



COVID-19 & DENTISTRY

What to do if Your Office
has an Outbreak



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CDC Guidance for Dental Settings During COVID-19 Response

August 2020 Update

- Most recommendations in the updated guidance have been rearranged for clarity and are not new
- The definition of fever changed to either measured temperature $\geq 100.0^{\circ}\text{F}$ or subjective fever to align with CDC's Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings

CDC Guidance for Dental Settings During COVID-19 Response

August 2020 Update

- In areas with moderate to substantial community transmission, during encounters with patients not suspected of SARS-CoV-2 infection, CDC recommends that DHCP:
 - ❖ Wear eye protection in addition to their facemask to ensure the eyes, nose, and mouth are all protected from exposure to respiratory secretions, including those where splashes and sprays are not anticipated
 - ❖ Use an N95 respirator or a respirator that offers an equivalent or higher level of protection during aerosol generating procedures
- Added language that protective eyewear (e.g., safety glasses, trauma glasses) with gaps between glasses and the face likely do not protect eyes from all splashes and sprays



Top 50 Confirmed Cases by County

193,877 confirmed

Los Angeles

123,644 confirmed

Miami-Dade

120,960 confirmed

Maricopa

107,247 confirmed

Cook

78,100 confirmed

Harris

67,470 confirmed

Queens

61,855 confirmed

Kings

58,531 confirmed

Broward

51,490 confirmed

Dallas

49,741 confirmed

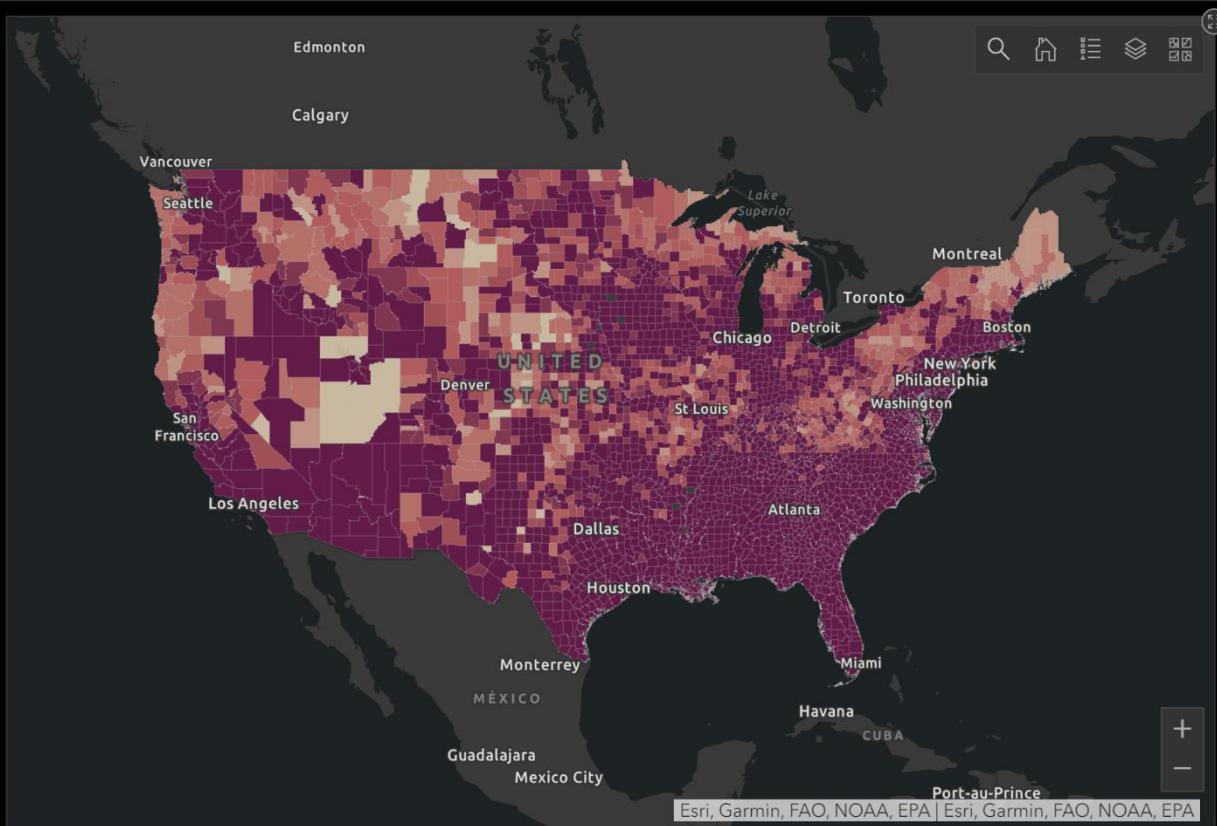
Bronx

44,066 confirmed

Clark

43,395 confirmed

Suffolk



Confirmed by Population

Confirmed

Deaths

Fatality Rate

Last Updated on:
2020-08-03

Data is updated once per day to allow the system to pull county-level data. For the most up-to-date confirmed cases and deaths, please see the COVID-19 Global Map. New York City borough deaths data does not include Probable COVID-19 deaths, as this data is not reported.

Top 20 Counties by Number of Deaths

5,956 deaths

Queens

5,627 deaths

Kings

4,897 deaths

Cook

4,702 deaths

Los Angeles

3,927 deaths

Bronx

2,805 deaths

Wayne

2,507 deaths

New York

2,194 deaths

Nassau

2,108 deaths

Albany



Confirmed

Deaths

