OSHA REVIEW INCORPORATED

11306 Sunco Drive, Suite 7
Rancho Cordova, CA 95742
(800) 555-6248
Fax (916) 362-7891
oshareview.com

COVID-19 Control and Prevention Checklist

This checklist provided below is intended for general information purposes only to dentists and their team members regarding practical guidance for dental infection prevention and control during the COVID-19 pandemic. It should be used to assess the level of COVID-19 control and prevention readiness in a dental office. Not every item listed in this checklist will apply in every office, but will be dependent upon a practice's or individual practitioner's unique facts and circumstances. Please keep completed checklists with other hazard assessment documentation for at least one year.

Although every effort has been made to ensure the accuracy of this information, we are not responsible for any errors and omissions, or any regulating agency's interpretations, applications and changes of regulations described herein. It is not a substitute for review of the applicable regulations and standards, and should not be construed as legal advice.

As the COVID-19 pandemic evolves and local community transmission levels change, dental offices should regularly consult with the CDPH and local health departments for region-specific information and recommendations.

Plan Administration

- ❑ Designate someone to be responsible and in charge of the office's COVID-19 Control and Prevention Plan.
- ❑ Post the following documents in the office:
  - ❑ The new FFCRA (Families First Coronavirus Response Act) Notice required until the end of 2020 (available on our website).
  - ❑ Post signs at entrances encouraging hand hygiene, respiratory hygiene, and cough etiquette (i.e. CDC posters – *Cover Your Cough* and *Wash Your Hands*) (available on our website).
- ❑ Keep the following documents current, organized, and readily accessible:
  - ❑ Completed COVID-19 Control and Prevention written plan (with respiratory protection program information), to be kept with your completed written Injury and Illness Prevention Program. (Section I of binder).
  - ❑ Completed supplemental plans: Bloodborne Pathogens Exposure Control Plan (Section II of binder) and Infection Control Written Protocol (template form available on our website).
  - ❑ Employee Training Documents – COVID-19 and Aerosol Transmissible Diseases (ATD) (Section X of binder), Bloodborne Pathogens (Section IV), Infection Control (Section VIII).

Scope

- ❑ Dental tasks associated with different COVID-19 exposure risk levels have been identified.

Assessment of Community Transmission

- ❑ Monitor regularly (weekly, daily) the prevalence of COVID-19 at the community and state level.

Office Management/Administrative Policies

Dental Healthcare Personnel (DHCP)

- ❑ We have sick leave policies for DHCP that are flexible, non-punitive, and consistent with public health guidance, allowing employees to stay home if they have symptoms of respiratory infection.

- ❑ All DHCP are screened for fever and symptoms of COVID-19 at the beginning of the workday. NOTE: ≤100.4˚F for DHCP. Results are recorded daily.
- ❑ If DHCP develop fever (T≥100.0˚F) or symptoms consistent with COVID-19 while at work, DHCP are reminded to keep their mask on, are sent home, and are asked to seek medical care.
- ❑ DHCP are encouraged to stay home if sick or showing cold, flu or COVID-19 symptoms.
- ❑ Workplace exposures to COVID-19 will be managed based on CDC *Interim US Guidance for Risk Assessment and Work Restrictions for Healthcare Personnel with Potential Exposure*.
- ❑ Return to work date will be based on CDC *Criteria for Return to Work for Healthcare Personnel with Suspected or Confirmed COVID-19* (Interim Guidance).
- ❑ We reassign our at-risk employees from performing high-risk dental procedures during the pandemic.
- ❑ Pregnant personnel are instructed to seek and follow medical guidance regarding work.

Patient Screening

Prior to the dental appointment patients are telephoned to:

- ❑ Triage and assess their dental condition.
- ❑ Screen for COVID-19 symptoms.
- ❑ Request patients to limit the number of accompanying visitors.
- ❑ Advise patients that:
    a. They and any accompanying visitor will need to wear a mask and limit bringing personal belongings into the office.
    b. An additional COVID-19 symptom screening will occur upon their arrival to the appointment.
    c. They may be asked to wait in a personal vehicle or outside the dental facility prior to their appointment. They can be contacted by mobile phone when it is their turn for dental care.

