COVID -19 ORAL HEALTH RECOVERY AND TRANSFORMATION

COHRT Community Call

July 22nd, 2020

DentaQuest®

Partnership
for Oral Health Advancement

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∨ Participants

Speaking: **Christine Kenney (Host)**

∨ Panelist: 1

○ 💻' **Christine Kenney** (Host, me)

∨ Attendee: 0

Question?
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Today's Agenda

- Welcome & WebEx

- Infection Control in the Shadow of COVID-19

- Team Sharing: Holyoke Health Center

- Discussion

- Next Steps

COHRT Community Teams

- Boston Healthcare for the Homeless

- Caring Health Center

- Community Health Programs Berkshires

- Community Health Center of Franklin County

- East Boston Neighborhood Health Center

- Family Health Center of Worcester

- Greater New Bedford Community Health Center

- Harbor Health

- Harvard Street Health Center

- HealthFirst Family Care Center

- Hilltown Community Health Center

- Holyoke Health Center

- Lowell Community Health Center

- Lynn Community Health Center

- South End Community Health Center

- The Dimock Center
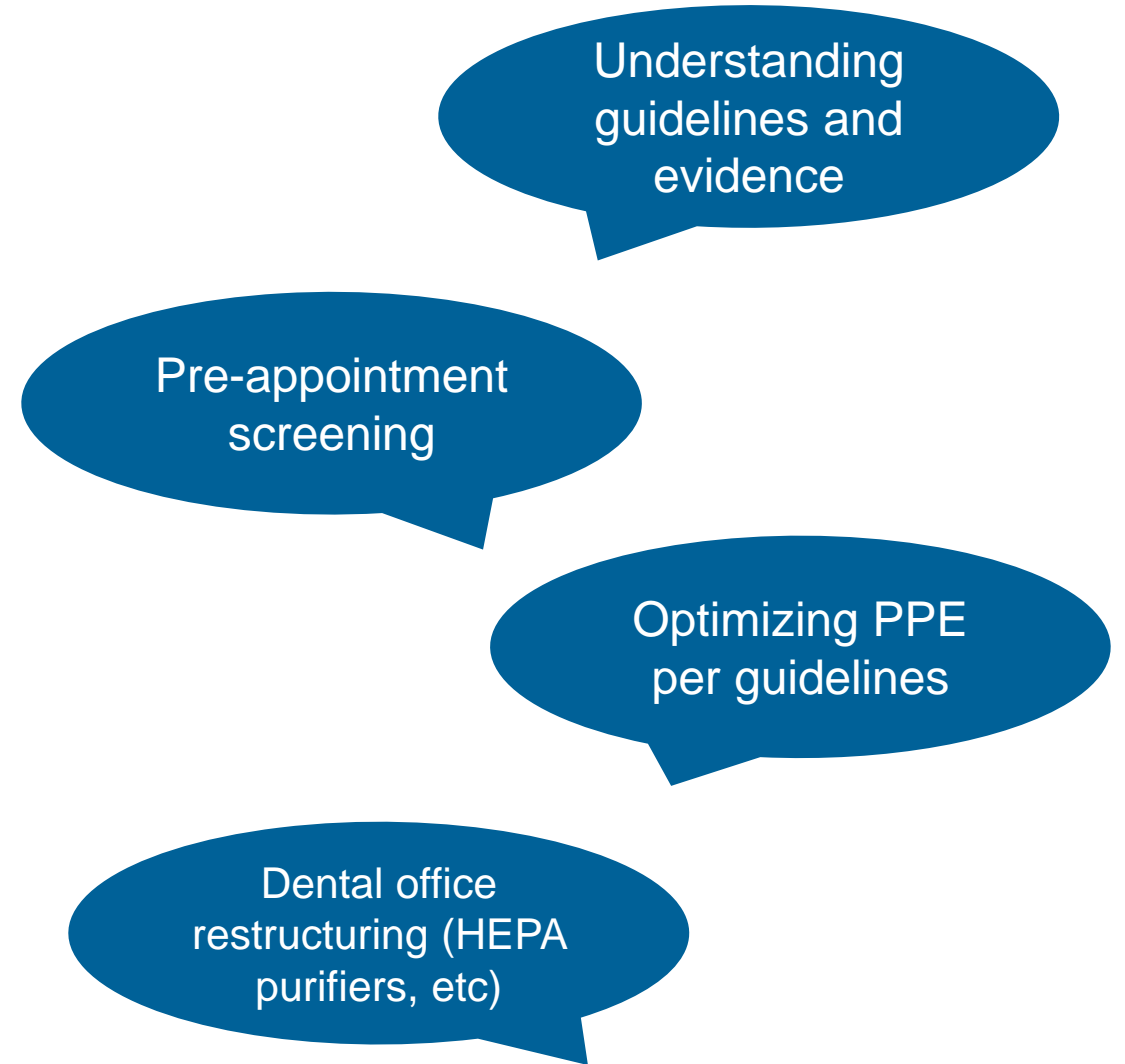
- Upham's Corner Health Center

The Bigger Picture

Domains	Focus
Domain 1 Telehealth 	Developing/expanding telehealth strategies for providing oral health services, given current infection control and regulatory restrictions
Domain 2 Minimally Invasive Care 	Safely providing oral health care with non-aerosol procedures
Domain 3 Improved Surgical Intervention 	Operate dental practices under emerging infection control standards

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What we heard from you

Confidence in ability to conduct appropriate infection control

Level of confidence

Understanding guidelines and evidence

Pre-appointment screening

Optimizing PPE per guidelines

Dental office restructuring (HEPA purifiers, etc)

