

Responding to Potential COVID-19 Exposure in a Dental Office: Three Scenarios

Considering the current spread of COVID-19, it is inevitable that dental teams will be faced with exposure to patients, and possibly team members, who are identified as COVID-19 positive in the practice. Below we have outlined how to address three different scenarios dental offices are likely to encounter in the context of the COVID-19 pandemic.

Scenario One: Unknowingly Treating an Infected Patient

A patient who was treated for an emergency in the past 14 days calls your practice and informs you they have tested positive with COVID-19. What should you do?

1. Obtain information from the patient regarding when they became symptomatic and when they tested positive for COVID-19.
2. Immediately after the call, complete an internal contact trace of the patient's time in the clinic.
 - i. Patient Check-In/Check-Out:
 - a) Who greeted/screened the patient?
 - i. Was there a pre-screen completed including temperature taken? If yes, check results.
 - ii. What PPE was the patient wearing?
 - iii. What PPE was the team member wearing?
 - iv. What interaction/contact did the team member have with the patient?
 - v. Is this team member in the practice today?
 - b) Was the procedure for disinfecting after screening the patient at the front desk followed?
 - i. Did the team member disinfect the space?
 - ii. What did the patient touch, use or handle?
 - c) Was the patient accompanied by another individual?
 - d) Were there any other patients, team members or clinicians present in the immediate vicinity while the patient was checking in or out?
 - ii. Dental Treatment:
 - a) Who participated in the patient's treatment?
 - i. Are these team members in the practice today?
 - ii. Were any other team members possibly exposed during the treatment?
 - iii. What PPE were team members wearing?
 - iv. What procedure was completed and were aerosols generated?

- b) Where was the patient treated?
 - i. What was the procedure followed to disinfect and sanitize the room?
 - ii. Was there a patient treated after the infected patient in the same room? If yes, how long after treatment?
 - iii. Explain the sterilization process followed post treatment.
 - iii. Thoroughly document your findings to all of the above questions, including those questions which you could not answer.
 3. Contact the local Public Health Agency for guidance.
 4. Perform a thorough environmental cleaning of the clinic, especially surfaces and objects that the infected individual may have touched.*
 5. Depending on the direction from your local Public Health Agency and other factors, it may be necessary to disclose the possible transmission to patients and/or team-members.
 6. Connect with your Human Resources team or office manager on proper communication.
 - i. It is important to manage this disclosure well. You don't want to cause unnecessary alarm, nor should you downplay any risks.
 - ii. It is important to have a close understanding of the facts when you make a disclosure.
 - iii. It is always advisable to encourage patients and/or team members to independently contact the public health agency if there was any risk of transmission.
 7. There is a possibility that involved team members will need to comply with a 14-day self-isolation to monitor symptoms and overall health. This decision will be made based on all the facts, the recommendations of public health, and in coordination with the office manager and HR team.
 8. If isolation is indicated, the clinic will need to reassess the ability for the practice to remain open.
 9. If the clinic will close, follow office closing procedures provided by your office manager.

Scenario Two: Patient Fails COVID-19 Screening In-Office

There is a dental emergency patient in your practice who you have pre-screened on the phone prior to them entering the clinic. You begin to complete your secondary pre-screen in person and find that the person has in fact been experiencing symptoms and has a temperature of 38 degrees. What do you do?

1. Ask the patient to sanitize their hands and have them immediately don a mask.
2. Sanitize your hands and safely don the appropriate PPE (if not already wearing) – gown, gloves, mask, eye protection.
3. If you do not have the proper facility and or PPE to safely treat a COVID-19 positive patient, dismiss the patient to go self-isolate and contact them by phone to determine next steps (e.g. contacting the Public Health Agency and referring them to another practice for their emergency treatment)

4. If you have the proper facility and PPE as outlined by your regulatory body to treat COVID-19 patients:
 - a. Isolate the patient immediately:
 - i. have the patient proceed immediately to the operatory in which they will be treated, or
 - ii. have the patient return to their vehicle until the operatory is ready, or
 - iii. isolate the patient in a closed-door room until the operatory is ready.
5. Immediately after the patient has left the waiting room, disinfect the entire area. Be sure to disinfect all surfaces that may have been touched by the individual, and if the patient is receiving treatment, be prepared to dismiss the patient using appropriate PPE and disinfect again.*
6. Contact your local Public Health Agency to report the case and direct the patient on next steps.
7. If the patient subsequently tests positive for COVID-19 and you think you have been exposed, (e.g. greeted/screened patient without appropriate PPE), it may be prudent to begin a 14-day self-isolation to rule out symptoms and monitor your health.

Scenario Three: Team Member Working at the Practice while Unknowingly Being Infected

A team member has been working in the practice recently, and the team member informs the practice manager that they have tested positive for COVID-19. What do you do?

1. Obtain information from the team member:
 - a. When did the team-member test positive for COVID-19?
 - b. When did the symptoms start?
 - c. What days was the team member working during the 14 days before symptoms?
 - d. What was the last day the team member was in the practice?
 - e. What interactions did the team member have with patients?
 - f. What interactions did the team member have with other team members?
2. Once this information is gathered, connect with your Compliance and Human Resources teams on proper communication to give to any possible affected patients and/or your team members.
3. If the COVID-19 positive team-member was in the practice within the last four days, perform a thorough disinfection of the practice, including heightened environmental cleaning of all objects and surfaces the team member would have contacted.*
4. Report the situation to the local Public Health Agency for guidance on next steps.
5. Depending on the direction from your local Public Health Agency, it may be necessary to disclose the possible transmission to other team-members and/or patients.
6. Connect with your Human Resources teams on proper communication.
 - a. If indicated, disclosure will be made to patients and/or your team members.
 - b. It is important to manage this disclosure well. You don't want to cause unnecessary alarm, nor should you downplay any risks.
 - c. It is important to have a close understanding of the facts when you make a disclosure.

- d. It is always advisable to encourage patients and/or team members to independently contact the public health agency if there was any risk of transmission
7. There is a possibility that team members who had prolonged contact with the infected individual will need to comply with a 14-day self-isolation to monitor symptoms.
8. If self-isolation is indicated, the office will need to assess the ability to remain open.
9. If this is not possible, you should follow the office closing procedures from your Operations team.

* **Environmental Cleaning & Infection Control** for COVID-19 is the same for other contact/droplet viruses, like influenza. Additional precautions being recommended include airborne precautions (such as the use of N95 mask in certain situations), however this is out of an abundance of caution. The Ontario Provincial Infectious Diseases Advisory Committee on Infection Prevention and Control has provided [best practices for infection prevention and control](#) in clinical office settings (pg. 40-51), as well as best practices for environmental cleaning . (pg. 107-11)

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