infection control protocol

University of the Pacific Arthur A. Dugoni School of Dentistry

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# Background

*Important: During the ongoing COVID-19 pandemic, information is rapidly evolving and all information is subject to change. This set of protocols are for use during the ongoing community spread of COVID-19 and will be updated as information evolves and recommendations from federal, state, and local health authorities are issued or updated. To ensure you are accessing the most current version of this protocol check the link* [here](https://sfdental.pacific.edu/Intranet/safetyManual/infectionControl2019.pdf).

## General Precautions For All Campus Members And Visitors

While the SARS-CoV-2 virus continues to spread in the community, all persons need to take precautions to protect their health and the health of those around them. The virus spreads primarily through the droplet route, which means that when a person who is infected coughs, sneezes, talks, and even breathes, respiratory droplets may exit their mouth and nose. When those droplets contact another person’s mucous membranes, it may transfer virus to that person. Droplets do not travel long distances and do not remain suspended in the air for a prolonged time. It is possible for an infected person to transfer body fluids containing the virus to surfaces when they cough or sneeze, or when they touch their own nose or mouth and then touch a surface. Spread of virus from a contaminated surface may also be possible if someone touches that surface and then touches their mouth, nose or eyes.

Employees, students and patients may not bring visitors into the building until further notice. If a patient requires assistance, a caregiver, or parent or guardian, only one person may accompany the patient. If a visitor will perform a critical function of the school, submit a visitor registration form at least one full business day before the planned visit. People requesting the visitor registration will receive an email reply within one business day. Complete visitor registration at <https://sfdental.pacific.edu/Publicsecurity/VisitorReg1.aspx>.

### Symptom screening

All individuals entering the building will be required to answer screening questions. Patients and visitors must also have their temperature taken at the time of arrival. The questions are outlined in the *City and County of San Francisco Health Officer Directive – Attachment Handout for Personnel (Employees, Contractors, Volunteers) of Essential Business and Other Businesses Permitted to Operate During the Health Emergency (May 18, 2020).* The form and questions are available <https://www.sfcdcp.org/wp-content/uploads/2020/05/COVID19-Personnel-ScreeningV2-Handout-FINAL-5.15.2020.pdf>.

Students, residents and faculty must contact their patients the day before a visit to screen for symptoms by phone. Patients are screened again and a temperature taken upon arrival at the School of Dentistry. Patients answering affirmatively to the screening questions or exhibiting a fever of 100.4° F or higher will be asked to be tested for COVID-19 infection and if the test is positive, follow the Home Isolation and Quarantine Guidelines for People with Coronavirus-2019 (COVID-19) Infection and their Household or Close Contacts from the San Francisco Department of Public Health at <https://www.sfcdcp.org/wp-content/uploads/2020/04/COVID19-Home-IQ-Guidelines-FINAL-05.14.2020.pdf>.

Faculty, staff and students must complete the screening questions on the mobile app before arrival on campus. Symptom screening questions are in the *City and County of San Francisco Health Officer Directive – Attachment Handout for Personnel (Employees, Contractors, Volunteers) of Essential Business and Other Businesses Permitted to Operate During the Health Emergency (May 18, 2020)*. If answering affirmatively to questions on the questionnaire, employees and students must follow the Home Isolation and Quarantine Guidelines for People with Coronavirus-2019 (COVID-19) Infection and their Household or Close Contacts from the San Francisco Department of Public Health. Those guidelines are available online <https://www.sfcdcp.org/wp-content/uploads/2020/04/COVID19-Home-IQ-Guidelines-FINAL-05.14.2020.pdf>.

### Social distancing

While public health agencies recommend or require social distancing, maintain a distance of 6 feet from others at all times when in the building to the extent possible. Observe and follow established pedestrian flow patterns throughout the building. This includes stairwells, entrances and exits, hallways, clinics, classrooms, labs, break rooms, and work areas. When entering the building, maintain a 6-foot distance from the person in front and behind, and enter one person at a time to scan screening confirmation.

### Environmental hygiene

Individuals should take responsibility for their immediate work area by cleaning high touch surfaces (keyboards, telephones, lockers, etc.), and disinfecting as necessary. Members of the janitorial services team will continue to clean and disinfect high-touch surfaces throughout the building, such as door handles and surfaces in the classrooms. When traveling between spaces in the building, occupants should avoid touching their faces, and should frequently perform hand hygiene.

### Stay home when ill

Individuals must stay home when ill, particularly in the presence of respiratory symptoms and a fever. If diagnosed with, or under investigation for COVID-19, students should notify the Senior Advisor of Student Life, and contact the nurse practitioner in Student Health Services. Employees diagnosed with COVID-19 should notify the Assistant Dean for Human Resources and Support Operations, who will facilitate contact with the public health department for contact tracing and notification. If confirmed or suspected of having infection with COVID-19, the ***Return To Work For Individuals With Confirmed Or Suspected Covid-19*** policy at the end of this document outlines the steps to take to be cleared for return.

### Respiratory hygiene/cough etiquette

Respiratory hygiene and cough etiquette measures limit the transmission of respiratory pathogen spread by droplet and airborne route. This applies to patients, visitors, students and all employees. People with signs of illness including cough, congestion, runny nose, or increased production of respiratory secretions should stay home until well. Anytime when coughing or sneezing, cover the cough or sneeze with a disposable tissue. Discard the tissue and wash hands or use alcohol based hand rub as soon as possible. If a tissue is not available, turn away from others and cough or sneeze into the inside of your elbow.

### Face coverings

While there is ongoing community transmission of COVID-19**,** everyone entering the building must wear face coverings**,** and continue wearing them for the duration of time they are in the building. Face coverings are generally made of cloth, are reusable and are not a part of healthcare personal protective equipment (PPE). Wearing face coverings help reduce the risk of the wearer exposing others to potentially infectious respiratory droplets. People should avoid touching the face coverings, and if they touch them to adjust, should wash their hands both before and after touching the face covering. Change cloth face coverings if they become soiled or moist, and laundered daily. Discard disposable face coverings when soiled or moist. Children age 12 and younger are encouraged but not required to wear face coverings. People with a note from their physician excusing them from wearing face coverings are not required to wear one and will not be barred from entering the building if they pass the screening questions.

Surgical facemasks, respirators, and other PPE is for the delivery of patient care. Respirators are also reserved for patient care deliver. Information on the use of PPE for delivery of healthcare is in the PPE section of this protocol.



### Hand washing

Wash hands with soap and water, or use alcohol based hand rub with 60%-95% alcohol regularly throughout the day, especially after touching areas and objects touched by others (door handles, light switches, phones, etc.). Avoid touching the mucous membranes of your eyes, nose and mouth.