The “Direction” of SARS-CoV-2 Infections in the U.S.

- U.S. cases averaged about 60,000 per day in July
- Updated figures recently released by researchers at Johns Hopkins showed approximately 4.8 million U.S. cases since the pandemic began and greater than 155,400 deaths
- Early August showed signs of improvement with less than 50,000 cases a day
 - ❖ *Johns Hopkins Coronavirus Resource Center*

The “Direction” of SARS-CoV-2 Infections in the U.S.

- Mississippi is heading for a title that no state would want; it is on track to overtake Florida to become the #1 state for new coronavirus infections per capita, according to researchers at Harvard
- “What we are seeing today is different from March and April. It is extraordinarily widespread. It's into the rural as equal urban areas.”
 - ❖ Dr. Deborah Birx 8/2/2020
- First, the Pacific Northwest and the Northeast were hit hardest as the coronavirus tore through the nation; then it surged across the South; now the virus is again picking up dangerous speed in much of the Midwest

SARS-CoV-2 Transmission & Infection Among Attendees

Overnight Camp – Georgia, June 2020 – CDC MMWR

During June 17–20, an overnight camp in Georgia (camp A) held orientation for 138 trainees and 120 staff members; staff members remained for the first camp session, scheduled during June 21–27, and were joined by 363 campers and three senior staff members on June 21, 2020.

Camp A adhered to the measures in Georgia's Executive Order that allowed overnight camps to operate beginning on May 31, which included that all trainees, staff members, and campers provide documentation of a negative viral SARS-CoV-2 test **≤12 days** before arriving.

SARS-CoV-2 Transmission & Infection Among Attendees

Overnight Camp – Georgia, June 2020 – CDC MMWR

- Camp A adopted most components of CDC's Suggestions for Youth and Summer Camps to minimize the risk for SARS-CoV-2 introduction and transmission
- **Measures not implemented** were cloth masks for campers and opening windows and doors for increased ventilation (air exchange rate) in buildings
- Cloth masks were required for staff members
 - ❖ Szablewski CM, Chang KT, Brown MM, et al. SARS-CoV-2 Transmission and Infection Among Attendees of an Overnight Camp — Georgia, June 2020. MMWR Morb Mortal Wkly Rep. ePub: 31 July 2020.

