**COVID-19 CONTROL AND PREVENTION PLAN**

We provide a safe, healthy workplace for employees. This COVID-19 Control and Prevention Plan represents our office policies, procedures, and requirements to protect employees against Coronavirus Disease 2019 (COVID-19), which is the respiratory disease caused by the novel coronavirus named SARS-CoV-2, as required by Federal OSHA. While we are conditionally exempt from Cal/OSHA’s Aerosol Transmissible Disease (ATD) Standard – *California Code of Regulations Title 8 (8 CCR) Section 5199*, in the midst of the COVID-19 pandemic, we are required to protect our dental healthcare personnel (DHCP) from exposure to COVID-19. Because COVID-19 can be spread by people who are asymptomatic, we developed this plan to detail our procedures to control and prevent COVID-19 in our dental office. This Plan includes our Respiratory Protection Plan for the use of N95 masks in our office. This Plan supplements our Bloodborne Pathogens Exposure Control Plan, as required by Cal/OSHA’s Bloodborne Pathogens (BBP) Standard, as well as our written Infection Control Protocol, as required by the Dental Board of California’s (DBC’s) Infection Control Regulation. This Plan will stay in effect for as long as the California Department of Public Health (CDPH) and the U.S. Centers for Disease Control and Prevention (CDC) recommend that the COVID-19 control procedures remain in place.

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The primary objective of this COVID-19 Control and Prevention Plan is to outline the objectives to minimize employee exposure to COVID-19. Wherever possible, engineering and work practice controls are implemented to prevent COVID-19 exposure. Every employee has access to and is required to use personal protective equipment (PPE) for tasks that can be reasonably anticipated to expose employees to COVID-19. If, despite these precautions, an employee experiences an exposure incident, that incident will be investigated to determine why the exposure occurred.

# Section 1: Plan Administration

**Name/Address/Phone of Dental Office**: Carl Riccoboni and Jeff Riccoboni, DDS

2500 Hospital Drive, Bldg. 6

Mountain View, Ca 94040

650-968-3343 is responsible for implementing the provisions of this COVID-19 Control and Prevention Plan, and for ensuring that all of the proper procedures are followed, necessary equipment/supplies to minimize employee COVID-19 exposure and effective training/recordkeeping are provided, as required.

# Section 2: Scope

1. Dentistry tasks associated with exposure risk levels

|  |  |  |  |
| --- | --- | --- | --- |
| **Low** | **Medium** | **High** | **Very High** |
| * Performing administrative duties in non-public areas of dentistry facilities, away from other staff members. | * Providing urgent or emergency dental care, not involving aerosol-generating procedures, to well patients (i.e., to members of the general public who are not known or suspected COVID-19 patients). * Working at busy staff work areas within a dental facility. | * Performing aerosol-generating procedures on well patients. | * Performing aerosol-generating procedures on known or suspected COVID-19 patients. |

Our office does not perform any “very high” risk tasks because we do not treat patients with suspected or known COVID-19.

1. Aerosol-generating procedures in dentistry which would be considered high-risk include dental procedures performed using ultrasonic scaler, high-speed handpiece, and air water syringe, as well as:

# Section 3: Office Management/Administrative Policies

1. DHCP policies

* We screen all DHCP for fever and symptoms of COVID-19 prior to each shift.
* We exclude our at-risk employees from performing high-risk dental procedures during the pandemic.
* 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. We request DHCP to stay home if they are sick and send DHCP home if they develop symptoms while at work.

1. Patient screening - We use the following patient screening to assess for COVID-19 and other aerosol transmissible diseases (ATDs). Treatment is deferred for any patient exhibiting symptoms.

* Telephone screening – using the patient screening form in Appendix A
* In-office screening for fever and symptoms or COVID-19 – using the patient screening form in Appendix A
* Post-appointment follow-up – DHCP contact all patients who received emergency dental care in the dental setting 48 hours after receiving emergency care. DHCP should ask patients if they are exhibiting any signs or symptoms of COVID-19.

When available and feasible, we use teledentistry or teleconferencing (virtual or phone appointments) as alternative to in-office care. 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.

**ADDITIONAL COMMENTS:**

# Section 4: 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.
* For our semi-private areas, we use plastic partitions to separate treatment areas, which are decontaminated at least at the end of each day.
* We have optimized the ventilation, created negative pressure in our office to minimize aerosol exposure from operatories.