**Steps for washing with soap and water:**

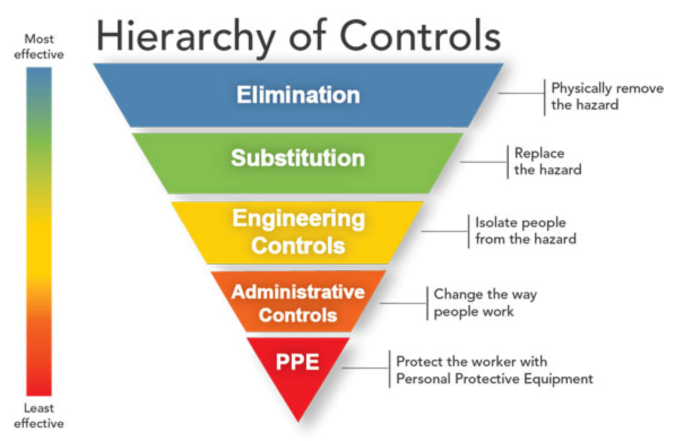
1. Wet your hands with clean, running water (warm or cold), turn off the tap, and apply soap.
2. Lather your hands by rubbing them together with the soap. Lather the backs of your hands, between your fingers, and under your nails.
3. Scrub your hands for at least 20 seconds. Need a timer? Hum the “Happy Birthday” song from beginning to end twice.
4. Rinse your hands well under clean, running water.
5. Dry your hands using a clean towel

**Steps for using alcohol-based hand rubs**

1. Dispense enough material into one hand to cover both hands.
2. If using a portable container, close the lid and store the container before rubbing hands.
3. Rub for approximately 20, seconds, coating all surfaces of both hands, until hands feel dry.

# INFECTION CONTROL PRECAUTIONS DURING PATIENT CARE

The Occupational Safety and Health Administration (OSHA) identifies a hierarchy of controls to prevent exposures to hazards in the workplace. The most effective control is to eliminate the hazard by physically removing it. Next is the substitution of a hazard with something less hazardous (e.g., removing a highly hazardous chemical and replacing it with one that carriers fewer hazards). Engineering controls isolate the hazard (e.g., safety needles, needle guards, etc.). Administrative controls are workplace rules that minimize a hazard (e.g., requiring all personnel with occupational exposure to blood to have the hepatitis B vaccine). After implementation of all of these controls, when and a hazard still exists, the use of PPE is permitted to protect personnel from the hazard.

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## Vaccination

Vaccines recommended for all healthcare workers include:

* Hepatitis B
* Measles, Mumps, Rubella (MMR)
* Annual influenza
* Tetanus, diphtheria, pertussis (Tdap)
* Varicella (chicken pox)

From: CDC. *Recommended Vaccines for Healthcare Workers*. Available [here](file:///C:\Users\ecuny\Desktop\COVID%20infection%20control%20policy\www.cdc.gov\vaccines\adults\rec-vac\hcw.html)

The list of vaccinations above is not a comprehensive list of every immunization an individual may need. Each person should consult with their primary care provider regarding the need for additional vaccinations. Students and residents must submit specific health and vaccine information prior to matriculation. Those general requirements are in Appendix A.

Hepatitis B Vaccination

Dental health care workers are at risk for acquiring hepatitis B if exposed to infected patient's blood via puncture injury, mucous membrane, or non-intact skin exposure. A safe and effective vaccine is available. The School of Dentistry offers the vaccine and post-vaccine testing free of charge to employees with occupational exposure to blood or body.

The vaccine is provided to each employee with occupational exposure to body fluids (i.e; dental assistants, dental hygienists, dentists, lab technicians, sterilization technicians and building operations personnel) within 10 days of employment and after training regarding the safety and efficacy of the vaccine and the potential consequences of not being vaccinated. The vaccine is strongly recommended for all employees with occupational exposure. Post-vaccination testing to document antibodies have been acquired is also provided by the School of Dentistry. If an employee has previously received the vaccine, they must supply the dates of vaccination. If an employee does not have the vaccination dates or declines to accept the vaccination, (s)he must sign a Hepatitis B Vaccination Declination form. An employee that initially declines the vaccination series may receive the vaccine at any time they continue to have occupational exposure.

The immunization policy for students and residents is [here](https://www.pacific.edu/campus-life/student-services/student-health-services/immunization-requirement/immunization-policy.html).

## Standard precautions

Standard precautions are the minimum infection prevention practices that apply to the care of all patients regardless of suspected or confirmed infection status of the patient. Standard precautions apply to contact with all body fluids, excretions, and secretions with the exception of sweat. Standard precautions protect the health care provider and patient. For patients with infection transmitted via the droplet (e.g., COVID-19, influenza, mumps, etc.) or respiratory route (e.g., measles, tuberculosis, and chicken pox), transmission based precautions are necessary. These include Droplet Precautions and Airborne Precautions, discussed later in this document. Standard precautions include:

1. Hand hygiene
2. Use of personal protective equipment (PPE)
3. Respiratory hygiene/cough etiquette
4. Sharps safety
5. Safe injection practices (i.e., aseptic technique for parenteral injection)
6. Sterile instruments and devices
7. Clean and disinfected environmental surfaces

## Hand Hygiene

*Perform hand hygiene*:

* Before and after all patient contact
* After contact with potentially infectious material
* Before putting on and after removing personal protective equipment (PPE), including gloves.
  + Hand hygiene after removing PPE is particularly important to remove any pathogens that might have been transferred to bare hands during the removal process.
* Use alcohol-based hand rub (ABHR) with 60-95% alcohol or wash hands with soap and water for at least 20 seconds.

To protect medical gloves from puncture, remove rings and keep fingernails short. Artificial nails may harbor microorganisms and are not suitable for health care personnel. Remove jewelry and watches from wrists. It is acceptable to wear watches if the protective gown covers them during patient care.

Either soap and water or ABHR are acceptable. Use soap and water at the beginning of each clinical shift, and any time hands are soiled. Alcohol based hand rubs may be used instead of soap and water between glove changes, and at any other time when needing to perform hand hygiene.

**Steps for washing with soap and water:**

1. Wet your hands with clean, running water (warm or cold), turn off the tap, and apply soap.
2. Lather your hands by rubbing them together with the soap. Lather the backs of your hands, between your fingers, and under your nails.
3. Scrub your hands for at least 20 seconds. Need a timer? Hum the “Happy Birthday” song from beginning to end twice.
4. Rinse your hands well under clean, running water.
5. Dry your hands using a clean towel

**Steps for alcohol based hand rub:**

1. Dispense enough material into one hand to cover both hands.
2. If using a portable container, close the lid and store the container before rubbing hands.
3. Rub for approximately 20, seconds, coating all surfaces of both hands, until hands feel dry.

Individuals with open lesions, weeping dermatitis of the hands, or any other condition making the DHCP or patient susceptible to opportunistic infection must refrain from direct patient contact and contact with patient care equipment until the condition is resolved.

## Personal Protective Equipment (PPE)

All students, faculty, staff and volunteers must wear personal protective equipment (PPE) whenever skin, eye, mucous membrane, or parenteral contact with blood or saliva can reasonably be anticipated. The personal protective equipment must not permit blood or saliva to pass through to, or to reach work clothes, street clothes, undergarments, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time during which the protective equipment will be used. PPE should be donned in the following order: gown, mask, eye protection, exam gloves. See CDC donning and doffing PPE infographic in appendix B.