SARS-CoV-2 Transmission & Infection Among Attendees

Overnight Camp – Georgia, June 2020 – CDC MMWR

- On June 23, a teenage staff member left camp A after developing chills the previous evening; the staff member was tested and reported a positive test result for SARS-CoV-2 the following day (June 24)
- Camp A officials began sending campers home on June 24 and closed the camp on June 27
- On June 25, the Georgia Department of Public Health (DPH) was notified and initiated an investigation; DPH recommended that all attendees be tested and self-quarantine, and isolate if they had a positive test result

SARS-CoV-2 Transmission & Infection Among Attendees

Overnight Camp – Georgia, June 2020 – CDC MMWR

A COVID-19 case associated with the camp A outbreak was defined as a positive PCR SARS-CoV-2 test in a camp attendee from a specimen collected or reported to DPH from the first day at camp A (June 17 for staff members and trainees; June 21 for campers) through 14 days after leaving camp A (trainees left on June 21; staff members and campers left during June 24–June 27).

Out-of-state attendees (27) were excluded from this preliminary analysis.

Attack rates were calculated by dividing the number of persons with positive test results by the total number of Georgia attendees, including those who did not have testing results, because negative test results are not consistently reported in Georgia.

SARS-CoV-2 Transmission & Infection Among Attendees

Overnight Camp – Georgia, June 2020 – CDC MMWR

- A total of 597 Georgia residents attended camp A
- Median camper age was 12 years (range = 6–19 years), and 53% (182 of 346) were female
- The median age of staff members and trainees was 17 years (range = 14–59 years), and 59% (148 of 251) were female
- Test results were available for 344 (58%) attendees; among these, 260 (76%) were positive
- The overall attack rate was 44% (260 of 597), 51% among those aged 6–10 years, 44% among those aged 11–17 years, and 33% among those aged 18–21 years (Table)

SARS-CoV-2 Transmission & Infection Among Attendees

Overnight Camp – Georgia, June 2020 – CDC MMWR

- Attack rates increased with increasing length of time spent at the camp, with staff members having the highest attack rate (56%)
- During June 21–27, occupancy of the 31 cabins averaged 15 persons per cabin (range = 1–26); median cabin attack rate was 50% (range = 22%–70%) among 28 cabins that had one or more cases
- Among 136 cases with available symptom data, 36 (26%) patients reported no symptoms; among 100 (74%) who reported symptoms, those most commonly reported were subjective or documented fever (65%), headache (61%), and sore throat (46%)

SARS-CoV-2 Transmission & Infection Among Attendees

Overnight Camp – Georgia, June 2020 – CDC MMWR

These findings demonstrate that SARS-CoV-2 spread efficiently in a youth-centric overnight setting, resulting in high attack rates among persons in all age groups, despite efforts by camp officials to implement most recommended strategies to prevent transmission.

Asymptomatic infection was common and potentially contributed to undetected transmission.

This investigation adds to the body of evidence demonstrating that children of all ages are susceptible to SARS-CoV-2 infection and, contrary to early reports, might play an important role in transmission.

COVID-19 Outbreaks Reported At 2 Dental Offices

Colorado Springs, CO

The purpose of this list is to alert the public of local outbreaks so that anyone who may have been at an outbreak location can be aware and monitor their health for any [COVID-19 symptoms](#),” El Paso County Public health wrote on its outbreak data page.

An outbreak is defined as two or more confirmed cases within 14 days, with evidence of transmission within the facility.

COVID-19 Outbreaks Reported At 2 Dental Offices

Colorado Springs, CO

In the interest of full transparency we would like you to understand the nature of the exposure in our office. While working with the county epidemiologic staff on tracing it has become apparent that one of our administrative staff members contacted the virus from a family member who was visiting from out of state. She was quarantined immediately upon showing symptoms. One other administrative staff member was sent home to quarantine after complaining that she didn't feel well. Her symptoms progressed and she later tested positive while in quarantine at home.

COVID-19 Outbreaks Reported At 2 Dental Offices

Colorado Springs, CO

No other administrative staff members have been symptomatic, and while not required by the county or state, we elected to have all of our administrative staff members tested for COVID-19 and their results were negative. None of the at-risk staff members related to this exposure are involved in the clinical treatment of patients, and per our protocols they wear masks all day and social distance even for lunch. Nonetheless, we felt it prudent to test our clinical staff, their COVID-19 test results were also negative.

