

Infectious Disease Outbreak Response Plan

INTRODUCTION

WHAT IS THE CORONAVIRUS (COVID-19)

CDC is responding to an outbreak of respiratory disease caused by a novel (new) coronavirus that was first detected in China and which has now been detected in more than 100 locations internationally, including in the United States. The virus has been named “SARS-CoV-2” and the disease it causes has been named “coronavirus disease 2019” (abbreviated “COVID-19”).

On January 30, 2020, the International Health Regulations Emergency Committee of the World Health Organization declared the outbreak a “[public health emergency of international concern](#)” (PHEIC). On January 31, 2020, Health and Human Services Secretary Alex M. Azar II declared a public health emergency (PHE) for the United States to aid the nation’s healthcare community in responding to COVID-19.

U.S. COVID-19 cases include:

- Imported cases in travelers.
- Cases among close contacts of a known case.
- Community-acquired cases where the source of the infection is unknown.

(Prevention, 2020)

There is much to learn about the novel coronavirus that causes [coronavirus disease 2019](#) (COVID-19). Based on what is currently known about the virus, spread from person-to-person happens most frequently among close contacts (within about 6 feet). This type of transmission occurs via respiratory droplets. Transmission of novel coronavirus to persons from surfaces contaminated with the virus has not been documented. Transmission of coronavirus in general occurs much more commonly through respiratory droplets than through fomites. Current evidence suggests that novel coronavirus may remain viable for hours to days on surfaces made from a variety of materials. Cleaning of visibly dirty surfaces followed by disinfection is a best practice measure for prevention of COVID-19 and other viral respiratory illnesses in community settings.

WHY IS THIS IMPORTANT

The virus is thought to spread mainly from person-to-person.

- Between people who are in close contact with one another (within about 6 feet).
- Through respiratory droplets produced when an infected person coughs or sneezes.
- These droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs.

In the dental office, we produce “droplets” and spray from a person’s mouth due to the nature of our normal patient care and we must be in close contact with our patients and each other to deliver patient care.

Source: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>

The participants in dental practice are exposed to tremendous risk of COVID-19 infection due to the face-to-face communication and the exposure to saliva, blood, and other body fluids, and the handling of sharp instruments. Dental professionals play great roles in preventing the transmission of 2019-nCoV. Here we recommend the infection control measures during dental practice to block the person-to-person transmission routes in dental clinics and hospitals.

Source: <https://www.nature.com/articles/s41368-020-0075-9>

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OBJECTIVES

- Introduce the dental team to what the COVID-19 virus is and the risks of COVID-19.
- Discuss current CDC recommendations for dental offices.
- Provide implementation steps that can be taken within the dental office to implement CDC recommendations in your office to assess and manage the risk of potential exposure.
- Provide a template for communication with dental patients to discuss the protocols your office has put in place to screen for and help minimize team and community exposure to the coronavirus.
- Discuss CDC recommended disinfection and PPE standards for healthcare professionals and additional environmental measures to set up in the office to help minimize and isolate the virus within the physical office space.
- Explain protocols that Employees and Employers should take if employees are exposed or start to develop symptoms of the virus.

DENTAL CLINICAL PROTOCOL

1. Patient Screening

CDC recommends healthcare facilities, including dental offices, screen patients before proceeding with an appointment.

Information to take note of:

- Any individual who exhibits or reports signs of acute respiratory illness such as coughing, fever and shortness of breath.
- Recent travel to any locations that have a Level 3 Travel Health Notice for COVID-19. Verify when the patient returned to the United States. If the patient reports that at least two weeks have passed since their return from one of the identified regions and no symptoms have presented, the dental office can proceed with the appointment. When local, state or federal public health officials declare the disease is at the community level, screening for travel is not necessary.
- Close contact with an individual diagnosed with COVID-19.

Dentists may also send a notice advising patients who are experiencing acute respiratory illness to remain home and reschedule appointments.

(Association, 2020)

2. Phone screening protocol for all patients:

- a. On the phone, tell the patient that you will be asking them screening questions pertaining to the Coronavirus. Tell them that we are asking all patients these questions and that we have new policy and protocol for our office. Discuss that this protocol was also emailed to patients on _____ (date).
(*See Page 11 of this document for email template to send to patients regarding policy updates.)
- b. Question if patient has traveled out of the country since December 2019.
- c. Question if the patient has traveled domestically, in the country, since February 1st 2020.
- d. Ask every patient if they or anyone they live with is experiencing acute respiratory illness, including symptoms of fever, cough, or shortness of breath.
- e. IF THE PATIENT ANSWERS YES TO ANY OF THESE SCREENING QUESTIONS, ADVISE THEM TO REMAIN HOME AND RESCHEDULE THEIR DENTAL APPOINTMENT FOR AT LEAST 14 DAYS. IF THEY HAVE ACTIVE SYMPTOMS, ADVISE THEM TO CALL THEIR PHYSICIAN OR THE LOCAL HEALTH DEPARTMENT FOR FURTHER INSTRUCTIONS.