### Gloves

All dental health care personnel (DHCP) must wear disposable exam gloves at all times during patient treatment. In addition gloves must be worn during all preclinical and post-clinical procedures (when handling sterile items during set-up or contaminated items during cleanup). DHCP may not wash or decontaminate medical gloves. Gloves are worn with the cuff of the glove over the cuff of the gown, creating a seal that does not allow exposed skin on the DHCP wrist. New gloves must be used for each patient regardless of the type of treatment or circumstances. Change gloves as soon as feasible if they are torn, punctured, or when their ability to function as a barrier is compromised. When changing gloves during a procedure, first remove the gloves, wash hands, and then don a fresh pair of gloves. Gloves are available at the dispensaries and throughout the clinics.

Sterile gloves are required for all surgical procedures. Plastic overgloves (food handler gloves) may be used as a barrier to protect exam gloves while dispensing medicaments, retrieving items from the dispensary, or whenever touching objects or areas that will either become contaminated with the patient's body fluids or compromise the cleanliness of the exam gloves. These gloves are not primary gloves intended for personal protection. Only latex-free gloves are available for use in the clinics.

Use utility gloves (heavy-duty) during clean-up procedures when sharp contaminated objects may be encountered, or when chemicals such as disinfectants will be handled. These gloves are puncture-resistant and chemical-resistant and provide greater protection than exam gloves. Utility gloves may be disinfected or heat sterilized for reuse. Discard utility gloves if they become cracked, peeled torn, punctured, exhibit signs of deterioration, or when their ability to function as a barrier is compromised. Utility gloves are available in the clinics. Students receive one pair of utility gloves in the first year kit, and may purchase additional gloves from the student store.

At the beginning of each clinic session, DHCP must wash their hands with soap and water. Hand hygiene must be performed again before donning gloves, after removing gloves and after bare-handed contact with patient body fluids or contaminated equipment and surfaces. Use plain soap and water, or antimicrobial soap and water if hands are visibly soiled. If preferred, use alcohol-based hand sanitizer as an alternative to soap and water after the initial handwashing at the beginning of the clinical session. For surgical procedures, use an antimicrobial hand scrub or soap and water followed by an alcohol-based hand sanitizer before donning surgical gloves.

### Masks

Disposable surgical facemasks must be worn whenever splashes, spray, spatter or droplets of blood or saliva are generated (e.g.: scaling, polishing, and during use of handpieces). Always change masks between patients and more often if they become moist or their ability to act as a barrier is compromised. Masks are available from the dispensaries and throughout the clinics. Do not touch or handle masks during patient treatment. Masks must cover both the nose and mouth of the wearer and should be worn in a manner that prevents gaps between the mask and the wearer’s face. Never twist the earloops when donning and wearing a mask.

### Filtering Facepiece Respirators (FFR)

If a public health emergency requires that some procedures be performed with providers wearing FFR (e.g., N95 respirator), any individuals identified as needing respirators must comply with the Respiratory Protection Program found [here](https://dental.uop.edu/departments-and-groups/environmental-health-and-safety). This includes fit testing, medical clearance, and training.

### Protective Eyewear

Always wear eye protection, such as goggles or glasses with solid side shields, or chin-length plastic face shields when performing procedures that generate splashes, spray, spatter, or droplets of blood or saliva. Protective eyewear is available to employees at no cost to the employee. Additional eyewear is available from the central supply or the school store (charge to department account). Students are issued goggles in the first year kit. Additional goggles are available from the student store. Side shields to add to prescription glasses are available in all clinics. When wearing prescription glasses during patient care, they must be of adequate size to protect the wearer’s eyes from spray, spatter and droplets and have side shields. Patients must wear protective eyewear during dental procedures involving the use of splatter-producing devices (handpieces, Cavitron, etc.), when instruments will be passed during the treatment of the patient, or when reclined in the dental chair. Patient’s personal eyewear such as sunglasses or prescription glasses is acceptable for this purpose.

### Clinic Gowns and Coats

Clinic gowns are provided by the school for all individuals involved in direct patient care or handling of contaminated instruments and equipment. These gowns must be worn whenever exposure to a patient's blood or saliva may reasonably be anticipated. These situations include, but are not limited to, assisting, performing any patient care services, and cleaning contaminated items. Lab coats may be worn in place of gowns if approved by the clinic director and if they meet the requirement of not allowing patient body fluids to contact the wearer’s skin, work clothes, or street clothes.

Gowns are dispensed within the individual clinics. Do not wear clinic gowns outside the clinics. Remove gowns, and leave at the workstations during break periods if suitable for reuse. Always remove gowns before going to other areas of the school, out the clinic door, restrooms, stairwells, elevators, laboratories and non-clinical areas of the school or clinic, including the patient services and clinic administration offices. Change gowns daily or more often if visibly soiled. Discard disposable gowns in the receptacles in the clinics. Collect reusable gowns or lab coats in a designated laundry bin until collected by the laundry service.

## Respiratory hygiene/cough etiquette

Respiratory hygiene/cough etiquette measures limit the transmission of respiratory pathogens spread by droplet and airborne route. This applies to everyone in the school, including patients and people accompanying patients. The policy for respiratory hygiene/cough etiquette are detailed previously in this document in the General Precautions section.

## Sharps Safety

DHCP handle contaminated sharp instruments and devices during the delivery of oral health care. A puncture or a scrape with a contaminated object exposes the DHCP to potentially infectious body fluids. Take care to prevent injuries. In the event of an exposure incident involving a contaminated sharp or a splash to the mucous membranes of DHCP eyes, nose, or mouth report the incident to the supervising faculty member, clinic manager or clinic director immediately.

### Puncture Injury Prevention

Puncture with instruments or devices containing patient blood present the greatest risk of transmission of blood-borne diseases. Therefore, take great care when handling sharp instruments used in patient care. Transfer and handle instruments carefully to avoid accidental punctures. If a puncture injury or splash to mucous membranes involving patient body fluids does occur, report the incident immediately to the supervising faculty member or clinic manager and complete the exposure report form*.* The GPL will complete an exposure report form from the link in AxiUm. Upon completion of the exposure report form and interview of the patient, the GPL wild refer the exposed worker to an appropriate medical provider for counseling and follow-up. The patient will also receive testing for bloodborne disease (if they consent) at that location. Students must provide health insurance information to the medical provider. The School of Dentistry will provide reimbursement for copays or remainder balances after insurance payment. The School of Dentistry is not responsible for treatment of any illness resulting from an exposure incident to a student.

Employee exposure follow up is a worker’s compensation matter. All employees must report to the department of Human Resources after filing the report with the GPL. The Human Resources Department will provide the referral for medical follow up.

### Sharps Protection Devices

When available, the School of Dentistry will provide engineered sharps injury protection devices to all employees and students. Devices must be as safer than the one currently used, not interfere with the delivery of patients care, and be available through normal distribution channels. Employees who use the devices will participate in the evaluation process and receive training in use of the device before introducing it for clinical use.

