Transcript for DHHS COVID-19 Guidance for Dental Professionals: CDC Recommendations
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Presenters:
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It's 530, let's go ahead and get started. Good evening everyone, and thank you for participating in today's webinar on guidance for dental health professionals, CDC recommendations. Our webinar is put on for dental professionals by the North Carolina Department of Health and Human Services and NC AHEC. The purpose is to provide an update on state's activities and then respond to your questions. My name is Hugh Tilson, I'll be moderating our forum today. As you can see, our panelists are Jessica Scott who's the oral health coordinator at the oral health section. Paige Nance who is our dental supervisor within the oral health section. And we'll have Evelyn Cook available, she's the Associate Director of the North spice program. She'll be available to answer questions as we need them. As we need her excuse me to answer those questions.

We know how busy you are, as our panelists and really appreciate your making time to present to us this evening. I'm a turn over Jessica in just a couple seconds but before I do, I want to thank all of you participants for making time in your busy schedules to participate in our webinar. And for all that you're doing. We hope that the information presented this evening will help you in doing that important work, and will also make navigating these trying times a little easier. Next slide. After the presenters finish their updates we'll turn to your questions. We've learned the past forums that the presenters will often address your questions during their presentations. I encourage you to wait until they're through with their presentations before submitting a question. And to submit a question you can use the q&a function on the black bar at the bottom of the screen. It's a q&a function on the black bar at the bottom of the screen. Please use it for any questions, we'll record this webinar and will make the recording and a transcript of it, and the slides available to the public as soon as possible. Probably first thing tomorrow morning on the NC AHEC website. Let me now turn it over to Jessica, Jessica.

Dr. Jessica Scott

All right, thank you. And thank you for everybody for attending and having us. I'm going to get started with the CDC updates, and then Dr Nance will kind of finish us up with general guidance from CDC regarding what to do when there is a covid exposure in the dental office. So in August, the CDC released two separate updates which are combined here. The CDC updated the definition of fever to either measure temperature of 100 degrees Fahrenheit or subjective fever to align with the CDC interim Infection Prevention and Control recommendations for healthcare settings. They added language about protective eyewear that states any glasses with gaps between the face, do not likely protect from

protect the eyes from splashes and sprays, they kind of need to be a little bit flush with the face. They also kind of rearranged the guidance for clarity, if you looked at it before it was just kind of all over the place but now they've divided it up so they have it for delivery of care during the pandemic and then delivery of care for patients suspected or confirmed covid. So that was a nice clarification. They also added recently some clarification on engineering controls for Open Bay operatories, reprocessing treatment areas between patients and alternative disinfection methods. And then they provided additional guidance of physical distancing and how to respond to covid exposures among dental health care professionals, which is again what Dr Nance will be covering during the second part of this webinar. Next Slide.

So in areas with moderate to substantial community transmission during patient encounters with patients not suspected of covid infection the CDC recommends that dental health care professionals that wear eye protection in addition to their face mask to ensure the eyes, nose and mouth are all protected from exposure to respiratory secretions during patient care encounters, including those were splashes and sprays are not anticipated. Of course, if you're performing an aerosol generating procedure than the dental health care provider will need to be wearing an N95, or equivalent. Next slide please.

Alright so the engineering controls, where there's an open floor plan stated that for dental facilities with open floor plan to prevent the spread of pathogens, there should be at least six feet of space between the patient chairs. They talk about physical barriers being between the chairs so easy to clean floor to ceiling barriers will enhance the effectiveness of portable air filters if you have those. And then operatories should be oriented parallel to the direction of airflow if possible. So if any of you guys are on this call today, and you weren't on I think we had it probably about, it's probably been about a month. Now, we had an HVAC guy come in and do an entire webinar on airflow in the dental office. So you should be able to access it on AHECs website. It was an awesome webinar so I implore you to go ahead and take a look at that when you're if you're concerned about air flow and you and your office. And then of course, we're feasible consider patient orientation carefully so you want to place the patient peg near that air return vent, away from pedestrian corridors and toward the rear wall when using -- type office layout. Next slide please.