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- f. If the patient answers, “No” to all screening questions, advise them that we will ask them to complete the screening questions again when the patient physically checks in at the front desk. Also, advise the patients that the dental team may be wearing additional protective equipment at their dental appointment to help prevent the spread of Coronavirus.

3. Social Distancing Protocol:

- a. Explain to the patients on the phone that they must come to their appointment alone – no visitors or additional family members that do not also have dental appointments at that time will be allowed in the dental office during their appointment time. This will minimize people sitting in the waiting area who are not having dental treatment and allow us to help patients maintain a distance of 6 feet from each other in the waiting area. If you must bring a family member with, they will also be screened with questions and they will be asked to sit with you in your treatment room or they will be asked to wait in their vehicle to wait until the patient’s appointment is over.

4. Revised dental office check-in procedures:

- a. All patients will fill out an additional screening form asking the same screening questions that were asked on the phone. If they answer YES to any of the questions AND they are currently ASYMPTOMATIC, reschedule their dental appointment out a minimum of 14 days.

Source: <https://www.cdc.gov/coronavirus/2019-ncov/php/guidance-evaluating-pui.html>

Source: <https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html>

WHY IS THIS IMPORTANT

Pre-screening on the phone and again in the office before treatment is important because:

People are thought to be most contagious when they are most symptomatic (the sickest); however, some spread might be possible before people show symptoms; there have been reports of this occurring with this new coronavirus. It is possible that the patient may develop symptoms between their pre-treatment screening phone call and the time that they enter the dental office for treatment.

5. Procedure for a Patient Showing ACTIVE SYMPTOMS CONSISTENT WITH CORONAVIRUS

IF THE PATIENT IS IN THE DENTAL OFFICE WAITING ROOM AND SHOWING SYMPTOMS CONSISTENT WITH THE CORONAVIRUS, such as temperature, cough, or shortness of breath, immediately give the patient a mask and ask the patient (and anyone who came with the patient) to move to the closest possible private room with a door that closes. DO NOT move the patient back to an open-door operatory area or allow them to wait in the waiting area. Ensure that the patient remains at least 6 feet away from any person not wearing appropriate PPE. Any team members who enters the closed-door private isolation room at this point must wear personal protective equipment of a respirator mask, face shield, and disposable gown. (Described in detail on pages 8 and 10 of this document)

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When the patient is isolated and the provider has on proper PPE, the dental office employee attending to the patient should:

1. Question the patient further by filling out the **Human Infection with 2019 Novel Coronavirus Person Under Investigation (PUI) Case Report form for Dental Office Patient Triage (SD)**.
2. **Contact the SD-DOH (1-800-592-1861) immediately for consultation and guidance.**
3. **A hotline number is also available in South Dakota at 1-800-997-2800. However, the South Dakota Department of Health is the preferred primary contact in this situation.**
4. It may also be necessary to help the patient call their medical provider to ask for a Coronavirus test. They may be told by their healthcare provider to wait at home until arrangements for a test can be made.

After attending to a patient that may be infected with Coronavirus, ALL personal protective equipment used must be physically removed outside the office and placed in a biohazard bag. The employee(s) in PPE who were in contact with the patient will remove the PPE in a designated area and with proper technique, preferably outside the dental office building. The entire dental office must then be sterilized and disinfected, also using PPE that would be disposed of in the same manner. The overall goal is to contain the virus to an isolated room and try to prevent contact with team members and other patients in the office at that time.

Cleaning the Private Room used for Patient Isolation:

After the patient vacates the room, the cleaning staff must wear respiratory protection and other PPE required for Strict Isolation when cleaning during this airing time. If cleaning is performed after the required airing time, respiratory protection is not required but gown, gloves and face protection are. Cleaning staff must follow correct doffing sequence when removing PPE and dispose in the proper Biohazard Receptacle.

Healthcare Worker Monitoring:

A list of healthcare workers entering the room or who had contact with a suspected positive patient will be maintained.

If it is determined that an exposure did occur; post exposure follow-up will be conducted based on direction from public health authorities.

Source: [https://www.massgeneral.org/assets/MGH/pdf/disaster-medicine/2019-Novel-Coronavirus-\(2019-nCoV\)-Toolkit-version-1.29.2020.pdf](https://www.massgeneral.org/assets/MGH/pdf/disaster-medicine/2019-Novel-Coronavirus-(2019-nCoV)-Toolkit-version-1.29.2020.pdf)

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Human Infection with 2019 Novel Coronavirus Person Under Investigation (PUI) Case Report form for Dental Office Patient Triage (SD)

.....PATIENT IDENTIFIER INFORMATION IS NOT TRANSMITTED TO CDC.....

Patient first name _____ Patient last name _____

Date of birth (MM/DD/YYYY): ____/____/____

Interviewer information Name of interviewer:

Last _____ First _____

Dental Office Name: _____ Telephone _____ Email _____

If patient is symptomatic, onset date (MM/DD/YYYY): ____/____/____

Is the patient a health care worker in the United States?

