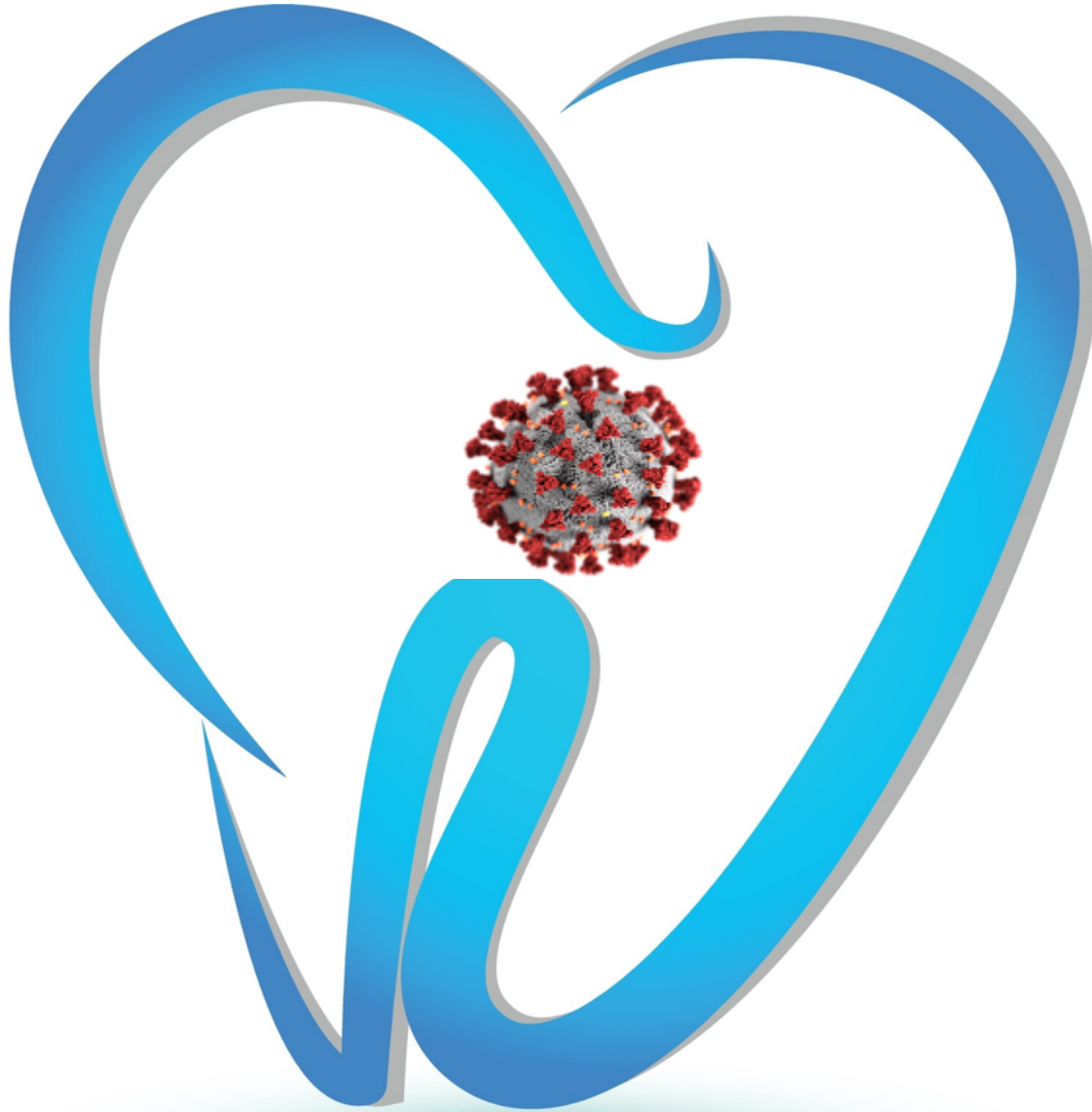


Covid-19 Emergency Response Plan for a New York Dental Practice



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Preface

New York (NY) is a state located in the northern United States with more than 19 million residents in 2019. NYC metropolitan area is the most populous city in the United States and with 3 international airports; it's the gateway hub of the world.

The COVID-19 pandemic exposed the fact that most state departments of health, hospitals and other facilities were not prepared to mitigate the spread or address the health needs of affected populations. They lacked both the social capital and resources to effectively respond to the surge capacity needs in patient care. Additionally, coordinated emergency planning and response efforts proved inadequate to protect the lives of the most vulnerable populations, the elderly and people with preexisting conditions.

According to the World Health Organizations' Country Office in the People's Republic of China received a statement from the Wuhan Municipal Health Commission cases of viral pneumonia in Wuhan, China, on December 31st, 2019.¹ Eventually, it arrived in the United States, where the first confirmed case occurred on January 21st, 2020.² As of September 5, 2020, data from the Johns Hopkins COVID-19 Dashboard indicates there have been 6,269,916 million COVID-19 cases in the United States and 188,791 deaths.¹ Worldwide, COVID-19 has claimed the lives of 883,529M individuals, thereby demonstrating the severity of this novel virus and the devastating impact it has on the country's healthcare system and infrastructure.²

The Northeastern region of the United States was severely impacted by COVID-19, with New York becoming the epicenter of the pandemic. Hospitals quickly became overwhelmed with high numbers of positive COVID-19 cases.

