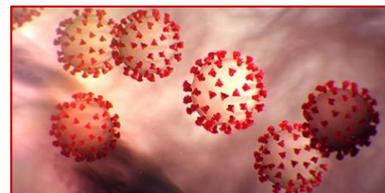


Novel Coronavirus Virus and the Dental Office



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As with the SARS outbreak in 2003 and the MERS epidemic in 2012, dental professionals throughout the country are concerned about the accuracy and reliability of what they've heard, read and seen about the Novel Coronavirus (recently renamed COVID-2019). More specifically, they want to know how and what to do; how to protect against the infection and what to tell staff and patients. The information in this piece is drawn from the CDC, the World Health Organization, Johns Hopkins University, and the American Dental Association.

Current Status

As of March 16th, 2020, the reported global number of COVID-19 cases had reached 175,223, with 6713 deaths; 77,867 have recovered and been discharged. A total of 3837 cases in have been reported throughout the country with 70 deaths. The U.S. Department of Health and Human Services has declared the outbreak to be a U.S. public health emergency. Federal and state restrictions are in place with a guarantee of more to come.

By comparison, the 2003 SARS outbreak recorded 8,098 cases with 774 deaths (9.6%) and the 2012 MERS Coronavirus (HCoV-EMC/2012) resulted in 2,499 cases and 861 deaths (34.5%). With current numbers, the World Health Organization estimated the fatality rate for Covid-19 is about 3.4%. And, to keep it in perspective, the CDC estimates in its weekly influenza report, at least 26 million cases of flu, with 250,000 hospitalizations and 14,000 deaths.

Center for Disease Control and Prevention

The CDC states that the virus is thought to spread mainly from person-to-person between people who are in close contact (within about 6') via respiratory droplets produced when an infected person coughs or sneezes. People are thought to be most contagious when they are highly symptomatic.

Before patient arrival:

When scheduling appointments, ask patients to inform you if they have symptoms of any respiratory infection (e.g., cough, runny nose, fever) and to take appropriate preventive actions (e.g., wear a facemask upon arrival to contain cough).

Take steps to ensure all persons with COVID-19 symptoms adhere to respiratory hygiene, cough etiquette, and hand hygiene by:

- a. Considering posting visual alerts (signs, posters) at entrance and rest rooms,
- b. Have facemasks available in reception area;
- c. Place tissues in the reception area and operatories
- d. Place non-touch waste receptacles in the reception area and operatories;
- e. Place hand hygiene signs/poster in restrooms.

Personal Protective Equipment:

Employees should wear appropriate personal protective equipment “in accordance with OSHA’s Bloodborne Pathogens standard” that requires appropriate PPE must be worn anytime there is a reasonable likelihood that blood, saliva, or any other potentially infectious material (OPIM) will reach your skin or (street) clothing.

*** Gloves:**

- a. Wear appropriate gloves for any exposure-potential task or activity;
- b. Change gloves if they become torn or heavily contaminated;
- c. Remove gloves before leaving the operatory and,
- d. Immediately perform hand hygiene.

*** Gowns: (lab coats, scrubs, etc.)**

- a. Wear a clean gown at the beginning of each day;
- b. Change the gown if/when it becomes visibly soiled;
- c. Remove and place contaminated gowns in a dedicated container;
- d. Remove and place disposable gowns in a waste container at the day’s end.

*** Eye protection:**

- a. Put on eye protection upon entry to the operatory;
- b. Remove eye protection before leaving the operatory;
- c. Clean reusable eye protection (e.g., goggles) prior to re-use;
- d. Discard disposable eye protection immediately after use.

- a. Follow normal use of facemasks in accordance with WISHA/OSHA Bloodborne Pathogens standard,
- b. Change facemasks between each patient,
- c. N95 respirators should be used in aerosol-generating procedures for patients with known or suspected COVID-19 ,
- d. Available respirators should be prioritized for aerosol-generating procedures,
- e. Disposable facemasks and respirators should be removed and discarded after single-patient use,
- f. When available, facemasks should be offered to patients with symptoms of respiratory infection,
- g. Wash or disinfect your hands after removing and discarding masks or respirators,

CDC NOTE: Employers are required to establish and maintain a Respiratory Protection Program and train employees in the proper use of respirators, including fit testing, putting them on and taking them off.

*** Hand Hygiene:**

- a. Wash your hands with soap and water if they are visibly soiled,
- b. Wash or disinfect your hands:
 1. After going to the bathroom; before eating; and after blowing your nose,
 2. After coughing, or sneezing;
 3. Use an alcohol-based hand sanitizer with at least 60% alcohol if soap and water are not readily available,

Standard Precautions:

Standard precautions should be followed when caring for any patient, regardless of suspected or confirmed COVID-19. Until a patient is determined to be without COVID-19 symptoms, staff should wear all recommended PPE (including masks) for patient encounters. For example, a facemask and eye protection should be worn during any procedures if splashes, sprays, or coughs could occur during patient treatment.

American Dental Association

The ADA recommends that staff should follow current CDC infection control procedures and use appropriate PPE as outlined above and in the WISHA (and OSHA) Bloodborne Pathogens Standard. Additionally, they should be on the lookout for patients who have traveled to China and show fever and respiratory symptoms. It added, *"Postponing non-emergent dental care in individuals who are ill, and proper referral for diagnosis of suspected cases of (the disease), is a critical role in reducing the spread of these dangerous diseases."*

SYMPTOMS

Common signs of infection include fever, cough, shortness of breath, and breathing difficulties. Experts are currently unsure whether the virus is able to transmit before or after the symptoms appear. If it worsens, it can cause pneumonia, severe acute respiratory syndrome, kidney failure or death.

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