Yes No Unknown

Does the patient have a history of being in a healthcare facility (as a patient, worker or visitor) in China? Yes No Unknown

In the 14 days prior to illness onset, did the patient have any of the following exposures (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Travel to Wuhan | <input type="checkbox"/> Community contact with another lab-confirmed COVID-19 case patient. |
| <input type="checkbox"/> Travel to Hubei | <input type="checkbox"/> Exposure to a cluster of patients with severe acute lower respiratory distress of unknown etiology. |
| <input type="checkbox"/> Travel to mainland China | <input type="checkbox"/> Any healthcare contact with another lab-confirmed COVID-19 case patient: Specify: |
| <input type="checkbox"/> Travel to other non-US country: Specify _____ | Patient Visitor HCW |
| <input type="checkbox"/> Travel within the US to an area of known community spread: Specify _____ | <input type="checkbox"/> Animal exposure |
| <input type="checkbox"/> Household contact with another lab-confirmed COVID-19 case patient. | <input type="checkbox"/> Other, specify: _____ |
| | <input type="checkbox"/> Unknown |

If the patient had contact with another COVID-19 case, was this person a U.S. case? Specify: Yes No Unknown N/A

ISOLATION PROTOCOL IN THE DENTAL OFFICE

- Medical providers who are concerned a patient may be infected with COVID-19 should:
- Mask the patient
- Isolate the patient in a private room or separate area, and
- **Contact the SD-DOH (1-800-592-1861) immediately for consultation and guidance**

Sources: <https://doh.sd.gov/news/Coronavirus.aspx> <https://www.cdc.gov/coronavirus/2019-ncov/downloads/pui-form.pdf>

****This form would then be turned in to the Department of Health to aid in record keeping and screening****

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6. Additional Measures for Office Disinfection and Purification:

- a. One person will be designated to office disinfection on a daily basis. Their regular duties will be put on hold and they will be responsible for utilizing proper PPE and disinfecting the waiting room, patient bathrooms, common area places, hard surfaces, and community areas, such as hallways with EPA approved disinfectants to kill Coronavirus. They will also be responsible for disinfecting the office in the evening after the last patient of the day. This position can be rotated to a new staff member each day to minimize disruption to normal job duties.
- b. Dental offices are not routinely equipped with negative pressure rooms. The most reasonable, cost effective way to help with air purification in the dental office is a HEPA Air Purifier. HEPA air purifiers can be installed in waiting room areas, hallways, and in the closed-door private room that will be the isolation area for any patients with positive screening questions or symptoms of the Coronavirus.
- c. ****EXAMPLES of HEPA Air Purifiers: Honeywell HPA300 True HEPA Air Purifier, Extra-Large Room or BlueDri BD-AS-550-GN AS-550 Green Filtration System Negative Machine Airbourne Cleaner Hepa Scrubber Air Purifier, Single Unit. **** The dental office themselves must research which purifier may be most suitable for your office and for the square footage area needed to be purified.
- d. Other options for air purification are UV light Air Treatment Systems. However, these systems often need to be professionally installed and may not be able to handle the output of the dental office HVAC if the system is tied into a larger building complex or larger HVAC system.
- e. Another physical barrier option that may be available to dental offices is to install a glass partition at their check-in desk to create an environment in which the waiting room is a physically separate area from the rest of the dental office. This check-in “window” would allow pre-screening to occur in one area of the office before patients are taken back into other, more open areas of the back office where patient care occurs.
- f. Other recommendations from the ADA: (updated March 11, 2020)
 - i. Screen patients for international travel, signs or symptoms of infection when you update their medical histories.
 - ii. Include temperature readings as part of your routine assessment of the patient prior to performing dental procedures.
 - iii. Make sure the personal protective equipment you are using is appropriate for the procedures performed.
 - iv. Use a rubber dam whenever possible to decrease possible exposure to infectious agents.
 - v. Use high speed evacuation for all dental procedures producing an aerosol.
 - vi. Autoclave your handpieces after each patient.
 - vii. Have your patient rinse with 1% hydrogen peroxide before each appointment. Coronavirus is vulnerable to oxidation; this will reduce the salivary load of oral microbes.
 - viii. Clean and disinfect public areas frequently, including door handles, chairs, and bathrooms.

Source: https://success.ada.org/en/practice-management/patients/~/link.aspx?_id=281B1788DCEA4F24871DCEAA66EDA9FC&_z=z

- g. In general, ALL Disinfectants used in the dental office will be on the list of EPA approved disinfectants to kill Coronavirus: https://www.epa.gov/sites/production/files/2020-03/documents/sars-cov-2-list_03-03-2020.pdf

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7. Waiting room signs and Patient Information

- a. See “Other Resources” Section on Page 16 of this document for pictures and examples of appropriate signs that can be printed and posted in your dental office.
- b. A “Cover your Cough” station will be placed in the waiting room area with hand sanitizer and patient masks.
- c. Signs will be placed at the front desk notifying patients of additional screening questions required due to Coronavirus protocols.
- d. Signs will be added to the waiting room, restrooms, dental operatories, and staff lunch areas to instruct proper hand washing and hand sanitizer will be available throughout the office for patient use.
- e. Airports have had success with handing out small cards to travelers reminding them of which symptoms to watch for, what to do if they develop symptoms, and important contact numbers for patients to call if they notice symptoms develop. This could be a way dental offices can help the general community with Coronavirus control.