On March 7, 2020, Governor Andrew M. Cuomo issued Executive Order 202, declaring a state of emergency in response to COVID-19. Community transmission of COVID-19 has occurred throughout New York. To minimize further spread, social distancing of at least six feet must be maintained between individuals, where possible.

On March 20, 2020, Governor Cuomo issued Executive Order 202.6, directing all non-essential businesses to close in-office personnel functions.³ Although dental facilities were to close, emergency dental was designated as an essential health care operation and must comply with the guidance and directives for maintaining a clean and safe work environment along with social distancing measures in place.

On April 12, 2020, Governor Cuomo issued Executive Order 202.16, directing essential businesses to provide employees, who are present in the workplace, with a face covering, at no-cost, that must be used when in direct contact with customers or members of the public during the course of their work.

¹ Johns Hopkins COVID-19 Dashboard. <https://coronavirus.jhu.edu/map.html>

² CDC CASES, DATA & SURVEILLANCE, <https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/cases-in-us.html>

³ New York State Department of Health, INTERIM GUIDANCE FOR DENTISTRY DURING THE COVID-19 PUBLIC HEALTH EMERGENCY, <https://www.governor.ny.gov/sites/governor.ny.gov/files/atoms/files/DentistryMasterGuidance.pdf>

⁴ CDC; Symptoms of Coronavirus, <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>

On April 15, 2020, Governor Cuomo issued Executive Order 202.17, directing that any individual who is over age two and able to medically tolerate a face-covering must cover their nose and mouth with a mask or cloth face-covering when in a public place and unable to maintain, or when not maintaining, social distance.

On May 29, 2020, Governor Cuomo issued Executive Order 202.34, authorizing business operators/owners with the discretion to deny admittance to individuals who fail to comply with the face covering or mask requirements.

On April 26, 2020, Governor Cuomo announced a phased approach to reopen industries and businesses in New York in phases based upon a data-driven, regional analysis.

On May 11, 2020, Governor Cuomo announced that the first phase of reopening would begin on May 15, 2020 in several regions of New York, based upon available regional metrics and indicators.

On May 29, 2020, Governor Cuomo announced that the second phase of reopening would begin in several regions of the state, and announced the use of a new early warning dashboard that aggregates the state's expansive data collection efforts for New Yorkers, government officials, and experts to monitor and review how the virus is being contained to ensure a safe reopening.

On June 11, Governor Cuomo announced that the third phase of reopening would begin on June 12 in several regions of New York.

In addition to the following standards, businesses must continue to comply with the guidance and directives for maintaining clean and safe work environments issued by DOH. This plan is designed to ensure that dental facilities are prepared to effectively respond to the ongoing COVID-19 pandemic.

DHCP: References to “DHCP” include all paid and unpaid personnel in the dental health care setting who might be occupationally exposed to infectious materials, including body substances and contaminated supplies, equipment, environmental surfaces, water, or air. DHCP include dentists, dental hygienists, dental assistants, dental laboratory technicians (in-office and commercial), students and trainees, contractual personnel, and other persons not directly involved in patient care but potentially exposed to infectious agents (e.g. administrative, clerical, housekeeping, maintenance, or volunteer personnel), per CDC’s Guidelines for Infection Control in Dental Healthcare Settings.³

Glossary of Terms/Acronyms

CDC	Centers for Disease and Prevention
AGD	Academy of General Dentistry
WHO	World Health Organization’s
DHCP	Dental Healthcare Personnel
NYSDA	New York State Dental Association
OSHA	Occupational Safety and Health Administration
FEMA	Federal Emergency Management Agency

SIGNATURE PAGE

The primary dentist(s) and appointed leaders approve this policy and practices set forth in this COVID-19 Emergency Preparedness Plan

Principal Dentist Date

Principal Dentist Date

Facility Manager Date

Local Department of Health Date

Local General Hospital Date

Local Police Department Date

MISSION STATEMENT

The mission of this disaster plan is to ensure that the dental practice in the New York metropolitan area have the ability to preserve staff and patient care given to its local surrounding communities during the COVID-19 pandemic, recovery and any future epidemics/pandemics.

PURPOSE

This plan was created to provide dental healthcare personnel (DHCP) with precautions to help protect against the spread of COVID-19 as dentistry facilities re-open or continue to operate for elective and emergency procedures. This guidance applies to all dental care, including emergency and non-emergency/elective care. This plan is to be used as a guide and the dental facility/office is free to provide additional information as new data become available. These guidelines are based on the best-known public health practices at the time of Phase II of the State’s reopening, and the documentation upon which these guidelines are based can and does change frequently.

INTERNAL COMMUNICATIONS

The person(s) who is in charge of directing the COVID-19 Plan, also referred to as the Incident Commander. [See Attachment A for a copy of an Incident Command System Organizational Chart in case you would like to adapt one for your own facilities use].

The Incident Commander will direct all facility announcements regarding COVID-19. Facilities should utilize intercom, email, and SMS messages to alert employees and patients of information on information and policies. Cell phones will also be utilized by staff for urgent communications.

EXTERNAL COMMUNICATIONS

All external communication will also be directed and approved by the person in charge of the COVID-19 response, this includes appropriate communication between the facility and local Department of Health, AGD (for reporting purposes) and CDC as indicated.