### Needle Recapping

When available and effective, the School of Dentistry will provide safety needle devices intended to protect the worker from sharps injury. All employees received training in the use of such devices prior to their implementation. In the absence of safety devices, reusable syringes, such as those used for administration of anesthesia, recap carefully using the "scoop" method. Place the needle cap on the instrument tray or other clean surface. When the injection is completed, or when adding a new cartridge of anesthetic, the operator should carefully scoop the needle into the cap without touching the cap. Tighten the cap by grasping the sides or pushing the end against a hard surface. Do not push on the end of the cap with your hand. In addition to the "scoop" technique, a needle-recapping device that provides an alternative to the scoop technique is permissible provided it does not require the use of a two-handed recapping technique. Following injection, do not transfer the syringe containing the uncapped needle from operator to assistant. The operator must safely recap the needle. Dispose of single-use disposable needles, such as those used for endodontic irrigation and local anesthetic immediately following use. Do not remove the needles from single-use syringes prior to disposal.

## Safe injection practices

All injections must be given in the safest possible manner for the protection of patients. Cartridges of local anesthetic must be stored aseptically and used for one patient only. Unused cartridges of anesthetic cannot be returned to the dispensary for restocking.

Safe, aseptic handling of intramuscular and intravenous medications combined with fluid infusion systems is required during all IV sedation appointments. Observe the following practices:

1. Prepare injections using aseptic technique in a clean area.
2. Disinfect the rubber septum on a medication vial with alcohol before piercing.
3. Do not use needles or syringes\* for more than one patient (this includes manufactured prefilled syringes and other devices such as insulin pens).
4. Medication containers (single and multidose vials, ampules, and bags) are entered with a new needle and new syringe, even when obtaining additional doses for the same patient.
5. Use single-dose vials for parenteral medications when possible.
6. Do not use single-dose (single-use) medication vials, ampules, and bags or bottles of intravenous solution for more than one patient.
7. Do not combine the leftover contents of single-use vials for later use.
8. The following apply if multidose vials are used —
9. Dedicate multidose vials to a single patient whenever possible.
10. If multidose vials will be used for more than one patient, they should be restricted to a centralized medication area and should not enter the immediate patient treatment area (e.g., dental operatory) to prevent inadvertent contamination.
11. If a multidose vial enters the immediate patient treatment area, it should be dedicated for single-patient use and discarded immediately after use.
12. Date multidose vials when first opened and discard within 28 days, unless the manufacturer specifies a shorter or longer date for that opened vial.
13. Do not use fluid infusion or administration sets (e.g., IV bags, tubings, connections) for more than one patient.

## Sterilization

Sterilization is the elimination of all life forms. When possible, all instruments should be heat sterilized. All instruments that penetrate soft tissue must be either sterilized or discarded. Diamond and carbide burs and endodontic files are single-use and must be discarded after use on one patient. The table below indicates the classification of instruments and the type of reprocessing that is appropriate for each category.

|  |  |  |  |
| --- | --- | --- | --- |
| **Category** | **Definition** | **Reprocessing** | **Examples** |
| **Critical** | Penetrate soft  tissue or bone | Sterilization | Surgical instruments,  periodontal scalers |
| **Semicritical** | Contact mucous  membranes  or non-intact skin | Sterilization or  high-level  disinfection | dental mouth mirrors,  amalgam condenser,  Handpieces and handpiece components |
| **Noncritical** | Contact intact  (unbroken) skin | low- to  intermediate-level  disinfection | X-ray head/cone,  facebow |

### Cleaning and packaging

Cleaning of instruments is essential to adequate sterilization. Any individuals handing used instruments and equipment prior to sterilization must wear heavy-duty utility gloves to help prevent puncture injuries. These gloves are puncture-resistant only, not puncture-proof, and care should be taken whenever handling objects used in patient treatment. Protective eyewear, such as goggles or a face shield and a gown, or apron must also be worn to protect against splashes. Whenever there is potential for aerosol or spatter containing blood or OPIM a mask must be worn in combination with a face shield or protective eyewear. Never reach into containers of contaminated used instruments.

Place instruments or instrument cassettes directly in an ultrasonic cleaner or washer/disinfector. Process according to the directions appropriate to the cleaning device. Hand scrubbing increases the risk of accidental puncture injury and should be used only when mechanical cleaning fails to remove all debris or the item must be hand cleaned due to its design (eg; hollow bore instruments). Handle items to hand scrubbed individually while wearing PPE. Remove items from the ultrasonic carefully to avoid puncture injury, dry them carefully and place in a sterilization pouch or cassette. Place cassettes directly into the instrument washers to minimize handling during cleaning. Clean handpieces, replace in cassettes and transfer to pack and prep room for sterilization.

Process instruments using time, temperature and pressure appropriate for the load. Perform daily air removal test of all prevacuum sterilizers. Monitor sterilization weekly using a biological indicator. Use chemical indicators on the inside and outside of each package. Use a process challenge device (PCD) with every load and check it to validate sterilization before releasing that load of instruments to the clinics.

Except for situations where it is not feasible, semicritical and critical devices must be either heat-stable or disposable. If heat stable or disposable items are not available for a semicritical item (e.g.; x-ray sensors), it must be protected by an impervious barrier that is changed between each use. If the surface of the items becomes contaminated, clean and disinfect the surface. The use of high-level disinfection is only for select situations for semi critical devices, where no other alternative is available. When high-level disinfectants are use, maintain them in a closed container and place in a ventilation device to minimize personnel exposure.

### Instrument storage

When the sterilization cycle is complete, open door carefully and remove instrument packs and cassettes. All instruments must be stored in sealed pouches or cassettes until ready for use. Store cassettes and other sterile packs in a clean, dry area. If a pouch or wrap becomes compromised due to moisture, tearing or other event, the contents must be exposed to the complete cleaning and sterilization process before it can be used.

For information that is more detailed see Sterilization Standard Operating Procedures, available from the Manager, Sterilization and Dispensing.

## Environmental Infection Control

### Equipment and surface barriers

Protect areas difficult to clean and disinfect, or areas subject to corrosion with barriers. The barriers must be impervious to liquids, and changed between each patient. Always remove and replace barriers between patients, taking care not to touch the surface under the barrier.

### Precleaning the cubical

Discharge air and water from handpiece lines and air/water syringe lines for at least two minutes prior to attaching devices. Flush lines for 30 seconds between patients, before removing attachments. Prior to seating the patient, the equipment and surfaces subject to contamination must be cleaned and disinfected. The disinfectant used is an EPA-registered, tuberculocidal hospital level disinfectant that also appears on the EPA list N, germicides effective against SARS-CoV-2. The disinfectant contains a detergent and is effective as both a cleaner and disinfectant. Areas to be cleaned include the patient chair, dental unit, hoses and attachments, and countertops. Using either premoistened towels or a paper towel sprayed with cleaner/disinfectant, thoroughly wipe all areas to remove visible and non-visible debris. Apply additional disinfectant with a second towel with fresh disinfectant and allow the surfaces to remain wet for the time indicated on the product label.

