

In Practice

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IN THIS ISSUE

This issue of *Infection Control in Practice* focuses on maintaining a safe work environment, limiting the spread of contamination, and promoting compliance with COVID-19 prevention guidelines in dental facilities. This will help the Infection Control Coordinator (ICC) communicate the importance of **the safestdentalvisit™**

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Access updates and trusted source guidance throughout this issue, as best practices evolve with greater understanding of COVID-19.

TEAM HUDDLE: Understanding Your Responsibility for Implementing COVID-19 Guidance in Dental Settings

Dental infection prevention and control is a system of policies and procedures designed to ensure the use of best practices to enhance safety and reduce the risk of transmitting potentially dangerous microbes. An effective infection prevention and control program hinges on assuring the quality of the preventive policies and procedures. This issue re-emphasizes dental patient screening during the COVID-19 pandemic.

LEARNING OBJECTIVES

After reading this publication, the reader should be able to:

- describe questions to ask patients requesting an appointment for dental care.
- describe how standard operating procedures are involved in patient screening.
- describe considerations for deferral of patient treatment during the COVID-19 pandemic.

EDITOR-IN-CHIEF

Chris H. Miller PhD

Dr. Miller is Professor Emeritus of Microbiology, Executive Associate Dean Emeritus, and Associate Dean Emeritus for Academic Affairs and for Graduate Education at Indiana University School of Dentistry. He is past Chair and a founding member of OSAP. email: cmiller005@indy.rr.com



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SCENARIO: The Incident

Dr. G just took over a general dental practice in his small hometown. The practice had been closed for three months, since the previous dentist unexpectedly developed a chronic condition that forced retirement. Since the townspeople had gone without readily available dental care for those months, Dr. G had an onslaught of requests for dental care from the local residents.

Dr. G felt obligated to honor all patient requests, and instructed the front-office staff to make appointments on a first-come first-served basis for anyone who called.

During each call the staff was instructed to just tell the patient to put on a face covering when entering the office. Dr. G also told the staff not to worry about COVID-19, since people with cold-like

symptoms wouldn't be making appointments until they felt better, at which time they would be non-infectious.

The staff were also told that there were no or few cases of COVID-19 in their community. Dr. G said to just tell the entering patients to sit six feet apart in the reception area.



POTENTIAL CONSEQUENCES:

To determine the quality of any policy or procedure, it is first important to know **WHAT** should be done, then **WHY and HOW** it should be done, and to determine if it is done correctly.

1. Dr. G felt obligated to honor all patient requests, and instructed the front-office staff to make appointments on a first-come first-served basis for anyone who called.

WHAT: The Centers for Disease Control and Prevention (CDC)¹ indicates to screen ALL PATIENTS for COVID-19 symptoms, and if positive, avoid non-emergent dental care and use the *Phone Advice Line Tool for Possible COVID-19 Patients (Telephone Response Guide for Clinics | CDC)*.

CDC also says to telephone triage ALL PATIENTS to determine if the patient needs to be seen in the office during the COVID-19 pandemic.¹

WHY: Telephone screening determines if elective procedures, surgeries, and non-emergent visits should be postponed in certain instances. This is based on considering the risk to patients if care is deferred and the risk to dental health care personnel (DHCP) and patients of SARS-CoV-2 transmission during treatment.

HOW: Develop standard operating procedures (SOPs) for telephone screening and for triage, and use the SOPs to train all DHCP involved. Review the checklists in the OSAP-DentaQuest Partnership's *Best Practices for Infection Control in Dental Clinics During the COVID-19 Pandemic*.²

2. During each call the staff was instructed to just tell the patient to put on a face covering when entering the office.

WHAT: CDC telephone screening guidelines¹ also indicate telling the patient:

- to limit number of visitors;
- to inform any visitors that do come to also wear a face covering;
- that they (and any visitors) will be screened for fever and COVID-19 symptoms when they enter the facility; and
- to reschedule their appointment if they develop COVID-19-related symptoms before the appointment.