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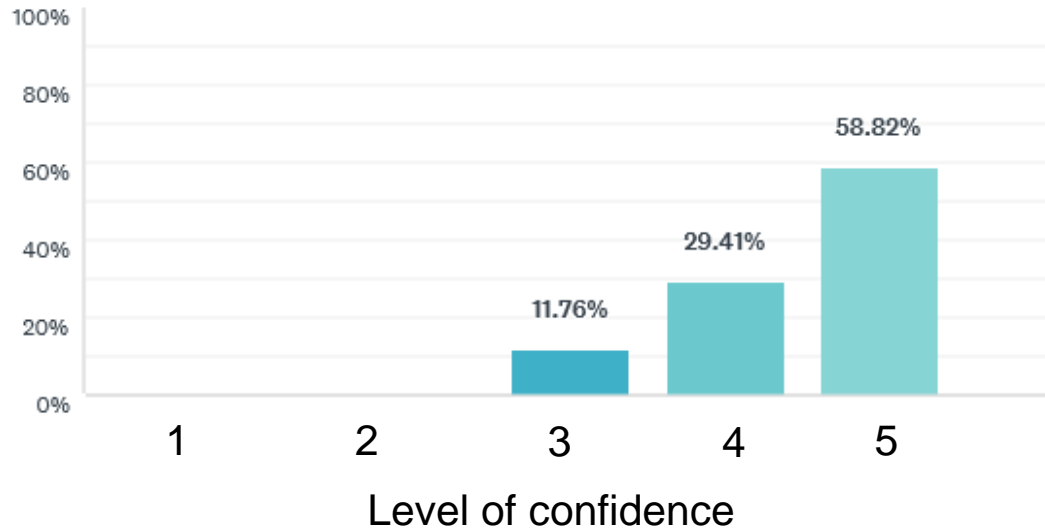
Learning Objectives

Participants in this session will:

1. **Understand how to interpret new infection control guidelines during COVID-19**

2. **Learn how to develop and layer a safety strategy for your community health center**

3. **Discuss peers' challenges and facilitators related to implementing new infection control strategies within the dental office during COVID-19**

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Disclosures

Nancy Dewhirst, RDH, MS

*Consultant of DentaQuest Partnership
for Oral Health Advancement*

The DentaQuest Partnership for Oral Health Advancement is an ADA CERP Recognized Provider. This presentation has been planned and implemented in accordance with the standards of the ADA CERP.

Full disclosures available upon request

This webinar will be recorded.

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INFECTION CONTROL IN THE SHADOW OF COVID-19

Quick Update & Calibration
Nancy Dewhirst RDH,BS
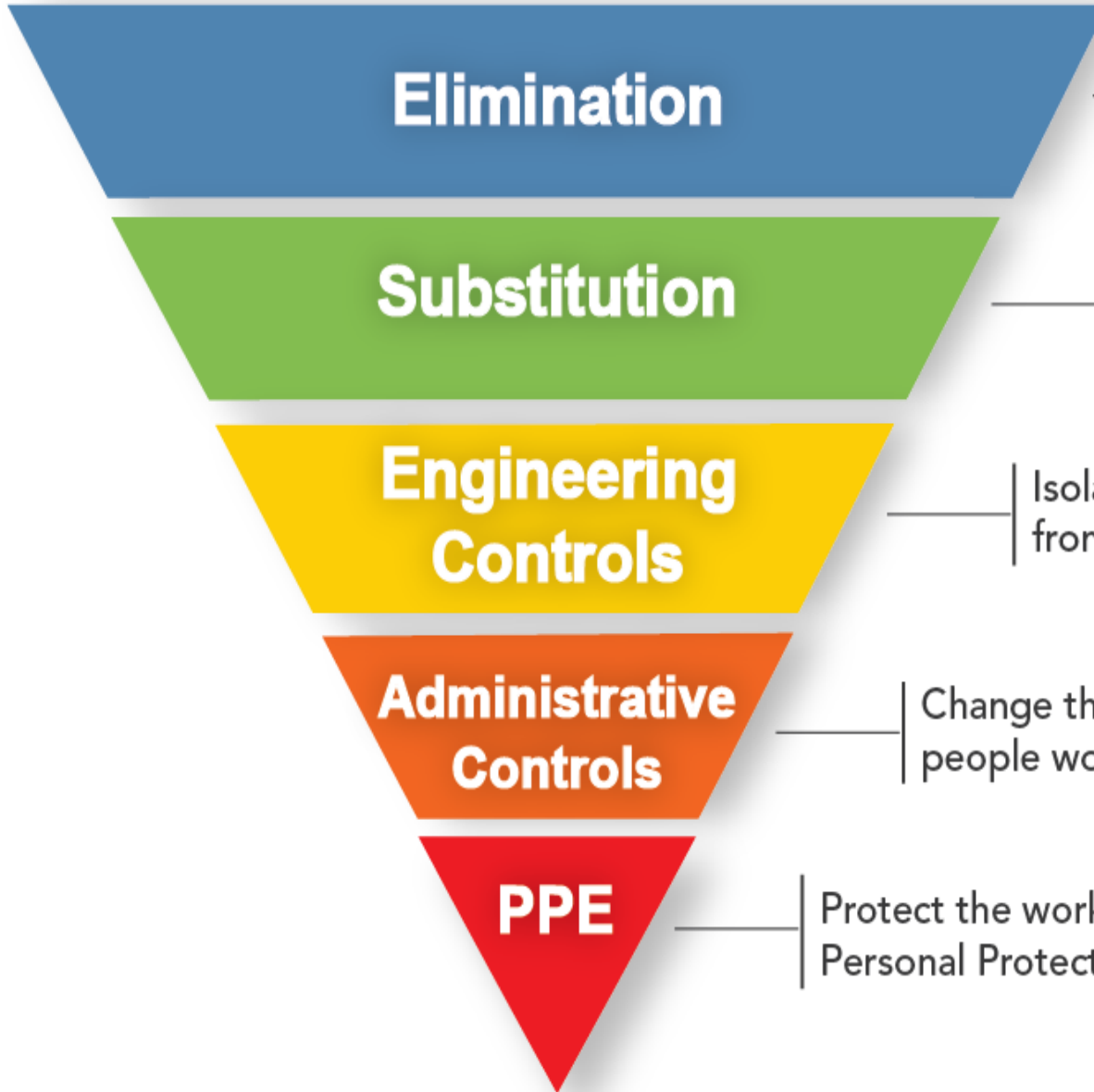
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LAYERING & SEQUENCING

Elimination: examples

Tele-dentistry (inform, assess, treat pts – phone)
- How effective?

Symptom screening prior to appt & on arrival

- Isolate, discharge, refer all symptomatic pts & HCWs

Risk screening

Viral testing – point-of-care tests not available yet

- If dentistry becomes part of "primary care system" dental offices can legally test (required in future?)

