

COVID exposure protocol for the dental office

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Thanks Dr. Barr for a very informative presentation. My name is Kevin Patterson and I am an oral surgeon in the Denver area. Now that Dr. Barr has outlined some of the things we will be doing over the next however long I'm going to try and give some guidance as to what we need to do in the event of an office COVID exposure. Given the length of time it will take to create an effective vaccine we will need to have an understanding of the necessary steps in the event we have to deal with someone in our office, possibly ourselves, becoming infected

with COVID. I think the best way to plan for this is the same way we plan for our office emergencies. By having a good plan of what to do if something happens so that important steps don't get overlooked.

What is an exposure

A potential exposure is being either a household contact or having close contact within 6 feet of an individual with confirmed or suspected COVID-19.

The timeframe for having contact with an individual includes the period of time 48 hours before the individual became symptomatic.

So what is an office exposure to COVID. As you can see on my slide it means close contact in the office, in the community or at home with someone who has confirmed COVID-19 or has symptoms of COVID-19 but they have not yet been tested. By close contact that means any substantial contact within 6 feet and includes the time period 48 hours before the person became symptomatic or tested +.

Interim U.S. Guidance for Risk Assessment and Public Health Management of Healthcare Personnel with Potential Exposure in a Healthcare Setting to Patients with Coronavirus Disease 2019 (COVID-19)

[Print Page](#)

April 15, 2020

This CDC interim guidance is an important document to download, print and put with the office exposure protocol you will be developing. It is a good guide that outlines the exposure risks in a number of situations for healthcare providers.

Sources for COVID exposure in the dental office

1. Doctor or staff exposed to a COVID + individual outside of the office
 - a. Spouse or partner
 - b. Other family member
 - c. Community acquired
2. Doctor and or staff exposed to a patient who is COVID +
3. Vendor/mail/UPS/FedEx etc....

So how are we at risk of becoming infected with COVID-19? We can be exposed at home by our spouse or other family members and also by members of the community which is the reason for the social distancing recommendations that have been effective in reducing the number of individuals infected with Coronavirus. We can also be exposed at the office by the doctor, staff or patients. And finally we can be exposed from all of the other people who enter our office.

Definition of a close contact

For HCPs a significant exposure means:

- Within ~6 feet of individual
- Prolonged contact > few minutes
- Clinical symptoms of the patient
- Was patient wearing a mask
- Did healthcare worker have on PPE
- Was an aerosol producing procedure done

For healthcare providers what is a significant exposure. Any prolonged contact with a person with COVID-19 within 6 feet puts you at risk for becoming infected. If the individual is symptomatic (i.e.) coughing or sneezing, if neither you nor the individual were wearing a mask, if you did not have on the appropriate PPE or you were doing a procedure that generated an aerosol this would constitute a significant exposure.

High risk exposure

- Prolonged contact with COVID + patient beginning 48 hours before they showed symptoms
- No mask on patient
- No mask/inadequate mask on HCP
- Aerosol produced or respiratory secretions not controlled, (i.e.)
 - CPR, intubation/extubation, bronchoscopy, nebulizer treatment, dental procedures
- NEEDS ACTIVE MONITORING AND EXCLUDED FROM WORK FOR 14 DAYS AFTER LAST EXPOSURE
- If adequate PPE, risk is low with no absolute work restriction needed

The exposure is high risk if the items on this slide are present. Being involved in a procedure that generates an aerosol is the highest risk procedure for contracting COVID-19 but you can see at the bottom of the slide if adequate PPE is being used the risk will be low and carries no absolute required work restriction for the team member. This is why the front-line hospital workers can work in the COVID units and still go back to work the next day. They are at risk for transmitting the infection to other contacts but their overall risk is low. But

without adequate PPE the healthcare worker will need active monitoring and a 14 day quarantine period.

Medium risk exposure

- Prolonged contact with COVID + patient beginning 48 hours before they showed symptoms
- Patient wearing a mask
- No mask/inadequate mask on HCP
- Aerosol produced or respiratory secretions not controlled, (i.e.)
 - CPR, intubation/extubation, bronchoscopy, nebulizer treatment, dental procedures
 - With mask/face shield= LOW RISK
 - NEEDS ACTIVE MONITORING AND EXCLUDE FROM WORK FOR 14 DAYS AFTER LAST EXPOSURE

The risk of exposure drops to moderate if the patient is wearing a mask during your encounter even if the HCP is not wearing a mask. Unfortunately for dental healthcare providers, anesthesiologists and others who work in close proximity to the airway and oral cavity we do not have the luxury of having our patients wear masks when we provide treatment. This moderate risk requires that the healthcare provider have active monitoring and are excluded from working for 14 days after the exposure.

Low risk exposure

- Brief contact with COVID + patient beginning 48 hours before they showed symptoms
- Patient wearing a mask
- Face mask or respirator on HCP
- If wearing eye protection risk is even lower
- OK for self-monitoring
- No restrictions for asymptomatic HCP

Low risk exposures are generally very brief contacts or when both the patient and the healthcare provider have on masks. This type of exposure requires only self-monitoring and no work restrictions if they are asymptomatic.

