



Spangler, Rohlifing & Lambert COVID-19 Re-Opening Policy

With changing federal, state, and local recommendations, this policy is subject to change. As of right now, these are our protocols, which have been put in place in order to safely reopen once North Carolina enters Phase 1 of the re-opening protocol. With additional guidance from our regulating bodies (AAPD, ADA, CDC, OSHA, etc) and as North Carolina progresses into Phases 2 & 3, these requirements and recommendations will likely change. Any updates to these policies will be distributed in PDF to all team members via email and notification of these changes will be sent as a GroupMe announcement. As of right now, these policies will go into effect on May 11, 2020, and this date could change based on government regulations. No one is required to work if they feel unsafe, and every possible effort will be made to make it safe for our team members and our patients. All relevant links are listed at the end of this document.

RISK MITIGATION STRATEGIES: OFFICE TRAINING, SYSTEMS & PROTOCOLS

- **TEAM ONBOARDING:** All relevant documents will be dispersed to the team prior to resuming patient care and will be explained in detail using video conferencing. Team members will familiarize themselves with the new systems and will be responsible for understanding these new safety protocols.
 - **MANDATORY:** All relevant documents will need to be signed by the team members prior to resuming work.
 - **MANDATORY:** In-office training prior to patient care delivery for all team members
- We will be running Team Based opposing schedules at this time. Each individual clinical team (Blue Team / Pink Team / Purple Team) will meet prior to patient care to discuss these protocols in person, become proficient in proper donning and doffing of PPE, and run through mock patient flow.
- Scheduling protocols to reduce patient overlap in the office as we run through patient care phases:
 - Phase I: Training & On-boarding
 - Phase II: addressing urgent and un-met dental needs, limited exams, patient/parent oral health concerns
 - Phase III: resuming preventative care and routine care

- Team members should be familiar with steps and modifications that the office has taken to reduce risk and should be able to comfortably discuss with patients/parent if needed
- Multiple Molekule air sterilization units have been installed within the rooms / operatories of both the Winston Salem and Kernersville Office and are placed strategically for appropriate coverage. The units run continuously throughout the day and are NOT to be moved or adjusted by any team members.
 - The Molekule systems are FDA cleared to remove up to 99.999% of SARS-CoV-2 proxy viruses.
 - General operatory sized rooms clear in 10 minutes
 - Allow minimum 10 minutes between non-family patients in each operatory / clinical space
- HVAC filtration device (iWAVE) have been installed in both offices within the central air conditioning system
 - iWave is an air purifying device that uses ionization to reduce pathogens (viral / bacterial) as well as allergens, particles, smoke and odors in the air
 - FUN FACT for the kids: lightning has the same effect on the air naturally (ionization causes removal of the hydrogen atom in pathogens which inactivates them)
- Spray hand sanitizer has been installed in the entryway in WS and we have removed the pump from the check-in desk to avoid patient's repeatedly going up to the check-in desk
- We have installed Barrier Shields / Sneeze Guards in the business team offices in both Winston Salem and Kernersville
- We will prioritize no-touch pay by paying via phone (encrypted credit card number online) or using the new credit card machines (no-touch). If no-touch credit card payment is not an option then all cash exchanged will be in a plastic tray at the business office. Cash is NOT recommended or ideal and all methods prior to cash should be encouraged
 - These trays will be wiped down with clinical grade sterilizer after every use
 - Business team members should use gloves to handle paper money (confirm receipt) and then dispose of gloves immediately
 - If possible, receipts will be EMAILED to avoid passing paper
- We will continue to eliminate toys / coffee machine / magazines in the lobby / clinical areas
- We will continue to post appropriate signage re: symptoms of respiratory illness / COVID-19 pandemic / Proper social distancing in the entryway of both offices and update when necessary
- There should be no materials or equipment on countertops in business areas and clinical areas unless absolutely necessary. Patients/Parents should be asked to use their own pen if needed and all items (pens, etc.) will be sterilized after each use. Everything should be kept in drawers and off the countertop if at all possible. If parents need a pen there are clearly labeled "clean" and "dirty" bins for pen usage
- Windows will remain open and vented when at all possible
 - Added benefit of increasing humidity which reduces risk of viral spread
- While at this time we ask that the waiting room remain empty, we have modified seating in the waiting room in Winston Salem to encourage social distancing if necessary. Signs have been placed in Kernersville for this purpose as well.
- All employees will have their temperature taken before morning huddle and again after lunch and will be documented on a daily log. This daily log will be kept at the doctor's desk at both offices. This is confidential information and any breach of information will fall under HIPAA guidelines; team members should not share information about other team members. Any team member with a fever will be sent home immediately
- No employee should report for work with any respiratory signs of illness or fever. Team members should take their temperature daily, even on non-work days and will let the doctors know if they run a fever even on a non-work day.
- All team members must wash their hands prior to clocking in and at the end of the day before leaving the office in addition to our normal guidelines of hand washing (before and after every interaction with a patient etc) Please use common sense here and be overly cautious in hand hygiene.
- All personal items to be removed from the greater clinical area.
- No food will be allowed in the office except for in designated break-room spaces.
 - All employees are expected to follow common sense hygiene practices with regards to food safety and hygiene.
- A dedicated team member will be assigned to continuously disinfect common areas, door handles, light switches and other heavily trafficked areas throughout the day with the minimum of every 60 minutes