WHY: The telephone screening helps reduce the chances of SARS-CoV-2 spread, determines emergent and non-emergent patient needs, helps to avoid any surprises when the patient appears, and helps to prepare for the treatment with appropriate staffing and supplies.

HOW: Staff conducting the telephone screening need to be adequately trained (using SOPs) to ask the applicable questions and inform the patients of the appropriate information. Review the checklists in the OSAP-DentaQuest Partnership's *Best Practices for Infection Control in Dental Clinics During the COVID-19 Pandemic*.²

3. Dr. G also told the staff not to worry about COVID-19, since people with cold-like symptoms wouldn't be making appointments until they felt better, at which time they would be non-infectious.

WHAT: CDC says to telephone screen and triage ALL PATIENTS.¹

WHY: Persons who are asymptomatic, presymptomatic and post-symptomatic (all of which may appear normal) may still be able to spread infectious agents. This occurs with many diseases such as influenza, colds, measles, and COVID-19.

HOW: DHCP should be trained about the spread of infectious diseases³ and apply appropriate protective measures for themselves and others. Signs can be posted at entry doors about fever, respiratory symptoms, wearing a mask,

cough etiquette and hand hygiene.

4. The staff were also told that there were no or few cases of COVID-19 in their community.

WHAT: Telephone screen and triage ALL PATIENTS.¹

WHY: Even if there appears to be no or minimal cases of COVID-19 in the related community, it may only take one infectious patient to infect many others. There may be asymptomatic persons requesting dental care who appear normal but can STILL SPREAD SARS-CoV-2.

HOW: Staff conducting the telephone screening need to be adequately trained (using SOPs) to ask the applicable questions and inform the patients of the appropriate information. At least Standard Precautions (**Standard Precautions (cdc.gov)**) need to be in place. Review the checklists in the OSAP-DentaQuest Partnership's *Best Practices for Infection Control in Dental Clinics During the COVID-19 Pandemic*.²

5. Dr. G said to just tell the entering patients to sit six feet apart in the reception area.

WHAT: CDC says to also ensure the entering patients and any visitors wear face coverings and to follow the posted signs and adhere to respiratory hygiene, cough etiquette, and hand hygiene.¹

WHY: These measures help reduce the spread of respiratory diseases.

HOW: Staff conducting the triage need to be adequately trained (using SOPs) to ask the applicable questions and inform the patients of the appropriate information. Also, alcohol hand-rub, facial tissue, waste receptacle, surgical masks, and appropriate signs or posters need to be present as well as social distancing arrangements of the chairs in the reception area. Review the checklists in the OSAP-DentaQuest Partnership's *Best Practices for Infection Control in Dental Clinics During the COVID-19 Pandemic*.²

See page 6, "Under the Microscope", for continued insight about Coronaviruses.

STRATEGIES for Screening and Triage of Dental Patients

During the COVID-19 pandemic the CDC indicates to provide dental treatment only after assessing all patients and considering both the risk to the patient of deferring care and the risk to DHCP of healthcare-associated SARS-CoV-2 transmission. The Table summarizes these considerations for dental/medical care.

