 such as elderly patients and adults with medical conditions that may put them at risk. For those patients, we will offer them appointments in the morning.

All patients must be triaged by telehealth before getting scheduled.

All patients must be complete the COVID19 screening with PSRs the day before the scheduled appointments during reminder calls. No telereminders are being used at this time until further notice.

Specialty	Procedure type	Aerosol Management 1.Isolite + HVE 2.HVE + HVE 3.Rubber dam + HVE 4.HVE + saliva ejector	Allowed	Not Allowed *
Emergency Patients	Any patient who is contacting the practice with urgent needs	Depending on procedure	X	
Oral Exam	New Patient	Depending on procedure	X (only ER after triage by telehealth)	
	Established Patient	Depending on procedure	X	
Hygiene	Prophy (performed by DDS with RDA)	2	X	
Restorative	Filling/ Restorations	1 or 2 or 3	X	
	Crown	1 or 2		X (Will review in OCT)
Prosthodontics	Bridges	NA		X
	Dentures and Removable	HVE if rest seats required	X	
Endodontics	All procedures	3	X	
Periodontics	Limited SRP (D4342)	1 or 2	X	
	Full SRP (D4341)	1 or 2		X (Will review in OCT)
	Implant **			
	Periodontics Surgery**	1 or 2	X	
Oral Surgery	OS must be approved by Providers	1 or 2	X	
	Third molar (impaction) without the symptoms**	NA		X
Pediatrics	Follow guidelines above for specific procedures	3	X	
	Nitrous**	3	X	

*Not allowed procedure(s) could be changed on case by case, and must be approved by providers

** Must be approved by specialists, two assistants must be available to assist





ASIAN HEALTH SERVICES

SCHEDULE SETUP

- 1 DDS + 3 RDA + 3 Exam Rooms OR 1 DDS/2RDA/1 closed door (AGPs and longer wait time in between) and 1 without door (non-AGPs and no wait time)
- 15-20 minutes apart between 2 patients using same exam room if AGP's performed in closed door exam rooms, if possible
- Each AGP appointment will be scheduled at least 1 hour or more
- AM – Priority for elderly & adults who has medical condition
- Exam room with door – prioritized for aerosol generating procedures
- All scheduled patients must be triaged by DDS
- Call in for ER visit must need to scheduled with DDS for telehealth ahead of scheduling appointment
- Walk-in patient asking for ER visit, must be triaged by RDA supervisor first
- Prophylaxis/ Routine Recall/ Oral Exam (with no pain), we will postpone their appointment and ask them to contact us in **OCTOBER** to see if we open up the schedule with some exceptions: patients who need dental clearance for medical treatment
- New service for age 0 to 8 – every week we schedule a full day for “drive-thru fluoride/ school OH assessment form service”

FINAL THOUGHTS

Have technician check on your vacuum and compressor due to demand of HVE usage

Stagger appointments to insure adequate suctioning

Minimizing aerosol generation at the source of aerosol is the key: rubber dam, HVE

Not one solution or strategy fits all: floor plan, windows, HVAC air exchanges

Best strategy: multiple layers of barriers- triage (most effective), barriers, HEPA filters, case prioritization, rubber dam, HVE, wait time, PPE (least effective)



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RESOURCES

<https://aidph.org/using-aerosols-in-dental-settings-during-covid-19/>

<https://www.rdhmag.com/patient-care/article/16408230/controlling-aerosols>

<https://www.koiscenter.com/support-material/covid-19/>

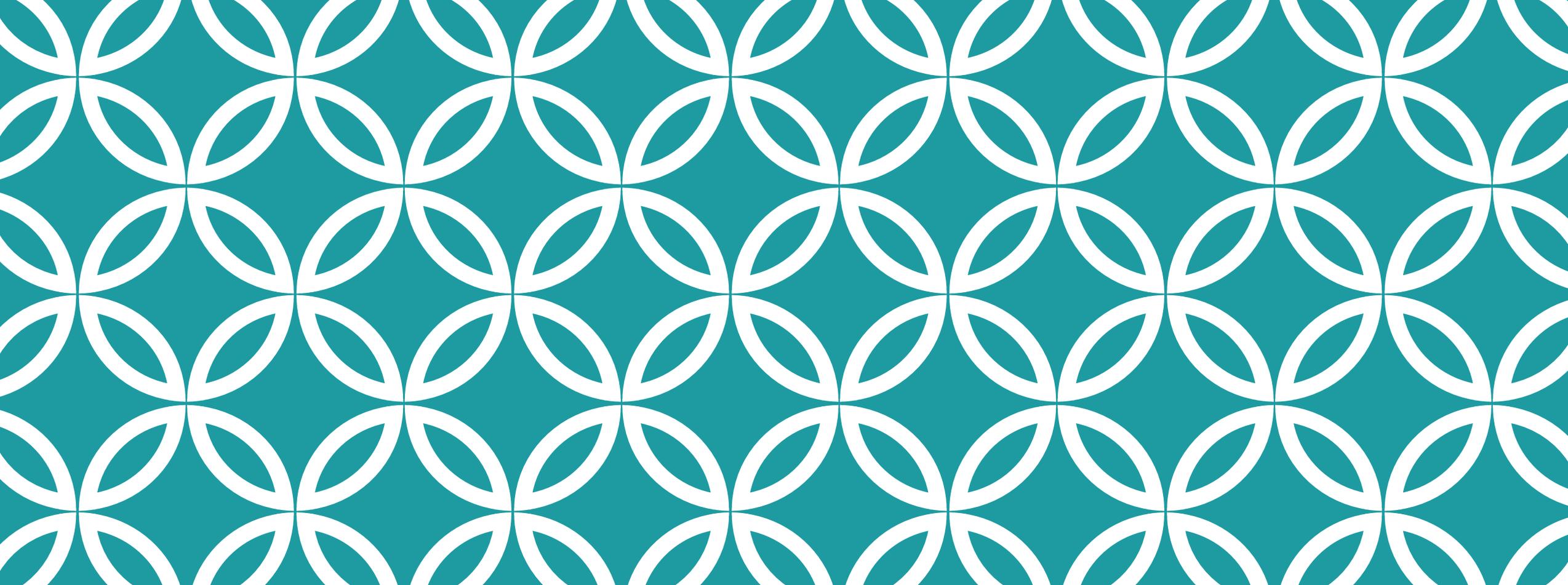
<https://success.ada.org/en/practice-management/patients/infectious-diseases-2019-novel-coronavirus>

<https://www.cda.org/Portals/0/pdfs/covid19/b2p-training-presentation-packet.pdf>

<https://www.cdc.gov/oralhealth/infectioncontrol/statement-COVID.html>



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THIS, TOO, SHALL PASS!
TOGETHER WE CAN PRACTICE SAFELY
TO PROTECT STAFF, PATIENTS AND
THE COMMUNITY

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