**COVID-19 PREPAREDNESS AND RESPONSE PLAN**

**Please note that this plan may contain parts that don’t pertain to your office. Also, the COVID recommendations change constantly. This plan is in WORD so you can make whatever changes don’t apply to you and add whatever is necessary.**

**How do we decide when COVID transmission is high?**

COVID transmission is no longer tracked by the CDC. As a result, we don’t have an official way to determine the level of transmission in our communities. The CDC says we should figure out metrics in our community that may indicate a rise in community cases. So, let’s start using some common sense.

So, for example, if you see on the news that nursing home residents are being admitted to the hospital with COVID, or you see that patients are starting to cancel because they’re sick, find out if it’s COVID. If there are stories about COVID cases rising, or other respiratory cases are rising, it might be a good idea to take some additional precautions with PPE. If you have compromised patients, it might be a good idea to spread people out in communal areas and have people wear masks while in the reception area. We all have susceptible patients and don’t want them to get sick.

**COVID-19 PREPAREDNESS AND RESPONSE PLAN**

This office takes the health and safety of our patients and employees seriously. We are committed to

reducing the risk of exposure to COVID-19 and we are ready to provide a healthy and safe workplace for

our employees, patients, and anyone who comes into the office.

Our plan includes information from guidelines from the Centers for Disease Control (CDC) and the Occupational Health and Safety Administration (OSHA). Because the COVID-19 situation is evolving, the plan will be modified, based on changing guidelines and business needs.

Guideline for workers and respiratory disease: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>

Dental guidelines: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>

COVID-19 is passed by respiratory droplets, so staff members, patients, and visitors could all be potential sources of infection.

All patients are to be screened for symptoms of respiratory disease. If disease is suspected, treatment will be postponed whenever possible. If treatment cannot be postponed, patients will be transferred to a facility with proper airborne protection.

In order to keep people as safe as possible, at times of substantial/high transmission levels, this office will be:

* Limiting the number of people in the office;
* Making sure all patient care and common areas are properly disinfected;
* Requiring personal protection equipment including masks/respirators, face shields, gowns/jackets, and gloves, when appropriate

Our employees fall into one or more of the following categories as defined by OSHA:

* Lower exposure risk (Ex: front desk people). The work performed does not require direct contact with people known or suspected to be infected with COVID-19 or frequent close contact with the public).
* Medium/high exposure risk (Ex: anyone who works in the back). The work performed requires frequent and/or close contact with people who could be infected with COVID-19, but who are not known COVID-19 patients)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is the COVID-19 Plan coordinator. Please direct any questions and concerns about COVID-19 and how how it’s handled in this office to this individual.

The Coordinator’s responsibilities include:

* Staying up to date on federal, state and local regulations, recommendations, and guidelines;
* Determining how to incorporate those recommendations into our practice;
* Training employees on how to implement new regulations, recommendations and guidelines;
* Handling testing, follow up/work restrictions for any potential COVID-19 exposures;
* Making sure employees understand what precautions are needed to keep themselves and patients safe, and if they don’t feel precautions are sufficient, they can address concerns to the plan coordinator.

All employees must be familiar with this plan and must follow procedures to make this office as safe as possible.

In order to keep employees and patients as safe as possible, we took the following actions:

* All magazines in reception area have been removed.
* Plexiglass barriers were installed to create a divider to protect both patient and receptionist.
* All frequently touched surfaces are cleaned throughout the day
* The ducts in the office we re-routed so that no air from the operatories goes into the front office and reception area
* An Airocide air sanitizer was installed by the air uptake vent so that all air goes through the sanitizer every 30 minutes
* Individual air purifiers are placed as needed in common areas, operatories, etc.
* Filters in HVAC unit are MERV level 13 or higher to filter out airborne viruses and bacteria
* External suction units were installed so that aerosol, spray and spatter is largely contained in the operatories
* High evacuation suction used on procedures that generate spray/spatter/aerosol
* Four handed dentistry used as much as possible when spray/spatter/aerosol generated
* Reconfigured suction in hygiene rooms so that high speed suction can be used when using ultrasonic scaler/prophyjet
* Rubber dams used when possible
* Barriers were installed between chairs to help prevent disease transmission in an open bay configuration
* UV light air sanitation system is in use to remove pathogens from the air

In order to make this office as safe as possible, while in the facility, everyone should adhere to the following protocols:

* All employees must ensure that they do not have COVID-19 symptoms
* Any employee who develops symptoms during the day should immediately report to the plan coordinator and then take in-office test/leave immediately for testing, as instructed
* All common areas should be regularly disinfected during the day, including surfaces, doorknobs, counters, chairs, etc.
* When an employee is identified with a confirmed case of COVID-19, any patients or other employees who may have had unprotected contact with that employee will be notified.

