**UWSOD Enhanced COVID-19 Infection Control Training Module**

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**What we completed before this module:**

* + UWSOD’s COVID protocol has been constantly updated since we first released it March 6, 2020. We will be releasing an update the week of March 30, 2020 to incorporate the newly available rapid COVID testing in UWMC.
  + We recorded a free *COVID and Dentistry* webinar March 20, 2020, available through the UWSOD Continuing Education: <https://dental.washington.edu/continuing-dental-education/website> .
  + Our students, faculty, and staff all have been required to complete a new Blood Borne Pathogens Training module centered on COVID precautions prior to returning to clinic in Spring quarter (March 30, 2020) and complete a quiz on it. This was their second compulsory BBP training in this academic year.

**Learning Objectives of Enhanced COVID-19 Infection Control Training Module:**

The student who completes this training will be able to

1. Describe strategies to reduce the risk of transmission of infections, including coronavirus, among patients and dental health care providers
2. Teach their dental clinical and office staff to use and enforce safe dental health care policies and procedures
3. Demonstrate the safe procedure for donning and doffing PPE
4. Coach others in the safe procedure for donning and doffing PPE
5. Design and implement a Quality Assurance program for infection control for their dental office or practice setting

**PHASES OF THIS MODULE:**

**1. CDC Infection Control Training** (see below for content)

* + Students go through 10 lessons in Canvas– two per day for the first week. Each lesson contains one CDC infection control training module plus various associated learning materials. Students read the CDC speaker notes along with the CDC lecture slides. They take notes to begin to start their own clinic manual.
  + Assessment: Minute Paper on each topic. Minute paper is a summary of their notes. Graded Pass/Fail **- Worth X% the grade.**
  + = 10 clinic sessions.

**2. Group discussions** (see below for potential discussion questions)

* + Zoom has the potential for breakout groups*.*
  + Assessment = Participation **- Worth X% the grade**.
  + *= 10 clinic sessions?*
  + **Tasks:**
    1. Determine communications with IT
    2. Assign group members, times, and group leaders.
    3. Distribute potential discussion questions to group leaders
    4. These and ground rules communicated to students and group leaders.

**3. Individual active learning and assessment.**

* + Rehearse and master safe donning and doffing of PPE. Donning of masks without getting a good seal is important. Making errors doffing masks especially is the most likely time to get infected with COVID.
  + If available: video on this from CDC; online lecture on fitting N95 respirators.
  + We cannot waste our precious mask supply. We will use simulated PPE.
  + Students to practice this in front of each other in pairs on Zoom and in front of instructors on Zoom, until they can do it right, both as observer/coach and as the donner and doffer.
  + Must pass practical test in both roles.
  + Assessment = Practical test, - **Worth X% the grade**.
  + This would take repeated practice. 2 donning, 2 doffing *= 4 clinic sessions?*
  + **Tasks:**
    1. Staff to make cotton masks for simulation exercise
    2. Staff to order shower caps, restaurant quality gloves, and paper gowns if available, or students wear backwards lab coats
    3. Assign staff member to be in charge of ensuring fake PPE assembled/ordered and shipped to students.
    4. Students to supply lab goggles or sunglasses, possibly lab coats.
    5. Determine communications with IT
    6. Assign group members, times, and group leaders.
    7. These and ground rules communicated to students and group leaders.
    8. Test criteria put together and testers calibrated.

**4. Group (or individual) active learning project and assessment.**

* + Design an infection control program, clinical protocol, and quality assurance program for the dental setting they plan to go in to when they graduate.
  + Break into groups according to their graduation plans – private practices, associate, community clinic, IHS, academia, residency, etc. If enough are undecided, get them to design one for the dental school.
  + Assessment = Capstone Virtual Poster Presentation, discussion, production of the manual - **Worth X% of the grade.**
  + *10 clinic sessions?*
  + **Tasks:**
    1. Determine group project communications with IT
    2. Organize logistics of virtual poster session in advance with IT
    3. Grading criteria and ground rules put together in advance
    4. Assign group members, times, and group leaders.
    5. Communications, ground rules, and grading communicated to students and group leaders.
    6. Calibrate graders

**Training resources chosen for the initial week of online learning:**

* We centered this augmented COVID training on the 10 CDC Training Modules *Basic Expectations for Safe Care* from OSAP.org. These lessons are older but classic and each includes slides and a presenter script. We did not have a presenter record them because we do not currently have the time, so we posted both the slides and the presenter script: <https://www.osap.org/page/NewCDCSummary>. There are other items on the OSAP website you could choose instead. We chose these so the students could contrast them with current needs and recommendations.
* We ask the students to also look at a variety of other resources we loaded online, distributing several of them with each of the 10 CDC lessons to complement or contrast with it:
  + news articles about COVID, waterlines, infections transmitted in dental offices, etc.,
  + TEDtalk, *Coronavirus Is Our Future* (March 11, 2020): <https://www.youtube.com/watch?v=Fqw-9yMV0sI&feature=emb_rel_end>
  + *National Personal Protective Technology* Lab website about N95 respirators (January 26, 2018): <https://www.cdc.gov/niosh/npptl/topics/respirators/disp_part/respsource3healthcare.html>
  + CDC *Interim Infection Prevention and Control Guidance for Dental Settings During the COVID-19 Response* (March 26, 2020): <https://www.cdc.gov/coronavirus/2019-ncov/hcp/dental-settings.html>
  + ADA webinar on COVID infection control
  + CDC *Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings* (March 19, 2020): <https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html>
  + *Flattening the coronavirus curve* from the New York Times
  + *If Saliva Were Red* – (short film) you can buy it on OSAP.com
  + films on donning and doffing and other similar teaching resources.
  + CDC *Summary of Infection Prevention Practices in Dental Settings: Basic Expectations for Safe Care* <https://www.cdc.gov/oralhealth/infectioncontrol/summary-infection-prevention-practices/index.html>
* ***We do not include*** resources on the biology/pathology of COVID in this clinical education module. That is included in the didactic 4th year course this spring instead. We have tried to keep as clean a distinction as possible between the clinical and the didactic.

**Potential discussion questions:**

We will add more, and ask the students to do literature searches between sessions to answer some of these questions:

* + Implementation strategies in real clinical practice.
  + What formats could you use for a clinic manual?
  + What are the legal requirements and recommended elements for a clinic manual? QA Program?
  + From their upcoming status as the team leader, how would they teach this to and enforce this with their staff? Onboarding new staff etc.
  + How have the original CDC recommendations in the training modules changed by the COVID-19 crisis?
  + What are the different kinds of procedure masks? What are their optimal uses? What about masks made by volunteers? What about industrial masks from hardware stores?
  + What are the differences between surgical gloves and restaurant gloves?
  + What’s the evidence about eyeglasses vs goggles vs face shields?
  + When your wall soap dispenser runs out of soap, your DAs top it up. When your wall hand sanitizer is empty, they do the same. Is this a problem? Why?
  + Is there an environmentally kind way to keep your office in compliance with infection control protocols?
  + What if masks become in short supply – what does CDC recommend? What about re-using masks? Washable masks? Is there evidence for any of these being safe? What would an employer’s responsibility be?