We plan on expanding and adopting a reporting COVID-19 information through the CDC's National Health Safety Network (NHSN) system.² This information will be used to support surveillance of COVID-19 locally and nationally, monitor trends in infection rates, and inform public health policies and actions.² Communication will be via telephone, email and social media: Twitter, Instagram and Facebook.

AUTHORITIES

1. CDC
2. CMS Emergency Preparedness Regulation
3. Academy of General Dentistry (AGD)
4. New York State Dental Association (NYSDA)
5. OSHA Regulations
6. The Joint Commission
7. EPA

MUTUAL-AID AGREEMENTS

The following agencies will provide mutual aid in the event of a COVID-19 outbreak:

1. Local Department of Health
2. Office of Emergency Management (OEM)
3. Division of Emergency Management and Homeland Security
4. Emergency Medical Services (EMS)
5. Local Law Enforcement and Public Service Sectors
6. New York State Dental Association (NYSDA)
7. The Joint Commission
8. EPA

² AGD MEMBER RETURN TO WORK GUIDANCE

https://www.agd.org/docs/default-source/practice-tools/covid-19-return-to-work-resources/agd-member-return-to-work-guidance_5_13_2020.pdf?sfvrsn=622fd28_2

DENTAL FACILITY PROFILE

Dental Facility name	
Facility address	
Facility contact name and emergency phone number	
Facility main phone number	
Total number of patient dental chairs/rooms	
Dental facility staffing:	
<ul style="list-style-type: none"> • Dentists 	
<ul style="list-style-type: none"> • Hygienists 	
<ul style="list-style-type: none"> • Non-clinical staff 	

Facility is located:	Check all that apply
	<input type="checkbox"/> As part of a dental university/school
	<input type="checkbox"/> Stand-alone, in a metro area

GUIDANCE OF OPERATIONS

The guidance outlined in this plan is from both the CDC and NYC Department of Health Dentistry Master Guidance plan. The following guidance is organized into three distinct categories: Standards, patient care, and dental facilities.

STANDARDS

No dentistry activities can occur without meeting the following minimum New York State standards, as well as applicable federal requirements, including but not limited to such minimum standards of the Centers for Disease Control and Prevention (CDC), Environmental Protection Agency (EPA), and United States Department of Labor’s Occupational Safety and Health Administration (OSHA).³ The State standards contained within this guidance apply to all dentistry activities in operation during the COVID-19 public health emergency until rescinded or amended by the State.³ The dentistry facility Incident Commander, or another party as may be designated by the dentistry facility owner/manager (in either case, “the Responsible Parties”) shall be responsible for meeting these standards.³

DHCP AND PATIENT CARE

Patient Communications

Dental facilities need to continue to communicate with their patients as if it were back in practice. There are many ways to reach out to patients, such as phone calls, texts, emails or social media.³ For some patients, a personal phone call from either a member of the dental team or a dentist is the best method of interaction. The global COVID-19 pandemic may have affected patients financially, physically and psychologically.³ Patients will want to be reassured that it's safe to come back to the dentist.³

Be vigilant about documenting all patient interactions for risk management, regardless of the method of communication. It is important that you obtain a specific COVID-19-focused informed consent from each patient before they come to the office.³ An example of a supplemental informed consent form can be found in **Annex 5**.

All staff employees should receive a baseline test and should be tested weekly and receive a single baseline test for COVID-19. Temperature checks will be taken at the beginning of an employee's shift. It is recommended that they conduct temperature checks in the morning and evening.

Any suspected case among staff should be reported to the local health department who will then initiate testing and contact tracing if necessary. An example of a supplemental informed consent forms can be found in **Annex 7: Back to Work Consent Form** and **Annex 8: Employee COVID-19 Screening Tool Form**.

The dental practice must implement mandatory health screening practices all DHCP, patients and visitors including temperature checks and respond to a questionnaire either by phone or online prior to the appointment.

The questionnaire must include the following information; has the individual:

1. knowingly been in close or proximate contact in the past 14 days with anyone who has tested positive for COVID-19 or who has or had symptoms of COVID-19;
2. tested positive for COVID-19 in the past 14 days; and/or
3. has experienced any symptoms of COVID-19 in the past 14 days.

Symptoms of Covid-19 according to the CDC guidelines:

COVID-19 have had a wide range of symptoms reported – ranging from mild symptoms to severe illness. Symptoms may appear 2-14 days after exposure to the virus. People with these symptoms may have COVID-19:

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache

- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

Screening should also include social contacts with known or suspected COVID-19-positive individuals as well as travel locations within the previous 14 days. A sample screening tool can be found in **Annex 6**.

Patients, team members or visitors reporting any of the symptoms above or demonstrating a temperature of 100.4 F or higher should be referred to their primary care practitioner with postponement of any dental treatment.³ As the pandemic continues and patients return to dental practices for treatment, dentists' access to a database for COVID-19 status or a COVID-19 vaccine (when available) would benefit public health.

