

COVID-19 RISK INFORMED CONSENT and SCREENING FORM

I _____ (patient name) understand I am opting for an elective dental procedure.

I also understand the COVID-19 is contagious (as any flu virus is) and that _____ are closely monitoring this situation and have put in place preventative measures set forth by the CDC, OSHA, WDA and ADA aimed to reduce and/or eliminate the transmission of COVID-19.

I hereby acknowledge this possibility and give my permission for _____ to proceed with the scheduled dental procedures.

I have been given the option to defer my dental care to a later date, but understand all the potential risks, I would like to proceed with my desired dental care.

I understand that the some of the symptoms below are representative of COVID-19:

- Fever (100 degrees or more)
- Cough
- Shortness of Breath
- Loss of taste/smell
- Persistent pain or pressure in the chest
- Itchy eyes, runny nose
- Bluish lips or face

I confirm that I do not display or currently have any of the symptoms that are representative of COVID19, which are outlined above: _____(Initial)

I confirm that I have not traveled to any of the countries or regions with widespread ongoing transmission (Level 3 Travel Health Notice) in the past 14 days. _____(Initial)

I confirm, to the best of my knowledge, that I have not had close contact with an individual diagnosed with COVID-19 in the past 14 days. _____(Initial)

I would like to proceed with my desired dental care, acknowledge and understand the explanation above and consent to the procedure as scheduled.

Patient Name: _____ Witness: _____

Patient/Guardian Signature: _____ Date: _____

CDC Infection Control in Dentistry during COVID-19 Response

Common Sense and Best Practice Behaviors

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- Ensure that Standard Precautions are being carried out at their highest level for all patients:
 - Sterilize slow and high-speed handpieces between each patient. If air-driven motors cannot be explored, potential for future purchase. Electric motors do not need to be sterilized.
 - All sterilized instruments to be contained when stored. This includes N20 inserts, dampen dishes, impression trays, anesthetic syringes, rag wheels, matrix band holder, articulating paper holder, rubber dam clamps, burs, XCP rings/bars/holders, tooth sleuth.
 - Sterilized bags should be allowed to dry BEFORE removing from sterilizer.
 - Do not overpack the sterilizer (paper side usually down or place on its edge).
 - Ensure sterilization bags are closed by folding only at the perforation.
 - All sterilized items to have an indicator or sterility on the inside AND outside.
 - **If "cold sterilant" can be replaced with items that can be sterilized or single use – this is considered best practice.**
 - Sterilizers spore tested weekly. Results documented and maintained.
 - Wear appropriate PPE body clothing, closed cuffs, long sleeves, rounded neck, fluid resistant – not scrubs or lab coats with open neck, open cuffs.
 - PPE body clothing to be laundered in the office or single-use gowns.
 - Surgical masks level 1 can be used for examinations, level 2, 3 for all other procedures. Change when wet. One clean mask or more per patient.
 - Body clothing to be changed immediately if visibly soiled.
 - Advise shoes worn clinically be left in the office and not brought home.
 - Contaminated gloves, masks to be discarded in the operatory-not left on chin or placed in pocket or counter.
 - Fingernails clean, short, unpolished, no acrylics.
 - **Waterlines to be tested and ensured to have 500 CFU's.** Do this quarterly.
 - Single-use/disposable items are to be discarded after one use.
 - NO food, drink, water bottles, personal TB, lozenges, makeup, moisture lotion, tums etc. in clinical areas. (Clinical areas include the lab and sterilization area.)
 - Ensure proper cleaning and disinfection of surfaces. 2 step methodology with 2 different wipes. Be sure the surfaces are wet and left to dry as the manufacturer indicates. Use barriers wherever possible instead of clean/disinfectant.
 - Contaminated rag wheels sterilized/bagged; pumice changed for each patient.
 - Sharps boxes are to be available in every operatory they are generated. Not behind a cupboard or in a drawer. Readily accessible.
 - Heavy duty gloves to be worn when handling contaminated instruments.
 - Instruments to be covered when transported from operatory to sterilization.

Below are some of the additional recommended behaviors due to the COVID-19 response:

- Do not come to work coughing, feverish, shortness of breath, not feeling well. Make efforts to keep your immune system strong and healthy. Flu vaccine highly encouraged.
- Screen patients for signs or symptoms of infection when confirming and/or when you updating medical histories. Do not see patients with a fever, cough, shortness of breath.