Framework for the provision of non-COVID-19 medical/dental care during the COVID-19 pandemic, by potential for patient harm and degree of community transmission**				
Potential for patient harm	Examples	Substantial community transmission [§]	Minimal to moderate community transmission [#]	No to minimal community transmission ⁺
HIGHLY LIKELY Deferral of in-person care highly likely to result in patient harm	<ul style="list-style-type: none"> • Signs/symptoms of stroke or heart attack • Dental emergencies • Acute abdominal pain • Treatment for certain cancer diagnoses • Well-child visits for newborns 	Provide care without delay; consider if feasible to shift care to facilities less heavily affected by COVID-19.	Provide care without delay; consider if your facility can provide the patient's care, rather than transferring them to a facility less affected by COVID-19.	Provide care without delay while resuming regular care practices.
LESS LIKELY Deferral of in-person care may result in patient harm	<ul style="list-style-type: none"> • Pediatric vaccinations • Change in symptoms for chronic conditions • Musculoskeletal injury • Certain planned surgical repairs • Physical or occupational therapy 	<p>If care cannot be delivered remotely, arrange for in-person care as soon as feasible with priority for at-risk* populations.</p> <p>Utilize telehealth if appropriate.</p>	<p>If care cannot be delivered remotely, work towards expanding in-person care to all patients in this category.</p> <p>Utilize telehealth if appropriate.</p>	Resume regular care practices while continuing to utilize telehealth if appropriate.
UNLIKELY Deferral of in-person care unlikely to result in patient harm	<ul style="list-style-type: none"> • Routine primary or specialty care • Care for well-controlled chronic conditions • Routine screening for asymptomatic conditions • Most elective surgeries and procedures 	<p>If care cannot be delivered remotely, consider deferring until community transmission decreases.</p> <p>Utilize telehealth if appropriate.</p>	<p>If care cannot be delivered remotely, work towards expanding in-person care as needed with priority for at-risk* populations and those whose care, if continually deferred, would more likely result in patient harm.</p> <p>Utilize telehealth if appropriate.</p>	Resume regular care practices while continuing to utilize telehealth if appropriate.

** CDC. Framework for Healthcare Systems Providing Non-COVID-19 Clinical Care During the COVID-19 Pandemic.

Non-COVID-19 Care Framework | CDC.

§ Large scale community transmission, including communal settings (e.g., schools, workplaces)

Sustained transmission with high likelihood or confirmed exposure within communal settings and potential for rapid increase in cases

+ Evidence of isolated cases or limited community transmission, case investigations underway; no evidence of exposure in large communal setting

* Those with serious underlying health conditions, those most at-risk for complications from delayed care, and those without access to telehealth services.

Take the Silent Video Challenge!

Can you identify the actions in this short silent video that compromise infection prevention and safety, particularly during the SARS-CoV-2 pandemic? osap.org/2021-02video

The Scenario:

Greeting Patients
in the Reception
Room

Compare your
knowledge to the
lesson below.



The Lesson: The dental clinicians (one that left the operatory and the one sitting down) are wearing contaminated personal protective equipment. They are cross-contaminating the reception area including the sliding glass door handle and any other surface touched with contaminated gloves. There was no operatory clean-up between patients.

Have You Discovered This?

The OSAP website is a journey of discovery into a curated content library of trusted-source information on infection prevention and safety.

Below are links to resources you may not have discovered at osap.org with practical solutions to make The Safest Dental Visit™ easier to maintain!

Wondering if your disinfectant is on the EPA list of disinfectants for coronavirus (COVID-19)?

Check your product on the EPA's List N: Disinfectants for Coronavirus (COVID-19)

www.epa.gov/pesticide-registration/list-n-disinfectants-coronavirus-covid-19

The EPA has created a video on how to use the List N Tool

www.epa.gov/pesticide-registration/list-n-disinfectants-coronavirus-covid-19

Poster for safe and effective disinfectant use:

www.epa.gov/sites/production/files/2020-04/documents/disinfectants-onepager.pdf

The above resources were discovered in the Coronavirus Disease (COVID-19) Toolkit at osap.org/COVID-19

Thanks

to our sponsors

OSAP thanks the following companies that help to underwrite each issue of this special series of *Infection Control in Practice: Team Huddle™* in 2021.

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Coronavirus Disease (COVID-19) Toolkit

To help you navigate the many challenges as a result of the COVID-19 pandemic, caused by SARS-CoV-2, OSAP has assembled an informative **webpage** with the latest information from regulatory agencies, government, research institutes, dental associations, and health organizations.



The site is updated regularly and includes information on related best practices, interim guidelines, educational resources, and patient resources.

COVID-19 Webinar Series

If you missed any of the recent **FREE** COVID-19 specific webinars, presented by Eve Cuny, MS, and Kathy Eklund, RDH, MHP, you can now access the recordings.