Example:



ATTENTION PATIENTS

If you have any of the following symptoms:

- Cough
- Fever

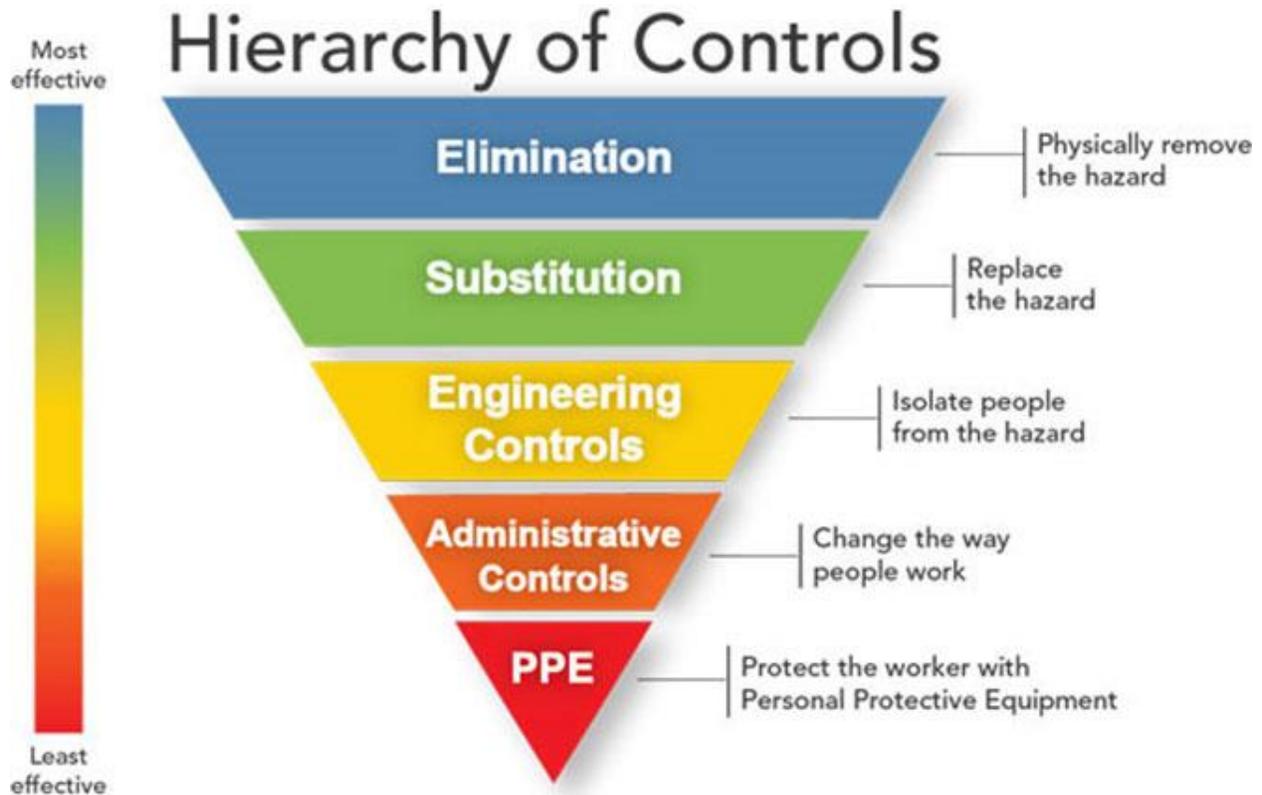
Please use hand sanitizer and put on a mask.

Have you traveled outside of the United States in the last 30 days? Please Tell the Nurse.

Source: [https://www.massgeneral.org/assets/MGH/pdf/disaster-medicine/2019-Novel-Coronavirus-\(2019-nCoV\)-Toolkit-version-1.29.2020.pdf](https://www.massgeneral.org/assets/MGH/pdf/disaster-medicine/2019-Novel-Coronavirus-(2019-nCoV)-Toolkit-version-1.29.2020.pdf)

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8. Personal Protective Equipment in the Healthcare Setting:



To prevent infectious disease transmission, elimination (physically removing the hazard) and substitution (replacing the hazard) are not typically options for the healthcare setting. However, exposures to transmissible respiratory pathogens in healthcare facilities can often be reduced or possibly avoided through engineering and administrative controls and PPE. Prompt detection and effective triage and isolation of potentially infectious patients are essential to prevent unnecessary exposures among patients, healthcare personnel (HCP), and visitors at the facility.