Dentists could serve as sources of point-of-care testing to relieve some of the burden on other testing and healthcare facilities.³ AGD has been advocating for expansion of the prescription drug monitoring program (PDMP) to include COVID-19 status.³ The dental office must ensure that any personnel performing screening activities, including temperature checks, are appropriately protected from exposure to potentially infectious individuals. Personnel performing screening activities should be trained by employer-identified individuals who are familiar with CDC, DOH, and OSHA protocols.³

1. Screeners should be provided and use PPE, including at a minimum, a face mask.
2. Dental treatment for an individual who screens positive for COVID-19 symptoms should be deferred if possible and patient is not in need of urgent dental care.
3. If emergency dental care is necessary, conform to CDC's Interim Infection Prevention and Control Recommendations or refer to a facility that has appropriate engineering controls in place to take care of the patient.
4. A DHCP who screens positive for COVID-19 symptoms must not be allowed to enter the worksite and must be sent home with instructions to contact their healthcare provider for assessment and testing.
5. The dental office should provide such individuals with information on healthcare and testing resources.
6. The dental office must immediately notify the state and local health department about the case if test results are positive for COVID-19.
7. The dental office must immediately notify the state and local health department of any positive cases.
8. The dental office should provide the individual with information on healthcare and testing practices.

Dental offices must designate a central point of contact, which may vary by activity, location, shift or day, responsible for receiving and attesting to having reviewed all questionnaires, with such contact also identified as the party for individuals to inform if they later are experiencing COVID-19- related symptoms, as noted on the questionnaire.

PHASED REOPENING

Phase-in reopening is important so as to allow for operational issues to be resolved before production or work activities return to normal levels. Dental offices should consider limiting the number of employees or staggering of staff schedules, hours, and number of patient appointments available when first reopening so as to provide operations with the ability to adjust to the changes highlighted in this plan. The dental facility may consider a virtual check-in/waiting room or request that patients remain outside the building until called in via text/phone. Patients should remain in their cars or outside the building until the treatment room is ready. Companions of patients, unless deemed necessary, should not enter the facility. Only a parent or guardian of a minor or a special needs adult may accompany a patient into the facility.³

DISINFECTION AND CLEANING

Dental facility must adhere to hygiene, cleaning and disinfection requirements after each patient visit or procedure as advised by the CDC and DOH. A log must be maintained including the date, time and scope of cleaning and disinfection.

Have DHCP wait 15 minutes after completion of dental visit or procedure to allow potential for droplets to fall from the air before cleaning and disinfection of surfaces in the dental operatory.³

The DHCP must clean operatory while wearing at minimum gloves, surgical mask, and eye protection such as goggles or face shield.³ Hand hygiene stations must be provided, maintained and available throughout common areas; for handwashing: soap, running warm water, and disposable paper towels. For hand sanitizing: an alcohol-based hand sanitizer containing at least 60% alcohol for areas where handwashing facilities may not be available or practical.³

Touch-free hand sanitizer dispensers should be installed where possible. Signage should be placed near hand sanitizer stations indicating that visibly soiled hands should be washed with soap and water; hand sanitizer is not effective on visibly soiled hands. Receptacles should be placed around the dental facility for disposal of soiled items, including PPE.

Responsible Parties must provide appropriate Cleaning and disinfection supplies must be available for shared and frequently touched surfaces and encourage staff to use these supplies, following manufacturers' instructions, before and after use of these surfaces, followed by hand hygiene. Dental facilities must conduct regular cleaning and disinfection of the facility and more frequent cleaning and disinfection for high risk areas used by many individuals and for frequently touched surfaces. Cleaning and disinfection must be rigorous and ongoing and should occur at least after each shift, daily, or more frequently as needed.

Restrooms must be cleaned regularly and disinfected. Restrooms should be cleaned and disinfected more often depending on frequency of use.

Signage and or occupied markers will be used in distancing rules are adhered to reduce restroom capacity where feasible. Equipment and tools must be regularly cleaned and disinfected using hospital grade disinfectant.

IN CASE A PATIENT IS CONFIRMED TO HAVE COVID-19:

Disinfection of exposed areas with such cleaning and disinfection to include, at a minimum, all heavy transit areas and high-touch surfaces (e.g. elevators, waiting areas, entrances, badge scanners, restrooms handrails, door handles).

Affected areas need to be closed off and cleaned and disinfected. Shared building spaces used by the individual must also be shut down, cleaned and disinfected (e.g. elevators, waiting areas, restrooms). Immediately communicate information about individuals suspected or confirmed to have COVID-19 to all impacted entities occupying space in the building and inform them of which spaces are shut down and once they are re-opened. Open outside doors and windows to increase air circulation in the area. Wait 24 hours before you clean and disinfect. If 24 hours is not feasible, wait as long as possible.

SOCIAL DISTANCING:

Dental Facilities must ensure that a distance of at least six feet is maintained among patients, accompanying visitors, and staff at all times, unless safety of the core activity requires a shorter distance (e.g. provision of care during dental visits and procedures); and must ensure that patients and accompanying visitors wear face coverings at all times when in the dental facility, except when undergoing dental procedure.³

The dental facility may consider adapting scheduling protocols for patients so that providers have sufficient time to change personal protective equipment (PPE) and ensure rooms and equipment can be cleaned and disinfected between each patient, as well as to allow aerosolized particles time to settle to minimize aerosol contamination.³

Acceptable face coverings for COVID-19 include but are not limited to cloth-based face coverings and disposable masks that cover both the mouth and nose.³

DENTAL FACILITY PROTOCOLS

Dental facilities must modify or restrict access to any waiting area seating to allow six feet of distance in all directions (e.g. spacing chairs, instructing people to sit in alternating chairs).

Dental facilities should remove any frequently touched objects that cannot be cleaned and disinfected regularly (e.g. toys, magazines, pens) from the waiting area or anywhere in the office.

Dental facilities may enact physical barriers (e.g. plastic shielding walls in areas where they would not affect air flow, heating, cooling, or ventilation).