### Setting up the cubicle

Obtain all necessary items from the dispensary window. While there, pick up all disposable items you anticipate you will need. Containers of disposable items may not be kept at chairside. Place instruments and equipment on a clean surface or barrier before seating the patient. All instruments and devices that contact patients’ oral tissues must be cleaned and heat sterilized between uses. Items must be packaged before sterilization and remain packaged until the time of use. Students may not bring any personal instruments or other intraoral devices for use in the clinics.

## During patient treatment:

### Avoiding cross-contamination

Many areas and objects are subject to cross-contamination during the procedure. It is important to avoid contaminating areas difficult or impossible to disinfect. .

Single use items such as air/water syringe tips, plastic evacuator tips, dental burs, endodontic files, disposable prophy angles, and others are for use on one patient only. Discard all single-use items following use. Do not instruct patient to close their lips on saliva ejector tips. This may cause a siphon effect that could lead to cross-contamination.

Sterile gloves and sterile irrigants will be used in connection with all surgical procedures. Examples of surgical procedures include those that require a flap procedure or incision (i.e.: oral and periodontal surgical procedures). Deliver sterile irrigants/coolants using a device that will maintain the sterility of the solution (e.g., sterile tubing and reservoir, sterile irrigating syringe).

### Computers

Computers and their components are a necessary part of clinic equipment. Proper precautions are necessary to prevent inadvertent cross contamination during the use of this equipment.

Keyboards, mouse, monitors, monitor mounts, signature pads and card readers may all be cleaned and disinfected following use. Use one disinfectant wipe to clean these areas and a second, new wipe to apply disinfectant. Allow the surfaces to remain wet for the time indicated on the product label.

## Laboratory asepsis

### Disinfecting impressions

All items taken to the Professional Services Laboratory or the student laboratory must first be cleaned and disinfected. Rinse impressions, appliances, etc., with water, spray with disinfectant, and place in a plastic bag with disinfectant. Allow the item to remain in the plastic bag for a minimum of ten minutes before removing.

### Handling models and polishing prostheses

Always wear gloves, mask and protective eyewear when pouring models, polishing or trimming prostheses, or trimming and polishing temporary crowns. Disinfect all items before manipulating in the laboratory to reduce contamination of the work areas. Line the splash pan with a plastic barrier and change the barrier between each use. Use a fresh rag wheel for each item. Rag wheels must be rinsed, bagged and sterilized following each use, unless disposable rag wheels are used. Use a clean disposable rag wheel for polishing. Disinfect all items and rinse well with water before delivery to the patient.

## Radiology asepsis

1. Digital X-rays
   1. Cover all areas that will be touched with impervious barriers
   2. Place barrier sleeve over x-ray sensor
   3. Wearing gloves, place and exposure x-rays
   4. Cover computer keyboard with barrier and change between each patient, or clean and then disinfect the keyboard after each use.
   5. Use new barriers for each patient

## Housekeeping

### Personal protective equipment

When working in patient care areas or laboratories all housekeeping personnel must wear protective clothing and gloves to prevent accidental contact with surfaces or objects contaminated with patient's body fluids.

### Waste disposal

Place regulated medical waste in a labeled container. Sharps containers are located at each treatment cubicle, and medical waste cans are located throughout the clinics. Discard disposable contaminated sharps as soon as possible in the container at chairside. Do not leave disposable sharps such as needles on devices when returning them to the dispensary.

Always wear gloves when emptying trash receptacles in the clinic. Trash liners should be removed and placed in a larger receptacle. At no time should any person push down on the top of a full trash container. Although all clinic personnel are instructed to place sharp items in designated sharps containers, housekeeping personnel are told and must realize that the presence of sharps in the trash is possible.

### Blood spills

In the unlikely event of a blood spills, report the spill to Building Operations (ext. 56470) as soon as possible. Individuals cleaning blood spills must wear gloves and other protective attire as needed to prevent accidental exposure of blood to hands or clothing. Blood spills should first be cleaned with a detergent, and then disinfected with an EPA-registered germicide that is labeled tuberculocidal and appears on the EPA List N for use against SARS-CoV-2. Small blood spills may be managed in the same manner by clinic staff trained in proper clean-up procedures.

### Equipment maintenance

Perform equipment maintenance only on equipment decontaminated as outlined earlier in this protocol. This same decontamination of equipment must also take place prior to shipment of the item. If areas on the device or object remain contaminated, mark those areas by attachment of a Biohazard sticker (available from the safety office, extension 56622).

# Sources:

California Code of Regulations, Title 8, § 5193. Bloodborne Pathogens.<https://www.dir.ca.gov/title8/5193.html>

CDC. Immunization of Health-Care Personnel: Recommendations of the Advisory Committee on Immunization Practices (ACIP[) www.cdc.gov/mmwr/pdf/rr/rr6007.pdf](http://www.cdc.gov/mmwr/pdf/rr/rr6007.pdf)

CDC. Guidelines for Infection Control in Dental Healthcare Settings – 2003 [www.cdc.gov/mmwr/PDF/rr/rr5217.pdf](https://www.cdc.gov/mmwr/PDF/rr/rr5217.pdf)

CDC. Summary of Infection Prevention Practices in Dental Settings. [www.cdc.gov/oralhealth/infectioncontrol/pdf/safe-care2.pdf](https://www.cdc.gov/oralhealth/infectioncontrol/pdf/safe-care2.pdf)

# POLICIES SPECIFIC TO COVID-19

These infection control policies comply with San Francisco Department of Public Health (SFDPH), [directive of the health officer No. 2020-09](https://www.sfdph.org/dph/alerts/files/Directive-2020-09-DentalProcedures-05152020.pdf)b, and will be updated to reflect any changes in local health directives. The Director of Environment Health and Safety will check the SFDPH website for updates at least weekly at <https://www.sfdph.org/dph/alerts/coronavirus-healthorders.asp>. These policies are also consistent with the Centers for Disease Control and Prevention Interim Infection Prevention and Control Guidance for Dental Settings During the COVID-19 Response. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/dental-settings.html>.

These policies will be updated as new information emerges and current recommendations and requirements are modified or suspended.

## Symptom screening for faculty, staff, students, and visitors

Screening of all individuals entering the campus for symptoms of COVID-19 will continue during ongoing community transmission. A mobile app is used for screening of faculty, staff, and students and is completed daily before arrival on campus. Questions include:

**Part 1 – You must answer the following questions before starting your work every day that you work.**

1. Within the last 10 days have you been diagnosed with COVID-19 or had a test confirming you have the virus?
2. Do you live in the same household with, or have you had close contact\* with someone who in the past 14 days was diagnosed with COVID-19 or had a test confirming they have the virus?

If the answer to either question is “yes”, do not go to work and follow the steps listed in *Part 2* below.