Source: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/respirators-strategy/index.html>

Personal Protective Equipment (PPE) for Coronavirus in a Healthcare Setting

Correct use of PPE is critical to preventing staff exposure.

Designated staff will be deployed to the unit to review correct donning and doffing procedures.

The following PPE is required to be donned prior to entry into the room (of the dental patient that has been screened and isolated in the dental office).

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Donning in the following order is recommended:

1. Gown: A clean, nonsterile, disposable, isolation gown must be worn. Ensure that gown is tied in back and provides full coverage.
2. N-95 respirator or Powered Air Purifying Respirator (PAPR)*
 - a. All staff must wear approved respiratory protection (N-95 respirator or PAPR).
 - b. Before using an N-95 respirator or PAPR, staff must be medically cleared and trained in how to wear/use each device.
 - c. For N-95 respirators, staff must have been fit-tested within the past year to ensure proper size and fit.
 - d. A “fit-check” (also known as a “seal check”) should be performed before each N-95 respirator use.
 - e. If staff is unable to be fit-tested for an N-95 respirator, they must wear a PAPR.
- 3 The N-95 respirator and PAPR hood and hose must be discarded after each use.
4. Goggles/Face shield: All staff must wear goggles or face shield to protect mucous membranes from exposure due to splash or potential for hand contamination of eyes, nose or mouth. Goggles or face shield are not required if using a PAPR as the hood provides face protection.
5. Gloves: All staff must wear clean, nonsterile gloves. Gloves must be pulled over the sleeves/cuffs of gown.

Source: [https://www.massgeneral.org/assets/MGH/pdf/disaster-medicine/2019-Novel-Coronavirus-\(2019-nCoV\)-Toolkit-version-1.29.2020.pdf](https://www.massgeneral.org/assets/MGH/pdf/disaster-medicine/2019-Novel-Coronavirus-(2019-nCoV)-Toolkit-version-1.29.2020.pdf)

N95 respirators are the PPE most often used to control exposures to infections transmitted via the airborne route, though their effectiveness is highly dependent upon proper fit and use. The optimal way to prevent airborne transmission is to use a combination of interventions from across the hierarchy of controls, not just PPE alone. Applying a combination of controls can provide an additional degree of protection, even if one intervention fails or is not available.

Respirators, when required to protect HCP from airborne contaminants such as infectious agents, must be used in the context of a comprehensive, written respiratory protection program that meets the requirements of [OSHA’s Respiratory Protection Standard](#). The program should include medical evaluations, training, and fit testing.

Action Plan: The dental office will develop and implement a comprehensive, written respiratory protection program that meets the requirements of [OSHA’s Respiratory Protection Standard](#).

https://www.osha.gov/SLTC/respiratoryprotection/training_videos.html

<https://www.osha.gov/SLTC/respiratoryprotection/standards.html>

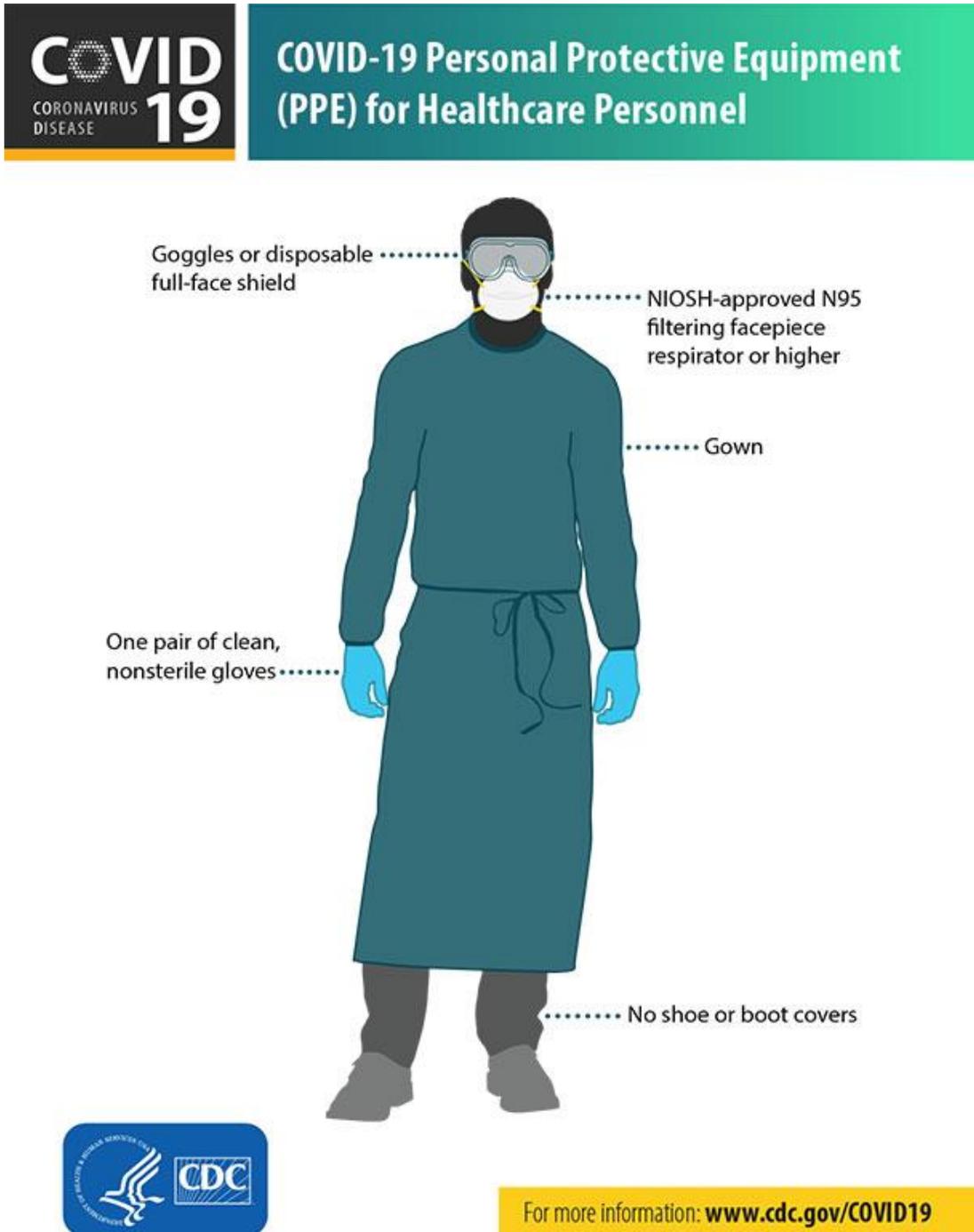
<https://www.osha.gov/Publications/OSHA3767.pdf>