So, I'm sure you know in this covid space there are tons of outlets discussing alternative disinfection methods. So the CDC recently released their stance on it. So in their stance they state that the efficacy of alternative disinfection methods such as UV or ultrasonic waves high intensity UV radiation and led blue light against COVID virus is not known. The EPA doesn't routinely review the safety or efficacy of pesticidal devices such as the UV light, the LED LED lights or the ultrasonic devices. Therefore, EPA cannot confirm whether or under what circumstances such products might be effective against the spread of covid. The CDC also doesn't recommend the use of sanitizing tunnels because there's no evidence that they're effective in reducing the spread. And that the chemicals used in these tunnels could cause skin, eye or respiratory irritation or damage. So, with that the EPA, only recommends the use of the surface disinfectants identified on the, on list N which is on the EPA website for COVID-19. Next slide please.

And so this, these next few slides aren't really anything new, but just gentle reminders that I just kind of wanted to throw in there while we're talking about COVID and infection controls. So, we all know about wearing face coverings it's a mandate, yada yada yada but as a reminder exposure to the virus is not only limited to direct patient care. It's important to make sure we're social distancing in non patient care areas, and it's also very important to let staff know that a face mask or cloth face covering should be worn at all times when they're in the dental setting. And then offices should also have designated areas for staff to take breaks that allow for this 6 feet of social distancing. Next slide please.

So this is another gentle reminder regarding extended use and reuse of respirators. Extended use of face masks and respirators should only be undertaken when the facility is that a contingency or crisis capacity and has reasonably implemented all applicable administrative and engineering control. Such controls include selectively canceling elective and non urgent procedures and appointments for which PPE is typically used. And then, extended use the PPE is not intended to encourage dental facilities to practice at normal patient volume. During a PPE shortage, but only to be implemented in the short term when other controls have been exhausted. So an alternative that many offices could consider if they want to practice it normal patient volume, and were not in contingency or crisis capacity is to purchase maybe an alternative respirator, that is designed to be safely reused and decontaminated. Next slide please.

So if we're talking about respirators, of course, you need to discard the respirator following any following use during any aerosol generating procedures. If it becomes contaminated with blood, respiratory or nasal secretions or other bodily fluids. Following close contact with or exit from an area where you know a patient was infected with, with COVID. Of course anytime you doff your respirator you need to make sure you're performing hand hygiene with soap and water or an alcohol based sanitizer. And then discard any respirator that is obviously damaged or becomes hard to breathe through. Next slide please.

Like I mentioned earlier, if we're not in crisis mode. But we need that you're thinking about continuing practice business as usual some alternative respirators that can be used and decontaminated are your elastomeric respirators or powered air purifying respirators pictured here in this slide. And of course, if you have any other additional questions about respirators OSHA's website is is probably one of the better websites to visit regarding respirators. So I think that's it for me now. Luckily there weren't too too many CDC updates. But, I am going to turn it over to Dr. Nance.

Dr. Paige Nance

Thank you Dr. Scott. Good evening. Tonight I'm going to review some general principles for dental offices. First, everyone needs to be screened. If possible, screen patients via telephone or tele dentistry, prior to their arrival at the office. On the CDC website there's an example of a phone script if you would

like to look at it. When patients and staff arrived at the facility to screen them by actively taking their temperature and documenting absence of symptoms consistent with covid 19. Fever is either measured by a temperature of 100 degrees Fahrenheit or greater, or a subjective fever. Also ask if they have been advised to self quarantine because of exposure to someone with COVID-19. Now employees should not come to work with symptoms and patients with symptoms should not be seen but rescheduled if possible. If the patient's symptoms are severe, they should be referred for medical care. If they have a dental emergency that cannot be postponed.

You can follow CDCs precautions and strategies for treating patients with suspected or confirmed COVID-19. That includes the following. Dental treatment should be provided in an individual patient room with the door closed. Please avoid aerosol generating procedures, and that would be like dental handpieces air water syringes and ultrasonic scalers. If you need to do an aerosol generating procedure. It would ideally take place in an airborne infection isolation room, which most of us do not have in dental offices and dental health care personnel in the room should wear and N95, or higher level respirator, as well as eye protection, gloves and a gown. The number of dental health care personnel present during the procedure should be limited to only those who are essential, you should not have any visitors in the room. Consider scheduling the patient at the end of the day, and not having any other patients in the office at the same time that you're treating this COVID positive patient. Second, be certain that your staff and yourself are using appropriate PPE. For splashing and splattering of bodily fluids, it's recommended to wear a surgical mask, eye protection, a gown and gloves. For aerosol generating procedures on presumably healthy patients they should use a N95 respirator or higher. Using an N95 respirator requires a respiratory protection program. So you have to make sure you have a medical evaluation, a fit test and training on that in 95, Mass.