- ❖ Colorado Springs Pediatric Dentistry Social Media Post

COVID-19 Outbreaks Reported At 2 Dental Offices

Colorado Springs, CO

While the screening, social distancing and personal protective equipment utilized in our environment make it unlikely that patients or their parents were exposed, it is important to know that there is some risk. We have been working closely with the El Paso County Health Department to perform the appropriate epidemiologic tracing and provide notification.

- ❖ Colorado Springs Pediatric Dentistry Social Media Post

COVID-19 Outbreaks Reported At 2 Dental Offices

Colorado Springs, CO

To our patients and their families:

As some of you may already be aware, several of our employees have recently tested positive for COVID-19. On Sunday, July 12, 2020, one of the administrative employees...began experiencing COVID-19 symptoms while at home. This employee immediately began isolating and tested positive for the virus. In the following days, four other administrative employees experienced mild symptoms, isolated at home, and later tested positive. These team members only briefly interact or have no interaction at all with our patients in the course of their work.

COVID-19 Outbreaks Reported At 2 Dental Offices

Colorado Springs, CO

Other employees who work near them have tested negative for COVID-19. No other team members have had any COVID-19 symptoms. Because none of the employees who tested positive had interacted with our patients or their parents or work in patient treatment areas, we believe no patients, or their parents, were exposed to the virus in our office.

- ❖ Smile Orthodontics and Pediatric Dentistry Social Media Post

COVID-19 Outbreaks Reported At 2 Dental Offices

Colorado Springs, CO

It is clear that COVID-19 will be with us in our community for the foreseeable future. To keep patients and team members safe, we are taking extra measures to avoid spreading the virus. Since the beginning of the COVID-19 pandemic we have carefully followed CDC, Colorado Public Health Orders, and Colorado Regulatory Agencies guidelines for monitoring symptoms and testing, sanitizing, distancing, and utilizing proper protective equipment. We screen all team members twice daily as well as patients, and parents as they enter the building. We require everyone in our offices to wear masks and sanitize their hands for everyone's protection.

COVID-19 Outbreaks Reported At 2 Dental Offices

Colorado Springs, CO

We truly care about the safety of our patients, their families, our team members, and our community. We will continue to provide care at the highest standard of safety for everyone. Together we will get through this.

If you have any additional questions, please contact our office.

- ❖ Smile Orthodontics and Pediatric Dentistry Social Media Post

Recommendations – Duration of Isolation & Precautions

For most persons with COVID-19 illness, isolation and precautions can generally be discontinued **10 days after symptom onset*** and **resolution of fever for at least 24 hours, without the use of fever-reducing medications**, and with improvement of other symptoms.

- *Symptom onset is defined as the date on which symptoms first began, including non-respiratory symptoms

For persons who never develop symptoms, isolation and other precautions can be discontinued 10 days after the date of their first positive RT-PCR test for SARS-CoV-2 RNA.

