**TRANSLATION OF RETURN TO WORK GUIDE FROM THE FRENCH DENTAL ASSOCIATION**

The guide is divided into 5 different sections with visuals aids and tables. There are links throughout the document with forms and additional resources.

**1. Physical spaces in dental offices**

It is imperative to avoid the arrival of outsiders, who are not essential to the operation of the office.

**A. Waiting room**

* Limit the use of the waiting room. It is preferable that the patient enters directly into the operatory.
* Remove all magazines, plants, toys etc. from waiting rooms
* Remove water coolers/dispensers
* Put in place if possible a physical barrier (e.g. Plexiglas) on administrator desk
* Limit seating and ensure two feet between chairs
* Disinfect at minimum twice/day and air room for 15 minutes
* Limit access to sanitary facilities as much as possible
* Provide masks to patients and place alcohol hand sanitizing solution. Post instructions on use of mask wear and hand sanitizing
* Post information on COVID-19 infection control

**B. Operatories**

* Operatories have to be as empty as possible; remove from all work surfaces any objects that would be susceptible to receive aerosolized particles. Work surfaces should be easily cleansable.
* Only accept the patient to be treated. If the patient is a minor the accompanying adult should stay in the waiting room.
* Leave the operatory room door closed during the patient appointment.
* Cover the computer, mouse, keyboard etc. by barriers or protective covers
* Aerate the room for 15 minutes after each AGP. If you do not have a window use an air filtration system
* For a multiple chair/open space room:
	+ Install an immediately accessible DASRI cardboard or bag (not sure what this means?)
	+ Check the presence of an immediately accessible pre-disinfection receptacle with a lid (not sure what this means?)
* For a multiple single unit enclosed operatory facility: alternate operatory use between 2 operatories

**2. Patient triage**

It is imperative to triage patients at the time of appointment scheduling. Patients should not have walk in appointments

**A. Evaluation of the treatment needs and quantify the risk**

When the patient calls and when he comes, use each time and in full

the provided questionnaire to find out their care needs and identify possible risk situations.

Patients are divided into 4 categories:

**Patient A**: Asymptomatic to COVID-19 symptoms \*and does not have characteristics of groups B, C and D.

\* COVID-19 symptoms include: Fever or shivering, cough, difficulty breathing, sudden loss of taste or smell, diarrhea, generally feeling unwell.

**Patient B**: Asymptomatic patient with no COVID-19 risk contact but at systemic risk of developing a severe form of the disease

#Principal risk factors: >65yo, hypertension, cardiac insufficiency, chronic respiratory disease, poorly controlled diabetes, pregnant (3rd trimester), obesity (BMI >30), immunosuppression (congenital or acquired)

**Patient C**: Asymptomatic patient but having had contact with a COVID-19 person

**Patient D**: Diagnosed COVID-19 or having symptoms consistent with COVID-19 not yet tested

**Clinical treatment guidelines according to different groups**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Patient A** | **Patient B** | **Patient C** | **Patient D** |
| **Urgent care** | Yes | YesDuring times dedicated to this group | YesDuring times dedicated to this group |  |
| **Non-urgent care** | Yes | Possible (a) | NoThe patient needs to be re-evaluated after 14 days following the contact with the COVID-19 positive or the symptomatic person | Postpone treatment until the patient has reached the criteria for recovery for:* General population (b)
* Immunocompromised population (c)
 |

(a) Review benefit/risk between the proposed treatment and the risk of exposure encountered by the patient (informed consent between the patient and the practitioner); taking into account: state of health of the patient, epidemiological situation in the area, the possibility or not of altering the proposed treatment.

(b) At least the 8th day following the appearance of symptoms ensuring the absence of fever and dyspnea for at least 48 hours.

(c) At least the 10th day following the appearance of symptoms ensuring the absence of fever and dyspnea for at least 48 hours.

**B. Planning of the appointment and reception workflow**

* If a patient books an appointment ask them to present with a surgical or public (home made?) mask
* Advise patients in A,B,C groups that if they develop symptoms before their appointment they should not come to the clinic and they have to reschedule
* Have patients wait outside
* Only patients that are to be treated in the waiting room (or accompanying)
* Have them cleanse their hands with an alcohol disinfectant
* They do not recommend taking the patient’s temperature
* Book patients C and D at the end of the morning or afternoon shifts or dedicate them specific half days. For these two patient groups only emergency dental care should be provided.
* Respect air and disinfection protocols

**3. Oral Healthcare Providers**

It is imperative to wear the appropriate PPE and to respect the protocols for donning and doffing.