If used, physical barriers should be put in place in accordance with OSHA guidelines, especially in reception areas to limit contact between patients and staff.

Physical barrier options may include strip curtains, plexiglass or similar materials, or other impermeable dividers or partitions.

Signs or tape should be put in place to reduce bi-directional foot traffic in narrow aisles, hallways, or spaces and post signage and distance markers denoting spaces of six feet in all commonly used areas to avoid congregation.

Signage must be posted around the dental facility consistent with DOH COVID-19 signage to remind DHCP, patients, and visitors to:

- Cover their nose and mouth with a face-covering.
- Properly store and, when necessary, discard personal protective equipment (PPE).
- Adhere to physical distancing instructions.

Report symptoms of or exposure to COVID-19, and how they should do so.

Follow hand hygiene and cleaning and disinfection guidelines.

Dental offices can develop their own customized signage specific to their workplace or setting, provided that such signage is consistent with the Department's signage to maintain consistency.

COVID-19 TRACING AND TRACKING

Should a DHCP test positive for COVID-19 the incident commander at the dental office must notify the state and local health department immediately and must be prepared to receive reports of positive cases from DHCP, patients, or visitors, and notify as follows:

1. In the case of a DHCP, patient, or visitor testing positive, the incident commander must cooperate with the state and local health department as required to trace all contacts in the workplace, and the state and local health department where the facility is located must be notified of all individuals who entered the site dating back 48 hours before the individual first experienced COVID-19 symptoms or tested positive, whichever is earlier.
2. Confidentiality must be maintained as required by federal and state law and regulations.
3. State and local health departments may, under their legal authority, implement monitoring and movement restrictions of infected or exposed persons including home isolation or quarantine.
4. Individuals who are alerted that they have come into close or proximate contact with a person with COVID-19, and have been alerted via tracing, tracking or other mechanism, are required to self-report to their employer at the time of alert and shall follow the protocol referenced above.

COVID-19 TESTING

At every regulatory level, AGD is aggressively advocating for dentists' ability to purchase and administer COVID-19 point-of-care testing. Testing availability is increasing, and tests should currently have at least an FDA Emergency Use Authorization (EUA) status.

COVID-19 VACCINE

Once a COVID-19 vaccine becomes available, all employees, patients, and visitors will be required to get vaccinated.

References

Johns Hopkins COVID-19 Dashboard. <https://coronavirus.jhu.edu/map.html>

CDC CASES, DATA & SURVEILLANCE, <https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/cases-in-us.html>

New York State Department of Health, INTERIM GUIDANCE FOR DENTISTRY DURING THE COVID-19 PUBLIC HEALTH EMERGENCY,

<https://www.governor.ny.gov/sites/governor.ny.gov/files/atoms/files/DentistryMasterGuidance.pdf>

CDC; Symptoms of Coronavirus, <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>

AGD Member return to work guidance

https://www.agd.org/docs/default-source/practice-tools/covid-19-return-to-work-resources/agd-member-return-to-work-guidance_5_13_2020.pdf?sfvrsn=622fd28_2

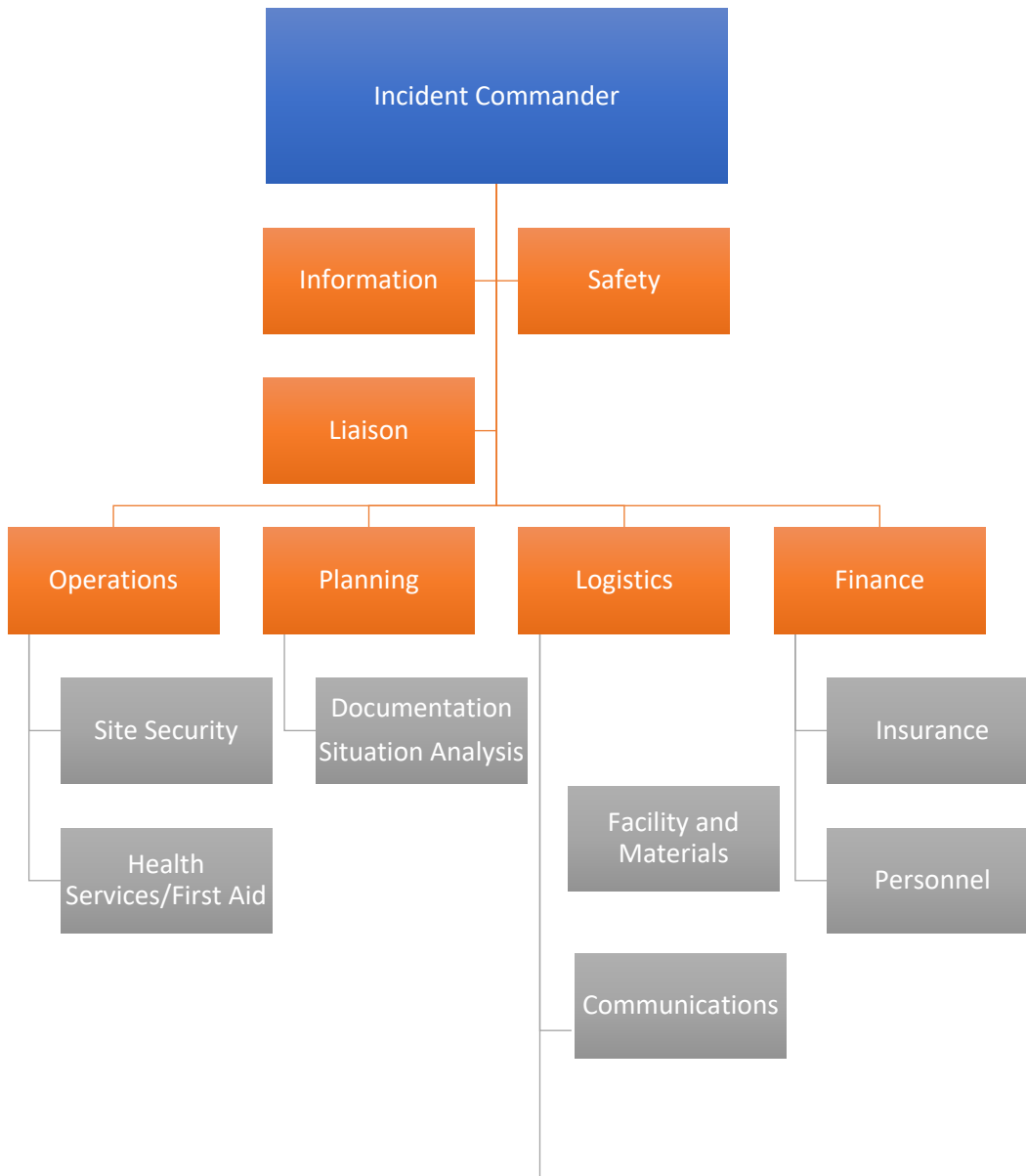
CDC, PPE Donning on/off <https://www.cdc.gov/hai/pdfs/ppe/ppeposter148.pdf>