In times of substantial/high transmission:

* All employees must wear masks AT ALL TIMES when having close patient contact, (at times of substantial/high transmission, including just talking to patients or escorting them from their cars).
* All patients must wear masks except when in the operatory; if they don’t have one, they will be provided one
* Keep everyone on the premises distanced at least six feet, whenever possible. Arrange seating in the reception area so that patients are properly distanced

**PPE requirements**

If you’re working on screened patients who are not suspected of having COVID-19:

**For employees working in facilities located in areas with apparent lower transmission levels:**

* DHCP should continue to adhere to **Standard Precautions** (and Transmission-Based Precautions, if required based on patient symptoms).
* DHCP should wear a surgical mask, eye protection (goggles or a face shield that covers the front and sides of the face), a gown/jacket or protective clothing, and gloves during procedures likely to generate splashing or spattering of blood or other body fluids. Studies have shown that close fitting eye protection plus a face shield gives excellent protection.

**For DHCP working in facilities located in areas with apparent higher transmission levels:**

* DHCP working in facilities located in areas with moderate to substantial community transmission are more likely to encounter asymptomatic or pre-symptomatic patients with SARS-CoV-2 infection.
* If SARS-CoV-2 infection is not suspected in a patient presenting for care (based on symptom and exposure history), DHCP should follow Standard Precautions (and Transmission-Based Precautions, if required based on the suspected diagnosis).
* DHCP should implement the use of universal eye protection and wear face shields in addition to their surgical mask to ensure the eyes, nose, and mouth are all protected from exposure to respiratory secretions during patient care encounters, including those where splashes and sprays are not anticipated.
* **During aerosol generating procedures** DHCP should use an N95 respirator or a respirator that offers an equivalent or higher level of protection such as other disposable filtering facepiece respirators, powered air-purifying respirators (PAPRs), or elastomeric respirators.

***Please note: It’s recommended to wear respirators any time you perform procedures that generate aerosol, regardless of level of spread, because it gives additional protection.***

This office understands that in order to minimize the spread of COVID-19, everyone should be familiar with preventative measures so that we all can be protected.

* Frequently wash your hands with soap and water for at least 20 seconds. If using a hand sanitizer, make sure that any alcohol-based products are at least 60% alcohol.
* Avoid touching your eyes, nose, or mouth with unwashed hands.
* Use proper respiratory etiquette, which includes covering your mouth and nose when coughing/sneezing.
* Avoid close contact with anyone who is sick.
* Maintain appropriate social distance of six feet whenever possible.
* When possible, avoid using other employees’ phones, desks, offices, faceshields, eye protection, pens and

other surfaces. If unavoidable, clean and disinfect before and after use.

* Do not share food utensils and food with other employees
* In areas where employees work within 6 feet of each other, distance computers/workstations as much as possible
* Install physical barriers at reception areas to limit close contact between patients and front desk employees
* Encourage and require masks and social distancing to the greatest extent possible while in the workplace
* Get vaccinated.

Additionally, employees must familiarize themselves with the symptoms and exposure risks of COVID-19. The primary symptoms of COVID-19 include the following:

* Fever or chills (100.4+)
* 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

If you develop a fever or a respiratory illness, don’t come to work, regardless of whether you’re vaccinated or not. Notify the plan coordinator and your supervisor for information on what procedures to follow. There are many other illnesses that cause respiratory symptoms, such as the flu, so once they are excluded, then it will be determined if COVID-19 testing may be necessary.

**In general, asymptomatic HCP who have had a higher-risk exposure do not require work restriction so long as they do not develop symptoms or test positive for COVID.**

Employees should monitor themselves for symptoms, especially after exposure. If symptoms arise, they should test immediately. If positive, they must stay out of work. If no symptoms arise, they must wear a mask at all times at the office for 10 days from date of exposure and should and take a test on days 2 and another test between days 5-7 days after exposure.

**What counts as**[**close contact**](https://www.cdc.gov/coronavirus/2019-ncov/php/contact-tracing/contact-tracing-plan/appendix.html#contact)**?**

* You were within 6 feet of someone who has COVID-19 for a total of 15 minutes or more
* You provided care at home to someone who is sick with COVID-19
* You had direct physical contact with the person (hugged or kissed them)
* You shared eating or drinking utensils
* They sneezed, coughed, or somehow got respiratory droplets on you

***Please note****: If the eyes/nose/mouth are sufficiently covered with* ***proper*** *PPE during this contact, it is not necessarily an exposure. SO, for example, if you are wearing a face shield and a respirator, and someone sneezed in your face, that is not considered close contact. See* [*https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html*](https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html) *for specifics.*

**Return to work after exposure/quarantine:**

This office will follow state and federal guidelines for return to work guidance.

**Work Restrictions:**

Work restrictions are generally not necessary for most asymptomatic staff members following a high risk exposure. However, examples of when work restriction may be considered include:

* HCP is unable to be tested or wear source control as recommended for the 10 days following their exposure;
* HCP is moderately to severely immunocompromised;
* HCP cares for or works on a unit with patients who are moderately to severely immunocompromised;
* HCP works on a unit experiencing ongoing SARS-CoV-2 transmission that is not controlled with initial interventions;

If work restriction is recommended, HCP could return to work after either of the following time periods:

* HCP can return to work after day 7 following the exposure (day 0) if they do not develop symptoms and all viral testing as described for asymptomatic HCP following a higher-risk exposure is negative.
* If viral testing is not performed, HCP can return to work after day 10 following the exposure (day 0) if they do not develop symptoms.