1. Have you had any one or more of these symptoms today or within the past 24 hours, which is new or not explained by a pre-existing condition?
   * Fever, Chills, or Repeated Shaking/Shivering
   * Cough
   * Sore Throat
   * Shortness of Breath, Difficulty Breathing
   * Feeling Unusually Weak or Fatigued
   * Loss of Taste or Smell
   * Muscle pain
   * Headache
   * Runny or congested nose
   * Diarrhea

If the answer to Question 3 is “yes”, do not go to work and follow the steps listed in *Part 3* below.

**Part 2 –**

* If you answered **yes to Question 1:** you are subject to the Health Officer Isolation Directive. Do not go to work.

**Follow Isolation Steps** at: [https://www.](http://www.sfcdcp.org/Isolation-Quarantine-Packet)sfcdcp.o[rg/Isolation-Quarantine-Packet](http://www.sfcdcp.org/Isolation-Quarantine-Packet)

* If you answered **yes to Question 2:** you are subject to the Health Officer Quarantine Directive. Do not go to work.

**Follow Quarantine Steps** at: [https://www.sfc](http://www.sfcdcp.org/Isolation-Quarantine-Packet)dcp.org/[Isolation-Quarantine-Packet](http://www.sfcdcp.org/Isolation-Quarantine-Packet)

* Do not return to work until the Isolation or Quarantine Steps tell you it is safe to return!
* The meaning of \*Close Contact is explained in this document: https[://www.sf](http://www.sfcdcp.org/Isolation-Quarantine-Packet)cdc[p.org/Isolation-Quarantine-Packet](http://www.sfcdcp.org/Isolation-Quarantine-Packet)

**Part 3 – If you answered yes to Question 3:**

You may have COVID-19 and **must be tested for the virus** before returning to work. Without a test, the Business must treat you as being positive for COVID-19 and require you to stay out of work for at least **10** calendar days. In order to return to work sooner and to protect those around you, you must get tested for the virus. Follow these steps:

1. Contact your usual healthcare provider about getting tested for the virus, or sign up for free testing at CityTestSF https://sf.gov/get-tested-covid-19-citytestsf. If you live outside the City, you can check with the county where you live, get tested by your usual healthcare provider, or use CityTestSF.
2. Wait for your test results at home while minimizing exposure to those you live with. A good resource is

https[://www.cdc.gov/coronavirus](http://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/steps-when-sick.html)/[2019-nc](http://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/steps-when-sick.html)o[v/if-you-are-s](http://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/steps-when-sick.html)i[ck/steps-when-sick.html](http://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/steps-when-sick.html)

1. If your result is positive (confirms that you have the virus) go to ***Part 2*** above and follow **Isolation Steps.**
2. If your result is negative, do not return to work until you have had at least 3 days in a row without fever and with improvements in your other symptoms.

## Patient Screening Questions for COVID-19

Ask patients the screening questions by phone the day before their appointment, and again when they arrive for oral health care. Screening of all patients occurs on the day prior to their appointment and again upon arrival to the dental clinics. Ask the patients the following questions and record the response in the electronic health record (AxiUm):

1. Within the preceding 10 days has the patient been diagnosed with COVID-19 or had a test confirming they have the SARS-CoV-2 virus? (If so, they are generally required to self-isolate as outlined at <https://www.sfcdcp.org/Isolation-QuarantinePacket>.)
2. Does the patient live in the same household with or have they had close contact with someone who in the preceding 14 days was diagnosed with COVID-19 or had a test confirming they have the SARS-CoV-2 virus? (If so, they are generally required to self-quarantine as outlined at <https://www.sfcdcp.org/Isolation-Quarantine-Packet>.)
3. Has the patient had any one or more of the following symptoms that is **new or not explained by a pre-existing condition** that day or within the preceding 24 hours?
   1. fever, chills, or repeated shaking/shivering
   2. cough
   3. sore throat
   4. shortness of breath or difficulty breathing
   5. feeling unusually weak or fatigued
   6. loss of taste or smell
   7. muscle pain
   8. headache
   9. runny or congested nose
   10. diarrhea

If any listed symptom is present, the patient might be positive for SARS-CoV-2 and will be provided referral for testing, and care will be delayed. If it is not possible to delay, providers will use appropriate airborne precautions. Instruct symptomatic patients to make an appointment to receive free COVID-19 testing available at <https://sf.gov/get-tested-covid-19-citytestsf>, or contact their primary care provider for testing.

## Patient testing

Patients scheduled for aerosol-generating procedures must undergo testing for COVID-19 between 3-4 days prior to their appointment, and self-isolate during the time between testing and the appointment. Patients must provide written test results. Copy of a lab order or verbal confirmation of a negative test is not acceptable documentation. It is permissible to provide emergency care to patients without a prior COVID-19 test if delaying treatment would cause harm to the patient. Screening and use of PPE as outlined in this protocol are required.

Patients may test at one of the department of public health free testing sites, or may contact their primary care provider to obtain the testing. Any cost associated with testing will be the responsibility of the patient.

Patient testing policy is consistent with Interim Infection Prevention and Control Guidance for Dental Settings During the COVID-19 Response, available at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/dental-settings.html>.

## Interim requirements for personal protective equipment (PPE) during COVID-19

* Before entering a patient room or care area:
  1. Perform hand hygiene.
  2. Put on a clean gown or protective clothing that covers personal clothing and skin (e.g., forearms) likely to be soiled with blood, saliva, or other potentially infectious materials.
     + Gowns and protective clothing should be changed if they become soiled.
  3. Put on a surgical mask or respirator.
     + Mask ties should be secured on the crown of the head (top tie) and the base of the neck (bottom tie). If mask has loops, hook them appropriately around your ears.
     + Respirator straps should be placed on the crown of the head (top strap) and the base of the neck (bottom strap). Perform a user seal check each time you put on the respirator.
  4. Put on eye protection.
     + Personal eyeglasses and contact lenses are NOT considered adequate eye protection.
  5. Perform hand hygiene.
  6. Put on clean non-sterile gloves.
     + Gloves should be changed if they become torn or heavily contaminated.
  7. Enter the patient room.
* After completion of dental care:
  1. Remove gloves.
  2. Remove gown or protective clothing and discard the gown in a dedicated container for waste or linen.
     + Discard disposable gowns after each use.
     + [Launder](https://www.cdc.gov/infectioncontrol/guidelines/environmental/background/laundry.html#g1) cloth gowns or protective clothing after each use.
  3. Exit the patient room or care area.
  4. Perform hand hygiene.
  5. Remove eye protection.
     + Carefully remove eye protection by grabbing the strap and pulling upwards and away from head. Do not touch the front of the eye protection.
     + Clean and disinfect reusable eye protection according to manufacturer’s reprocessing instructions prior to reuse.
     + Discard disposable eye protection after use.
  6. Remove and discard surgical mask or respirator†.
     + Do not touch the front of the respirator or mask.
     + Surgical mask: Carefully untie the mask (or unhook from the ears) and pull it away from the face without touching the front.
     + Respirator: Remove the bottom strap by touching only the strap and bring it carefully over the head. Grasp the top strap and bring it carefully over the head, and then pull the respirator away from the face without touching the front of the respirator.
  7. Perform hand hygiene.