Hierarchy of Controls

Most effective → Least effective

- **Elimination** — Physically remove the hazard
- **Substitution** — Replace the hazard
- **Engineering Controls** — Isolate people from the hazard
- **Administrative Controls** — Change the way people work
- **PPE** — Protect the worker with Personal Protective Equipment

http://www.dir.ca.gov/oshsb/atdapprvdtxt.pdf
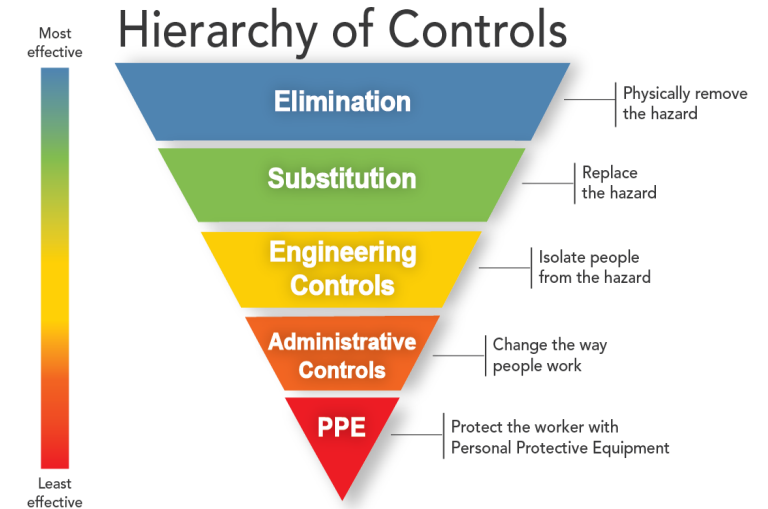
Continue to Screen for "regular" ATD's

TB

- **Fever**, cough….

Flu

- **Fever**?
- Body aches?
- Runny nose?
- Sore throat?
- Headache?
- Nausea?
- Vomiting or diarrhea?

Pertussis, measles, mumps, rubella, chicken pox, meningitis

- **Fever**, respiratory symptoms +
- Severe coughing spasms
- Painful, swollen glands
- Skin rash, blisters
- Stiff neck, mental changes

Fever = 100.4⁰F (for patients)

If yes, re-appoint, refer

ATD Screening Form

COVID-19 Symptom Screening

Fever, chills, shaking (88%)

Fatigue (38%)

Dry cough (68%)

Productive cough (33%)

Gradual onset (Flu = sudden, cold = gradual)

Runny nose (like common cold)

Loss of taste, smell, sore throat, conjunctivitis

Respiratory distress

Muscle pain, headache

Cardiac symptoms, blood clots

GI distress, diarrhea, nausea
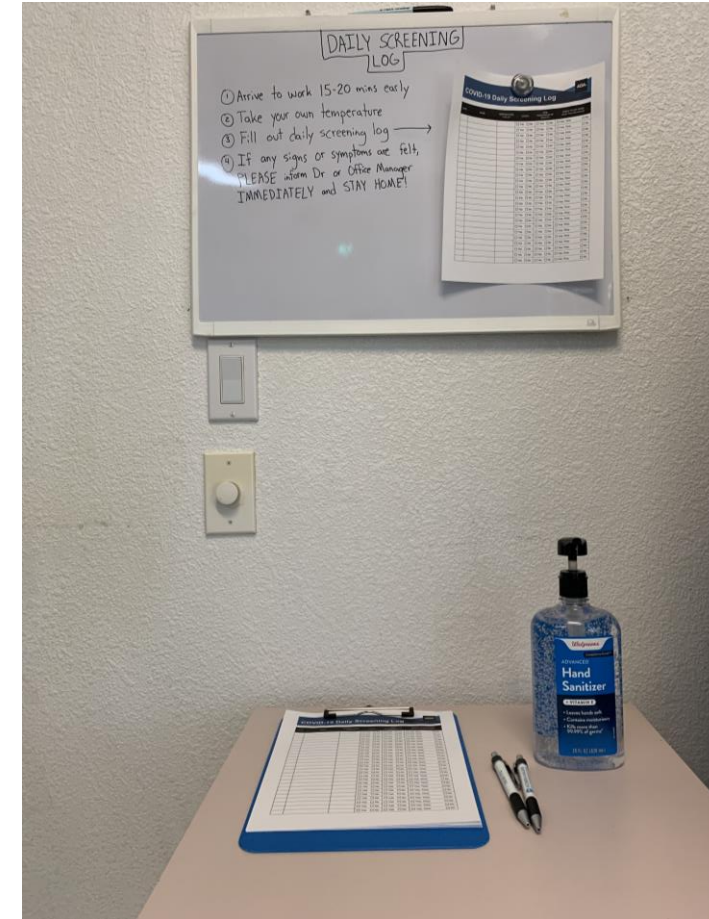
Neurological disorders – may endure

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Dental Workers have you:

Reduced # of HCW's?

Offered lower risk work to more susceptible workers?

Screened workers daily?

- Temperature (100.0°F!)

- Keep logs

- Symptomatic workers must be evaluated promptly

- If ill, mask & dismiss

- No work until MD clears

IF known / suspected
COVID-19 (+) pt enters office:

Do not treat: refer to location with airborne isolation precautions required for emergency dental care

- (-) pressure room, 6-12 air exchanges / hour, full respiratory safety program (n-95 masks)

Mask patient

Release to home if not acutely ill, instruct to contact MD

If acutely ill, refer to hospital

Make sure whole staff is calibrated!

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Asymptomatic, afebrile patients following COVID-19 crisis

Emergency tx. & elective care

Symptom screening

- Patient temperature < 100.4º F = OK

History – travel, exposure / contact with possible COVID-19 (+) people?

Patient may be treated following these IC recs:

- Avoid / reduce handpieces, A/W syringe, ultrasonic scalers if reasonable

- Four-handed dentistry, high evacuation suction, dental dams

+ N95 & shield for aerosolizing procedures
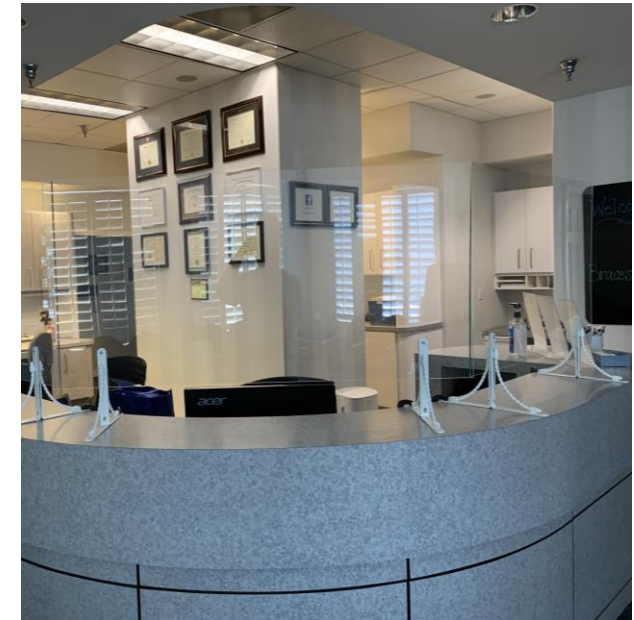
Exposure Elimination & Substitution (your progress?)