**ADDITIONAL COMMENTS: Extraoral Suction System, Purevac High Vacuum Suction, Air Purifiers in all rooms, UV whole office duct treatment**

# Section 5: Safe Work Practices/Infection Control

In addition to our procedures stated in our BBP Exposure Control Plan and our Infection Control Protocol, the following work practice controls are followed in our office to minimize exposure to COVID-19:

**At reception, we do all of the following:**

* Post signs at entrances asking patients with symptoms of respiratory infection to:
  + Cover your mouth and nose when coughing or sneezing.
  + Use tissues and throw them away.
  + Wash your hands or use a hand sanitizer every time you touch your mouth or nose.
* Provide tissues and no-touch receptacles for their disposal.
* 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.
* Routine cleaning and disinfection
* Have patients wait in their cars for treatment instead of in the waiting room.
* Remove all magazines, toys, etc. from the waiting area to prevent cross contamination.
* 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, we do all of the following:**

* Avoid aerosol generating procedures whenever possible.
* Avoid the use of dental handpieces, air-water syringes, and ultrasonic scalers as much as possible.
* Prioritize minimally invasive/atraumatic 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, we do all of the following:**

* 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).

**ADDITIONAL COMMENTS:**

# Section 6: Personal Protective Equipment (PPE)

During the COVID-19 pandemic, the following PPE will be worn when treating asymptomatic, well patients:

|  |  |
| --- | --- |
| ***Dental procedures not involving aerosol-generating procedures*** | ***Dental procedures that may or are known to generate aerosols*** |
| * Protective attire, such as scrubs, lab coat, and/or smock, or a gown * Gloves * Eye protection (e.g., goggles, face shield) * Surgical face mask | * Protective attire, such as scrubs, lab coat, and/or smock, or a gown * Gloves * Eye protection (i.e., goggles, face shield) NIOSH-certified, disposable N95 filtering facepiece respirator or better\* |
| \* If an N95 respirator or better is not available, we use a combination of an FDA-cleared surgical mask and full-face shield. | |

Other PPE procedures/considerations:

* DHCP are requested to wear a facemask **at all times** while they are in the dental setting, including clerical personnel. Cloth facemasks are acceptable for reception areas.
* Other DHCP (such as dentists, dental hygienists, dental assistants) may wear their cloth face covering when they are not engaged in direct patient care activities and then switch to a respirator or a surgical mask when PPE is required.
* DHCP are instructed to remove their respirator or surgical mask and put on their cloth face covering when leaving the patient care areas.
* 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.
* We provide DHCP with job-specific training on PPE and have them demonstrate competency with selection and proper use.
* DHCP should change the coverings if they become soiled, damp, or hard to breathe through.
* Coverings should be laundered daily and when soiled.
* DHCP should perform hand hygiene immediately before and after any contact with the cloth face covering, and after doffing PPE used during patient care.
* PPE training, except for respiratory protection, is provided during initial and annual bloodborne pathogens training. Respiratory protection training is described below.

**ADDITIONAL COMMENTS:**

# Section 7: Respiratory Protection Program

The only time respiratory protection is anticipated to be needed in our dental office is during the COVID-19 pandemic when treating an asymptomatic patient during aerosol-generating procedures. During these conditions, surgical N95 masks may need to be worn by the DHCP attending to the patient. The person listed above as responsible as the COVID-19 Control and Prevention Plan Coordinator also has the title of Respiratory Protection Coordinator. The Respiratory Protection Coordinator will ensure that proper equipment is available/maintained/stored, training, medical clearance, and fit-testing have been completed, and proper recordkeeping is done.

1. **Selecting surgical N95 respirators:** When possible, we will have more than one brand of surgical N95 masks available (NIOSH-approved and FDA-cleared), as well as in different sizes.
2. **Medical clearance:** Our employees complete a confidential medical clearance questionnaire during normal business hours, which is reviewed by a licensed healthcare provider, to ensure our employees are fit to don N95 masks. We use the questionnaire in Appendix B of Section 5199 (Cal/OSHA’s ATD Standard) - https://www.dir.ca.gov/title8/5199b.html. Based on the completed questionnaire, the healthcare provider determines whether or not a full medical evaluation is necessary for clearance to don a N95 mask.

