

PPE, Disinfection, and Sterilization Guidelines

To protect yourself, the team, and the patients, please follow all of these heightened sterilization protocols IN ADDITION to our normal Universal Precautions. These guidelines are based on the recommendations from the CDC.

- 1) All team members (including front desk) should wear scrubs when working at the office. The shoes that are worn while working should remain at the office.
- 2) All team members entering or exiting the office should be wearing a facemask, in accordance with the current recommendation of wearing a facemask in public.
- 3) Every team member should start the day with a temperature check, and confirm that they have NO COVID symptoms. Temperature must be below 100.4 in order to work.
- 4) Within the office we ask that you take steps to facilitate social distancing both with patients and co-workers by avoiding physical contact, wearing masks and encouraging patients to wait in their cars to avoid the lobby area. Staff should not congregate in break rooms and need to be extra vigilant when not in full PPE.
- 5) Please post visual signs or posters at the entrance and in strategic places about social distancing, hand hygiene, and wearing a mask.
- 6) Any frequently touched objects in the reception area and front desk should be removed. Chairs in reception should be minimally used, and placed six feet apart. Have an alcohol-based hand sanitizer available for patient use.
- 7) The office should follow a strict common area disinfecting process every 30 minutes. This includes a wipe down of all hard surfaces, door handles, door knobs, tables, chairs, window sills, computers, phones, bathrooms, etc. Please use the same disinfectant method as being used in operatories (Cavi1 with traditional Cavicide wipes). Do not dry-wipe disinfected surfaces as the spray needs to dry for 3 minutes to be fully effective.
- 8) Protective measures at the front desk, like the use of a protective barrier or sneeze guard, ideally should be taken.
- 9) Patient scheduling must be adapted to minimize crowding within the office during busy times. Depending on patient flow, you may need to consider staggering shifts to spread office visits throughout the day. In addition, if possible, alternate use of operatories between patients.

- 10) All patients should be pre-screened over the phone for COVID. As a reminder, the questions to ask are:
- Have you traveled outside the country in the previous 14 days? If so, where?
 - Are you exhibiting any flu-like symptoms?
 - Do you have a fever?
 - Have you been in contact with someone that either has tested positive for COVID or exhibited flu-like symptoms?
- 11) ALL patients are being checked-in via curbside check in, if possible. Once again, confirm that they are not exhibiting any COVID signs, and take the patient temperature. Whoever is performing the curbside check in should be wearing a level 1 or 2 mask and gloves. Patients should then sign the **COVID Patient Consent and Screening Form** as well as our office traditional Consent Forms for treatment.
- 12) Proper hand hygiene is an essential part of patient and employee protection. Proper hand hygiene consists of using either an alcohol based hand rub (with 60-95% alcohol) or soap and water for AT LEAST 20 seconds. Soap and water is recommended if hands are visibly soiled.
- 13) Hand hygiene should be performed before and after all patient contact, contact with potentially infectious material, and before putting on PPE and after removing it. If you must touch or adjust your mask, you should perform hand hygiene immediately before and after.
- 14) All team members and doctors working in the operatories must follow universal OSHA precautions and wear the proper personal protected equipment (PPE). In addition to universal precautions, there are additional measures that we can take, including:
- **N95 & KN95 Masks: FOR AEROSOL PROCEDURES ONLY**
 - Due to the limited supply, the goal is to preserve these masks as long as possible (up to 8-12 hours). Some suggestions by the CDC and the Infectious Disease Society of America are to use a face shield and a mask over the N95/KN95. This minimizes surface contamination of the N95. Please use your best clinical judgement and consider re-use when not contaminated, and please replace when soiled, deformed, or the seal is lost.
 - **Level 3 masks**-For non-aerosol procedures. Dispose after each patient
 - **Face shield**- Disinfect between patients
 - **Eye Protection**
 - **Disposable gown**-Dispose after each aerosol procedure
 - **Bouffant Caps (If available)**-Dispose after each aerosol procedure
- 15) Front desk team members should wear a level 1 or 2 mask at all times throughout the day. When interacting with a patient, please wear gloves when handling things that the patient is also using (credit card, clipboard, etc). If the BA is doing curbside check-in or

taking the patient temperature at the desk, please wear mask and gloves. Please review Dr. AJ's video in order to ensure you know how to properly take the PPE off. Gloves are not needed when using the phone, computer, etc.

- 16) Consider the use of a portable HEPA air filtration unit when performing aerosol procedures. The use of these units will reduce particle count in the room and the amount of turnover time.
- 17) When performing work on patients, first have patients wash their hands and then rinse with 1% hydrogen peroxide for 60 seconds. Be sure to always use high speed evacuation when producing an aerosol, and always sterilize your handpieces (high and low speeds) after each patient.
- 18) Inside the operatories, please only have the clean or sterile supplies and instruments for the dental procedure readily accessible. All other supplies and instruments should be in covered storage and away from potential contamination.
- 19) When doing an aerosol-generating procedure, please use four-handed dentistry, high evacuation suction, and consider using a dental dam to minimize droplets and aerosols. The use of ultrasonics is not recommended.
- 20) After the completion of aerosol dental treatment and the departure of a patient, using either Lysol or Cavi1, please spray the air and then wait 15 minutes before room disinfection. This time allows for droplets to sufficiently fall and enable proper cleaning.
- 21) When it is time to disinfect a room, please use Cavi1 in addition to the traditional cavicide wipes that you use. Use Cavi1 by using a spray bottle, then wiping with traditional wipes. Wipe ALL areas of the operatory and room. Do not dry-wipe disinfected surfaces as the spray needs to dry for 3 minutes to be fully effective. Alternate rooms for the next patient, so that the areas have time to remain undisturbed and dry. Please wear gloves and a mask (can be level 1 or 2) while disinfecting the room.
- 22) Once you begin an aerosol procedure, your PPE is now contaminated. To avoid cross contamination, please **remove your PPE in the operatory** and wash your hands prior to going into other areas of the office. If you need to do additional disinfecting in the room, or bring dirty instruments to sterilization, please put on new gloves and wear a mask (either your current N95 mask or a new surgical mask).
- 23) Please stagger patients so that they are only being seen one patient at a time, and you are able to properly disinfect the room.
- 24) Please remove all PPE with GLOVES on. A tutorial video by Dr. AJ was made showing how to properly put on and take off all PPE. Please watch.

- 25) Before you leave the office, take off all work clothes and put in a garbage bag. This is to protect your vehicle from contamination. When you get home you can take off clothes again to be on the safe side and immediately head to shower. All work clothes go directly into washing machine with no other clothes. DO NOT leave the office for lunch or at any other times during the day with your scrubs on.