Protocols to Follow if a Staff or Household Member is COVID-19 Positive*

1 Perform Staff Exposure Risk Assessment

Identify other staff members in contact with COVID-19(+) person

- Note date of last contact
- Perform contact risk assessment

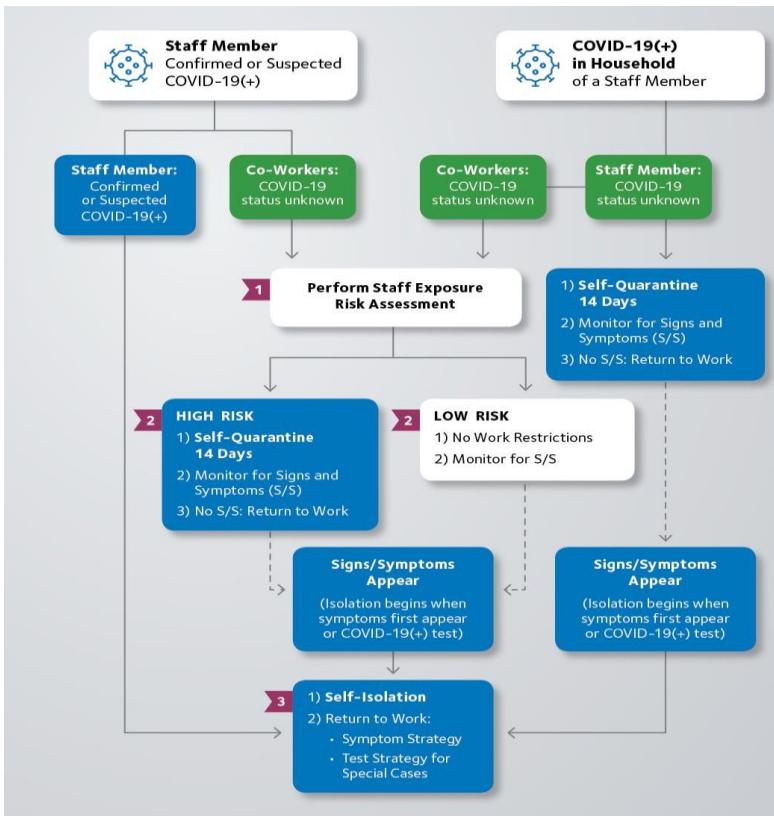
2 Low Risk vs. High Risk Assessment

ADA®

Last Updated: 7/27/2020

LOW RISK		
Exposure	PPE Used	Work Restrictions
➤ Prolonged close contact to person with COVID-19(+) (>15 min, within 6 feet)	➤ Appropriate PPE worn	<ul style="list-style-type: none">• No work restrictions• Continue wearing appropriate PPE• Monitor for S/S of COVID-19
➤ Other exposures to COVID-19(+) person		
HIGH RISK		
Exposure	PPE Used	Work Restrictions
➤ Prolonged close contact to person with confirmed COVID-19 (>15 min, within 6 feet)	➤ Appropriate PPE <u>not</u> worn*	<ul style="list-style-type: none">• Exclude from work for 14 days after last exposure• Advise staff member to monitor themselves for fever or <u>symptoms consistent with COVID-19 (S/S)</u>• If no S/S, return to work and continue to use appropriate PPE• Any staff member who develops fever or <u>symptoms consistent with COVID-19</u> should immediately contact their health care provider to arrange for medical evaluation and testing

Protocols to Follow if a Staff or Household Member is COVID-19 Positive*



Last Updated: 7/27/2020

Protocols to Follow if a Staff or Household Member is COVID-19 Positive*



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Self-Quarantine & Return to Work Strategies

When a staff member has a confirmed or suspected case of COVID-19, follow this table to help guide you in determining when the team member may return to work.

SYMPTOM STRATEGY			
Type	Clinical Presentation*	Minimal Days in Self-Quarantine	Return to Work Criteria
SYMPTOMATIC	Mild to moderate illness and not severely immunocompromised	At least 10 days since symptoms first appeared	<ol style="list-style-type: none"> 1. At least 24 hours since last fever without use of fever reducing medication 2. Improved symptoms
	Severe to critical illness or severely immunocompromised	At least 20 days since symptoms first appeared	<ol style="list-style-type: none"> 1. At least 24 hours since last fever without use of fever reducing medication 2. Improved symptoms
ASYMPTOMATIC	Not severely immunocompromised	At least 10 days since first positive viral diagnostic test	N/A
	Severely Immunocompromised	At least 20 days since first viral diagnostic test	N/A
TEST-BASED STRATEGY**			
Type	Clinical Presentation**	Minimal Days in Self-Quarantine	Return to Work Criteria
SYMPTOMATIC	**	N/A	<ol style="list-style-type: none"> 1. Resolution of fever without use of fever reducing medication 2. Improved symptoms 3. Negative results of FDA authorized COVID-19 RT-PCR tests from at least two consecutive specimens collected ≥ 24 hours apart.
ASYMPTOMATIC	**	N/A	<ol style="list-style-type: none"> 1. Negative results of FDA authorized COVID-19 RT-PCR tests from at least two consecutive specimens collected ≥ 24 hours apart.