Name of Healthcare Provider: Phone:

1. **Qualitative fit-testing** is conducted initially and annually as part of employee training, following procedures found in Appendix A of Section 5144 (Cal/OSHA’s Respiratory Protection Standard) - https://www.dir.ca.gov/Title8/5144a.html. Employees may not have facial hair that could interfere with the seal.
2. **Employee training** on N95 mask use is conducted initially and annually and includes 1) why the N95 mask is necessary and how improper fit, usage, or maintenance can compromise the protective effect of the respirator; 2) what the limitations and capabilities of the respirator are; how to use the respirator effectively in emergency situations, including situations in which the respirator malfunctions; 3) how to inspect, put on and remove, use, and check the seals of the respirator; 4) what the procedures are for maintenance, storage, disposal of the respirator; 5) how to recognize medical signs and symptoms that may limit or prevent the effective use of respirators. We refer to the N95 respirator manufacturer for most of this information to instruct our employees.
3. **Purchasing, storing, and disposal procedures:** We store our N95 masks with other PPE. The Respiratory Protection Coordinator is responsible for maintaining mask supply. The masks are labeled as single-use, and so are disposed after use. If we are running low on supply, have a shortage, we follow CDC and FDA guidance on interim guidance on decontamination and reuse procedures.
4. All medical clearance documentation is kept in the employee’s confidential medical record.
5. All training and fit-testing documentation is kept with the other training records.

**ADDITIONAL COMMENTS:**

# Section 8: Potential Exposure Incident Procedures

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.

**ADDITIONAL COMMENTS:**

# Section 9: Training

Employees are trained on the procedures outlined in this plan for patient management during the COVID-19 pandemic initially and then each time a pandemic is anticipated.

**ADDITIONAL COMMENTS:**

**APPENDIX A**

***COVID-19 Screening Documentation for Dental Treatment***

(This form can be used to screen the patient on the phone prior to the appointment and at check-in.)

To ensure that our patients are treated in an environment that promotes health and well being free from COVID-19, and in accordance with Cal/OSHA requirements for providing a safe and healthy workplace, we use this screening form to manage all of our patients prior to visiting our office for dental treatment to ensure they are asymptomatic and have not been in close contact with anyone showing symptoms of COVID-19 or diagnosed with COVID-19. Patients with active symptoms of COVID-19 should not receive treatment in a dental office. If the patient is afebrile (temperature < 100.4˚F) and otherwise without symptoms consistent with COVID-19, then we may provide dental care using appropriate engineering controls and safe work practices as stated in our COVID-19 Control and Prevention Plan.

**PATIENT INFORMATION**

**Patient’s Name**  **Date**

**Contact email or phone:** **Temperature (at check-in):**

**Other People in the Waiting Room at Patient’s Check-in:**

**PATIENT QUESTIONS**

* **What dental treatment are you requesting (symptoms, history)?**

(Staff must determine if the dental treatment request warrants an office visit, if teledentistry can be utilized, or if symptoms can be managed at home with detailed home care instructions and any appropriate pharmaceuticals.)

* **Have you tested positive for COVID-19 or are you suffering from any of the following signs or symptoms of COVID-19?** If any of the answers below are “yes”, then treatment should be deferred.

**Please mark (yes) or (no) for each question:**  **Yes No**

1. Have you tested positive for COVID-19? \_\_\_\_\_ \_\_\_\_\_

If yes, when did the symptoms abate (date)?

1. Do you currently have COVID-19 symptoms or are you under mandatory isolation? \_\_\_\_\_ \_\_\_\_\_
2. Have you had close contact with someone diagnosed with COVID-19 or with symptoms? \_\_\_\_\_ \_\_\_\_\_
3. Are you currently experiencing, or have experienced recently within the last 3 weeks:

* coughing \_\_\_\_\_ \_\_\_\_\_
* fever \_\_\_\_\_ \_\_\_\_\_
* shortness of breath \_\_\_\_\_ \_\_\_\_\_
* loss of taste/smell \_\_\_\_\_ \_\_\_\_\_
* other COVID-19 symptoms (sore throat, headache, fatigue, GI symptoms, chills)\* \_\_\_\_\_ \_\_\_\_\_

\* These symptoms on their own must be assessed on a case-by-case basis since they are vague and common to many illnesses.

**REMINDERS FOR PATIENTS**

1. If the patient reports symptoms of COVID-19, dental care will be delayed if possible until the patient has recovered following CDC guidelines on when to discontinue home isolation.
2. If emergency dental care is medically necessary for a patient who has or is suspected of having COVID-19, then the patient will be referred to a hospital or other facility that can treat the patient using the appropriate precautions.
3. If a patient passes the screening questions and will be seen in the office, but plans to bring a driver, then the driver should remain outside the office. Additionally, the patient should wait in their personal vehicle or outside the facility where they can be contacted by mobile phone when it is their turn to be seen.
4. If a parent, guardian, or caretaker must accompany a patient to the appointment, remind them to comply with social distancing rules in the waiting area.
5. All visitors are requested to wear facemasks (cloth is acceptable) in the dental office.