Third, clean and disinfect per CDC guidance with an approved EPA disinfectant. And that's on list N that Jessica had mentioned, and that list is available on the EPA website it's also available on the CDC website, and I've got that website cited at the bottom of the slide. If you'd like to look at that. If you have to clean and disinfect the dental operatory after a patient with suspected or confirmed COVID-19, you should delay entry into the operatory until sufficient time has elapsed. For enough air changes to remove potentially infectious particles. And fourth, please practice universal source control measures in your office, particularly that staff and patients should wear a mask at all times. And the patient should only remove their mask, when they're actively receiving dental treatment. Next slide.

What is the practice supposed to do in the event of exposure to COVID-19 from a patient staff member or a dentist. So again, symptomatic or known covid positive patients should not be seen, but rather be scheduled. However, because we know individuals with this virus can be asymptomatic. It isn't it is possible to to inadvertently provide care to someone with COVID-19. Therefore practices should advise patients to call and inform the office. If they develop symptoms, or are diagnosed covid positives within two days of dental treatment. When a practice gets such a call from a patient, the practice should then contact their local health department for the next steps, the health department can confirm the positive results, and began contact tracing. Some counties have their own COVID-19 hotline. But right here on

the slide I provided the state hotline number. For symptomatic staff or dentists again they should not report to work. and if they do, they should be sent home. If a dentist or staff member test positive for covid the practice should expect to receive a call from the local health department as part of contact tracing. And at that time, the local health department can give you further guidance. Next slide please.

When, when can a symptomatic or covid positive patient staff member or dentists return to the practice? Symptomatic individuals are considered potentially infectious beginning two days before symptoms first appear. And until they meet certain criteria to discontinue transmission precautions or home isolation. The criteria are based on either symptoms, testing or time. The details of which can be found at the CDC link that I've put on the slide, but I'm going to talk about these return to work guidelines on the next few slides. I must preface the next few slides with the following statement. You should ultimately rely on guidance from your local health department, because the CDC guidance isn't able to account for the local context and circumstances surrounding this pandemic Next slide.

When we consider guidelines for returning to work a test based strategy is no longer recommended, except in certain cases. This is because in the majority of cases, it results in excluding from work, healthcare personnel who continue to shed detectable viral RNA, that are no longer infectious. Currently, a symptom and time based strategy is being used. We can categorize health care personnel into two categories, health care personnel with mild to moderate illness from COVID-19, who are not severely immunocompromised and otherwise healthy and healthcare personnel with severe to critical illness, from COVID-19, or who are severely immuno-compromise for other reasons. Next slide.

Health care personnel returning to work, who had mild to moderate illness from COVID-19 and are otherwise healthy entails the following. They can return to work after COVID when, at least 10 days have passed since symptoms first appeared. And at least 24 hours have passed since their last fever, without the use of fever reducing medications and their symptoms have improved. Health care personnel who were asymptomatic throughout their infection may return to work when at least 10 days have passed since the date of their first positive viral diagnostic test. Next slide. The symptom based and time based strategy for health care personnel returning to work, who had severe or critical illness for covid-19, or health care personnel who are just severely immunocompromised for other reasons, requires at least 10 days, and up to 20 days to have passes since symptoms first appeared. So there'll be home for for a while. At least 24 hours have passed since the last fever, without the use of fever reducing medications, and symptoms have improved. These people should also consider consultation with infection control experts at their health department or perhaps their physician to decide when exactly to return to work. Healthcare personnel who are severely immunocompromised, but who were asymptomatic throughout their infection may return to work when at least 10 days, up to 20 days have passed since the date of their first positive viral diagnostic test. Next slide.

In some cases, a test based strategy could be considered to allow the health care personnel to return to work earlier than if the symptom based strategy were used, but as mentioned before, in most cases, the

test based strategy actually result in prolonged work exclusions of health care personnel, because they continued to shed the viral RNA, even though they're no longer infectious so that they're just coming off as their infectious even though they aren't. A test based strategy could also be considered for some health care personnel, like those who are severely immunocompromised. In consultation with local infectious disease experts, if concerns exist, or the health care personnel being infectious for greater than those 20 days. The criteria for the test based strategy are for healthcare personnel who were symptomatic during a covid. They need to have resolution of their fever and symptoms. And they need to have at least two consecutive negative covid tests at least 24 hours apart. For healthcare personnel who were asymptomatic during COVID, they just need to have two consecutive negative COVID tests, at least a day apart.