Annex 1: Threat and Hazards Assessment Table




*Adjust based on threats pertinent in your state/country

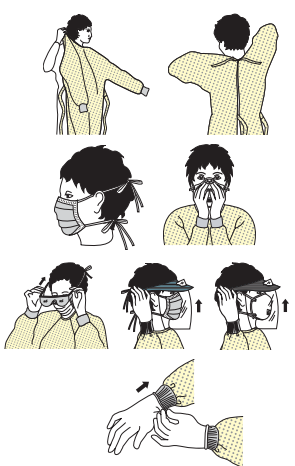

Natural	Technological	Human-caused
<p>Resulting from acts of nature</p> <p>Severe Winter Weather- winter storms, which often affect the Northeast, result in extreme cold, severe winds, snow accumulation, compromised transit system, blocked highways, roads, and bridges.²</p> <p>Seasonal Influenza or other communicable diseases: Center for renowned academic, healthcare and financial institutions - easily vulnerable to communicable diseases such as Ebola virus due to primary source exposure and international community.</p> <p>Hurricanes: Due to extreme weather. The east coast is always at risk of being hit with Hurricanes causing massive infrastructure damage power outages and floods.²</p> <p>Pandemics- New York is the epicenter of the current pandemic- the coronavirus, also known as Covid-19. This current pandemic is due to population density and people arriving all over the globe from international airports.³</p> <p>Floods – New York City has had a significant number of historical flood events, most recent was Superstorm Sandy in October 2012.¹ Frequent water main breaks also severely impacted the transit system, as well as residential and commercial property damage.</p> <p>Fire: With increased temperatures and lack of or improperly set up smoke detectors, fires can destroy Universities, business, homes and contribute to premature deaths while also affecting the economy.⁹</p>	<p>Involves accidents or the failures of systems and structures</p> <p>Train/subway interruption/derailment: Many NYC residents depend on MTA transit services to commute to school, work, and it is a means of transportation for tourists. A derailed train can result in fatal mass casualties and disruption of service. Thus, the maintenance of MTA services can be affected by extreme weather conditions and system failures.⁴</p> <p>Information Technology and IT disruption, and interruption– We live in a digital environment, any disruption would impair our quality of life and would affect numerous financial, health, and academic institutions.</p> <p>Cyberattacks and data breaches– 90% of Cyber-attacks and data breaches occur in New York City and California.⁶ Both workplace and in our homes is at high risk of cyberattacks given the increasing use of technology used in the group practice, patient records, classrooms, and dental equipment.</p> <p>Power outage: Due to climate change, severe weather, and other factors; lack of power disrupts every facet of people's quality of life from heat to the city's transit system.⁵</p>	<p>Caused by the intentional actions of an adversary</p> <p>Terrorism- NYC is a prime target given its large population density and its reputation of being a central hub for tourism⁷.</p> <p>Workplace Violence– The staff may face risks of violence from combative patients. This can jeopardize the safety of the front desk staff and fellow patients. This often leads to lock down and interrupt the essential services to the community, jeopardizing staff safety and patients' treatments.⁸</p> <p>Active Shooter: Given the prevalence of active shooter incidents in recent years, people have become very familiar with the impact it has on communities and the mental health of survivors and their families.</p> <p>Demonstrations/Protests: Demonstrating free speech is our constitutional right; when it's a large gathering it can interfere with public safety, interrupt traffic and mass transit. However; if it becomes violent, it jeopardizes people's lives and destruction of commercial and private property.</p> <p>Radiation Chemical biohazards: Digital imaging and chemical biohazards are common elements in a dental office. Continuous exposure to Ionizing radiation and biohazards pose a threat to the health of the dentists and staff.</p> <p>Shelter in place and or evacuations: From natural or man-made threats both external and internal the dental office pose a threat to everyone in the vicinity.</p>