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Strategies for Optimizing the Supply of N95 Respirators

This document offers a series of strategies or options to optimize supplies of disposable N95 filtering facepiece respirators (commonly called “N95 respirators”) in healthcare settings when there is limited supply.

Source: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/respirators-strategy/index.html>



CS15461-A 4/23/2020

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9. Policy and Protocol Communication to PATIENTS:

EXAMPLE PATIENT COMMUNICATION AND POLICY UPDATES TO HELP INFORM PATIENTS OF THE CHANGES IN PROTOCOL THAT THEY WILL FIND AT YOUR OFFICE DUE TO THE CORONAVIRUS RISKS IN OUR COMMUNITY. These talking points are written to be sent out in general informative EMAIL or LETTER form using patient communication platforms within your office.

Dear Valued Patients,

The purpose of this communication is to update you on the policies and protocols our dental office has put in place to help protect you, our patients, our dental team, and the community from the novel coronavirus (COVID-19). There is much to learn about the novel coronavirus that causes [coronavirus disease 2019](#) (COVID-19). Based on what is currently known about the virus, spread from person-to-person happens most frequently among close contacts and via the spread of respiratory droplets. Listed below, you will find a list of the policies and procedures that we have already implemented in our dental office. Please call our office at _____ with any questions or concerns that you have. As our government and political leaders have informed the public in general, we anticipate the normal operations in our dental office to also be significantly affected during this time.

- Sterilization is always a top priority for our dental office. In light of the Coronavirus risk, we will be taking additional measures, such as disinfecting the waiting room, restrooms, and general surfaces continually throughout the day. Also, the entire dental office will be disinfected each evening with professional strength disinfectants.
- You may see our staff wearing additional personal protective equipment, such as respirator masks, face shields, and disposable gowns. This equipment is designed to protect our dental team from contracting the virus from a patient.
- Before your dental appointment, EVERY patient will be asked to fill out screening questions in the waiting room. If the patient has a temperature or symptoms consistent with the Coronavirus, such as cough or shortness of breath, we will give the patient a mask and ask the patient to move to an isolated, private area of the office for further evaluation.
- NO additional family members, friends, or visitors who do not have appointments on that day or time will be allowed in the dental office during your appointment time. This will minimize people sitting in the waiting area who are not having dental treatment and allow us to help patients maintain a distance of 6 feet from each other in the waiting area.
- To help safeguard our team and our patient base, we will be asking EVERY patient about their recent travel history, both internationally and domestically. We will also ask EVERY patient if they or anyone they live with has symptoms of the Coronavirus.
- If you or a member of your family has been advised to quarantine due to the Coronavirus, please do not come to your dental appointment. Call our office and we will reschedule your appointment after your quarantine time and when you have been cleared by your physician and/or the SD Department of Health.
- If you or a member of your family has been advised to quarantine due to the Coronavirus and you are having a dental emergency, please call our office. Before you can be seen, we will need to coordinate with your physician and local health officials to determine the best course of action and location of emergency dental treatment.
- Our office and the dental community in general is experiencing a shortage of masks and personal protective equipment that is out of our direct control. If there is a time that our clinic runs out of masks or essential personal protective equipment, we will no longer be able to treat patients and your dental appointment will be rescheduled.