- If an employee develops signs/symptoms/diagnosis of COVID-19 or a patient reports signs/symptoms/diagnosis of COVID-19 post appointment: please see additional SRL policy on possible COVID-19 exposure.
 - Our office will follow the CDC Guidelines for Possible Exposure in the workplace
 - Our office is running teams so that any possible exposure within a team will allow that team to isolate without compromising patient care
 - The office will close for a day to sterilize / deep clean before resuming patient care.

RISK MITIGATION

STRATEGIES:

PERSONAL PROTECTIVE EQUIPMENT (PPE)

- The following PPE will be provided for our team. Certain procedures produce varying levels of contamination risk via aerosol spread. Therefore, we have carefully developed a protocol for our team in determining what specific PPE is needed for each type of dental procedure in order to keep the team and the patients safe. Please see attached reference document on PPE protocols
 - N95 respirator mask (Miakomo) with cartridge - Surgical masks - Scrub coats – Cloth surgical gowns - Cloth head coverings (surgical caps) - Protective eyewear - Face shields - Plastic chair covers - Gloves
- Proper protocol for donning and doffing (placement and removal) of PPE will be reviewed in detailed with reference videos available for all team members. These videos will be sent via email.
- ALL TEAM MEMBERS will need to wear personal clothes to the office and don all PPE, including scrubs, at the office.
 - We ask that all employees practice common sense infection control practices in any personal clothes prior to reporting for work to reduce risk of transmission on clothing into the office
- Personal clothes will be placed in individualized bags and stored upstairs during patient care time. At the conclusion of patient care all team members will change from scrubs back to personal clothing before returning home
 - These individualized bags will be washed at the office at the end of each Team's week
 - Scrubs will be left at the office for laundering and will be laundered daily
 - Each team member should designate a work specific pair of shoes which will be disinfected (spray) and left at the office
- All Team members will not wear make up on their cheeks, nose, chin as to not compromise fit of the N95 respirator masks.
- Business Team members:
 - Will have access to N95 equivalent & face shields
 - Will have option to wear cloth masks with approved filter inserts and other approved eyewear if preferable
 - Business Team will use gloves during ANY payment transaction / exchange
 - Business Team will wear long sleeve coverings at all times (scrub coats or cloth gowns)
- Clinical Team will wear N95 respirators and will be assigned per team member
 - Clinical Team: will stay in N95 equivalent masks throughout the day for any aerosol procedure
 - Will do fit-check (demonstrated) upon donning mask every time
- **All team members will wear some form of mask at all times in the office**
 - Designed to help protect us from each other and from any circulating aerosols
- Cloth gowns should be worn over scrubs for all clinical team members. They will be laundered at the office like our scrub jackets

- All clinical team members will wear scrub caps that are provided by the office. These will also be laundered at the office like gowns / scrubs
 - Removed and changed when visibly soiled or wet
- Face shields should be worn during all patient care and will be disinfected after each patient
- Plastic chair covers will cover the dental chair completely and will be disposed between each patient
- We will continue to keep close reporting on current inventory of PPE in the office
- Please see additional guidance (Excel) on SRL PPE Guidelines

RISK MITIGATION

STRATEGIES:

