



COVID-19 Protocol

Update 10/26/2020

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Guidelines by Category

All Staff

- Temperature screening
 - Temperatures will be taken at the beginning of each workday
 - If a staff member has a fever of 100.4°F, they will be referred to the closet COVID-19 testing center and will not be permitted to work until clear of fever for three days.
- Social distancing
 - All staff must follow social distancing guidelines
 - Keep a distance of at least 6 feet apart from other staff when possible
 - This is highly important during times of non-PPE such as lunch and morning huddles.

Clinical Staff

- PPE
 - What to Wear, When (OSHA)

Dental procedures not involving aerosol-generating procedures	Dental procedures that may or are known to generate aerosols
<ul style="list-style-type: none"> • Lab jacket • Gloves • Eye protection (goggles or face shield) • Face mask (surgical level 3) 	<ul style="list-style-type: none"> • Knee length gown • Gloves • Eye protection (face shield) • NIOSH-certified N-95 respirator or higher

- Masks
 - N-95 masks must be worn and limited to 2 a day
 - Level 2-3 masks must be worn over 95 masks to extend longevity and can be changed between patients
 - N-95 masks must be fit tested prior to use
 - N-95 masks must be stored in a paper bag with your name between uses
 - How to wear and discard (CDC)
 - Respirator or surgical mask:
 - **Before entering a patient room or care area**, put on one of the following:

- An N95 respirator or higher
 - If a respirator is not available, use a combination of a surgical mask and full-face shield
- **During aerosol-generating procedures** put on one of the following:
 - An N95 respirator or higher
- **After exiting the patient's room or care area and closing the door** (if present), take into consideration that most dental procedures generate droplets, spatter, and aerosols:
 - Remove and discard disposable respirators and surgical masks
 - Perform hand hygiene after removing the respirator or facemask
- Eye Protection
 - **Before entering the patient room or care area**, put on eye protection such as goggles or face shield
 - Personal eyeglasses and contact lenses are NOT considered adequate eye protection
 - If respirators are not available and surgical masks are used, wear a full-face shield
 - **After leaving the patient room or care area:**
 - Remove eye protection
 - Clean and disinfect reusable eye protection according to manufacturer's reprocessing instructions prior to reuse
- Gowns
 - Before entering the patient room or area, put on a clean isolation gown
 - Change gown if it becomes soiled
 - **Before leaving the patient room or area**, remove and discard the gown in a dedicated container for waste or linen
 - Discard disposable gowns after use.
 - If there are shortages of gowns, they should be prioritized for:
 - Aerosol-generating procedures
 - Clinical procedures where splashes and sprays are anticipated
- Gloves
 - **After entering the patient room or care area**, put on clean, non-sterile gloves
 - Perform hand hygiene in front of patient
 - Change gloves if they become torn or heavily contaminated
 - **Before leaving the patient room or care area:**
 - Remove and discard gloves
 - Immediately perform hand hygiene
-
- Change of clothing
 - It is highly recommended that clinical staff bring a change of clothes

- Change out of scrubs before leaving the office
- Place scrubs in a bag to take home
- Leave all work shoes in the office
- Preparing workspaces
 - Operatory set up must be completely done before patient enters the room
 - Once patient is in the room, no drawers or cabinets should be opened for any reason
 - If you are missing a supply, we will have a runner/sterilizer to help collect supplies. There will also be down time for some assistants as they prep for the next procedure that can help collect supplies
 - No papers or pens should be in the operatories
 - Nothing that is not needed for the procedure should be present on any counter spaces
 - Hygiene
 - Use of Isolite, Pink Petal, Mr. Thirsty, Leaf, or HVE
 - Hygiene “to-go” bags must be prepared before the patient enters the room

Clerical Staff

- PPE
 - Sneeze guard will be installed
 - The CDC recommends that all dental professionals (including clerical staff) wear a mask while in the office at all times
 - Cloth facemasks may be worn at the front desk behind sneeze guard
- Scheduling
 - ~~○ Docs will follow a three shift schedule that will alternate every week~~
 - ~~○ Hygienists will also follow this schedule~~
 - ~~○ 2-3 hygiene per doc per shift, one on the hour and the one on the half hour~~
 - ~~The 3rd hygiene will be a chair of patients that have no treatment and have had an exam in the last 6 months that will be quick prophylaxis with no exam~~
 - Normal scheduling has returned as of July 6th
- Payments
 - Contact-less as possible
 - Via phone or mail
 - See *Systems for Collecting Payments*