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- Also, due to a shortage of masks, the dental professionals are not able to move as easily from one room to another – **expect increased wait times at your dental appointments** while providers finish with one patient case before moving on to other patients in the office to help conserve personal protective equipment while following OSHA guidelines.
- If there is a time that the general community is placed under quarantine, the dental office may be closed to patients or appointments may be limited to emergency dental care only at the discretion of the dental office management.

IN SUMMARY, OUR DENTAL OFFICE IS COMMITTED TO SAFETY AND THE REDUCTION OF COMMUNITY SPREAD OF CORONAVIRUS. THE GOAL AT OUR DENTAL OFFICE IS TO MINIMIZE EXPOSURE OF OUR STAFF AND THE GENERAL PATIENT POPULATION TO RISK OF EXPOSURE OR TRANSMISSION OF THE VIRUS. IF A MEMBER OF OUR TEAM OR THE OFFICE IS EXPOSED, NONE OF US WILL BE AVAILABLE TO PROVIDE THE NECESSARY PATIENT CARE TO YOU, OUR VALUED PATIENTS. THANK YOU FOR YOUR UNDERSTANDING AND COOPERATION WITH THESE NEW POLICIES AND PROCEDURES.

Ways you can help limit the spread of Coronavirus in our community:

Practice everyday preventive behaviors! Stay home when sick. Cover coughs and sneezes. Frequently wash hands with soap and water. Clean frequently touched surfaces.

10. Protocol for Employees who may contract the virus outside the workplace:

All employers need to consider how best to decrease the spread of acute respiratory illness and lower the impact of COVID-19 in their workplace in the event of an outbreak in the US. They should identify and communicate their objectives, which may include one or more of the following: (a) reducing transmission among staff, (b) protecting people who are at higher risk for adverse health complications, (c) maintaining business operations, and (d) minimizing adverse effects on other entities in their supply chains.

- Employers should prepare for possible increased numbers of employee absences due to illness in employees and their family members, dismissals of early childhood programs and K-12 schools due to high levels of absenteeism or illness:
 - Employers should plan to monitor and respond to absenteeism at the workplace. Implement plans to continue your essential business functions in case you experience higher than usual absenteeism.
 - Cross-train personnel to perform essential functions so that the workplace is able to operate even if key staff members are absent.
 - Assess your essential functions and the reliance that others and the community have on your services or products. Be prepared to change your business practices if needed to maintain critical operations (e.g., identify alternative suppliers, prioritize customers, or temporarily suspend some of your operations if needed).

The dental office will set up authorities, triggers, and procedures for activating and terminating **the company's infectious disease outbreak response plan**, altering business operations (e.g., possibly changing or closing operations in affected areas), and transferring business knowledge to key employees. Work closely with your local health officials to identify these triggers.

https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fspecific-groups%2Fguidance-business-response.html

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Interim CDC guidance for businesses and employers recommends that:

- Employers encourage employees who report symptoms of acute respiratory illness to stay home and not return to work until they are free of symptoms for at least 24 hours.
- If an employee appears to be sick upon arrival to work, they should be separated from other employees and sent home immediately.
- Employees cover a cough or sneeze with a tissue and disinfect frequently touched objects and surfaces using a regular household cleaning spray or wipe.
- Employees wash hands often with soap and water for at least 20 seconds. If soap and water are not readily available, an alcohol-based hand sanitizer with at least 60% alcohol can be used.

CDC recommends employers place posters that encourage **coughing and sneezing etiquette** and proper **hand hygiene** at the entrance to their workplace and in other areas where they are likely seen.

(Association, 2020)

11. Workplace policy on masks and supply access

- a. Masks and supplies purchased by the dental office are clinic property. Anyone found to be removing clinic supplies from the office will face immediate termination.
- b. Every effort will be made to conserve masks and other PPE for use in patient care.
- c. Normal OSHA procedures, such as changing masks between patients or when leaving the dental operator, must be followed for the protection of patients and dental office team members.

Example Card to Alert Employees and Patients to COVID-19 symptoms:

COVID-19
CORONAVIRUS DISEASE

Health Alert:
Coronavirus Disease 2019 (COVID-19)

You have traveled to a country with an outbreak of COVID-19 and are at higher risk.
COVID-19 is a respiratory illness that can spread from person to person.

Stay Home
Stay home for the next 14 days and monitor your health. Take your temperature with a thermometer two times a day and watch for symptoms.

If you feel sick and have symptoms:

- Call ahead before you go to a doctor's office or emergency room.
- Tell the doctor about your recent travel and your symptoms.
- Avoid contact with others.
- Do not travel while sick.

Symptoms
Illnesses have ranged from mild symptoms to severe illness and death. Symptoms may appear 2–14 days after exposure.