Remove magazines, TV remote, shared items

Implement source control:

- Limit points of entry
- Limit visitors
- Masks on everyone
- Separate appts
  - In time & space
- Physical barriers: screens, windows, curtains
  - Installations?
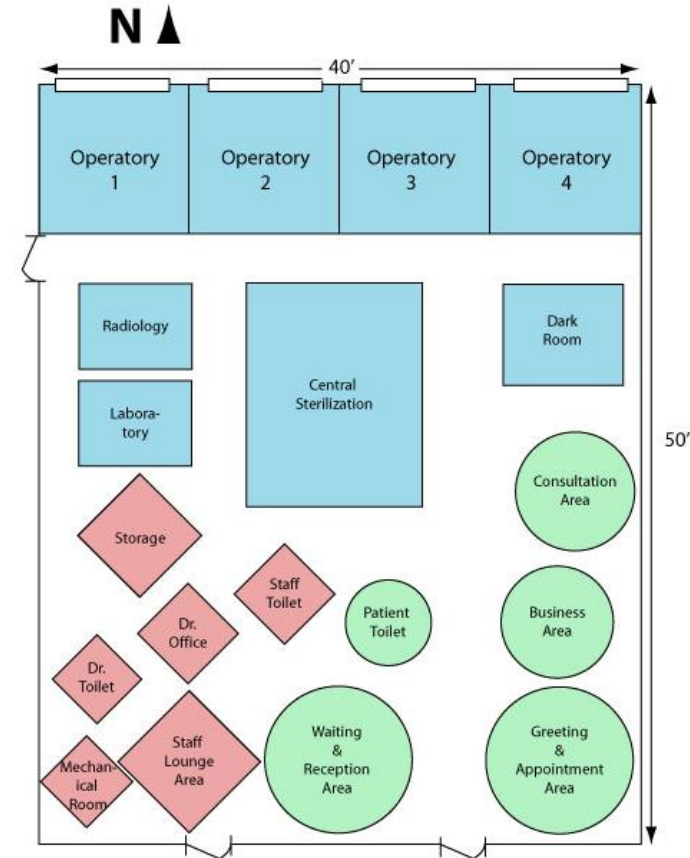 - Availability?
  - Acceptance & use?

http://www.dir.ca.gov/oshsb/atdapprvdtxt.pdf

Engineering controls

Devices designed to increase safety

Organize facility space into infection control zones

- **Keep similar activities together – same PPE**

- **Prevent cross-contamination**

- **Similar HVAC requirements**

- **Separate rooms, barriers, training**

  - **Clinic zone**

  - **Employee zone**

  - **Business zone**

  - **Public zone**

Hierarchy of Controls

- Elimination
- Substitution
- Engineering Controls — Isola... from
- Administrative Controls — Change the... people wo...
- PPE — Protect the work... Personal Protecti...
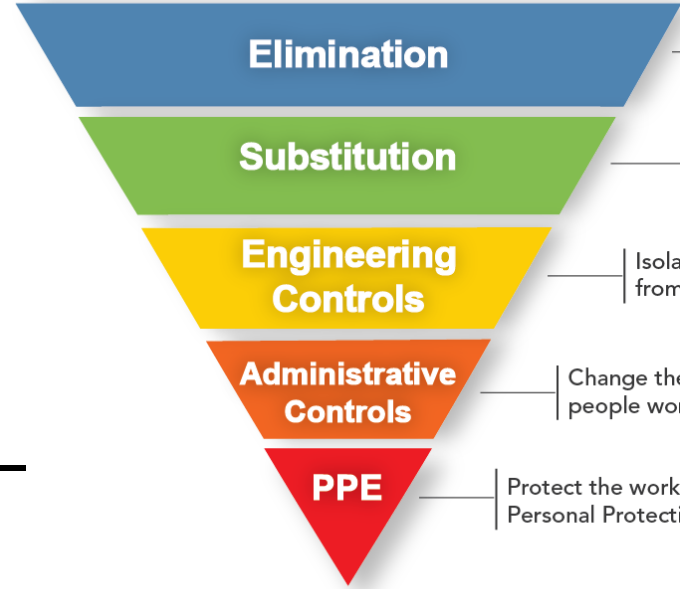
1 ▢ Clinical Zone
2 ◯ Public Zone
3 ◇ Staff Zone

Engineering controls

- **Room air management**

- **Optimize building HVAC fresh air changes & cycles, filtration & antimicrobial air treatment**