Each webinar in this four-part series is now available on-demand and provides 1 CE hour of ADA CERP Credit.



COVID-19 webinar topics:

- Respiratory Protection Program
- PPE Optimization
- COVID-19 Guidance for Dental Assistants
- Airborne Precautions and Ventilation

For detailed COVID-19 webinar descriptions and free registration visit:
osap.org/COVID-19WebinarSeries

Under the MICROSCOPE Coronaviruses*

Coronaviruses are a large family of enveloped RNA viruses, seven of which cause illness in humans.

Infection with one or more of four coronaviruses (229E, NL63, OC43, and HKU1) can result in the second most prevalent cause of the common cold (10% to 15% of the cases) with rhinoviruses being the first. Some other coronaviruses circulate among cats, camels, cattle, swine, rodents, and bats.

In the recent past, three animal coronaviruses have transferred to humans causing more serious respiratory infections. These three zoonoses are severe acute respiratory syndrome (SARS) occurring in 2003 (caused by SARS-CoV-1), Middle East respiratory syndrome (MERS) occurring in 2012 (caused by MERS-CoV), and coronavirus disease-19 (COVID-19) occurring in 2019 to present (caused by SARS-CoV-2). As is well-known, the latter is causing a pandemic for which vaccines are becoming available.

*CDC. **Common Human Coronaviruses** | CDC. Accessed February 2021; and NIH. **Coronaviruses** | NIH: National Institute of Allergy and Infectious Diseases. Accessed February 2021.

TEAM HUDDLE DISCUSSION GUIDE

1. Have you developed/updated an SOP for telephone screening of patients requesting an appointment during the COVID-19 pandemic?
2. Have you developed/updated an SOP for the triage of patients and visitors entering your facility during the COVID-19 pandemic?



Glossary

Standard operating procedure: established methods to be followed routinely for performance of designated tasks

Triage: the sorting of patients according to the urgency of their need for care

Zoonoses: infections or diseases that are transmissible from animals to humans under natural conditions

KEY TAKEAWAYS

1. Considerations for deferral of patient treatment during the COVID-19 pandemic.
2. Help with telephone screening of a patient with COVID-19 symptoms.
3. Using OSAP/DentaQuest Partnership “Best Practices” resource to aid with screening of potential patients.