Annex 2: Incident Command Organizational Chart Dental Office/Facility



Annex 3: Sequence for Donning Personal Protective Equipment

SEQUENCE FOR REMOVING PERSONAL PROTECTIVE EQUIPMENT (PPE)	SECUENCIA PARA QUITARSE EL EQUIPO DE PROTECCIÓN PERSONAL (PPE)
<p>Except for respirator, remove PPE at doorway or in anteroom. Remove respirator after leaving patient room and closing door.</p> <p>1. GLOVES</p> <ul style="list-style-type: none"> Outside of gloves is contaminated! Grasp outside of glove with opposite gloved hand; peel off Hold removed glove in gloved hand Slide fingers of ungloved hand under remaining glove at wrist Peel glove off over first glove Discard gloves in waste container <p>2. GOGGLES OR FACE SHIELD</p> <ul style="list-style-type: none"> Outside of goggles or face shield is contaminated! To remove, handle by head band or ear pieces Place in designated receptacle for reprocessing or in waste container <p>3. GOWN</p> <ul style="list-style-type: none"> Gown front and sleeves are contaminated! Unfasten ties Pull away from neck and shoulders, touching inside of gown only Turn gown inside out Fold or roll into a bundle and discard <p>4. MASK OR RESPIRATOR</p> <ul style="list-style-type: none"> Front of mask/respirator is contaminated — DO NOT TOUCH! Grasp bottom, then top ties or elastics and remove Discard in waste container  	<p>Con la excepción del respirador, quítese el PPE en la entrada de la puerta o en la antesala. Quítese el respirador después de salir de la habitación del paciente y de cerrar la puerta.</p> <p>1. GUANTES</p> <ul style="list-style-type: none"> ¡El exterior de los guantes está contaminado! Agarre la parte exterior del guante con la mano opuesta en la que todavía tiene puesto el guante y quíteselo Sostenga el guante que se quitó con la mano enguantada Deslice los dedos de la mano sin guante por debajo del otro guante que no se ha quitado todavía a la altura de la muñeca Quítese el guante de manera que acabe cubriendo el primer guante Arroje los guantes en el recipiente de desechos <p>2. GAFAS PROTECTORAS O CARETA</p> <ul style="list-style-type: none"> ¡El exterior de las gafas protectoras o de la careta está contaminado! Para quitárselas, tómelas por la parte de la banda de la cabeza o de las piezas de las orejas Colóquelas en el recipiente designado para reprocesar materiales o de materiales de deshecho <p>3. BATA</p> <ul style="list-style-type: none"> ¡La parte delantera de la bata y las mangas están contaminadas! Desate los cordones Tochando solamente el interior de la bata, pásela por encima del cuello y de los hombros Voltee la bata al revés Dóblela o enróllela y deséchela <p>4. MÁSCARA O RESPIRADOR</p> <ul style="list-style-type: none"> La parte delantera de la máscara o respirador está contaminada — ¡NO LA TOQUE! Primero agarre la parte de abajo, luego los cordones o banda elástica de arriba y por último quítese la máscara o respirador Árrójela en el recipiente de desechos 
PERFORM HAND HYGIENE IMMEDIATELY AFTER REMOVING ALL PPE	EFECTÚE LA HIGIENE DE LAS MANOS INMEDIATAMENTE DESPUÉS DE QUITARSE CUALQUIER EQUIPO DE PROTECCIÓN PERSONAL

SEQUENCE FOR DONNING PERSONAL PROTECTIVE EQUIPMENT (PPE)	SECUENCIA PARA PONERSE EL EQUIPO DE PROTECCIÓN PERSONAL (PPE)
<p>The type of PPE used will vary based on the level of precautions required; e.g., Standard and Contact, Droplet or Airborne Infection Isolation.</p> <p>1. GOWN</p> <ul style="list-style-type: none"> Fully cover torso from neck to knees, arms to end of wrists, and wrap around the back Fasten in back of neck and waist <p>2. MASK OR RESPIRATOR</p> <ul style="list-style-type: none"> Secure ties or elastic bands at middle of head and neck Fit flexible band to nose bridge Fit snug to face and below chin Fit-check respirator <p>3. GOGGLES OR FACE SHIELD</p> <ul style="list-style-type: none"> Place over face and eyes and adjust to fit <p>4. GLOVES</p> <ul style="list-style-type: none"> Extend to cover wrist of isolation gown  	<p>El tipo de PPE que se debe utilizar depende del nivel de precaución que sea necesario; por ejemplo, equipo Estándar y de Contacto o de Aislamiento de infecciones transportadas por gotas o por aire.</p> <p>1. BATA</p> <ul style="list-style-type: none"> Cubra con la bata todo el torso desde el cuello hasta las rodillas, los brazos hasta la muñeca y dóblela alrededor de la espalda Átesela por detrás a la altura del cuello y la cintura <p>2. MÁSCARA O RESPIRADOR</p> <ul style="list-style-type: none"> Asegúrese los cordones o la banda elástica en la mitad de la cabeza y en el cuello Ajústese la banda flexible en el puente de la nariz Acomódesela en la cara y por debajo del mentón Verifique el ajuste del respirador <p>3. GAFAS PROTECTORAS O CARETAS</p> <ul style="list-style-type: none"> Colóquesela sobre la cara y los ojos y ajústela <p>4. GUANTES</p> <ul style="list-style-type: none"> Extienda los guantes para que cubran la parte del puño en la bata de aislamiento
USE SAFE WORK PRACTICES TO PROTECT YOURSELF AND LIMIT THE SPREAD OF CONTAMINATION	UTILICE PRÁCTICAS DE TRABAJO SEGURAS PARA PROTEGERSE USTED MISMO Y LIMITAR LA PROPAGACIÓN DE LA CONTAMINACIÓN
<ul style="list-style-type: none"> Keep hands away from face Limit surfaces touched Change gloves when torn or heavily contaminated Perform hand hygiene 	<ul style="list-style-type: none"> Mantenga las manos alejadas de la cara Limite el contacto con superficies Cambie los guantes si se rompen o están demasiado contaminados Realice la higiene de las manos