- **Space dividers, walls, distancing patients 6'**

- **HEPA filtration fans**

- **Air disinfection technology: ozone, UVC**

- **External evacuation units**
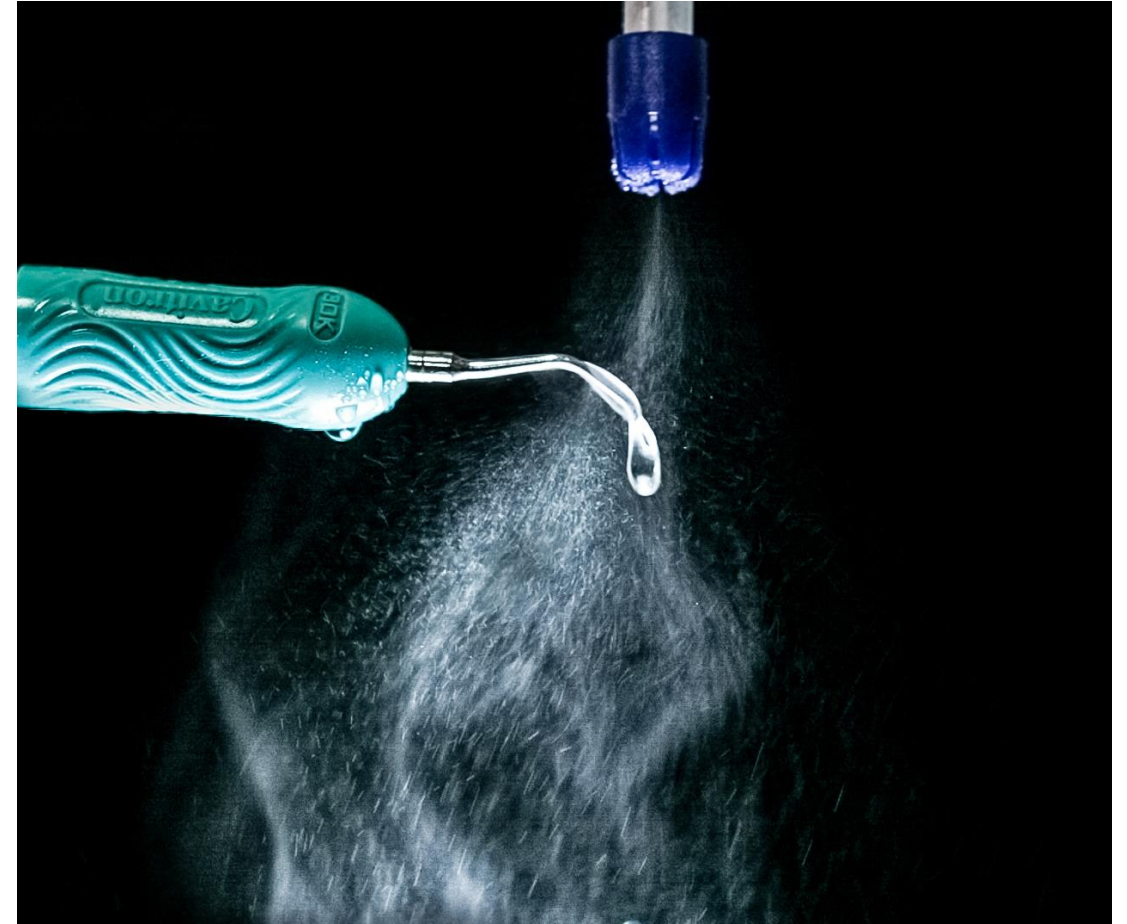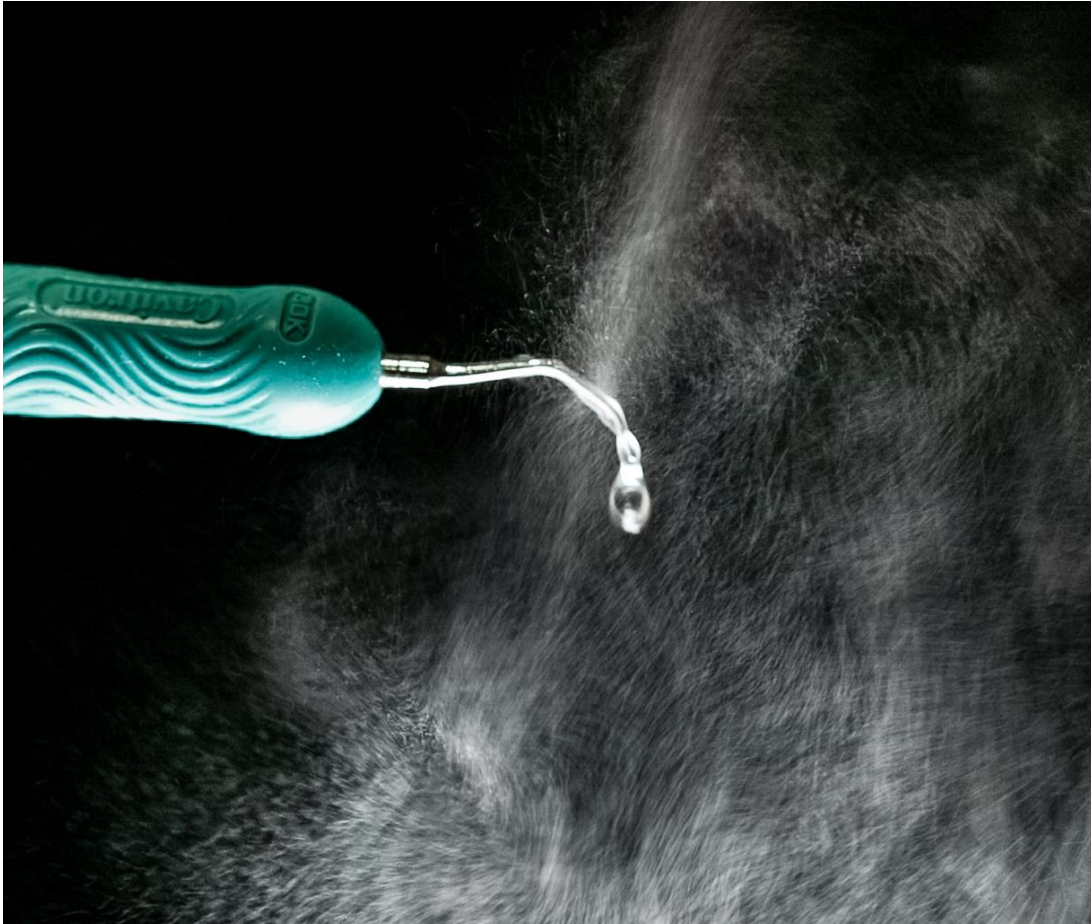
Mr. Thirsty

With bite block, disposable

DryShield

SafetySuction.com

high volume suction

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Spray – 18",
saliva ejector inadequate
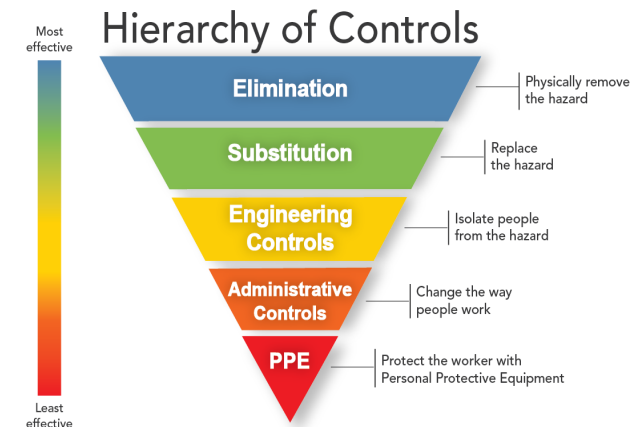

Harrel, JADA 1998;129:1241-1249

HVE

Safety Suction

Administrative controls examples:

- **Rules to implement ALL safety protocols**

- **Respiratory hygiene / cough etiquette, hand hygiene**

- **New employee roles: Infection control coordinator, "floater", screeners, escorts**

- **Add respiratory protection program (RPP)**
  - **Follow OSHA model – N95**
    - **Training**
    - **Medical eval**
    - **Fit testing**

Hierarchy of Controls

Most effective

Elimination	Physically remove the hazard
Substitution	Replace the hazard
Engineering Controls	Isolate people from the hazard
Administrative Controls	Change the way people work
PPE	Protect the worker with Personal Protective Equipment

Least effective

Masks & sanitizer for patients

Infection control coordinator

Assign a person

- Safety Manager
- Must be a leader
- Qualified, trained, empowered
- Any of us might qualify!

