While we wait for attendees please text NewYorkDHA955 to 22333 to connect.

How are you feeling about going back to work?
COVID-19, What’s Next?

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This webinar provides resources from agencies and professional healthcare organizations to address an evolving pandemic. As part of our Dental Hygiene Code of Ethics we have an obligation to review CDC, OSHA and ADHA recommendations on a regular basis because information is continually being updated.

The **purpose** of this webinar is to:

1. **share** information that may help ease any possible anxiety you might have about returning to work.

2. **provide** some direction and access to reliable resources and ongoing information to help you find answers to some of your questions and concerns.
What is COVID-19?

Henry Schein has partnered with OSAP (Organization for Safety, Asepsis & Prevention) to provide weekly information and clinical updates presented by Dr. Gary Severance and Dr. David Reznik. The first of which aired on March 23rd.

COVID-19 & Dentistry: Practice and Patient Safety During a Pandemic Aired March 23, 2020

[https://www.youtube.com/watch?v=1CDMEU65jMw](https://www.youtube.com/watch?v=1CDMEU65jMw)
Where Can I Find Information?

● American Dental Hygienists’ Association (ADHA)  
  www.adha.org
● New York Dental Hygienists’ Association (NYDHA)  
  www.nydha.org
● American Dental Association (ADA)  
  www.ada.org
● Centers for Disease Control (CDC)  
  www.cdc.gov/coronavirus/2019-nCoV/hcp
● National Institutes of Health (NIH)  
  www.nih.gov/health-information/coronavirus
● Organization for Safety, Asepsis & Prevention (OSAP)  
  www.osap.org
● Occupational Safety and Health Administration (OSHA)  
  www.osha.gov/SLTC/covid-19/dentistry.html
Minimizing Risk of Transmission

Although we are not on the frontline providing care for COVID-19 patients in the hospital setting, dental professionals are at “high risk” when providing patient care because we are in very close contact with patients, their oral secretions and we create aerosols, splash and splatter when ultrasonic scaling, air polishing, using the air/water syringe and a motor handpiece to polish.

We know this virus remains airborne for 3 hours, can travel 13 feet and can remain active on hard surfaces for days. The recommendation during this pandemic is to minimize the production of aerosols and airborne droplets. Therefore, it is essential we all adopt interim infection control protocols to reduce our own risk as well as the risk for our fellow team members and to protect our patients.

www.osha.gov/SLTC/covid-19/dentistry.html

www.nydha.org
OSHA Standards and Interim Guidance

During this COVID-19 crisis OSHA encourages offices:

- Develop an Infectious Disease Preparedness & Response Plan
- Implement Basic Infection Prevention Measures
- Develop Policies and Procedures for Prompt Identification and Isolation of Sick People (“sick” refers to patients and employees with symptoms and/or possible exposure to the virus)
- Develop, Implement, and Communicate about Workplace Flexibilities and Protections
- Implement Workplace Controls

The ADA has also provided **interim** guidance on protocols that should be discussed and implemented when opening an office.

- sample letter welcoming patients back and reassuring them you will be implementing appropriate infection control protocols
- a template for screening patients by phone prior to the appointment as well as when they arrive to the office.
- information on preparing the reception area/bathrooms for patients
- a chairside checklist

Please visit the following link to access information.

[ADA Return to Work Interim Guidance Toolkit](www.nydha.org)
ADHA’s **Interim** Guidance on Returning to Work

The ADHA has provided **interim** guidance on protocols that should be implemented when opening the office.

- Information for preparing the office prior to opening
- Patient Preparation
- PPE
- Disinfection
- Special Considerations for Providing Dental Hygiene Care

Please visit the following link to access information

[https://www.adha.org/adha-interim-guidance-on-returning-to-work](https://www.adha.org/adha-interim-guidance-on-returning-to-work)
To address asymptomatic and pre-symptomatic transmission, offices are asked to implement source controls for everyone entering the dental setting regardless of whether they have COVID-19 symptoms. Everyone, including the staff, patients, reps and sales people must wear a mask or face covering when entering.

Patients should be actively screened for a fever and symptoms of COVID-19 using a no-contact thermometer. Patients with fevers over 100.4 should be immediately isolated and sent home without dental care. All staff must also have their temperature taken at the start of each work day but ensure this confidential information is stored in a secure location.

Please visit the following link to access information

Preparing to Return to Work

- Have COVID-19 testing, if available, subject to state and local regulations. Governor Cuomo recently authorized 5,000 pharmacists to provide testing in NYS.

  Call New York State COVID-19 Hotline at 1-888-364-3065 or visit the NYSDOH website https://covid19screening.health.ny.gov to be screened for eligibility and schedule testing.

- Participate in a virtual staff meeting to discuss newly developed policies and procedures for
  - Screening of Employees and Patients for COVID-19
  - Scheduling of appointments to allow adequate time for care and disinfection.
  - Walking out patients since hygienists will not be able to walk patients to reception area in PPE
  - Reducing/ removing aerosols

- Schedule a “soft opening” where all staff practice the new policies and procedures. At that opening shock and test the water lines, clean and test the autoclaves and remove all items from countertops in the treatment rooms.