- Consider including temperature readings prior to performing dental procedures.
- If an employee comes to work and starts to feel ill, isolate, take temperature and assess.
- N95 respirator to be used with a Level 2 or 3 mask over it if available. If not use Level 1 masks for exams, Level 2 and 3 for anything with splashing/splattering.
- Safety glasses for team members (w side shields) are still acceptable, but face shields are now highly recommended because of improved coverage of face. Shields are used in place of safety glasses, a mask is still required.
- Use a rubber dam whenever possible.
- Use high speed evacuation for all dental procedures producing an aerosol. Consider a self-contained unit e.g. Isovac, Isodry, dental suction mirrors e.g. Nu-Med, Mirro-Vac.
- Have your patient rinse with 1.5% hydrogen peroxide or rinses that contain 1.5% hydrogen peroxide prior to treatment. Also, ensure that they brushed and flossed prior to treatment.
- When removing models and impressions from lab boxes, use clean gloves and discard.
- Remove magazines, books, brochures, toys, coffee from reception area.
- Eliminate traffic, unnecessary people in the reception area.
- Clean and disinfect touch points in reception area e.g. doorknobs, arms of chairs, credit card machines, remote controls. Leave doors open where you can.
- Provide zip lock bags to front desk to provide to patients with a broken denture, etc.
- Have a box of gloves and disinfectant wipes available at the front desk.
- Put a bottle of hand sanitizer (60% alcohol) and box of tissues in reception area.
- Consider obtaining touchless products for the ops, bathrooms e.g. soap, sink, garbage.
- Brush used to clean dentures/partials should be discarded or given to that patient-not reused.
- Do not overfull ultrasonic cleaner, consider purchasing a disinfectant and/or a smaller ultrasonic that is exclusively used for dentures/partials. Change ultrasonic solution at least daily.
- Discourage patients bringing food, coffee, bottles of water in the clinical areas.
- Employees home with a fever, cough, shortness of breath should wait 3 days before returning to work and at least 7 days since symptoms first occurred.
- No excessive jewelry e.g. rings, earrings, piercings left uncovered. Hair pulled back or short.
- **Post "Cover your Cough" poster or other educational postings. Consider laminating.**
- Safety glasses on every patient.
- Ensure that the floors in clinical areas (lab, sterilization, ops) are smooth, able to be cleaned. No carpeting.
- Confirm that the housekeeping in the office is at its highest level. The cleanliness of bathrooms, floors, walls, high level areas, windows, glass, mirrors, sinks etc. Create a checklist to ensure of completeness and meet with them to make sure they are using the correct products and wearing personal protective equipment.
- Fans in operatories highly discouraged. Movement of airborne contaminants to be minimized.
- Evacuation system to be cleaned with a solution regularly. Take apart and clean monthly.

"Safety, like kindness...matters."

Hepatitis C

Health Officials Announce New Results of Harrington Investigation

(Oct. 17, 2013) The Oklahoma State Department of Health and Tulsa Health Department announced today that findings from genetic testing of HIV specimens from former patients of the W. Scott Harrington dental surgical practice have been deemed inconclusive for potential connection to the practice, according to the Centers for Disease Control and Prevention (CDC). Specimens from three of four Harrington patients testing positive for HIV were submitted to CDC for genetic analysis in an effort to determine if the source of infections was related to the clinic.

Last month the two public health agencies released an interim status report on results of their public health investigation of the W. Scott Harrington dental surgical practice, which indicated that genetic-based testing of patient specimens by CDC confirmed one event of patient-to-patient transmission of hepatitis C virus had occurred in the practice. This is the first documented report of patient-to-patient transmission of hepatitis C virus associated with a dental setting in the United States.

On March 28, public health officials announced they were notifying current and former patients of the practice that they may have been exposed to blood-borne viruses at Harrington's Tulsa and Owasso offices. Health officials recommended these patients have their blood drawn for testing for hepatitis B, hepatitis C and HIV infection at free screening clinics established at the Tulsa Health Department, Oklahoma City-County Health Department and other county health departments in the state. The free screening clinics were available through June 28.

In total, the Oklahoma Public Health Laboratory completed testing for 4,208 persons. Ninety patients tested positive for hepatitis C, 6 for hepatitis B, and 4 for HIV. An unknown number of persons also sought testing through their private health care provider.

Hepatitis C

Testing baby boomers saves lives



3 Million

About 3 million adults in the US are infected with the hepatitis C virus, most are baby boomers.

3 in 4



Up to 3 in 4 people who are infected don't know they have hepatitis C so they aren't getting the necessary medical care.



1945-1965

Baby boomers, anyone born from 1945 through 1965, should get tested for hepatitis C.