**Return to work after infection:**

If using a symptom based strategy, you can **return to work** under these circumstances:

* **For employees who were asymptomatic throughout their infection and are not moderately/severely immunocompromised:**
  + At least 7 days have passed since the date of their first positive viral test if a negative viral test\* is obtained within 48 hours prior to returning to work (or 10 days if testing is not performed or if a positive test at day 5-7).
* **For employees with mild to moderate illness who are not moderately/severely immunocompromised**:
  + At least 7 days have passed since symptoms first appeared if a negative viral test\* is obtained within 48 hours prior to returning to work (or 10 days if testing is not performed or if a positive test at day 5-7), and
  + At least 24 hours have passed since last fever without the use of fever-reducing medications, and
  + Symptoms (e.g., cough, shortness of breath) have improved.
* **For employees with severe to critical illness and are not moderately/severely immunocompromised:**
* At least 10 days and up to 20 days have passed since symptoms first appeared, and
* At least 24 hours have passed since last fever without the use of fever-reducing medications, and
* Symptoms (e.g., cough, shortness of breath) have improved.
* The test-based strategy as described below for moderately to severely immunocompromised HCP can be used to inform the duration of work restriction.
* For employees who are moderately to severely immunocompromised may produce replication-competent virus beyond 20 days after symptom onset or, for those who were asymptomatic throughout their infection, the date of their first positive viral test.
  + Use of a test-based strategy (as described below) and consultation with an infectious disease specialist or other expert and an occupational health specialist is recommended to determine when these HCP may return to work.

**Test-based strategy**

**HCP who are symptomatic could return to work after the following criteria are met:**

* Resolution of fever without the use of fever-reducing medications, and
* Improvement in symptoms (e.g., cough, shortness of breath), and
* Two negative tests 48 hours apart (total of two negative specimens) tested using a home/PCR test.

**HCP who are not symptomatic could return to work after the following criteria are met:**

* Results are negative from at least two tests 48 hours apart using home test or PCR.

**Considerations for Employers when employee tests positive for COVID-19**

(***Please note: There are HIPAA considerations when it comes to disclosing is an employee has COVID.***

*Employees should not be identified by name to anyone, patients/employees/anyone unless required by law. As much as possible, avoid making any direct/indirect references that would lead co-workers to identity of the employee*.):

* Ask employee if he or she grants the employer permission to disclose the fact that the employee is infected.
  + If yes:
    - Notify employees (or employee’s supervisor that employee is infected with

COVID-19 and is out on leave).

* + - For everyone else, respond to inquiries by disclosing employee is on a leave of

absence for non-disciplinary purposes.

* + If no:
* Notify other employee’s that employee is out for non-disciplinary purposes.
  + Regardless of yes or no:
* Notify any required entities if required (Ex: OSHA or the health department.)
* Notify employee’s co-workers who may have come into contact with employee at work within

the past 14 days that they may have been exposed to COVID-19 and may wish to see a

physician.

* Make sure any areas frequented by the employee is cleaned, including personal and common areas.

If an employee has a confirmed case of COVID-19, this office will follow state and local notification guidelines, as required:

* Co-workers will be notified about potential exposure.
* If contact tracing is performed, this office will work with our local health department to provide them with the name of any individuals that may have been exposed.
* This office will report cases to OSHA, if required.
* This office will adhere to all CDC guidelines, including return to work guidelines, health department contact tracing, and cleaning and disinfecting as required by the CDC.
* Recommendations from the employee’s personal physician will also be considered.
* A deep cleaning will be performed on the infected employee’s workspace and any common areas.
* Employees should disinfect their work areas upon arrival, throughout the workday, and

immediately before leaving for the day.

* All frequently touched surfaces in the workplace, such as workstations, computers, phones, doorknobs, bathroom surfaces and handles, etc. should be cleaned throughout the day.

Minimizing exposure from patients and visitors, especially if transmission levels are substantial/high:

* All patients and visitors should wear masks (and one will be provided if they don’t have one)
* Patients and visitors should be socially distanced
* The number of individuals allowed in the office at one time should be limited
* Avoid ALL unprotected, close contact (wear mask whenever encountering patients)
* Information is posted in reception area about reducing the spread of COVID-19
* Everyone entering this office will be screened for symptoms and have their temperature checked
* If anyone has a fever or other symptoms, they will not be allowed in the office
* Physical barriers between employees and patients/visitors should be considered when the employee cannot socially distance (Ex: front desk where patients are checking out)

This Plan is based on information and guidance available from the CDC and OSHA at the time. The safety of our employees and visitors remain the top priority at this office and this plan will be updated as new information is available.

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