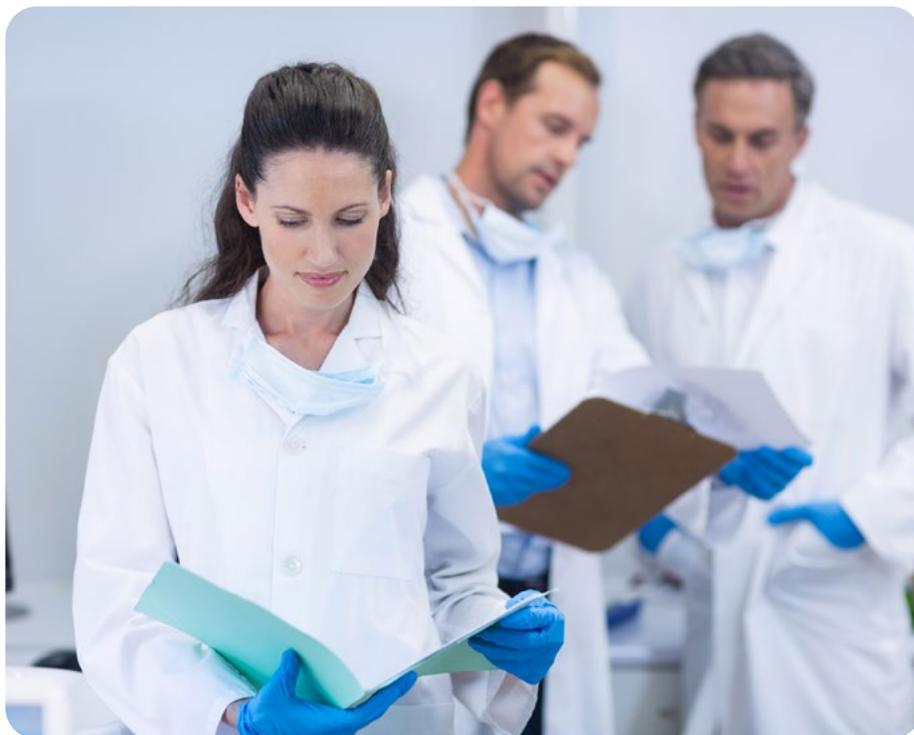
Links to Resources

1. CDC. Coronavirus Disease 2019 (COVID-19): Guidance for Dental Settings. (Updated December 4, 2020). [cdc.gov/coronavirus/2019-ncov/hcp/dental-settings.html](https://www.cdc.gov/coronavirus/2019-ncov/hcp/dental-settings.html). Accessed January 2021.
2. OSAP and DentaQuest Partnership. *Best Practices for Infection Control in Dental Clinics During the COVID-19 Pandemic*. Available at: [Best Practices for Infection Control in Dental Clinics During the COVID-19 Pandemic - osap.org/page/covid-19-best-practices](https://www.osap.org/page/covid-19-best-practices). Accessed January 2021.
3. Miller, CH. Development of infectious diseases (Chapter 3), Bloodborne diseases (Chapter 6), and Oral and respiratory diseases (Chapter 7). In *Infection Control and Management of Hazardous Materials for the Dental Team*. Elsevier, St. Louis, 6th ed, 2018, pp 17-22; 41-48; 51-59.

What's Wrong With This Picture?

Can you identify shortfalls in infection prevention and control as these clinicians review paperwork before treating the next patient during the COVID-19 pandemic?

Answer: The dental healthcare personnel have cross-contaminated items handled with gloves used during patient care. Those gloves are contaminating the paperwork and will contaminate the next patient if not replaced. Pulling down the masks further contaminated their necks and gloves. The neck and wrist of one clinician are exposed as well as the underlying work clothes of the other two clinicians. During the COVID-19 pandemic interim CDC guidance recommends DHCP wear face masks in all areas within the dental office facility. It is hoped that overgowns will be properly used within patient treatment areas.



Educational Spotlight

Did you miss the **2021 OSAP Dental Infection Control Boot Camp™**?



Good news!

You can still register and **earn up to 24.25 self-study CE hours!**

Registration will remain open until March 15, 2021. On-demand recordings will be **available until March 30, 2021**. CE credit is earned when you complete a quiz for each session.

Explore the Program Guide and register at osap.org/2021BootCamp

Attendance at this four-day live-streamed educational event surpassed all prior year registrations – more than 970 participants! To make this important education accessible, OSAP has extended the **30% discount** on registration fees.

Presented by national and international experts in dental infection prevention and patient safety, the course curriculum was based on CDC guidelines and OSHA regulations. Due to the continued COVID-19 pandemic, course content also covered the most up-to-date interim guidance and any related regulations.

Don't miss these timely educational sessions. Register today at: **osap.org/2021BootCamp**

If you have questions about the program or registration:

Email: Office@OSAP.org Phone: +1 (410) 571-0003 | US & Canada: +1 (800) 298-6727

GET YOUR CE CREDIT ONLINE

OSAP is recognized by the American Dental Association as a CERP provider.*

Follow the instructions below to complete the quiz to receive 1 hour of CE credit FREE to OSAP members

Step 1: Go to <http://bit.ly/OSAPICIPFEB2021CE> and obtain access to the CE exam through the OSAP Store. OSAP members, 1 CE credit FREE! Non-members, 1 CE credit \$20.

Step 2: OSAP will send you a registration confirmation email and a separate email with the link to the online CE exam. Click on that link to access the exam.

Step 3: Complete the online exam. You have 2 attempts to pass with 7 out of 10 correct answers. When finished, you can print out or download your CE record of completion for your records. Your record of completion will also be emailed to you.

