COVID and Vaccination Guidelines for Dental Practices

Revised January 17, 2022

Virginia Dental ASSOCIATION

adha Virginia Dental Hygienists' Association

This document is a guide for treating dental patients in the presence of SARS-COV-2 (commonly known as COVID-19) while maintaining the safety of our teams and our patients. These guidelines are based on the best science currently available and subject to change. They are based on data from the Centers for Disease Control (CDC), Occupational Safety and Health Administration (OSHA), the Organization for Safety and Asepsis and Prevention (OSAP) the VA State Health Department, the American Dental Association (ADA) and the American Dental Hygiene Association (ADHA) and have been reviewed by VDA counsel.

Masking guidelines go beyond the legal minimums to reflect current and changing Covid knowledge and ensure confidence in the dental health care setting. However, dentists have the flexibility to practice in a way that best serves their practice and patient populations. Final implementation and practice systems are at the discretion of the doctor and dental team but must, at a minimum, meet legal requirements.

Our Priorities:

The following represent overarching priorities for treating dental patients:

1. **Minimize** the risk of SARS-COV-2 transmission to patients and dental healthcare professionals (DHCPs).
2. **Optimize** the oral health of Virginians.
3. **Minimize** dental emergencies presenting at emergency departments.
4. **Support** DHCP while safely treating patients.

Perform a Hazard Assessment:

The purpose of a hazard assessment is to assess and mitigate risk of SARS-COV-2 transmission to employees. It is required to perform a hazard assessment by following the steps listed in the ADA Haz-ard Assessment. Please add this documentation to your Office OSHA Manual based on the action items listed in the ADA's Hazard Assessment. Part of the documentation which may be added includes the interim guidelines your office has adopted when going back to work in the face of COVID-19. Consider updating this document periodically as the risk for SARS-COV-2 transmission is ever-changing and may be unique based on your location.

Definition:

Fully vaccinated refers to a person who is ≥2 weeks following receipt of the second dose in a 2-dose series, or ≥2 weeks following receipt of one dose of a single-dose vaccine. Boosters are strongly recommended however not currently required to be "fully vaccinated."

Screening:

The purpose of pre-screening a patient is to ascertain if (s)he poses a potential risk for SARS-COV-2 transmission. Keep in mind, all DHCP will likely encounter an asymptomatic COVID-19 positive patient despite screening efforts. For that reason, all DHCP personnel should be wearing masks at all times despite vaccination status of the DHCP or patient.

1. **Patient Screening is Mandatory and Signage** to be posted at the entrance to the office is provided. Signs and/or symptoms of COVID or recent exposure to a known positive patient requires further discussion with the doctor or appropriate staff member to weigh the risk versus benefit for treatment prior to entering the office that day. **Signed questionnaires are no longer necessary.**

2. **If the patient reports that (s)he is SARS-COV-2 positive**, it is best to delay treatment until (s)he has been asymptomatic for ten days without the use of fever reducing medication. If treatment cannot wait, then have a discrete plan for treating a COVID-19 positive patient. Consider treatment in a hospital or an office with appropriate environmental controls.

3. **Restricted Office Entry**: Let patients know of office policy limiting companions on their trip to the office to only essential people to reduce the number of people in the office and the potential for unnecessary exposure to the virus. All patients and companions should be masked at all times except for when receiving dental treatment.

4. **Vaccines**: Whereas patients who have been vaccinated pose little risk of viral transmission, there is no universally accepted method to verify vaccination. Furthermore, given the potential for variants not covered by the vaccine, **screening is mandatory as previously described and patients with symptoms of COVID-19 should be rescheduled and evaluated as per Number 2 above.**

Reception Area:

The purpose of minimizing patients in the reception area of the office, and maintaining social distancing is to decrease the risk of exposure and/or transmission.

1. **Masks**: It is recommended that all patients/parents wear masks to their appointments and the office should provide if needed. Masking in the practice for patients is recommended by the task force to prevent asymptomatic breakthrough infections from spreading in offices, but is not required, at this time, by law.

2. **Hand Washing**: Hand sanitizer (> 60% alcohol) should be placed at the office entrance for patients to use when entering or leaving the office. Frequent hand washing is encouraged and when possible, prop doors open to limit surface contamination.

3. **Remove Non-essential Items**: Coffee machines and any other edible items that would require mask removal are discouraged.

4. **Barriers**: Dental offices should use physical barriers (i.e. a plexiglass barrier) and/or ensure that appropriate PPE is worn by reception staff.

5. **Social Distancing**: Dental offices should instill social distancing measures in all areas of the office when possible (6 feet of separation). Patients and companions, whether or not vaccinated, may wait in the reception area while maintaining a social distance, wearing a mask and avoiding con-tact with others.