Get certified

- DANB.org, osap.org
- https://www.osap.org/page/RoleofICPC? – OSAP initiative
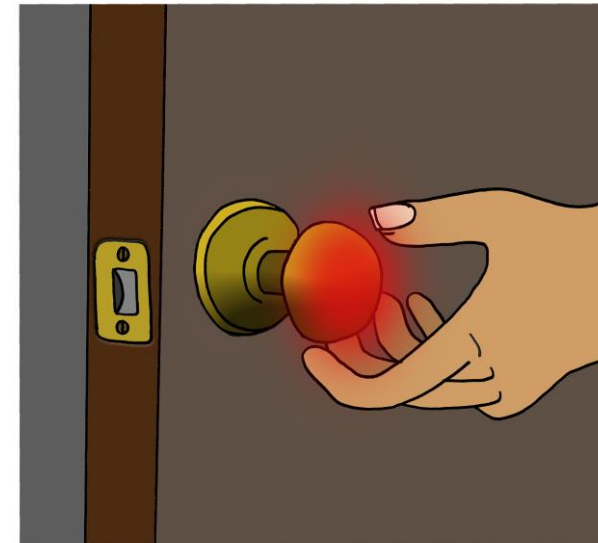
"floater" and other (new) roles?

Environmental asepsis (unseen droplets)

- **Extend frequent disinfection protocol - all touch / transfer surfaces throughout office**

- **EPA list of SARS CoV-2 disinfectants**

- **Wait for droplets to settle?**

  - **(15 min.?)**

https://www.epa.gov/newsreleases/epa-expands-covid-19-disinfectant-list

Dangerous "alcohol" hand sanitizers

Labeled to contain ethanol (ethyl alcohol)

Contain Methanol (wood alcohol)

Toxic when absorbed through skin or ingested

Causes nausea, vomiting, headache, blurred vision, permanent blindness, seizures, coma, permanent damage to the nervous system or death

Seek reversal treatment for methanol poisoning FAST!

Fraudulent products:

- "FDA approved" (none are)
- Must have $\geq$ 60% alcohol

https://www.fda.gov/drugs/drug-safety-and-availability/fda-updates-hand-sanitizers-methanol

Fogging:

Ozone, H2O2, hypochlorous acid

Oxidizers

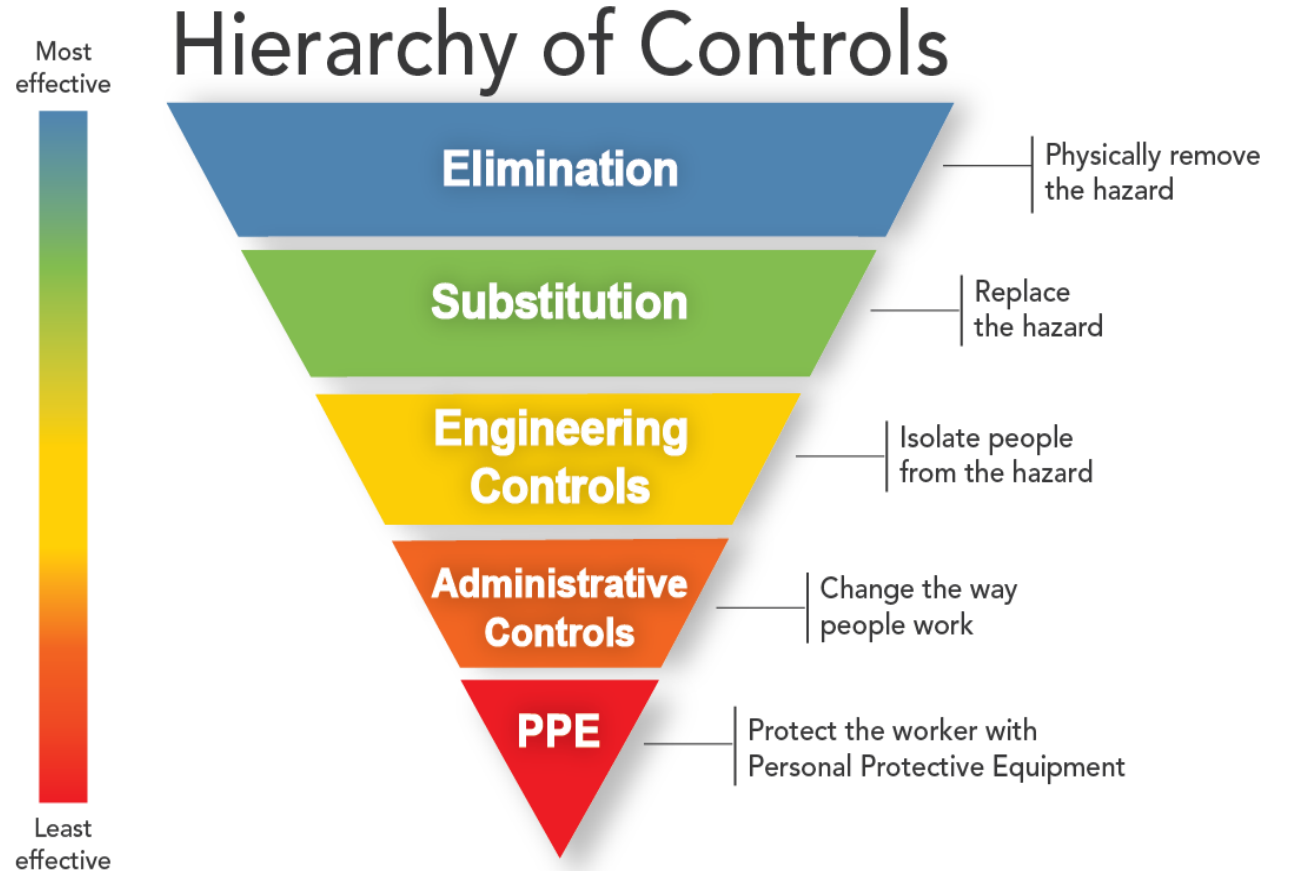**Caution: corrosion & damage to eyes, lungs,**