Last Updated:
7/27/2020

Protocols to Follow if a Staff or Household Member is COVID-19 Positive*

Resources



Return to Work Guidelines

- [CDC's Criteria for Return to Work for Healthcare Personnel with Suspected or Confirmed COVID-19 \(Interim Guidance\)](#)

Employee Risk Assessment

- [CDC's Interim U.S. Guidance for Risk Assessment and Work Restrictions for Healthcare Personnel with Potential Exposure to COVID-19](#)

Contact Tracing

- [Health Departments: Interim Guidance on Developing a COVID-19 Case Investigation and Contact Tracing Plan](#)
- [CDC's Clinical Questions about COVID-19: Questions and Answers](#)

Disinfecting

- [CDC's Disinfection and Sterilization](#)

OSHA Reporting Work Related COVID Transmission

- [OSHA's Revised Enforcement Guidance for Recording Cases of Coronavirus Disease 2019 \(COVID-19\)](#)
- [ADA's Summary of Reporting Work-Related COVID-19 Illnesses for OSHA](#)

Last Updated: 7/27/2020

Dental Patient Care in the Era of COVID-19



COVID-19 IS CHANGING HOW DENTISTS ARE TREATING PATIENTS

Read this to learn what steps are being taken to help make you safe at the dentist office. After reading this, contact your dental office if you have any questions.

SAFE DENTAL CARE

Dental offices have a long history of providing safe dental care. They follow rules set by health experts. This is what they will do to keep you safe:

- They clean all surfaces and equipment after each patient.
- They replace plastic used to protect surfaces.
- They sterilize any dental tools used in a patient's mouth.
- They wear face masks, eye covers and special clothing.

NEW WAYS TO TREAT PATIENTS

Dental offices have new procedures to prevent spreading COVID-19. Because it is a new virus, scientists are learning more about it every day. Based on what they learn, dentists may change the way they treat patients over time. Following are some of the new things you can expect at your dentist's office.

Fever or chills (fever = 100.4°F or greater)	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

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Dental Patient Care in the Era of COVID-19

AT THE DENTAL OFFICE

- Your dentist may ask you to call or text before you enter the office. To reduce the time you spend in the office, you may be asked to stay outside until the dentist is ready to see you. You will get a call or text you when they are ready to see you.
- You may be required to wear a face covering before entering the building.
- The office may also ask that you come alone to your visit to limit the number of people on site.
- Once inside, you may again be asked the same questions that you were asked on the phone. They may take your temperature. If you do not have any signs of being sick, you will either be asked to sit in the waiting area or go directly to the treatment room.
- You may be asked to wash your hands or use hand sanitizer when you enter the office.
- The waiting room may not be used or may be set up in a different way. Some offices have a barrier between the desk person and patients. The desk person will wear a mask. Pens and other things used to check in patients and receive payment will be cleaned.



THE WAY TREATMENTS ARE DONE MAY BE DIFFERENT

Health experts have told dentists to take care in the use of dental drills. Your dentist may do some things differently to reduce the spread of the spray from the dental drill.

AFTER YOUR VISIT

Several days after your visit, your dental office may call you. You may be asked if you are sick. You may be asked to contact the dental office over the next two weeks if you get sick or are diagnosed with COVID-19.

Some parts of dental care have changed because of COVID-19. Your dentist is taking steps to make sure your dental care is safe. Your dental care should protect you and your dentist from getting sick.



IN THE TREATMENT ROOM

- The dentist and the dental staff may wear special clothing. They may wear a special type of mask. They may wear a full face shield. They may have coverings on their hair and feet. What they wear will depend on the level of risk in your community. It also depends on the type of treatment you receive.
- There may be equipment in the room to circulate the air. Air filters may be used. Some dental offices may open windows during treatment. The dental chair may be in a different position for better airflow.
- If your dental office does not have individual rooms for treatment, there may be barriers such as curtains to separate the dental chairs.

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Thank You!

Have topics you'd like us to cover in next week's webinar on COVID-19 & Dentistry?

- Email: webinars@henryscchein.com
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Next Air Date: Friday, August 21, 2 PM ET – See you then!