Dental Treatment and Hygiene:

The purpose is to keep the risk of SARS-COV-2 transmission to a minimum while maintaining a patient's oral health. Every effort should be made to minimize aerosols and keep number of staff in the operatory to the minimum required.

1. **Procedures**: There are no limitations on procedures performed with appropriate PPE and adhering to universal precautions including transmission-based precautions for COVID-19.

2. **Masks**: Some treatment may potentially generate infectious aerosols containing viral particles, and masks that minimize viral transmission are recommended. Given the highly contagious SARS-COV-2 virus and potential variants, either an N95 (preferred) or approved KN95 respirator or a level 3 surgical mask are recommended.

3. **Scaling and Polishing**: No restrictions. If ultrasonic scalers are used, the use of high-volume suction is recommended.

4. **Nitrous Oxide**: Use disposable nasal hoods; tubing should be either disposable or sterilizable according to the manufacturer's recommendation

5. **Follow-Up**: All treated patients should be informed to contact the office if they exhibit any signs or symptoms of COVID-19 within 48 hours after their appointments. **See Steps to take if a patient tests positive.**

Front Desk/Auxiliary Staff Recommendations:

1. **Staff Screening**: Screening and self-monitoring is recommended for all employees regardless of vaccination status using the <u>Employee Self-Monitoring Protocol</u>. The Protocol can be posted in a common area and should be provided to each employee (in person or via email) and a copy kept in the office OSHA manual. **Daily logs are no longer necessary regardless of vaccination status.**

Testing, Vaccines and Exposures

1. Vaccines work well to keep those vaccinated from becoming ill; however, we are still learning how long the vaccine supplies immunity and if current vaccines provide protection for new variants. For these reasons, **fully vaccinated individuals should keep taking mitigation precautions while at work to avoid unnecessary exposures.**

2. Boosters are strongly recommended for DHCP as per federal recommendations.

3. Up-to-date, vaccinated DHCP may gather with other fully vaccinated employees indoors without wearing masks or physical distancing in private nontreatment areas; however, this may pose an unnecessary exposure risk to DHCP.

4. Definitions:

   a. **Up to date** on vaccinations means a <u>completed FDA vaccine series AND recommended booster</u>

   b. **Close Contact**: less than 6 feet away for a cumulative 15 minutes

   c. **Quarantine** if exposed

   d. **Isolate** if sick or test positive

   e. To calculate isolation: Day 0 is the first day of symptoms or a positive test, Day 1 is first full day *after* symptoms develop or a test was collected.

IF exposed to COVID-19 and **NOT up to date on vaccinations**	**Quarantine for at least 5 days** **Wear a mask** if you *must* be around others **Get tested** even if symptoms do not develop at least 5 days after close contact with someone with COVID-19	**After quarantine:** **Watch for symptoms** for an additional 5 days **If you develop symptoms**, <u>isolate</u> immediately and retest	**Take precautions for 10 days** **Wear a mask** for 10 full days **Avoid Travel** or being around anyone considered high-risk for COVID-19
IF exposed to COVID-19 and **ARE up to date with vaccinations**	**No quarantine required** **Get tested** even if you don't develop symptoms at least 5 days after close contact with someone with COVID-19	**Watch for symptoms** for an additional 5 days **If you develop symptoms**, <u>isolate</u> immediately and retest	**Take precautions for 10 days** **Wear a mask** for 10 full days **Avoid Travel** or being around anyone considered high-risk for COVID-19
IF you **test positive** for COVID-19 or **have symptoms** regardless of vaccination status	<u>Isolate</u> **for 5 days and wear a mask if you must be around others**	Regardless of symptoms, **isolation ends after 5 full days**	**Take precautions for 10 days** **Wear a mask** for 10 full days **Avoid Travel** or being around anyone considered high-risk for COVID-19

Learn more about the <u>CDC's Quarantine and Isolation Guidelines</u>.

Resources

1. Virginia Dental Association Resources
2. ADA COVID Resources
3. ADA Return to Work Interim Guidance Toolkit
4. CDC Guidance for Providing Dental Care During COVID-19
5. Patient Advisory Form
6. What to do if a Patient Tests Positive
7. Protocols to Follow if a Staff or Household Member is COVID-19(+)
8. VDH Algorithm for Guidance on Testing
9. ADA Hazzard Assessment
10. ADHA Interim Guidance on Returning to Work (Pg. 12 Donning and Doffing Guide)
11. OSHA Guide for Dentistry
12. CDC Risk Assessment for Healthcare Workers Exposed to Persons with COVID-19
13. Virginia Medical Reserve Corps – Register to Volunteer
14. CDC Updated Healthcare Infection Prevention and Control Recommendations in Response to COVID-19 Vaccination
15. CDC Interim Public Health Recommendations for Fully Vaccinated People
16. CDC Key Things to Know About COVID-19 Vaccines
17. Patient Screening Signage
18. Employee Self-Monitoring Protocol
19. CDC Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2