



Safety Measures in Our Practice

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1 Training and Educating Our Team

One of the most important things we are doing during this time is to train and educate our staff.

- Our team has had refresher training in proper hand washing techniques. This may seem basic. However, it is the most important thing we can do to prevent the spread of the virus yet research shows that it is often poorly complied with and usually not done well. Consequently, we have spent a lot of time ensuring that our team does it well and often, especially before and after every patient encounter.
- They have practiced the appropriate use of personal protective equipment (PPE) prior to caring for a patient to prevent contamination.
- We request that staff who are not feeling well to pro-actively stay at home until recovered.
- We have everyone in the office take their temperature at the beginning of every day and we will immediately send home anyone with an elevated temperature (100.4 degrees and above).
- Limit the numbers of staff providing their care to facilitate social distancing within the office and among other team members.
- We have created a specific checklist of recommendations for our team to follow so that they arrive to work healthy and go home to their families without worry (see Checklist of Recommendations for our Team).

3 Patient Interviews and Social Distancing

Before patient arrival every effort is made to

- Filter patients during the phone call when scheduling appointments for care using established and recommended screening checklists.
- Reschedule patients who describe having any concerning warning signs or elevated temperature.
- Instruct patients to call ahead and reschedule their appointment if they develop symptoms of a respiratory infection (e.g., cough, sore throat, or fever) on the day they are scheduled to be seen.

To promote social distancing

- Prioritize high risk patients (immune compromised, over 60, etc.) with early morning appointments so less contact with other people.
- When booking patients, we are spreading out the schedule so there are less people in the waiting room.
- If a patient is being accompanied, their escort should wait in the car to limit the number of people in the waiting room and promote social distancing.
- Utilizing a “virtual” waiting room: we will encourage patients to wait in their car or outside the office where they can be contacted by text / phone call when it is their turn to be treated.

Safety measures taken upon arrival

- Limit number of patients in waiting room to maximum of 5.
- Front door handles, waiting room surfaces & front desk surfaces will be wiped down after each patient.
- Post visual alerts (e.g., signs, posters) at the entrance door advising patients of the COVID-19 risk and advising them not to enter the facility when ill.
- Tissues are made accessible immediately upon entry and instructions are provided on how to use tissues to cover nose and mouth when coughing or sneezing, to dispose of tissues and contaminated items in waste receptacles.
- Provide bathroom for patients to wash their hands upon arrival.
- Post photos at the entrance and in waiting room to provide patients and HCP (Health Care Personnel) with instructions about hand hygiene, respiratory hygiene, and cough etiquette.

ALL these measures can help to prevent transmission to others.

4 Measures Upon Arrival

Patients

- Immediately escorted to a hand washing station.
- Asked to rinse with 1% hydrogen peroxide for 30-60 seconds before each appointment.
- Escorted into an examination room as quickly as possible upon arrival to avoid lingering in front office.
- Asked about the presence of symptoms of a respiratory infection and history of travel or contact with possible COVID-19 patients.
- Assessed for respiratory symptoms and fever (with a non-contact digital infrared forehead thermometer) and they will be asked to sign a health declaration form.
- If temperature $\geq 100.4^{\circ}\text{F}$ and respiratory symptoms are present, they will be advised to seek medical treatment and their visit will be rescheduled.
- As testing for the virus becomes more available, we may be incorporating this added benefit to screen patients.



5 Measures Taken Upon Patient Entry into the Clinic

- If an examination room is not readily available, ensure social distancing in the waiting room by placing seating a minimum of 6ft. apart and limit the amount of people in the reception area.
- Remove all clutter and anything that is not readily disinfected from the waiting room (magazines, pillows, toys, etc.).
- Disinfect waiting room after each patient.
- Frequent wipe down of waiting rooms, bathrooms, door handles, tables, light switches, computers, etc.

6 Reception Room and Front Desk Safety Measures

- Air purification/filtration systems are available in all common areas and treatment operatories.
- A dedicated team member will sanitize all heavily touched areas (ie. Door handles and front desk) after patient encounters and every hour.