**A. Non-Treatment staff**

* Non- treatment personnel is the first to come into contact with patients; rules of hygiene and PPE are simple and should be respected and enforced.
* The administrative team must never enter the treatment spaces
* The administrative team must wear a face shield or protective eyewear if there is no appropriate physical barrier
* The administrative team should wear a surgical mask that is continually worn under all circumstances
* Hygiene measures apply to everyone working in the office:
	+ Have forearms exposed
	+ Short nails (no nail polish or long/artificial /gel nails)
	+ No jewelry (rings, bracelets or watches)
	+ Gather long or shoulder length hair
	+ Wear appropriate professional attire to their activity
	+ Wash or use alcohol hand sanitizer after every change (of clothing?)

**B. Treatment team**

* The treatment team has to wear the following clothing dedicated for rendering treatment: Protective eyewear, pants, surgical cap, scrub top with short sleeves, closed shoes. To render treatment additional PPE is required.
* No beards that can obstruct the fit of FFP2
* Conserve the FFP2 for multiple patients; that is only possible if the mask is not stained, wet or has been manipulated
* If not wearing an FFP2 wear a surgical mask continuously on the premises
* Wear an FFP2 (or equivalent KN95 or N95) if you are performing AGP but also during cleaning and aerating the operatories.
* The following also apply to all treatment team members:
	+ Have forearms exposed
	+ Short nails (no nail polish or long/artificial /gel nails)
	+ No jewelry (rings, bracelets or watches)
	+ Gather long or shoulder length hair
	+ Wear appropriate professional attire to their activity
	+ Wash or use alcohol hand sanitizer after every change (of clothing?)

**C. Both teams**

Delivery of care does not require the same equipment and air treatment

|  |  |  |  |
| --- | --- | --- | --- |
| **Type of procedure** | **Mask** | **Other PPE** | **Air management** |
| **Non aerosolized** (e.g. Consultation, delivery of removable prosthesis) | Surgical | CharlotteFace shield **or** protective glasses | None |
| **Aerosolized procedures** (non-staining)(e.g. Endo, conservative care) | FFP2 | CharlotteFace shield **and**  protective glassesPlastic gown | Yes15 minutes after every treatment |
| **Aerosolized procedures** (staining)(e.g. Extractions, surgical treatment) | FFP2 | CharlotteFace shield **and** protective glassesOvercoat or plastic gown with cuffs | Yes15 minutes after every treatment |

**4. Treatment Delivery**

It is imperative that the patient wear a mask upon entry to the office and puts it back on immediately upon treatment completion.

* AGP generating procedures: Ultrasonic debridement, use of high speed handpiece, air/water syringe and contra angle. Avoid generating aerosols.
* Intraoral radiographs taken with caution to avoid generating gagging and coughing; extraoral radiographs (Pan, CBCT) could constitute an alternative if justified
* No spittoons
* Use two suctions and four handed dentistry
* Pre-procedural mouth wash
* Select the use of a red or blue ring contra-angle over a turbine.
* Select the use of rubber dam whenever possible; once rubber dam is in place disinfect area with sodium hypochlorite
* Sterilize all instruments after every procedure

**5. Infection control and Biohazards**

* It is imperative that the Infection Control protocols be followed exactly. Procedures and standards should not be modified.

**A. Between each patient**

* PPE changed or decontaminated between each patient and
* Aerate room with window wide open and operatory door closed for 15 minutes between each patient
* Rinse suctions with water
* Decontaminate suctions heads
* Decontaminate operatory (chair, unit, hoses etc.) with an appropriate disinfectant following product recommendations (respecting recommended action time)
* The biohazards and the soiled PPE generated should be eliminated by the Biohazards protocol
* The non-soiled PPE should be eliminated via the household trash with a specific doffing protocol
* In case of absence of a disinfectant that is **NF EN 14 476** utilize a household detergent followed by rinsing and disinfection with 0.1% sodium hypochlorite solution.
* At the end of a half day disinfect the suctions and decontaminate the suction filters

**B. At the end of each day**

The procedures outlined between every patient should be repeated at the end of the day.

* Place appropriate materials in Biohazards
* Close garbage bags with gloves and then wash hands

To dispense through household trash non-soiled and non-wet PPE:

 Use a bag dedicated to soiled PPE; double bag

Do not move waste from one bag to another

Close the bag and store it for 24-hours before placing it in the trash pick up

Disinfect the suctions and the filters

Disinfect waiting room area

Wash and disinfect all floors

Do not use vacuum cleaners

Use a product that is **NF EN 14476** or a hydrogen peroxide solution of 0.5%