

Alameda County Health Advisory Resumption of Non-Urgent Health Care Services in Alameda County – 5/13/2020

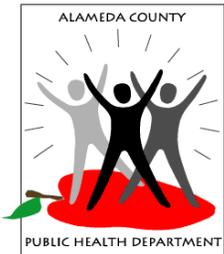
Situation

As Alameda County continues to respond to the COVID-19 pandemic, providers and facilities are encouraged to gradually resume full scope of services when possible and safe to do so, based on California Department of Public Health (CDPH) and Alameda County Public Health Department (ACPHD) guidance.ⁱ Whenever state and county guidance does not align, clinicians and facilities should try to adhere to the more restrictive. Healthcare facilities should assess their ability to follow orders and recommendations of the local and state health officers and should reopen for in-person services only if able to do so. Due to high risk of transmission of COVID-19 from aerosols generated during many dental procedures, dentists should follow additional precautions as detailed below.

Local circumstances and knowledge about the COVID-19 pandemic are changing rapidly. It is imperative that practices and facilities monitor relevant guidance from ACPHD, CDPH, CDC and their respective professional organizations, and that they remain ready to alter patient care practices as needed to protect their patients, staff, and community from further spread of COVID-19 disease.

Actions Requested of Clinicians and Healthcare Facilities

1. **HAVE ADEQUATE SUPPLY OF PERSONAL PROTECTIVE EQUIPMENT (PPE)** for staff based on type of care provided, risk level of patients, number of staff required to use PPE, and daily usage demand. PPE use should be consistent with [Centers for Disease Control and Prevention \(CDC\)](#) and [California Department of Public Health \(CDPH\) recommendations](#). In planning, consideration should be given for potential patient surges related to COVID-19 outbreaks. Facilities should also plan to provide face masks for patients or visitors arriving without face coverings.ⁱⁱ
2. **CONDUCT APPOINTMENTS REMOTELY VIA PHONE OR TELEMEDICINE** when appropriate and feasible even after loosening of the Stay-at-Home restrictions to protect patients and health care workers.^{iii, iv} Well child visits should be conducted via telehealth whenever possible, recognizing that some elements of the exam should be completed later in-person, once community circumstances allow. These elements include, at minimum: the comprehensive physical exam; office testing, including laboratory testing, hearing, vision, and oral health screening; and fluoride varnish.^v
3. **HAVE PATIENT FLOW SYSTEMS AND INFECTION CONTROL PRECAUTIONS IN PLACE** to minimize exposure and spread while caring for both COVID positive and non-COVID patients. Measures should be implemented before patient arrival, upon arrival, throughout the duration of the patient's visit, and until the patient's room is cleaned and disinfected. Extended hours should be considered to limit the number of patients in an office at any given time. Scheduling special or reserved hours for elderly or immunocompromised patients should also be considered. For health care delivery situations where knowing the COVID-19 status of staff or patients is important for clinical care and infection control, availability of testing with prompt results should be present.^{vi}



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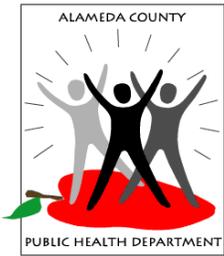
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Follow CDC guidance for [cleaning workspaces](#) as well as all applicable [infection control guidance for healthcare facilities](#).

4. **ENSURE ADEQUATE STAFFING LEVELS** are in place to provide services, including staff to support additional safeguards at facilities. Workforce considerations should ensure staff remain able to appropriately and quickly respond to any COVID-19-related surge needs in the future.^{vii}
5. **ESTABLISH A PRIORITIZATION POLICY FOR RESUMPTION OF NON-EMERGENCY SERVICES** in a manner consistent [with CDPH guidance](#). Clinical prioritization should consider clinical impacts of treatment delay and the current surge status of the health care infrastructure in a community. When considering community surge status, consideration should be given to capacity across the continuum of care.^{viii}
6. **ROUTINE IMMUNIZATIONS SHOULD BE RESUMED AS SOON AS POSSIBLE**, in order to prevent unnecessary illness or outbreaks of preventable disease. Practices should identify strategies to accomplish routine immunizations, for both children and adults, that promote social distancing and reduce or eliminate the need for children and families to congregate in waiting rooms.
7. **LIMIT IN-PERSON DENTAL SERVICES** due to high risk of transmission of COVID-19 from aerosols generated during many dental procedures. Avoid aerosol-generating procedures wherever possible. Dentists and their staff should avoid using air turbine handpieces, air/water syringes, ultrasonic scalers, air polishing, low speed handpieces used in rubber cup prophys, or any procedure that results in generating an aerosol cloud from the patient's mouth. Screen patients and defer care for all patients with COVID19 symptoms. A fit-tested Surgical N95 respirator offers the best protection and should be worn under a full-face shield for eye and face protection along with eye protection. If surgical N95 respirators are not available due to supply shortages, a standard (non-surgical) N95 respirator or level 3 surgical mask should be worn under a full-face shield with eye protection. In addition, the PPE use should include gloves and fluid resistant gowns. Dental staff should have training and demonstrating of donning and doffing of the PPEs before they start seeing patients. High volume evacuators should be used for all procedures. Universal barrier precautions should be followed. A rubber dam that covers the mouth and the nose of the patient should be used where possible. A preprocedural rinse with antiseptic mouthwash will not affect organisms such as SARS-CoV-2. 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. Emergency dental care for patients with confirmed or suspected COVID-19 should be conducted in an airborne infection isolation room (AIIR), at a hospital or other facility where all appropriate infection control precautions can be followed. Dentists should follow additional [CDPH](#) and [CDC guidelines](#).
8. **LIMIT PLASTIC SURGERY PROCEDURES TO RECONSTRUCTIVE SURGERY ONLY.** Aesthetic or cosmetic procedures should be postponed. Conduct all reconstructive surgery in a manner consistent [with CDPH guidance](#) including having appropriate testing and PPE available and following all infection control precautions. This serves to prevent unnecessary in-person



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interaction and ensures higher priority procedures that have been previously deferred can be performed.

Local Health Department Contact Information

- Alameda County Acute Communicable Disease Control:
 - Weekdays 8:30AM – 5PM Phone: (510) 267–3250
 - After-Hours Phone: (925) 422–7595 and ask for the public health duty officer on call
 - For non-immediate concerns, email nCoV@acgov.org
- Berkeley Public Health Division:
 - Weekdays 8AM – 5PM Phone: (510) 981–5292
 - After-Hours Phone: (510) 981–5911 and ask for the Health Officer on call
- [Contact Information for all other Local Health Jurisdictions](#) is available online from CDPH

Additional Resources

- [Resuming California’s Deferred and Preventative Health Care \(CDPH\)](#)
- [Guidance for Resuming Deferred and Preventive Dental Care \(CDPH\)](#)
- [Guidance on Providing Pediatric Ambulatory Services via Telehealth During COVID-19 \(American Academy of Pediatrics\)](#)
- [Guidelines and Recommendations for Reopening the Health Care System \(California Medical Association\)](#)
- [Order to Shelter at Home FAQ’s \(Alameda County Health Care Agency and Public Health\)](#)

ⁱ <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/ResumingCalifornia%E2%80%99sDeferredandPreventiveHealthCare.aspx>

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ⁱⁱⁱ <https://covid-19.acgov.org/index.page>

^{iv} <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/ResumingCalifornia%E2%80%99sDeferredandPreventiveHealthCare.aspx>

^v [Guidance on Providing Pediatric Ambulatory Services via Telehealth During COVID-19 \(American Academy of Pediatrics\)](#)

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