7 Protocols of the Clinical Team

We adhere to usual standard and transmission-based precautions in our dental operatories but with greater attention to detail and ensure that procedures are followed consistently and correctly.

Furthermore, we will ensure that there is a rotating team member/assistant who is primarily focused on sterilization. This team member will be responsible for cleaning, disinfecting and wiping down everything in the operatories and in the waiting room; chairs, handles, light switches, tables, etc. on a regular basis.

Hand hygiene is performed by our staff

- Before and after all patient contact, contact with potentially infectious material, and before putting on and after removing Personal Protective Equipment (PPE).
- After removing PPE in order to remove any pathogens that might have been transferred to bare hands during this removal process.
- Washing hands with soap and water for at least 20 seconds.

Personal Protective Equipment

- Wear PPE (Level II & III surgical masks, N95 mask, gloves, eye protection, face shield, etc.)
- Routine surgical masks are one time use and discarded.
- N95 respirators should be used during any surgical procedure.



Eye Protection

- Put on eye protection (i.e., protective glasses or a disposable face shield that covers the front and sides of the face) upon entry to the patient room or clinical area.
- Re-usable eye protection (protective glasses, surgical loupes) must be cleaned and disinfected utilizing proper germicidal wipes prior to re-use.

Gloves

- Put on clean, non-sterile gloves upon entry into the patient room or care area.
- Change gloves if they become torn or heavily contaminated during a patient encounter.
- Remove and discard gloves when leaving the patient room or care area, and immediately perform hand hygiene.

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GOWNS FOR SURGICAL PROCEDURES:

- Put on clean, isolation gown upon entry into the patient room or area.
- Remove and discard the gown in a dedicated container for waste or linens before leaving the patient room or care area. Disposable gowns should be discarded.
- Gowns should be prioritized for surgical aerosol-generating procedures and during activities where splashes and sprays are anticipated.

8 Patients in the Operatory

- Health care personnel (HCP) should strictly follow basic infection control practices between patients (e.g., hand hygiene, cleaning and disinfecting shared equipment)
- Limit transport and movement of the patient outside of the room
- No other team member should enter the room during a procedure and, if necessary, should use PPE as described above.
- Entry and exit should be minimized.

Once the patient has left the surgical operatory, the room should undergo appropriate cleaning and surface disinfection before it is returned to routine use.

- UVC light will be used to sterilize room after use.

- Special precautions will be taken when performing Aerosol Generating Procedures (AGP)
- HVE will be used for all aerosol producing procedures.
- Negative air pressure units will be used to reduce aerosol in the rooms.
- We also have multiple mobile, self-contained germicidal cleaning device that uses proven ultraviolet emitting radiation technology to help reduce and eliminate bacteria, viruses, and other pathogens on environmental surfaces and is approved by the FDA.



9 Protocols After the Clinical Treatment

- All non-disposable medical equipment used for patient care should be cleaned and disinfected according to manufacturer's instructions.
- Ensure that environmental cleaning and disinfection procedures are followed consistently and correctly.
- Routine cleaning and disinfection procedures (e.g., using cleaners and water to pre-clean surfaces prior to applying an EPA-registered , hospital-grade disinfectant to frequently touched surfaces or objects for appropriate contact times as indicated on the product's label) are appropriate for SARS-CoV-2 in healthcare settings, including those patient-care areas in which aerosol generating procedures are performed.
- We are also in the process of purchasing a mobile, self-contained germicidal cleaning device that uses proven ultraviolet emitting radiation technology to help reduce and eliminate bacteria, viruses, and other pathogens on environmental surfaces and is approved by the FDA.

At the End of the Day

- The Shedwill Dental team will wipe down all surfaces that are heavily touched (ie. Door handles, reception desk, etc.)
- Our commercial cleaning technicians have been instructed and updated on these infection control guidelines.

We are confident that these guidelines will help to create a safe environment for all of our patients and team members and hope that you can feel secure in the knowledge that we are doing everything in our power to provide the safest clinical conditions in order to protect our patients, our team and our families.

