

COVID-19 Bits & Bites

- Caused by Sars CoV-2 (severe acute respiratory syndrome)
- Cough, shortness of breath, fever, chills, fatigue, muscle pain, headache, sore throat, loss of smell or taste
- Time from exposure to onset: 2-14 days (typically 5)
- Most contagious during first 3 days after onset of symptoms
- Spread most commonly by respiratory droplets (sometimes contaminated surfaces)
- Aerosolized: cough, sneeze or high speed procedure. (micronizes the particles and they stay in the air for 20 minutes-2 hours)
- Prevention: handwashing, physical distancing, quarantine, covering coughs, keep hands away from face & wear a face covering in public

In the Office-patients

- Screen patients on phone & when they arrive (dismiss if any COVID-19 sx)
- Create a handout/email/communication that lists all of the ways/modifications that you are utilizing to keep everyone as safe as possible. (give your patients confidence)
- Post signs/posters at entry ways requesting that patients wear masks and apply hand sanitizer
- Have them sign the disclosure/consent form
- Hand sanitizer use on arrival as well as temperature taking (over 100.4 dismiss & reschedule in 14 days)
- Remove all stuff in waiting room & ask them to wait in car if possible
- Schedule appointments with distancing in mind and extra time for disinfection
- Reduce # of patients in any area at any time
- Use physical barriers (plexiglass front office) if possible & disinfect hi-touch surfaces & areas frequently in public areas (use only EPA-approved disinfectants that kill the virus)
- Provide patients with tissues and trash receptacles

In the Office-staff

- Establish schedule changes that minimize employees #'s at any given time
- Limit patient volume to 50% of pre-COVID 19 volume (no guidance % for WA state)
- Staff temps should be taken & logged at least daily
- No one permitted to work if they have a cough or any COVID-19 symptoms
- Think about leaving shoes at office (or home-shoe protocol)
- Utilization of HVE's (high volume evacuators) as well as extra-oral suction/vacuums. Look at the devices that are hands free so you don't have to hold onto them while using your ultrasonic scaler.
- Install HEPA (high-efficiency particulate air) filters-these are 99.97% effective for the particulate size of SARS CoV-2 (engineering control)
- Utilize UltraViolet light disinfection (engineering control)

Respiratory Checklist

- Need a 2-week supply of PPE (NIOSH approved) (WA state , 7 days)
- N95 Filtering Facepiece Respirator(blood & respiratory) or above for employees involved with aerosol-generating procedures (discard after these procedures & when visibly soiled) (level 3)
- Fit-testing is required (Laura Cook, Providence) (Performance Occupational Health Services in Vancouver, 360-334-7001) **check with a local hospital system**
- Medical clearance required before wearing respirators
- Keep current records of medical evaluations & fit-testing results
- If those aren't available, but needed, then a faceshield should be worn over a surgical mask
- Extended use can be considered (8 hour max) & discarded before meals/restroom breaks. This is favored over re-use. (5 day Maximum Usage)
- Best Practice: the 5-masks & 5-days technique (re-use by same employee only)
- Ensure no beards or facial hair that could cause facepieces to leak
- Ensure they are stored in a breathable paper bag and aren't damaged or deformed
- Inspect your respirator prior to each use
- Ensure that respirators are clean, sanitary and properly maintained
- Decontamination techniques: UVGI (Ultraviolet Germicidal Irradiation), VHP (Vaporous Hydrogen Peroxide) or Moist Heat. Also, microwave-generated steam and/or liquid hydrogen peroxide. **DO NOT USE**: Autoclave, Dry Heat, Isopropyl Alcohol, Soap, Dry Microwave Irradiation, Chlorine Bleach, Disinfectant Wipes or Ethylene Oxide (EtO).
- KN95's have been restricted (only 14 on the approved list)
- Implement a written Respiratory Protection Program and make it available to all employees
- Appoint an administrator to implement the program
- Train employees required to use respirators on all of this (admin control)

A. Enforcement (Oregon)

1. If OHA finds that an ASC or a region is not meeting the criteria in Section I. of this guidance or is not complying with other provisions of this guidance, OHA will issue a warning letter to the ASC informing the ASC that it must cease performing non-emergent or elective procedures until it can again meet criteria.
2. If an ASC is found to be in repeat non-compliance with this guidance OHA may issue civil penalties or take other enforcement actions.
3. If OHA finds that many ASCs are failing to comply with this guidance, it will request that the Governor reimpose the restriction on all non-emergent and elective procedures.

And lastly...Guidance is not law, but OSHA relies on guidance to inform policy making. So, for practical purposes, guidance documents are law.