PATIENT CONSIDERATIONS & FLOW

- Our practice plans to continue to use tele-dentistry to augment in-person care when possible by doing comprehensive phone screenings and sending pictures if needed prior to scheduling limited exams or for specific patient questions.
- All patients will be asked key COVID-19 screening questions when confirming appointments and will be informed of our policies on hygiene, personal mask use in the office and parental presence/ absence during confirmation. (See document on screening / patient consent)
- All patients will be asked to ensure extremely good brushing the night before and prior to their appointment. These steps will reduce intraoral inflammation and microbial load and will decrease risk for splatter as well as improve health status of the patient.
- All parents will be required to wear a facemask, preferably their own brought from home or other appropriate mouth/nose covering as they enter the building, per CDC and WS City recommendations
- All patients, upon arrival to the office, will wait in their car and text the “check in number” to virtually check in.
- All patients will have their temperature taken with contactless thermometer at the door before entering the building and will be walked to a hand hygiene station *immediately* by a team member in proper PPE. Any temperature of a patient or parent above 100.4 degrees the team member will ask the family to wait outside and will immediately go and get the doctor. Temperature will be verified with the doctor and patient will be asked to follow up with their primary care provider and call our office back to reschedule if above 100.4 degrees F.
- All patients will be asked to wash their hands with soap and water for a minimum of 20 seconds and *avoid touching anything before doing so. Young patients should be carried by their caregiver through the waiting room / office if possible to avoid unnecessary exposure.*
- All patients will be brought directly back to the treatment room after hand hygiene station
- Patients over the age of 18 will not be allowed to have anyone else accompany them to their appointment unless the patient has special health care needs. Any friends or family members must stay in the car.
- Children under the age of 18 must have a legal guardian present or signed form from legal guardian consenting to another caregiver presence. The limit will be one adult, and they will be required to go through all of the above requirements upon entering the building. We are asking all parents / guardians of school-aged children to wait in the car if possible. If a parent does accompany their child for treatment they will not be allowed to wait in the lobby- they will need to stay with their child and the assigned assistant at all times in the clinical area.
- For their safety, this adult caregiver should ideally not be a high-risk individual and this will be suggested during confirmation. High risk adults include: over the age of 65 and those with underlying medical conditions (hypertension, chronic lung disease, asthma, immunocompromised etc)
- High-risk patients should NOT be scheduled to have elective treatment at this time. They should only be seen for emergency and/or urgent treatment needs, AND we should be making special considerations for these patients, including using greater isolation techniques.
- High risk patients include those with severe underlying medical conditions and/or immunocompromised
- All patients will have a phone follow up 48 hours after appointment to check on patient and confirm no signs of fever/respiratory disease has developed in the last 2 days. This will be completed by the dental assistants

on the same team as patient care was delivered. Information from this phone call will be placed in patient's chart

- SCHEDULING CONSIDERATIONS:
 - Additional time to each appointment type to account for patient flow
 - No two appointments scheduled at the exact same time to avoid overlap during check-in / walk-in
 - Dentist treatment appointments should be staggered and efforts will be made to avoid scheduling back-to-back appointments in the same room
 - Ask COVID screening questions when scheduling appointments and educate the patients on how we are handling checking into the office and the flow - If patient asks, please explain all of the things we are doing to increase infection control and prevent cross contamination.

- PPE:
- Exam / non-aerosol generating including radiographs
 - PPE: level 3 surgical mask (or N95 respirator if wanted), face shield, head covering, gown, gloves
- Restorative
 - PPE: N95 respirator, face shield, head covering, gown, gloves
 - HVE suction for all appointments
 - 4 handed dentistry
 - Isolight /RDI for all aerosol generating restorative
 - Minimize use of air/water syringe together

- Hygiene, when phased in
 - PPE: N95 respirator, face shield, head covering, gown, gloves
 - HVE suction during prophylaxis if possible
 - Shields on older patient during prophylaxis
 - No ultrasonic scaling at this time
 - Sibling hygiene appointments will be completed in one "area" of the office at one time (TR or Bay) and Doctor will check all siblings at one time at the completion of the appointments

- Post-procedure the patient will be shown to the brush up sink / bathroom for hand washing and then will be handed a coin and will stay with the dental assistant until they exit the building
- Returned to the business office for check-out if payment has not already been processed over the phone (ideal)
 - Family member is walked straight to business team member for check out and follows no-touch protocol if at all possible.

RESOURCES:

- <https://www.digitaltrends.com/home/molekule-air-pro-rx-fda-cleared-to-kill-viruses/>
- iWAVE <http://www.iwaveair.com/>
- <https://www.cdc.gov/hai/pdfs/ppe/ppe-sequence.pdf>
- <https://www.wxii12.com/article/winston-salem-ask-residents-to-continue-social-distancing-40-more-days-launches-mask-initiative/32224498>
- https://success.ada.org/~media/CPS/Files/COVID/ADA_Interim_Mask_and_Face_Shield_Guidelines.pdf?utm_source=cpsorg&utm_medium=cpsalertbar&utm_content=cv-safety-interim-maskfaceshield&utm_campaign=covid-19

- https://www.ada.org/~media/CPS/Files/COVID/ADA_COVID_Int_Guidance_Treat_Pts.pdf?utm_source=adaorg&utm_medium=covid-resources-lp&utm_content=cv-pm-ebd-interim-response&utm_campaign=covid-19?utm_source=adaorg&utm_medium=adanews&utm_content=cv-pm-ebd-interim-response&utm_campaign=covid-19
- <https://www.osha.gov/Publications/OSHA3990.pdf>
- <https://www.cdc.gov/oralhealth/infectioncontrol/statement-COVID.html>