When patients arrive for their appointment:

- ❑ An area near the entry to the office has been identified in which to screen patients. NOTE: Consider screening patients outside of the office when possible.
- ❑ Appropriate screening supplies have been assembled for the screening process including clipboard, thermometer, etc.
- ❑ Patients and anyone accompanying them to the appointment are appropriately screened for temperature and signs/symptoms of COVID-19 prior to entering the office:
- ❑ When possible escorts, friends or other family members do not enter the waiting room or treatment areas.
- ❑ All patients and visitors are reminded to keep face coverings on if possible, except during treatment.
- ❑ All patients and visitors are directed to perform hand hygiene when entering the clinic.
- ❑ We defer treatment for all patients who suspected symptoms of COVID-19 or ATDs, or who have been in contact with suspected COVID-19 positive individuals.

Other Office Policies

- ❑ When available and feasible, we use teledentistry or teleconferencing (virtual or phone appointments) as alternative to in-office care.
- ❑ Schedule patient appointments to allow adequate time for appropriate cleaning and disinfection.
- ❑ Request that the patient inform the dental clinic if they develop symptoms or are diagnosed with

COVID-19 within 48 hours following the dental appointment.

Equipment Considerations

- ❑ All manufacturers' instructions for use (IFU) have been reviewed for how to restart equipment that has not been in use including any required routine maintenance.
- ❑ The ultrasonic instrument cleaner has been prepared for use by cleaning, degassing (no instruments in the tank) and by performing a cavitation test (aluminum foil test or other cavitation test method), following manufacturer's IFU.
- ❑ The autoclave has been prepared by cleaning it, examining filters and gaskets, and replacing if indicated and running empty sterilization cycles with spore tests per the manufacturer's IFU in sufficient time to obtain spore test results prior to re-opening.
- ❑ Dental unit waterlines (DUWLs) have been shocked and prepared for use based on manufacturer's IFU.
- ❑ DUWL testing has been completed with sufficient time to obtain results to ensure the lines meet the standard for safe drinking water based on the Environmental Protection Agency (EPA) standard of <500 CFU/ml.
- ❑ Perform maintenance per manufacturer's IFU after extended storage on other items including air compressor, vacuum and suction lines, amalgam separator, radiology equipment and any other equipment.

Engineering Controls

- ❑ When aerosol-generating procedures are necessary, we use four-handed dentistry, high evacuation suction and dental dams to minimize droplet spatter and aerosols.
- ❑ High-volume evacuators (HVE) are available in all dental treatment rooms.
- ❑ Rubber dams are used as much as possible.
- ❑ For our semi-private areas, we use plastic partitions to separate treatment areas, which are cleaned/disinfected at least at the end of each day, ideally between patients.
- ❑ For clinics with open floor plans consider installing floor to ceiling barriers (ensuring they do not interfere with fire sprinklers) to enhance the effectiveness of any heating, ventilation and air conditioning air filtration systems utilized.
- ❑ When possible, orient operatories parallel to the direction of airflow.
- ❑ Optimize the ventilation, creating negative pressure in the office to minimize aerosol exposure from operatories.
- ❑ A HVAC professional has been consulted to determine strategies to reduce exposure to the virus based on CDC guidance. Areas to consider:
    - Increasing filtration efficiency to the highest level compatible with the HVAC system.
    - Ability to safely increase the percentage of outdoor air supplied through the HVAC system.
    - Limiting the use of demand-controlled ventilation, such as leaving the fan running, including bathroom exhaust fans during work hours, and when feasible, up to two hours after the end of the workday.
    - Appropriate use/placement of a portable HEPA air filtration unit while the patient is actively undergoing, and immediately following, an aerosol-generating procedure.
    - Use of upper-room ultraviolet germicidal irradiation (UVGI) as an additional solution.

Safe Work Practices

At Reception

- ❑ Provide hand hygiene products, tissues, and no-touch receptacles for patient and visitor use.
- ❑ Sneeze guards/plastic barriers are in place at Reception/Check-out and other areas where potential exposures may occur.
- ❑ Require all patients and visitors to wear at a minimum a cloth facemask in the office.
- ❑ Provide resources for performing hand hygiene in or near waiting areas.
- ❑ Clean and disinfect the room and equipment according to the CDC *Guidelines for Infection Control in Dental Health-Care Settings-2003* with a product from the Environmental Protection Agency (EPA) *List N: Disinfectants for Use Against SARS-CoV-2*.
- ❑ Have patients wait in their cars for treatment instead of in the waiting room.
- ❑ Chairs in the waiting room have been placed at least six (6) feet apart.
- ❑ High touch items such as magazines, toys, coffee machines and remote-control devices have been removed to prevent cross contamination.
- ❑ Physical distancing between patients is limited by spacing of chairs in the lobby area and monitoring of patient flow through the practice.
- ❑ Limit access to the waiting room to patients only.
- ❑ Minimize activity at the reception area, such as payment and appointments over the phone.