## Ventilation and Environmental Infection Control during COVID-19 Pandemic

Place patients undergoing aerosol-generating procedures in single rooms when possible. When single rooms are not available, place these patients with their head oriented towards the return air vents. When using portable HEPA filter units, place the units within the vicinity of the patient chair, but not behind the provider. Do not position the care provider between the patient’s mouth and the unit so that it does not to pull air into or past the breathing zone of the care provider.

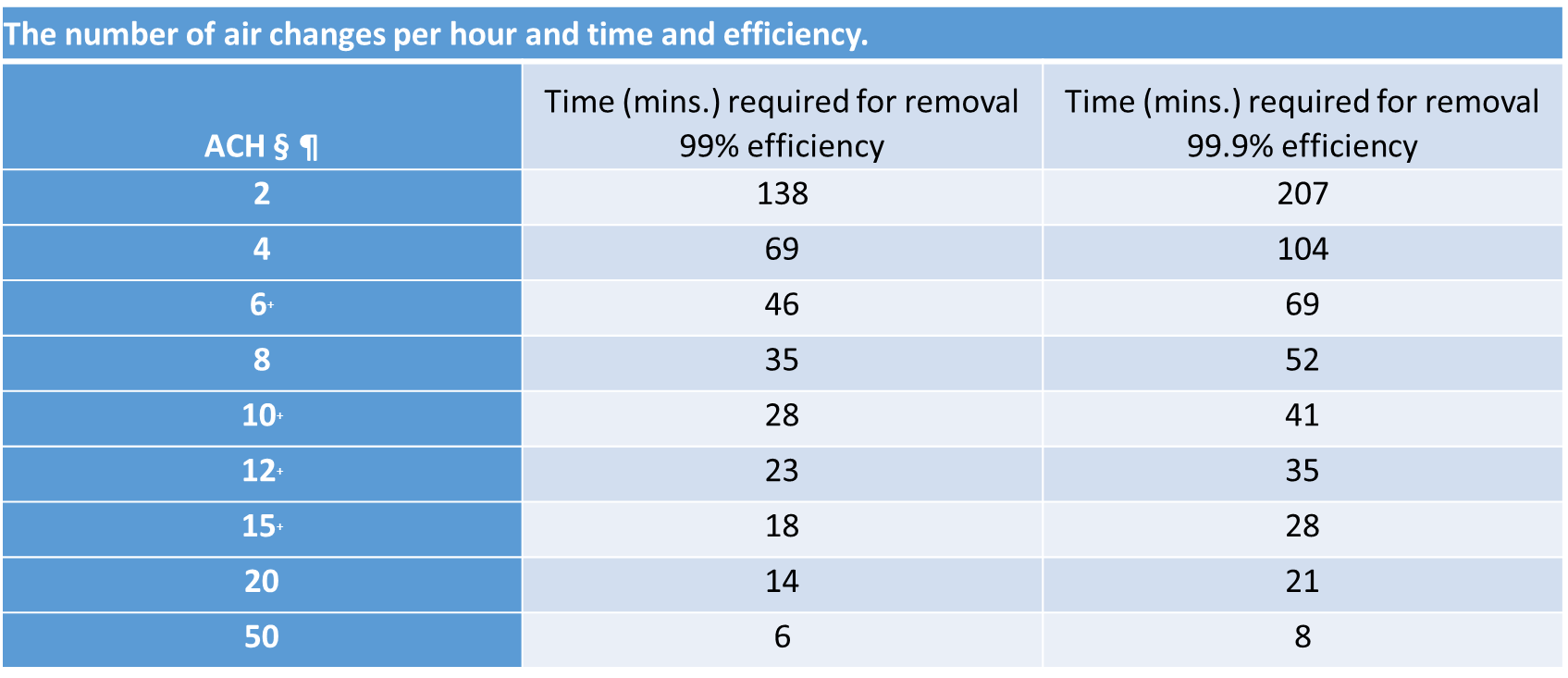
Continue to perform normal cleaning and disinfection procedures. After aerosol-generating procedures on patients who are not suspected or diagnosed with COVID-19, allow 15 minutes after the patient leaves to return to the area to clean and disinfect.

## Additional precautions for patients with known or suspected COVID-19 infection

Oral health care will be deferred for patients with known or suspected infection with COVID-19. If emergency dental care is medically necessary, the following steps are required.

### Patient placement

* The care provider dons a respirator to greet the patient and transport them to the care area.
* The patient must be wearing a facemask to enter the building.
* The care provider transports the patient to the clinic via the service elevator.
* Care provided in a single patient room with the door shut and use of a portable HEPA filtration unit, or in an airborne infection isolation room, if available.
* The minimum number of people necessary to provide care allowed in the room.
* The patient must wear a mask at all times while in the facility except when receiving oral health care.
* Personnel involved in providing care must don gown, face shield, and leave respirator on before entering the room. Upon entering the room, personnel must wash hands and don gloves. All PPE must remain on until after care is completed.
* Avoid the use of aerosol generating procedures, if possible.
* If aerosol-generating procedures are necessary, limit the duration of using equipment such as handpieces and air/water syringes
* Upon completion, provide a mask to the patient, escort them out of the building via the service elevator
* Do not reenter the room for cleaning and disinfecting until sufficient time has elapsed for enough air exchanges to remove potentially infectious particles (see table below)



**From: CDC. Guideline for Infection Control in Healthcare Facilities (2003). Table B1.**

## Modification of clinic patient care

During ongoing community transmission of COVID-19, follow all public health recommendations regarding infection control in treating all patients, regardless of whether or not they have confirmed or suspected COVID-19.

While public health authorities, including the CDC, SF Department of Public Health, and CA Department of Public Health recommend cessation of routine patient care the School of Dentistry will treat patients with emergency oral health needs only. Conduct patient triage using telephone or telehealth to determine if there are alternatives to an in-person appointment. If the patient must be seen, screen for symptoms of COVID-19, provide a specific appointment time, screen again upon arrival, and limit care to the minimum necessary wearing the PPE appropriate to the procedure.

As demonstrated by the COVID-19 outbreak, in the early weeks of a pandemic information changes rapidly and infection control protocols must reflect the most current knowledge about transmission and risk for infection. During a pandemic, it is necessary to quickly develop a specific protocol for under what conditions, if any, patient care may be delivered, restrictions regarding the nature of procedures, additional precautions needed (e.g., PPE, engineering controls), and who will deliver the care.

During phase 1, of the COVID-19 pandemic, only emergency care delivered by faculty members was provided to patients of record. Policies required enhanced PPE and prohibited aerosol-generating procedures. The modified procedures for infection control change frequently and the most current version is attached to this protocol.

During phase 2, patient loads are reduced by at least 75%, aerosol-generating procedures (AGPs) are discouraged and if necessary, require face shield, surgical mask or filtering facepiece respirator, high volume evacuation, and if possible, rubber dam. Patient placement must be in either a private treatment room (e.g., quiet room in pediatrics), or in a location that does permit air to flow from patient care area to non-patient care area. Patients are prioritized for appointments according to urgency of needs. All clinical faculty, staff and students received additional infection control training. Patients must receive a PCR test to confirm that they do not have infection with COVID-19 4-5 days before any aerosol-generating procedure.