So now that we know how to manage a confirmed COVID-19 positive employee or patient. What about the person who is exposed to COVID-19, but has an unknown status. Next slide please. At work, if a healthcare personnel has had prolonged close contact. All right, and prolonged close contact is defined as six feet or less, and at least 15 minutes with a patient, visitor or another co worker with confirmed COVID-19, or any duration during aerosolized procedure. And they were not wearing sufficient PPE as listed here. They should be excluded from work for 14 days after the last exposure. They should monitor symptoms and check with their local health department website. And the reason I say that is because counties differ a little bit and Wake county also recommends that you get an COVID test because they want to do contact tracing. Next slide.

If health care personnel had close contact with a COVID-19 positive person for less than 15 minutes or had on proper PPE during exposures greater than 15 minutes, or during any aerosolizing procedure. Then there are absolutely no work restrictions, the health care personnel should continue their source control at work wearing their mask. They should monitor for symptoms, consistent with COVID-19. They should not report to work as they do become ill, and they should just continue to go on doing their screens before their shift. Next slide.

So it's probably more common for a dental office to have a staff exposed to COVID-19 in the community. And here are two scenarios, let's say, a staff member had prolonged close contact which again is that greater than 15 minutes less than six feet in distance with a person with COVID-19, who has symptoms in that contact occurred in a period from two days before the symptom onset until they met criteria for discontinuing home isolation, or a second scenario, where a staff member have prolonged close contact with a person who has tested positive for COVID-19, but has not had any symptoms. And that contact occurred in the two days before the date of specimen collection, until they meet criteria for discontinuing home isolation. Irrespective of whether the person with COVID-19, or the contact was wearing a mask in both of these scenarios. Next slide. Thank you. What should the staff member do. They should stay at home until 14 days after the last exposure and maintain social distance from others at all times. They should self monitor for symptoms by checking their temperature twice a day watching for fever, cough or shortness of breath, or other symptoms of COVID-19. They should avoid contact with

people at high risk or severe illness, from COVID-19, and again they should check with their local health department. Wake county recommends a test, so they can do contact tracing. Next slide.

So let's switch gears to the dental office. Should you temporarily close your practice when you find out there's been an exposure. Local health departments are saying that the decision to close a practice is to be made by the provider, and it's likely based on factors such as, do I have enough PPE right now, and do I have enough staff available to work to make staying open worthwhile. So it's really up to the provider. Lastly, what can health care providers do at home to prevent transmission of the virus. If there's no known or suspected exposures from the practice, continue the usual preventive strategies, when you get home, such as washing your hands often covering your cough, and your sneezes and cleaning and disinfecting frequently touched surfaces. Now I know that some health care workers are choosing to implement extra measures when arriving home from providing health care. Like for instance, they'll remove any clothing worn during healthcare delivery. They'll take their shoes off at the door. They're washing their clothing right away, or they're just immediately getting in the shower. These are all great ideas. However, they're optional personal practices because there is insufficient evidence on whether or not they are effective, but I don't doubt that they're a good idea. Next slide. It is important to look at the CDC website for guidelines, but please remember, local health departments want to guide you through your response to patient and staff covid situations. So please consider them a critical partner during these times. Thank you. I guess we can entertain any questions at this time.

Hugh Tilson

Thank you so much. I tell you, I've been in a lot of these webinars and that was the most effective presentation of a lot of really important information that I've heard so really really well done. If you have any questions for Dr. Scott or Dr. Nance please submit them using the q&a function on the blackbar at the bottom of the screen. It's a q&a function right now we don't have any questions. I would ask you all if you had anything else you wanted to add but I can't, I can't even think of any questions because the information was so well put together and conveyed. Maybe that's why we don't have any questions I think you answered them all on your presentations. Let's hold it open for just a couple more minutes. Dr. Scott or Dr. Nance anything you want to add or Evelyn Do you want to add before we call it a wrap.

Dr. Paige Nance

Well, I would encourage anyone who would like to take down my email address that's on the, on that slide right there on the screen. And if you think of any questions later have any questions please feel free to email me and I can answer them for you. Or get the answer for you.

Hugh Tilson

And as a reminder, we will be recorded this webinar and we'll post it on the NCAA website tomorrow along with these slides so you can access these slides there too. It doesn't look like we're getting any questions so job well done and conveying a lot of really good information very succinctly and very effectively. So why don't we then thank everybody for participating and really thank you all for a great presentation. Take care everybody have a great afternoon. Thank you have a good evening. Bye.