Electrostatic particles improve penetration & surface binding

PPE

Standard & transmission-based precautions

- **Alter sequence of donning & removing PPE**

- **More frequent hand hygiene**

Use highest level PPE available with aerosols

Hierarchy of Controls

Most effective

Least effective

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All must wear masks at work

Respirators for aerosols

Respirators or masks & face shield for non-aerosol pt. Care,

Masks while in office appropriate to exposure

- <u>May</u> be cloth (for source control only! NOT PPE!)
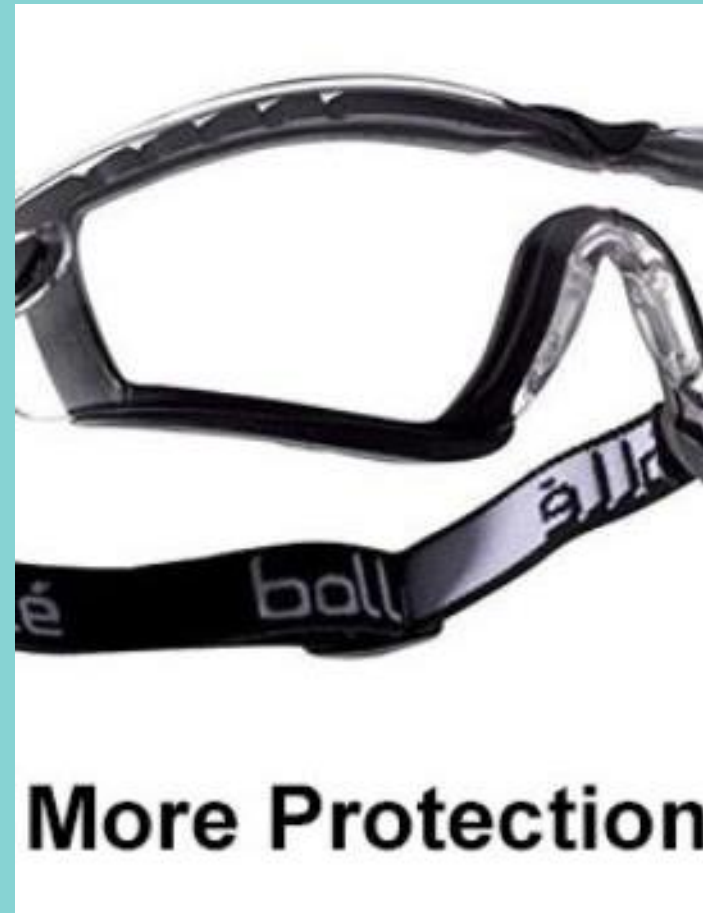
- Patients & receptionists

Full face protection – shields with all masks

Calibration: selection criteria for mask level

https://www.cdc.gov/coronavirus/2019-ncov/hcp/dental-settings.html

Eyewear

More Protection

Eyewear is <u>essential</u> for aerosolizing procedures

Eyewear must have side protection

Remove, reprocess eye/face shields when soiled

Discard disposable eyewear, face shield after use?

Treat as contaminated (touch precautions)

Leave pt care area to remove eye/face shields

Shoes

Shoes shown to carry infective SARS CoV-2 virus

Isolation / separation & disinfection recommended

70% alcohol & water (CDC)

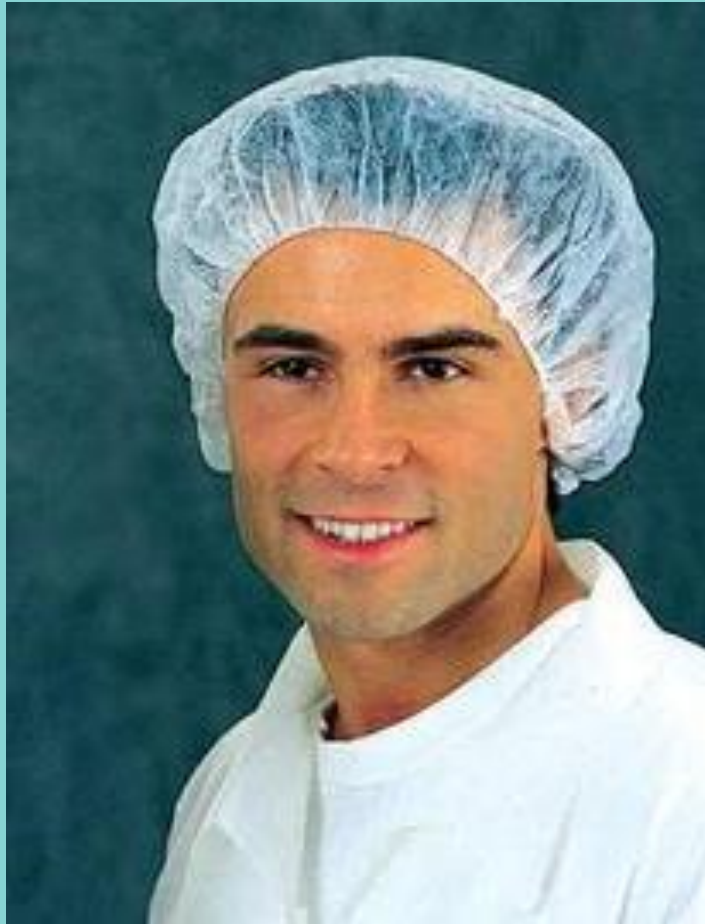**Surface disinfectant wipes, spray**

Shoe coverings

Do not take work shoes home

Touch & storage precautions

A place to change clothes

Hair covering

Bonnets not required

Workplace COVID-19 hazard assessment (ADA checklist)

Guide for assessing COVID-19 related risks

Balance these:

- **Worker risk assessment (CDC recs**, **co-morbidities)**

- **Equal Employment Opportunity** Commission (EEOC) & Americans with Disabilities Act
  https://www.eeoc.gov/laws/guidance/pandemic-preparedness-workplace-and-americans-disabilities-act

- **May not discriminate** (exclude, limit) workers unless they pose a "direct threat" **(to self or others)**

- **COVID-19 is a direct threat (OSHA & CDC)**

https://files.constantcontact.com/315b0f2b001/a48e311e-2cf7-4d79-800c-5e3bc2053874.pdf

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Definition of an exposure

"Prolonged Exposure" / high risk event = inside building;

No mask / respirator

No eyewear if pt is not masked

Not wearing ALL PPE for aerosol procedures
- (respirators, eyewear etc)

Close contact $\leq$ 6' for 15 min.