Symptoms can include:

- Fever (100.4°F/38°C or higher)
- Cough
- Shortness of breath

Visit the website for more information on monitoring your health and how to contact local public health officials. Visit: www.cdc.gov/COVIDtravel

CS 315649-B February 29, 2020 4:15 PM

Source: <https://hidot.hawaii.gov/wp-content/uploads/2020/03/0001-1.jpg>

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Create an Action Plan for Your Dental Office

Steps Healthcare Facilities Can Take Now to Prepare for Coronavirus Disease 2019 (COVID-19) (Centers for Disease Control and Prevention , 2020)

Be prepared:

- **Stay informed about the local COVID-19 situation.** Know where to turn for reliable, up-to-date information in your local community. Monitor the CDC COVID-19 and your state and local health department for the latest information.
- **Develop, or review, your facility's emergency plan.** A COVID-19 outbreak in your community could lead to staff absenteeism. Prepare alternative staffing plans to ensure as many of your facility's staff are available as possible.
- **Establish relationships with key healthcare and public health partners in your community.** Make sure you know about healthcare and public health emergency planning and response activities in your community. Learn about plans to manage patients, accept transfers, and share supplies. Review any memoranda of understanding (MOUs) with affiliates, your healthcare coalition, and other partners to provide support or assistance during emergencies.
- **Create an emergency contact list.** Develop and continuously update emergency contact lists for key partners and ensure the lists are accessible in key locations in your facility. For example, know how to reach your local or state health department in an emergency.

Protect your workforce:

- **Screen patients and visitors for symptoms of acute respiratory illness (e.g., fever, cough, difficulty breathing) before entering your healthcare facility.** Keep up-to-date on the recommendations for preventing spread of COVID-19 on [CDC's website](#).
- **Ensure proper use of personal protection equipment (PPE).** Healthcare personnel who come in close contact with confirmed or possible patients with COVID-19 [should wear](#) the appropriate [personal protective equipment](#).
- **Conduct an inventory of available PPE.** Consider conducting an inventory of available PPE supplies. Explore strategies to [optimize PPE supplies](#).
- **Encourage sick employees to stay home.** Personnel who develop respiratory symptoms (e.g., cough, shortness of breath) should be instructed not to report to work. Ensure that your sick leave policies are flexible and consistent with public health guidance and that employees are aware of these policies.

Protect your patients:

- **Stay up-to-date** on the best ways to [manage patients with COVID-19](#).
- **Separate patients with respiratory symptoms so they are not waiting among other patients seeking care.** Identify a separate, well-ventilated space that allows waiting patients and visitors to be separated.
- **Consider the strategies to prevent patients who can be cared for at home from coming to your facility potentially exposing themselves or others to germs, like:**
 - Using your telephone system to deliver messages to incoming callers about when to seek medical care at your facility, when to seek emergency care, and where to go for information about caring for a person with COVID at home.
 - Adjusting your hours of operation to include telephone triage and follow-up of patients during a community outbreak.
 - Leveraging telemedicine technologies and self-assessment tools.

Infectious Disease Outbreak Response Plan

Additional Works Cited

Association, C. D. (2020, March 5). *COVID-19 (Coronavirus)*. Retrieved from California Dental Association: <https://www.cda.org/Home/News-and-Events/COVID-19-Coronavirus-Updates>

Centers for Disease Control and Prevention . (2020, March 6). Retrieved from Steps Healthcare Facilities Can Take Now to Prepare for Coronavirus Disease 2019 (COVID-19): <https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/steps-to-prepare.html>

Prevention, C. f. (2020, March 9). *Centers for Disease Control and Prevention*. Retrieved from Content source: National Center for Immunization and Respiratory Diseases (NCIRD), Division of Viral Diseases: <https://www.cdc.gov/coronavirus/2019-nCoV/summary.html>

Other Resources

1. Coronavirus Tool Kit

[https://www.massgeneral.org/assets/MGH/pdf/disaster-medicine/2019-Novel-Coronavirus-\(2019-nCoV\)-Toolkit-version-1.29.2020.pdf](https://www.massgeneral.org/assets/MGH/pdf/disaster-medicine/2019-Novel-Coronavirus-(2019-nCoV)-Toolkit-version-1.29.2020.pdf)

This document is a compilation of resources to support your organization’s planning for high consequence infectious diseases (HCIDs) requiring airborne isolation + contact isolation + eye protection for healthcare workers and other staff who encounter the patient.

2. Transmission routes of 2019-nCoV and controls in dental practice

<https://www.nature.com/articles/s41368-020-0075-9>

Peng, X., Xu, X., Li, Y. *et al.* Transmission routes of 2019-nCoV and controls in dental practice. *Int J Oral Sci* **12**, 9 (2020). <https://doi.org/10.1038/s41368-020-0075-9>

3. Cover Your Cough Poster Example: <https://nmhealth.org/publication/view/marketing/1464/>

4. ADA.org: Email any questions relating to the SARS-CoV-2 (coronavirus) and COVID-19 to dentalpractice@ada.org.

**SOUTH DAKOTA
COVID-19 INFORMATION LINE**

Questions about COVID-19? We're here to help.

PLEASE CALL **1-800-997-2880**