Isolation

Isolation: COVID +, symptoms of COVID. Separates the sick from the not sick

Lasts until: No fever for 3 days, other symptoms mostly resolved, at least 7 days have passed since the onset of symptoms

Healthcare workers exposed to COVID-19 will require either isolation or quarantine. The premise of isolation is to keep the sick people away from the healthy people and is needed for anyone who is COVID + or has symptoms of COVID and have not yet been tested. Isolation lasts at least 7 days after the onset of symptoms, lack of fever for 3 days and resolution of most other symptoms.

Quarantine

Quarantine: For people who are close contacts of someone who is COVID + or has symptoms of COVID-19. This separates those exposed to see if they are going to get sick

Lasts 14 days assuming you do not develop symptoms

Quarantine on the other hand is to separate people who have been exposed to COVID to see if they are going to develop symptoms. This is for close contacts of someone with COVID-19 who has not yet developed symptoms of COVID-19. Quarantine lasts for 14 days from the time of exposure as long as the person remains symptom free.

Return to work criteria for HCP with confirmed or suspected COVID-19

Test based: No fever, improved respiratory symptoms and negative molecular assay x 2 greater than 24 hours apart

Non-test based: >3 days with no fever after resolution of respiratory symptoms. Needs to be at least 7 days since symptom onset

For a healthcare provider who has been infected with COVID-19 in order to return to work they need to be free of symptoms and if testing is available they need to have 2 successive negative nasal swab tests at least 24 hours apart. If testing is not available then at least 7 days need to have passed since the onset of symptoms.

HCP with lab
confirmed
COVID-19 but no
symptoms

Exclude from work for 10 days since
first + lab confirmed test

Assumes they remained asymptomatic

If a healthcare worker tests + but remains symptom free then they can return to work 10 days after the confirmed test was done, this does assume that they are still without symptoms.

What does the HCP need to do once they return to work?

- Use facemask until all symptoms have resolved or at least 14 days after onset of symptoms
- Avoid contact with immunocompromised patients until 14 days after onset of symptoms
- Self-monitor

Once the healthcare worker returns to work they need to use a mask until all symptoms have resolved or at least 14 days from the time they developed symptoms. During this time period they need to avoid contact with immunocompromised individuals and need to continue to self-monitor for symptoms.

Now, the million dollar question:
What to do if a team member, doctor
or patient is exposed to COVID-19

How to minimize the risk of an exposure from a patient:

- Telephone pre-screen patients at the time the appointment is made and 1 day before appointment
- Pre-screen/take temperature before patient comes into your office
- Give the patient a mask if they don't have one
- Have hand sanitizer available for patient
- Minimize the number of people with patient
- Consider calling patients 48 hours after appointment to verify they are still symptom free

The best way to respond to an exposure is to prevent an exposure so all of our COVID screening questions are still necessary when patients are scheduling appointments. It is very important to screen your patients for signs or risks of COVID at the time they make the appointment and again 1 day before their appointment. It is also very important to screen your patient and anyone accompanying them before they enter your office. Everyone should be given a mask and one of the most important things to do is to minimize the number of people in your office

at one time. Finally you could consider calling your patients 48 hours after their appointment to inquire if they are still COVID symptom free.

How to minimize the chance of the doctor or staff causing an infection:

- Do regular temperature checks at home
- Wear a mask when out in public/high traffic areas
- Make sure to take care of yourself, physically and mentally
- Follow social distancing guidelines
- Let doctor or office manager know if you develop any respiratory symptoms
- Don't come to work if you are sick and immediately advise your office leader if you find out you have had contact with someone who is COVID +

We not only have to minimize the risks from our patients to us but the risk of our teams transmitting the virus to another team member. Healthcare providers, including all team members, should do at home temperature checks twice daily and also while in the work environment. All healthcare team members should ideally continue to wear masks when in high traffic public areas and continue to practice safe social distancing. It is important that we all take the time to take care of ourselves both physically and mentally. And most important, if you

develop an illness do not go into work if you are having any COVID symptoms or if you find out you have been exposed to someone with test proven COVID-19 or COVID 19 symptoms.

If the exposed employee/doctor becomes sick during the day:

- Send home immediately, notify your doctor of the need to be tested
- Clean and disinfect surfaces in their workspace
- Obtain a complete list of those who had close contact including 2 days before employee developed symptoms
- Necessary things to know:
 - How close to and how long were you in contact
 - Did you or the employee have a mask in place

If a doctor or team member develops symptoms during the work day they should immediately be sent home, this is the value of taking twice daily temperature checks as symptoms can be as slight as an increased temperature from the morning to the afternoon reading. Anywhere this individual had contact should be disinfected per OSHA protocols. Most important is to compile a thorough list of any contacts with this individual for the 48 hours preceding the development of symptoms. This includes team members, family members, friends/enemies

and patients. You need to know not only who had contact but what the nature of the contact was and for how long.