In the Operatory

- ❑ Aerosol-generating procedures are avoided whenever possible.
- ❑ Prioritize hand instrumentation.
- ❑ Avoid/minimize the use of handpieces, lasers, air/water syringes, air polishing and ultrasonic scalers unless medically necessary.
- ❑ Prioritize minimally invasive restorative techniques (hand instruments only).
- ❑ Minimize the number of DHCP present when performing aerosol-generating procedures.
- ❑ Request patients perform mouth rinse prior to treatment.

Post-treatment

- ❑ Follow DBC requirements for infection control following dental treatment.
- ❑ Perform as many tasks as possible in areas away from patients (i.e. do not remain in operatory to perform charting, sterilization, or other tasks).

Personal Protective Equipment (PPE)

Universal Source Control

- ❑ Universal source control is followed in the office, which requires everyone entering the office to wear the appropriate level of mask or face covering.
- ❑ Patients and visitors are encouraged to wear their own personal mask. Masks will be provided, if supplies are adequate, for patients and visitors.
- ❑ Every employee always wears a facemask when in the dental setting. (Cloth masks may be used by staff not involved in direct patient care activities.)
- ❑ Facemasks or cloth masks are replaced if they become hard to breathe through, wet or soiled.
- ❑ Hand hygiene should be performed anytime masks are adjusted or removed.

Occupational Safety

- ❑ DHCP are instructed that if they must touch or adjust their mask or cloth face covering they should perform hand hygiene immediately before and after.
- ❑ DHCP should change the cloth mask coverings if they become soiled, damp, or hard to breathe through.
- ❑ Cloth mask coverings should be laundered daily and when soiled.
- ❑ During the COVID-19 pandemic, we change our gowns more frequently, after each patient treatment requiring aerosol generating procedures.
- ❑ DHCP should perform hand hygiene immediately before and after any contact with the cloth face covering, and after doffing PPE used during patient care.
- ❑ We have a PPE contingency plan in place in case of PPE shortages, to include consultation with local healthcare coalitions and federal, state, and local public health partners for assistance. We refer to CDC, FDA, and OSHA interim guidance during PPE shortages for optimization strategies, emergency use authorizations, and temporary compliance discretion.
- ❑ We provide DHCP with job-specific training on PPE and have them demonstrate competency with selection, proper use including donning and doffing, and storage.
- ❑ PPE training, except for respiratory protection, is also provided as part of initial and annual Bloodborne Pathogens training. Respiratory Protection training is described in Section 7 below.

Respiratory Protection Program

- ❑ Respiratory protection strategies have been documented and followed, including implementing a respiratory protection plan, fit testing, medical clearance, and training.
- ❑ During aerosol-generating procedures N95 respirators, or respirators that offer a higher level of protection, are used if possible.
- ❑ Remove respirator after every patient. Reference PPE optimization strategies when respirator supplies are not adequate.
- ❑ If a respirator is not available, use the highest-level FDA-cleared surgical mask along with a full-face shield.
- ❑ If neither N95 mask nor FDA surgical mask with face shield are available, we do not provide care because it is unsafe.

Potential Exposure Incidents

- ❑ Following an appointment, if a patient reports signs or symptoms of COVID-19 within 14 days of a dental visit, we refer the patient to their medical provider for assessment and we follow CDC's *Healthcare Personnel with Potential Exposure Guidance* - https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html - for management of any potentially exposed DHCP.

Training

- ❑ DHCP are trained on the procedures outlined in the COVID-19 Control and Prevention Plan for patient management and employee safety during the COVID-19 pandemic initially and then each time a pandemic is anticipated and/or annually.

Recordkeeping

- ❑ Training documents for Cal/OSHA are kept for at least three years. DBC CE records are kept for at least six years.
- ❑ Patient screening records are kept in patients' files for a duration recommended by our liability carrier.
- ❑ Employee respiratory protection records (fit-testing and medical clearance) are kept for the duration of employment plus 30 years.