During phase 3, when there is no longer ongoing community transmission of the virus, patient load is increased to as high as 75% of normal, and AGPs may resume using appropriate PPE. Testing of patients for AGPs may still continue.

## Patient follow-up

During patient follow up on the telephone 2-3 days following their appointment, ask if they have developed any symptoms of COVID-19. Remind them to contact the School of Dentistry if they are diagnosed with COVID-19 in the 14 days after their appointment.

# RETURN TO WORK/SCHOOL FOR INDIVIDUALS WITH CONFIRMED OR SUSPECTED COVID-19

This policy applies to all students, residents, employees, volunteers, and visitors who enter the San Francisco campus. Some individuals may have symptoms consistent with COVID-19, but have not had a confirmatory test. Others may have tested positive for COVID-19 and have symptoms, while other may have no symptoms but have tested positive for the virus. The information below applies to all situations where there has been confirmed or suspected infection with COVID-19. When someone with confirmed or suspected infection with COVID-19 returns after being cleared, they must observe social distancing rules, wear face coverings (facemask if providing patient care), subject to screening, and any other preventive measures in place for all occupants at the time.

The strategies listed below outline the process for determining when someone can return to work.

## SYMPTOMATIC INDIVIDUALS WITH SUSPECTED OR CONFIRMED COVID-19:

***Symptom-based strategy. Exclude from work until:***

At least 3 days (72 hours) have passed since recovery defined as resolution of fever without the use of fever-reducing medications and improvement in respiratory symptoms (e.g., cough, shortness of breath); and,

At least 10 days have passed since symptoms first appeared

***Test-based strategy. Exclude from work until:***

Resolution of fever without the use of fever-reducing medications and

Improvement in respiratory symptoms (e.g., cough, shortness of breath), and

Negative results of an FDA Emergency Use Authorized COVID-19 molecular assay for detection of SARS-CoV-2 RNA from at least two consecutive respiratory specimens collected ≥24 hours apart (total of two negative specimens)[1]. See Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens for 2019 Novel Coronavirus (2019-nCoV).

*Of note, there have been reports of prolonged detection of RNA without direct correlation to viral culture, so a positive RNA test does not necessarily mean the virus is still present.*

## INDIVIDUALS WITH LABORATORY-CONFIRMED COVID-19 WHO HAVE NOT HAD ANY SYMPTOMS:

***Time-based strategy. Exclude from work until:***

10 days have passed since the date of their first positive COVID-19 diagnostic test assuming they have not subsequently developed symptoms since their positive test. If they develop symptoms, then the symptom-based or test-based strategy should be used. Note, because symptoms cannot be used to gauge where these individuals are in the course of their illness, it is possible that the duration of viral shedding could be longer or shorter than 10 days after their first positive test.

***Test-based strategy. Exclude from work until:***

Negative results of an FDA Emergency Use Authorized COVID-19 molecular assay for detection of SARS-CoV-2 RNA from at least two consecutive respiratory specimens collected ≥24 hours apart (total of two negative specimens). Note, because of the absence of symptoms, it is not possible to gauge where these individual are in the course of their illness. There have been reports of prolonged detection of RNA without direct correlation to viral culture.

Note that detecting viral RNA via PCR does not necessarily mean that infectious virus is present.

Source: CDC. Criteria for Return to Work for Healthcare Personnel with Suspected or Confirmed COVID-19 (Interim Guidance). Available at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html?deliveryName=USCDC_425-DM27363>

# **Sources:**

2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings [www.cdc.gov/infectioncontrol/pdf/guidelines/isolation-guidelines.pdf](http://www.cdc.gov/infectioncontrol/pdf/guidelines/isolation-guidelines.pdf)

Immunization of Health-Care Personnel: Recommendations of the Advisory Committee on Immunization Practices (ACIP[) www.cdc.gov/mmwr/pdf/rr/rr6007.pdf](http://www.cdc.gov/mmwr/pdf/rr/rr6007.pdf)

Guidelines for Infection Control in Dental Healthcare Settings – 2003 [www.cdc.gov/mmwr/PDF/rr/rr5217.pdf](https://www.cdc.gov/mmwr/PDF/rr/rr5217.pdf)

Summary of Infection Prevention Practices in Dental Settings. [www.cdc.gov/oralhealth/infectioncontrol/pdf/safe-care2.pdf](https://www.cdc.gov/oralhealth/infectioncontrol/pdf/safe-care2.pdf)

# Appendix A

## IMMUNIZATIONS AND STUDENT HEALTH SCREENING

Students accepted into the DDS, IDS or dental residency programs must document that all immunizations are up to date, and must receive annual influenza vaccination. Student immunization information is available at Student Health Medical Portal [here](https://www.dental.pacific.edu/information-for/current-students/student-healthcare-and-medical-insurance).

All students are required to show proof of immunity to hepatitis B as part of their pre-matriculation physical examination. Students or residents who do not have the vaccine series prior to matriculation must either provide documentation of protection against hepatitis B or have the vaccination series administered during the first six months of the freshman year. Post-Vaccination testing is required to document antibodies have been acquired. Students and residents who do not develop immunity as a result of vaccination should consult with their primary health care provider regarding additional vaccinations and testing.

2. Measles, Mumps, Rubella (MMR)

Employees should check with their physician to ensure that this vaccine has been administered and that they are protected against these diseases. Students must provide proof of immunity (e.g.: immunization card or antibody titer levels) from these diseases before participating in clinical practice.

3. Tuberculosis Screening

A tuberculin skin test (TST) utilizing the two-step method, or a TB blood test (Interferon Gamma Release Assay or IGRA) must be part of every student's pre-admission physical examination. Employees who will have direct patient contact will be tested upon initial hiring utilizing the two-step TST method, or a TB blood test (Interferon Gamma Release Assay or IGRA).

If the skin test reveals a positive reaction, the individual should consult with their physician regarding what steps, if any, need to be taken (e.g.: chest x-ray, prophylactic medication, follow up with IGRA). If found to have active infection with tuberculosis, the infected person will not be able to return to campus until they have received clearance from a qualified health care professional. Additional testing is conducted as indicated by public health department guidelines, regulation or in the event of an exposure or potential exposure to a person with active tuberculosis at the School of Dentistry.

Due to the requirements of some extramural clinics, an additional TB test will be required prior to entering 3rd year DDS class and 2nd year IDS class.

4. Compliance

Students who do not comply with these immunization policies will be referred to their Group Practice Leader for disciplinary action, including but not limited to reduction in the Patient Management or Professionalism grade, restriction from participating in extramural rotations, and withholding of clinical privileges. Students who do not provide all of their immunization information by the fall quarter of first year will be withheld from clinical instruction in the ICS I course.

# Appendix B

## Sequence for putting on and taking off PPE