Patients

- New Patients

- Teledentistry appointment will be completed before allowing new patient into the office
- All new patient paperwork must be completed online before the appointment
- PPE (MDA)
 - ~~All patients are recommended to use a face covering such as mask, scarf, bandana or handkerchief when in the office as directed by Executive Order 2020-70~~
 - All dental professionals (include clerical staff) must wear a face covering while in the office at all times.
 - ~~All patients must use a face covering such as mask, scarf, bandana, or handkerchief when in office as directed by Executive Order 2020-147~~
 - EO's have been voided as of October 2, 2020, however we are still requiring that patients entering the building and staff inside the building wear face covering at all times when applicable.
- Pre-Visit
 - COVID-19 Disclosure Questionnaire must be completed via online and then again by office staff (see *Addendum A*)
 - Patients may be asked to stay in their car until called in
- During Visit
 - Patient will be greeted in foyer when called in for appointment
 - Temperature will be taken
 - If a patient has a temperature of 100.4°F, they will be referred to the closet COVID-19 testing center (see *Addendum B*)
 - Before entering the second lobby door, all patients must perform a hand sanitation with provided products
 - All patient belongings must be taken into the operatory with them
 - When entering and upon exiting the operatory, the patient will be asked to perform a Listerine or Closys rinse for 60 seconds
- Post Visit
 - ~~Patients will be dismissed so that there will be no more than 3 patients in the waiting area at a time (see *System for Patient Dismissal*)~~
 - There will be very little patient contact with the front desk, all treatment that can be feasibly scheduling over the phone should be, any patients wanting to pay via credit can do so over the phone

General Disinfection

- All front admin computer workstations should be wiped off with Cavi/Optim wipes at the beginning of each day as well as before and after lunch – at minimum
- Any time a phone is used by anyone other than the staff member who works there, the phone must be wiped down
- Operatories will be sterilized as usual with the addition of surface disinfectant spray
- ~~All bathrooms will be disinfected after each use available for emergency use~~

- Patients are to sanitize before entry and exit

Guidelines for Re-Opening in Phases (based on opening date of June 1st)

Phase 1

- May 26th
- Clerical staff
 - Re-arrange schedule
 - Make calls to confirm patients
 - PCFs
 - General house keeping

Phase 2

- June 1st
- Doctors + Assistants
 - Start by seeing patients that need in for CCs, TA, and any emergencies that were called over the break
 - Following the new 3 shift schedule (see more in *Systems for Scheduling* below)

Phase 3

- June 8th
- Entire staff
 - Doctors work in 3 shift schedule
 - Hygiene work in 3 shift schedule

Systems for Employee Protection

- Staff will be screened each day
- All staff must sanitize hands as soon as they arrive
- All staff must sanitize phone as soon as they arrive
- All staff must wear hair up and out of face
- All staff must wear face covering as described above
- Front office staff must disinfect workstation at the beginning and end of day, as well as before and after lunch - at minimum
- Clinical staff must disinfect workstation after each patient (see more in *System for Patient Visits*)
- Clinical staff must do their best to prevent cross contamination at all times – appropriate PPE when interacting with patients must be worn and disposed of, or disinfected, after each patient – if PPE gets soiled or contaminated, it must be removed and replaced immediately

- All staff must do their best to practice social distancing guidelines – if social distancing is not possible, masks must be worn
- ~~All staff~~ **Clinical staff** must bring a change of clothes each day. Scrubs may be worn into the office, but not out. Scrubs must be placed into a bag and laundered at a later time
- If proper PPE is not available, staff will not be put at risk

System for Patient Protection

- Temperatures will be taken of each staff and patient entering the building
- No patients or any other persons will be allowed in the waiting room at any time
- Patients will be screened by staff prior to entering the building
- All equipment will be thoroughly cleaned before patient is seated
- No magazines, toys, or other paper will be in waiting room
- ~~Bathrooms will be sanitized after each use and available for emergency use only~~
- 6 foot markers will be labeled on the lobby floor, ~~however, there should never be more than 3 patients in the lobby area at a time~~
- Everyone is prompted **and required** to wear a face covering of some kind

System for Patient Visits

- Pre-Operatory
 - COVID-19 Disclosure Questionnaire must be completed
 - COVID-19 Disclosure Consent must be completed
 - Patients will remain in vehicles until called in for their appointment
 - Temperature will be taken ~~and logged~~
 - Patients will perform hand sanitation before entering the office
 - Only the patient is permitted to enter the office
 - If help is necessary, only one person per patient will be allowed
 - Bathrooms will be available for use for emergencies only and disinfected after each use
- Operatory
 - Patient will be given an operatory number and must escort themselves to the proper operatory
 - Set-up
 - Operatory must be completely set-up prior to bringing patient into room
 - All sterile instruments must be stored away in drawers and cabinets, of which may not be opened for any reason during visit
 - Basics