Preventive Measures
Begin In Reception Area

● OSHA states front desk staff in a dental facility are at medium risk from interaction with patients so continued social distancing is important. They should always be wearing a mask or cloth covering.
● When calling to confirm appointments ask patients to arrive wearing a mask or a cloth covering.
● Provide hand sanitizer (60-95% ethanol or isopropanol) and ask patients to clean their hands as they enter the office. If possible, mail paperwork ahead of time and ask that they complete beforehand.
● Move reception room chairs 6 feet apart; and wipe them and doorknobs down on a regular basis.
● Remove magazines and toys and service stations from the reception area.
● Ask patients to remain in their cars until they receive a text message or phone call letting them know when it is time to enter. Or have a staff member go get the patient if it is a patient who does not possess a cell phone. Request all personal belongings remain in the car. If the patient does not require assistance getting in and out of the office they should arrive alone so there are fewer people in the reception area.

Medical History Implications That Serve as Respiratory Suppressors

Review the conditions on the ADA’s Patient Screening Form in the toolkit and the patient’s medical history for the following conditions:

- Asthma, Chronic Lung Disease
- Tobacco Use/Vaping Habits
- Liver Disease
- Poorly Controlled HIV
- Active Cancer
- Diabetes, Obesity
- Long Term Use of Corticosteroids

Having An Adequate Supply of PPE is Essential

- Level 3 Surgical Masks/N95 Respirators (KN95 respirators are approved for use during this pandemic but are made in China and are not cleared by the FDA)
  [https://success.ada.org/~media/CPS/Files/COVID/ADA_COVID19_UnderstandingMasks.pdf](https://success.ada.org/~media/CPS/Files/COVID/ADA_COVID19_UnderstandingMasks.pdf)
- Isolation Gowns - Scrubs alone are not OSHA approved PPE. Disposable or linen gowns that are fluid resistant that can be laundered must be available.
- Eyewear with Side Shields/Full-face Shields/Goggles
- Hair Covers - both the CDC and ADHA recommend hair covers due to the aerosols created. Covers should be removed after each patient.
- Shoe Covers - since the virus can be carried via shoes it is recommended they be covered. If left exposed, they should be disinfected at the end of the day. Your clinic shoes should also remain at the office and not be worn to and from work.
Hygiene Appropriate PPE

When providing non-aerosol procedures to well patients wear

- scrubs with a lab coat or gown*
- gloves
- goggles or a face shield
- level 3 surgical mask

When providing procedures to well patients that will generate aerosols

- gown*
- gloves
- goggles or a face shield
- NIOSH certified disposable N95 respirator

* can utilize washable gowns or disposable gowns.

Mask Options

- If no aerosols are generated a **combination of a level 3 surgical mask and a full-face shield** that extends from the crown of the head to below the chin is recommended. If this minimally acceptable combination is not available, non emergency dental care should not be performed. Refer the patient to a clinician who has the appropriate PPE. During this pandemic only, CDC states masks worn under a face shield can be reused if they are not soiled.

- Ensure your surgical masks are cleared by the FDA (US Food and Drug Administration). Respirators are not only cleared by the FDA but are also NIOSH approved. (National Institute for Occupational Safety & Health which is part of the CDC)

- Change surgical masks when they become wet/soiled. With gloves and mask in place, face shields must be cleaned with soap and water after each patient. (disinfectants leave a film and can damage the shields).

N95 Respirators

- OSHA requires a medical evaluation form be completed to determine the potential need for a medical exam prior to being fitted for a respirator. There are some medical conditions, such as asthma and COPD, that may prohibit a clinician from wearing a respirator. Training for donning, doffing and disposal of respirators must be provided to the employee.

- A respirator is placed with gloved hands and should never be touched on the inside during placement. A self test must be performed every time you don a respirator. A respirator should be discarded if it loses its shape and/or the two elastic bands are no longer providing a tight seal and/or if is is visibly soiled. Some suggest placing a level 3 surgical mask over the respirator to protect it. This way the mask gets tossed but the respirator can be reused. Another recommendation is to place an unsoiled respirator in a paper bag for reuse at a later time. However, label the bag so the respirator is not inadvertently utilized by another clinician.

https://www.cdc.gov/niosh/topics/hcwcontrols/recommendedguidanceextuse.html
Dental Hygienist Care During This Crisis

- The ADHA is recommending minimal use of the ultrasonic scaler, the handpiece and air/water syring during this pandemic to minimize the creation of aerosols. As a result, we will be performing more hand scaling until this virus is under control.

- It is wise to conduct an inventory of your hand instruments and speak with your employer about ordering additional hand instruments if necessary.

- Ensure you have sharpened instruments. The clinician has to exert more lateral pressure with dull instruments creating discomfort for the patient and increasing the risk of carpal tunnel syndrome for the clinician. In addition, strokes are also not as effective when using dull instruments. Lastly, check to make certain instruments in stock have not been over sharpened since thin blades pose a risk of breakage during use.