Direct contact with secretions, excretions of COVID+

Highest risk: nose, eyes, mouth

Rules = flexible re: community transmission levels

Work restrictions (quarantine) – apply until test results known

Risk assessment: evaluating possible exposures

"Infectious period" = 2 days prior to symptoms – until "termination of Transmission-Based Precautions":

Determined by testing or symptoms & risk analysis

- At least:
  - 10 days since 1st symptoms
  - 3 days since end of symptoms and resolution of fever (no anti-fever meds)
- 2 (-) tests, 24 hrs apart

Workers must report exposure to employer

Patients should be alerted if possible exposure occurred

https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html

Teamwork!

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OSHA, CDC, ADA, CDA, OSAP COVID-19 recommendations

www.osha.gov/covid-19

https://www.ada.org/~/media/CPS/Files/COVID/ADA_COVID_Int_Guidance_Treat_Pts.pdf?utm_source=cpsorg&utm_medium=covid-cps=virus-lp&utm_content=cv-pm-ebd-interim-response&utm_campaign=covid-19

https://www.cdc.gov/coronavirus/2019-ncov/hcp/dental-settings.html

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

https://www.osap.org/page/COVID-19

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CDC RECOMMENDATIONS

https://www.cdc.gov/coronavirus/2019-nCoV/index.html

OSAP

https://cdn.ymaws.com/www.osap.org/resource/resmgr/dentaquest/INC-1353_Best_Practices_for_.pdf

ADA, AGD, OSHA, State Boards

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TEAM SHARING: HOLYOKE HEALTH CENTER

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Infection Control

HOLYOKE HEALTH

Building healthy communities

- Patient phone call one-two days before appointment to answer prescreening questions related to COVID-19

- Screening all patients and staff at the entrance in both HHC and CHC (temperatures taken, COVID-19 screening questions answered, and EVERYONE to wear mask at all times)

- Only patient allowed in operatory (limit one parent with child regarding pedo)

- Maintaining six-feet social distancing at work with other team members and patients when not performing treatment

- Gown, mask, N95 respirators, shield, gloves, eye glasses, and bonnet worn by staff during patient treatment

- Designated area where PPE can be donned and doffed appropriately and safely

- If aerosol is used during treatment, wait 35 minutes before wiping down room

- White board is being utilized to keep track of timing
  - Date
  - First cleaning
  - Second cleaning
  - Room ready

HOLYOKE HEALTH
Building healthy communities

Staff Name:_____   Date:_____
Reviewed/Observed by:_____   Date:_____
Staff Signature:_____   Date:_____

COVID-19-PPE Donning Checklist

COVID-19-Doffing Instructions
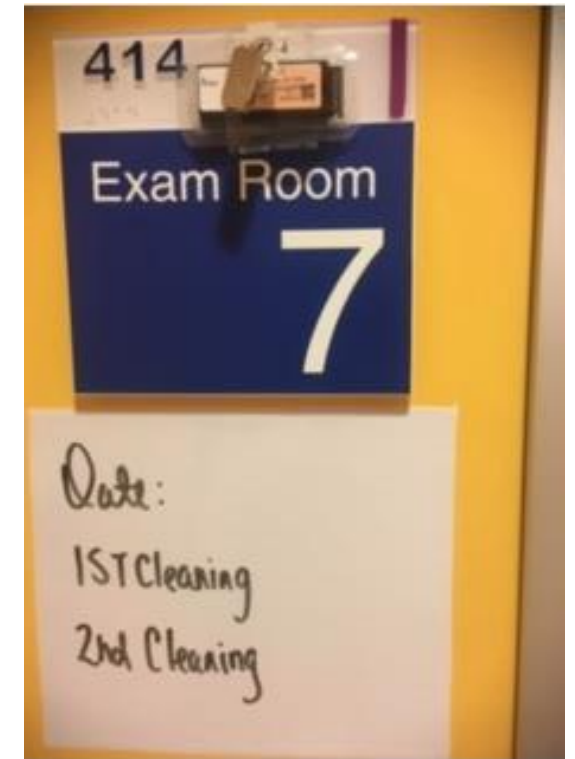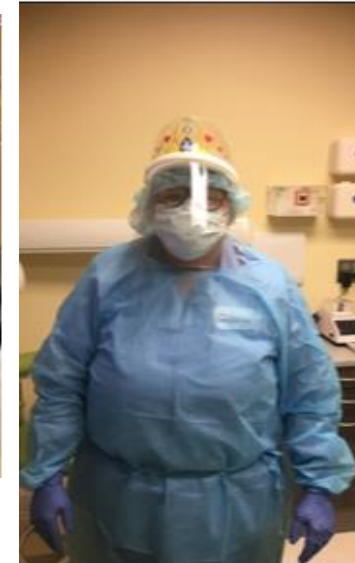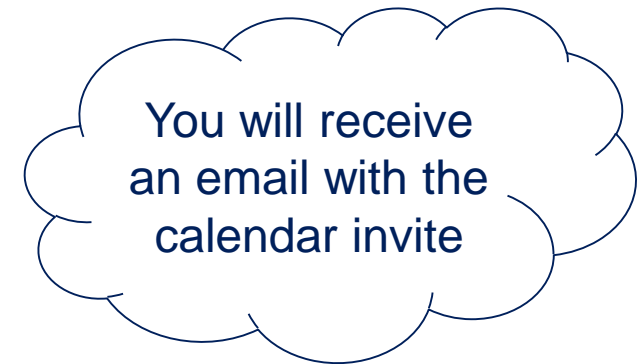
DISCUSSION

NEXT STEPS

August Faculty Office Hour: Infection Control

In the next 2 weeks, once you've had a chance to test strategies, this office hour will be an opportunity to:

- Informally discuss remaining questions
- Discuss useful resources/materials
- Learn and share new ideas with peers and faculty

August 4th, 12-1pm ET

You will receive an email with the calendar invite

Don't Miss Out On CE's

Take the webinar evaluation survey to receive CE credit!

A link for the evaluation will appear

when you exit WebEx