- Don proper PPE as listed above
- No clinician is able to exit the operatory prior to the completion of the procedure
- Doctor hygiene exams will be conducted all at once no matter the stage of the hygiene appointment – when the doc is available to leave his room
- ~~Pre procedure questions:~~
 - ~~How do you feel about what has been going on the last 2 months?~~
 - ~~How do you feel about being here today?~~
 - ~~What can we do to make your visit here makes you feel safe and comfortable?~~
- Disinfection
 - Doff PPE as described above
 - Spray all work surfaces with Birex or Z3 or Cavicide 1 surface disinfectant spray, leave on for 10 minutes, wipe clean with Cavi/Optim Wipes
 - If Cavi wipes are not available, 4x4 cotton squares and surface disinfectant will be used to make our own
 - All instruments are be thoroughly cleaned and sterilized in sterile lab

System for Patient Dismissal

- ~~We are aiming for no more than 3 patients in waiting area at a time~~
- Venga messenger will be used to determine if a patient may be dismissed from the operatory
 - Ex: Hygienist A messages to designated front office member the following, “pt is ready, clear?”. Front office staff will respond “clear” and patient may be dismissed. If front office is not clear, patient must remain in operatory until the clear is given
- Patients should be asked to re-cover mouths and noses with their personal mask
- Patients will only be prompted to stop at the front office if payment has not already been taken care of
- Patients will be asked to hand sanitize on their way out of the office
- Front office staff will continue to hand out toothbrush bags at the end of appointments to prevent cross contamination inside the operatory

System for Treatment Planning

- Clinicians will enter all treatment into the computer
- If a doctor needs an answer about treatment being completed in his operatory at that time, Venga may be used to communicate with the front office. If the

front office should need to enter the clinical area for any reason, a surgical mask must be worn in place of a cloth mask

- Any treatment that needs to be scheduled can/should be done over the phone after the patient safely leaves the office

System for Scheduling

- Hygiene
 - ~~There will be 2 hygienists per doctor~~
 - ~~One will be scheduled on the hour~~
 - ~~One will be scheduled on the half hour~~
 - ~~Other hygienists may be working without being assigned to a doctor~~
 - ~~Sees patients that have no treatment, have had an exam in the last 6 months and can be an easy clean~~
 - ~~5 unit increments~~
 - ~~No exam during these patients~~
 - Routine cleanings will be scheduled in 6 unit increments per usual
 - Child prophylaxis appointments will be no less than 4 units – no exceptions
 - New patient prophylaxis will remain 90 units with a teledentistry call from doctor or hygienist the day before to address their areas of concern
- Doctors
 - All new patients must be phone screen prior to their visit
 - Doctor is to not leave the operatory once a procedure is started – schedules must reflect this guideline – other assistant can sterilize other operatory, prepare for next patient, and assist in teledentistry
 - ~~Doctors will follow a 3 (A,B,C) shift system for scheduling at least from June 1 through July 2. The shift a doctor is working will change weekly, as well as their assigned hygiene for that shift~~
 - ~~No third chair assignment at this time~~
 - Third chair assistant(s) will aide in sterile lab and see emergency patients as needed
 - Third chair assistant(s) are responsible for filling in for an assistant should they need sick leave
 - Some days there will be a third doc there just doing hygiene exams and being the “floater doc”

System for Collecting Payments

- ~~All patient co-pays must be determined and patient to be notified prior to the patient's arrival in office~~
- Payment may be accepted at the time of appointment in the following ways:

- **Credit Card**
 - Collect information over the phone and notify patient the payment will be run after their services have been rendered
 - Use of credit card machine by patient only, no exchange of credit cards with front desk, no signatures will be permitted
- **Check**
 - Can be used at front office after services have been completed
- **Cash**
- Patients may also opt to be billed and pay via mail or phone when their statements arrive

Criteria for Return to Work After COVID/Suspected COVID Exposure **NEW!!!**

- Identify and Isolate Suspected Cases (OSHA)
 - Quick identification and isolation of potentially infectious individuals is a critical initial step to protect patients and staff
 - Staff member – stay at home if you have been exposed or have any symptoms
 - Patient – do not allow patient to enter office if they have a fever or any symptoms have been present
 - Isolated cases should leave Lapeer Dental as soon as identified and not return until clear (more below)
 - Lapeer Dental Centre is protecting workers in close contact (within 6 feet without proper PPE) by installing air purifiers throughout the office and requiring face masks at all times when possible.
 - Sick workers should leave as soon as possible and seek additional medical attention if necessary