QUESTIONS FOR ONLINE QUIZ

1. According to the CDC what dental patients should be telephone screened?
 - a. Ill patients
 - b. Patients over age 65
 - c. New patients
 - d. All patients
2. What is the name of the website accessible tool that should be used if telephone screening detects a potential dental patient with COVID-19 symptoms?
 - a. Telephone screening tool...
 - b. Cell phone triage tool...
 - c. Phone advice line tool...
 - d. FDA screening tool...
3. During the COVID-19 pandemic, CDC indicates to provide dental treatment only after assessing all patients and considering the risk to the:
 - a. community.
 - b. patients and DHCP.
 - c. DHCP.
 - d. patients.
4. CDC telephone screening guidelines include telling patients to:
 - a. provide their social security number.
 - b. limit the number of accompanying visitors.
 - c. state their marriage status.
 - d. confirm their age.
5. Which of the following patients have no outward signs of infection?
 - a. Post-symptomatic
 - b. Presymptomatic
 - c. Asymptomatic
 - d. All of the above
6. Which CDC recommendation is supported by having an alcohol hand-rub, facial tissues, waste receptacle, and surgical masks in the reception area?
 - a. Source control
 - b. Cough etiquette
 - c. Sharps safety
 - d. Patient triage
7. An asymptomatic person living in an area with substantial community transmission of SARS-CoV-2 requests an elective dental procedure. What should be done?
 - a. Refuse treatment
 - b. Provide the care in all instances
 - c. Consider deferring care until community transmission decreases
 - d. Transfer the patient to a facility that provides care to highly infectious patients
8. How many coronaviruses are known to cause infections in humans?
 - a. 2
 - b. 4
 - c. 7
 - d. 10
9. Coronaviruses are the second most common cause of:
 - a. the common cold.
 - b. aphthous ulcers.
 - c. fever blisters.
 - d. measles.
10. Zoonoses are diseases caused by microbes that are spread:
 - a. only from animals to zookeepers.
 - b. only among animals living in a zoo.
 - c. from animal to animal.
 - d. from animals to humans.

FROM THE Editor's Desk

1. It's not too late to get your flu shot!

2. Best Practices During COVID-19

Check out the OSAP/DentaQuest publication:

Best Practices for Infection Control in Dental Clinics During the COVID-19 Pandemic at:

osap.org/covid-19-best-practices



3. Patient Brochure

Be sure your patients have a copy of the informative brochure *Dental Patient Care in the Era of COVID-19* at:



English Version: **Dental Patient Care in the Era of COVID-19 - English version**

Spanish Version: **Dental Patient Care in the Era of COVID-19 - Spanish version**

OSAP-DALE Foundation Dental Infection Prevention and Control Certificate™

To date, more than 900 oral health care professionals have earned the OSAP-DALE Foundation Dental Infection Prevention and Control Certificate™.

Check out this video to hear from a few people who have earned the certificate!
youtu.be/TnL6qierYNY



Are you interested in completing the certificate program and would like to ask your employer to provide funding to you for the program? Use this justification letter to help you make the case to your employer. **Download the Justification Letter.**

Step	Component	Cost	CE Credits
1*	OSAP-DALE Foundation CDEA® module Understanding CDC's Summary of Infection Prevention Practices in Dental Settings	\$30 6-month access	2
2*	OSAP-DALE Foundation Dental Infection Prevention and Control eHandbook™	\$225 6-month access	10
3	OSAP-DALE Foundation eHandbook Assessment™	\$50 60-day access	0

***Note:** Steps 1 and 2 may be completed in either order. Successful completion of Steps 1 and 2 is required before Step 3 can be purchased.

For the latest information visit: dentalinfectioncontrol.org

In Case You Missed This!



Connect to **"The Official OSAP Podcast"** here, on your favorite podcast platform, or from the OSAP.org home page.

The Official OSAP Podcast with Michelle Lee, Executive Director of OSAP, brings you timely infection control information and engaging discussions with subject matter experts from all areas of dentistry.