Annex 4: Patient Consent Form

SAMPLE

Patient Consent

Supplemental Informed Consent:
Dental Treatment in the Era of COVID-19

Thank you for your continued trust in our practice. As with the transmission of any communicable disease like a cold or the flu, you may be exposed to COVID-19, also known as “coronavirus,” at any time or in any place. Be assured that we continue to follow state and federal regulations as well as recommended universal personal protective equipment (PPE) and disinfection protocols to limit transmission of all diseases in our office.

Despite our careful attention to sterilization, disinfection and the use of personal barriers, there is still a chance that you could be exposed to an illness in our office, just as you might be exposed at your gym, grocery store or favorite restaurant. Nationwide social distancing has reduced the transmission of the coronavirus. Although we have taken measures to enable social distancing in our practice, due to the nature of the procedures we provide, it is not possible to maintain social distancing between the patient, dental healthcare team members and sometimes other patients at all times.

Although exposure is unlikely, do you accept the risk and consent to treatment?

Yes _____ No _____

Patient/Parent’s Signature

Date

Legal Disclaimer: This form is for sample purposes only. Consult with your attorney and your professional liability carrier to ensure that all of the dental practice’s informed consent forms comply with state law.

Source: West Virginia COVID-19 Task Force, West Virginia Dental Board Guidance

(This document should be customized for your office.)

Annex 5: Patient Screening Form

SAMPLE

COVID-19 Patient Screening Form

Patient Name	Before Appointment	In-Office Appointment
Are you over 60 years of age?	YES/NO	YES/NO
Do you have a preexisting condition such as lung disease, heart disease, diabetes, kidney disease or an autoimmune disorder?	YES/NO	YES/NO
Are you experiencing shortness of breath or trouble breathing?	YES/NO	YES/NO
Do you have a temperature of 100.4° F or higher?	YES/NO	YES/NO
Are you experiencing a sore throat?	YES/NO	YES/NO
Are you coughing?	YES/NO	YES/NO
Are you experiencing repeated shaking with chills?	YES/NO	YES/NO
Do you have muscle aches?	YES/NO	YES/NO
Are you experiencing gastrointestinal changes?	YES/NO	YES/NO
Have you noticed a loss of smell or taste?	YES/NO	YES/NO
Have you had contact with a known or suspected COVID-19-positive person?	YES/NO	YES/NO
In the last 14 days, have you traveled to an area that has a high incidence of COVID-19?	YES/NO	YES/NO
<i>If yes to the question above, please specify:</i>		

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Source: West Virginia COVID-19 Task Force, West Virginia Dental Board Guidance

(This document should be customized for your office.)

Annex 6: Back to Work Consent Form

SAMPLE

COVID-19 Back-to-Work Informed Consent

Team Member _____

I understand that COVID-19 has a long incubation period and that carriers who do not show signs or symptoms may still be contagious. _____ (initial)

I understand that dental procedures create an aerosol, which is one way that COVID-19 can be spread. _____ (initial)

I understand that, due to the characteristics of dental procedures, there is an inherent risk of potential COVID-19 contraction simply by being present in a dental office. _____ (initial)

_____ (sign/date)

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Source: West Virginia COVID-19 Task Force, West Virginia Dental Board Guidance

Annex 7: Employee COVID-19 Screening Tool Form

SAMPLE

Employee COVID-19 Screening Tool

Date: _____

Employee Name	Before Starting Shift				After Completing Shift				Additional Notes
	Temp	Cough	Shortness of Breath	Other Symptoms	Temp	Cough	Shortness of Breath	Other Symptoms	
		Y/N	Y/N			Y/N	Y/N		
		Y/N	Y/N			Y/N	Y/N		
		Y/N	Y/N			Y/N	Y/N		
		Y/N	Y/N			Y/N	Y/N		
		Y/N	Y/N			Y/N	Y/N		
		Y/N	Y/N			Y/N	Y/N		
		Y/N	Y/N			Y/N	Y/N		
		Y/N	Y/N			Y/N	Y/N		
		Y/N	Y/N			Y/N	Y/N		
		Y/N	Y/N			Y/N	Y/N		
		Y/N	Y/N			Y/N	Y/N		
		Y/N	Y/N			Y/N	Y/N		
		Y/N	Y/N			Y/N	Y/N		

Legal Disclaimer: This form is for sample purposes only. Consult with your attorney and your professional liability carrier to ensure that all of the dental practice’s informed consent forms comply with state law.

Source: West Virginia COVID-19 Task Force, West Virginia Dental Board Guidance

(This document should be customized for your office.)