Traditionally, many offices utilize a pre-treatment rinse prior to entering the oral cavity to suppress the number of pathogens. However, this is not a mandate because most studies are laboratory studies and not clinical studies.

In the ADHA’s 4/30/2020 interim guidelines it is recommended patients rinse for one minute with one of the following:

1% hydrogen peroxide, 
0.05- 0.1% cetylpyridinium, 
0.2 - 1% povidone

To date, there is limited research and evidence that a pre-rinse is an effective protocol to suppress COVID-19 because COVID particles are coming up from the lungs when the patient coughs.

Surface Disinfection

Proper disinfection of surfaces is critical because we know COVID-19 can survive on plastic, stainless steel and cardboard for days.

Identify the EPA # on the label of the container and refer to the EPA website below to see if the product you are using is on List N to verify it is effective against Sars-CoV-2. The gold standard has always been use of a disinfectant effective against Mycobacterium tuberculosis because that bacteria is most difficult to kill.

Always wear a mask, eyewear and puncture resistant utility gloves when decontaminating. Exam gloves can be broken down by the disinfectant and do not provide adequate protection. Utility gloves can be autoclaved and reused.
Manufacturer wipes **must** be utilized from the **original container**. Using secondary containers (such as a plastic storage containers) filled with an approved solution poured over gauze squares **is not** an OSHA accepted practice and **does not** provide effective surface disinfection. Gauze squares **may** contain bleach which can inactivate the disinfectant. Ensure the lid to the container is snapped closed after each use so none of the solution evaporates making the wipes ineffective.

A one step product that is a cleaner and disinfectant can be used when there is no visible contamination. Otherwise perform a two step precleaning and disinfection process. Disinfected surfaces **must** remain wet for the designated contact or kill time. Surfaces should not be dried with paper towels to hasten the time. ADHA recommends hygienists work out of 2 treatment rooms during this pandemic if possible to allow adequate time for disinfection.
OSHA Worker Rights

If you are a worker, you have the right to:

- Request an OSHA inspection for workplace hazards, violations of OSHA standards, or violations of the OSH Act (your name will be kept confidential)
- Have an authorized employee representative accompany the OSHA compliance officer on the workplace inspection
- Confer informally with the OSHA compliance officer (in private if preferred)
- Be notified by your employer of any citations issued for alleged violations of standards at the workplace, and of your employer’s requests for variances or for changes in the abatement period;
- Contest the abatement time set in any citation issued to your employer by OSHA;
- File a complaint with OSHA if you believe that you have been dismissed, demoted, to otherwise discriminated against for exercising rights under OSHA;
- File a complaint with Federal OSHA authorities if your State agency fails to administer a State program as effectively as required by OSHA

https://www.osha.gov/Publications/March_SafeGuard/rights.html?fbclid=IwAR1U8TPbqzFEna1JBe6XrG12yZXSHZXQDdqTqVaoqWTTP5rFIv5s5HUhZQ
● Ask OSHA about any tests performed in your workplace, the results of inspections, and any decision not to take action on a complaint;

● Receive information from your employer about hazards and safety measures applicable to the workplace, OSHA standards relevant to your job, and the record of accidents and illnesses in the workplace;

● Ask that National Institute for Occupational Safety and Health evaluate and provide information on the substances used in your workplace;

● Refuse to work in an imminent danger situation, under certain conditions;

● Submit written information or comment to OSHA on the issuance, revocation or modification of an OSHA standard and to request a public hearing; and

● Observe the monitoring and measuring of toxic substances in the workplace if you are exposed, and to have access to any records of your exposure

https://www.osha.gov/Publications/March_SafeGuard/rights.html?fbclid=IwAR1U8TPbqzFEna1JBe6XrG12yZXSHZQDdqTgVaogWTTP5rFJXV5s5HUhZQ
OSHA Worker Responsibility

• Read the OSHA poster in the workplace
• Comply with all the OSHA standards, with all requirements of your State-approved plan (if any), and with the employer’s safety and health rules
  - New York operates an OSHA-approved State Plan covering only state and local government workers. Private sector employers and their workers are covered by federal OSHA. Public Employee Safety and Health (PESH) Bureau  Contact: Tel: (518) 457-1263
• Report any hazards immediately to your supervisor
• Report to your supervisor any job-related illness or injury
• Cooperate fully with the OSHA compliance officer who inspects your workplace

https://www.osha.gov/Publications/March_SafeGuard/rights.html?fbclid=IwAR1U8TPbqzFEna1JBe6XrG12yZXSHZXQDdqTgVaoqWTTP5rFlXV5s5HUhZQ, https://www.osha.gov/stateplans
Thank you for your participation!

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If you have questions relevant to this webinar please email them to nydha.org and we will do our best to respond to them in a timely manner.

Membership information is available at www.nydha.org.
References


References Continued