- CDC's Strategy's for Returning to Work After Illness:
 - *Symptom Based Strategy for When an Employee Can Return to Work (CDC – no COVID testing)*
 - Staff with no symptoms and who are not severely immunocompromised (see definitions below):
 - May return when...
 - At least 10 days have passed since the date of their first positive test **AND**
 - Directed as safe by health department (if applicable)
 - Staff with mild to moderate illness/symptoms who are not severely immunocompromised (see definitions below):
 - May return when...
 - At least 10 days have passed since the first symptom began **AND**
 - At least 3 days have passed since the last fever without use of medication **AND**
 - All symptoms have resolved **AND**
 - Directed as safe by the health department (if applicable)
 - Staff with severe to critical illness/symptoms who are severely immunocompromised (see definitions below):
 - May return when...
 - At least 10 days and up to 20 days have passed since first symptom began **AND**
 - At least 3 days have passed since the last fever without use of medication **AND**
 - Symptoms have resolved **AND**

- Directed as safe by the health department (if applicable)
- *Test-Based Strategy for When an Employee Can Return to Work (CDC – COVID testing involved)*
 - Staff with symptoms:
 - May return when...
 - Resolution of fever for at least 3 days without use of medication **AND**
 - Improvement of symptoms **AND**
 - Results are negative from two consecutive COVID tests less than 24 hours apart **AND**
 - Directed as safe by health department
 - Staff without symptoms...
 - May return when...
 - Results are negative from two consecutive COVID test less than 24 hours apart
- *Definitions from CDC Returning to Work Guidelines*
 - **Mild Illness:** Individuals who have any of the various signs and symptoms of COVID 19 (e.g., fever, cough, sore throat, malaise, headache, muscle pain) without shortness of breath, dyspnea, or abnormal chest imaging.
 - **Moderate Illness:** Individuals who have evidence of lower respiratory disease by clinical assessment or imaging and a saturation of oxygen (SpO₂) ≥94% on room air at sea level.
 - **Severe Illness:** Individuals who have respiratory frequency >30 breaths per minute, SpO₂ <94% on room air at sea level (or, for patients with chronic hypoxemia, a decrease from baseline of >3%), ratio of arterial partial pressure of oxygen to fraction of inspired oxygen (PaO₂/FiO₂) <300 mmHg, or lung infiltrates >50%.
 - **Critical Illness:** Individuals who have respiratory failure, septic shock, and/or multiple organ dysfunction.
- “Ultimately, the degree of immunocompromised for HCP is determined by the treating provider, and preventive actions are tailored to each individual and situation.” – CDC
- What does this really mean?
 - If you chose to not get tested for COVID, you need to follow the Symptom Based strategy to return to work when appropriate.
 - Anyone who wants FFCRA pay while off needs to have documentation of positive test or mandatory quarantine.
 - If you chose to get tested, Test Based strategy is to be followed.

Addendum A

COVID-19 Disclosure Questionnaire Screening Form

[Español](#)

Lapeer Dental Wellness Form

First Name Last Name

Phone Email

Do you have a cough?

Yes No

Do you have a fever now or have you in the past 14-21 days?

Yes No

Have you come in contact with any confirmed COVID-19 positive patients in the last 14 days?

Yes No

Are you experiencing shortness of breath or difficulty breathing?

Yes No

Are you experiencing other flu-like symptoms, such as gastrointestinal upset, headache, or fatigue?

Yes No

Have you experienced recent loss of taste or smell?

Yes No

Are you over the age of 60?

Yes No

Do you have heart disease, lung disease, kidney disease, diabetes or any auto-immune disorders?

Yes No

Have you traveled in the past 14 days to any regions affected by COVID-19? (as relevant to your location)

Yes No

Submit

Addendum B

COVID-19 Referral for Testing

Dear _____

Our patient _____; DOB _____,
or their care giver, recently responded yes to one or more of the questions in our COVID-19 Screening Questionnaire (please see attached).

Based on this, we have elected not to proceed with dental care at this time and we are referring our patient to you for assessment and possible COVID-19 testing. Please inform us of your findings and your recommendation on when it is appropriate to provide routine dental care to our mutual patient.

We can be contacted at:

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