Other things to do:

- Inform everyone else in the office
- Take the time to discuss what this means for everyone
- Compile a list of patients seen up to 48 hours before diagnosis was made and contact them to advise them that they should self-quarantine and monitor symptoms
- Contact your local public health agency
- Perform a risk assessment to see how and why this may have happened
- Team members exposed will need to be quarantined for 14 days and are to monitor for the development of symptoms or isolated for 14 days if symptomatic

Additional things to do include sitting down with your team individually or as a group at a safe distance and explain the situation and the necessary next steps. The individual who was sent home should self-isolate and contact their medical provider to determine if testing is recommended. And finally it is up to the doctor to evaluate the event and determine if there was a break in protocol to minimize the risk of additional events and also contact your local public health office for additional guidance and contact tracking recommendations.

What if you learn of a contact or patient that later tests + for COVID-19

- Find out when they tested + and when you last had contact with this individual
- How long were you in contact with this individual?
- What was the nature of the contact?
- Who had contact with this individual including other patients in the waiting room
- Team will need to be quarantined for 14 days and are to monitor for the development of symptoms

What happens if you learn that a contact or patient tests positive for COVID-19 after you had contact with them or after their appointment in your office. This is where you need to be hypervigilant to determine the who, what and for how long for anyone who had contact with this COVID + individual. Depending on the nature of the contact the exposed individuals will need to quarantine for 14 days and need to look for any signs of infection.

How will we minimize our risk in the future?

- Readily available testing both viral and antibody
- Vaccine
- Will we be able to do these tests in our office?????

The strategies I have just outlined will be necessary until the time we are better equipped to test for previous COVID exposure with the antibody tests or active COVID infection with the nasal swab virus tests. Our practice protocols pertaining to COVID will be necessary at least until the time an effective vaccine is developed. Hopefully and most likely dental healthcare providers will be able to administer these tests and possibly even provide vaccines in their office as we would be a very effective provider of both tests and vaccines.

ADA recommendations

What to Do if Someone on Your Staff Tests Positive for COVID-19

ADA

You or someone on your staff has a confirmed case of COVID-19. Follow these steps to ensure the health and safety of others in the practice and to reduce the likelihood of additional transmissions.

You or a member of your team has tested positive for COVID-19. What now?

Finding out that you or a member of your team has tested positive for COVID-19 can be a cause for concern on many levels. While your first concern will always be for the individual affected, as the practice owner or manager, you also have to be concerned about the rest of the staff and any patients that might have had contact with the healthcare provider with the positive diagnosis. These steps will help guide you through what you should do if someone in your practice tests positive for COVID-19.

1. Once the diagnosis is confirmed, follow all medical recommendations, including quarantine for 14 days to monitor symptoms.
2. Seek medical treatment immediately if symptoms worsen.
3. Try to determine who may have had contact with the COVID-19 positive individual when they were in the office. Notify the office staff of the diagnosis and ask the following questions of each person: When were they last in contact with the individual diagnosed with COVID-19? Get as detailed an answer as possible. Some questions to ask include:
 - What was the date of the last contact?
 - How long was the contact?
 - What was the approximate distance of the contact?
 - Are they experiencing symptoms? It's a good idea to instruct them to notify you immediately if they experience any change in symptoms.
4. Conduct a risk assessment for any healthcare provider who was exposed to the individual with a confirmed case of COVID-19 so they can take steps, such as quarantining, seeking testing, and implementing any appropriate work restrictions as suggested by the CDC in its [Interim U.S. Guidance for Risk Assessment and Public Health Management of Healthcare Personnel with Potential Exposure in a Healthcare Setting to Patients with Coronavirus Disease \(COVID-19\)](#), to determine self-quarantine/work restrictions.
5. Clean and disinfect environmental surfaces in the dental facility according to the guidance outlined in the CDC's [Interim Infection Prevention and Control Guidance for Dental Settings During the COVID-19 Response](#).
6. Ask the unaffected staff to seek testing and to keep the rest of the staff informed regarding the date tested, when they received results and what those results were, the progression of symptoms, any hospitalization, improvement, etc.
7. Contact all patients who may have had contact with the COVID-19 positive individual to determine whether they're symptomatic. Recommend that they self-quarantine for 14 days and notify their physician if symptoms develop.
8. Follow the recommendations of the CDC and your local public health authority for additional steps. See the CDC's [Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 \(COVID-19\) in Healthcare Settings](#) for guidance on infection control in a healthcare setting.

The ADA recently put out this document and it is on the ADA COVID website. This is an excellent “live-document” with important links that are continually updated. This is another excellent document to have in your exposure protocols.

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Alana English at membership@mddsdentist.com

I'm hoping that I just gave you some information that you will never need to look at in the future. While this is a hopeful wish it is probably unrealistic given the events we have come to understand too well. If you have any questions please feel free to reach out to the CDA, MDDS or your local dental society. Now, for the CE code, it is 3287, that's 3287. If you listened live a CE certificate will be sent by email. If you are listening to the recorded version please email your name and CE code, 3287, to Alana English. Her email is

membership@mddsdentist.com. Thank you again for listening and now if there is some time we will answer some of the questions that you submitted during the presentation.