THINGS TO CONSIDER IN YOUR MN OFFICE

THE ITEMS CONTAINED IN THIS DOCUMENT ARE INTENDED TO HIGHLIGHT STEPS YOU MAY WISH TO CONSIDER AS YOU RESUME CARE. NOTHING IN THIS DOCUMENT SHOULD BE ASSUMED AS GUIDANCE OR RECOMMENDATIONS.

PRE-APPOINTMENT SCREENING PROCESSIONS

- To reduce exposure risks, you might encourage patients to fill out any necessary paperwork at home prior to coming to the office and, if possible, returning scanned copies of forms by e-mail.
- You may want to include a COVID-19 Risk Acknowledgment form for patients to sign prior to them coming to your office.
- Advise patients of the changes in protocols that they will notice at their appointment and they have been implemented for their safety so they are prepared when they arrive.
- Consider collecting any co-pays or payments by phone ahead of the appointment.

IN-OFFICE PATIENT REGISTRATION PROCEDURES

- Consider measuring your lobby space and creating a maximum number of occupants and placing furniture at proper distances to limit exposure.
- Consider “staggering” appointment times to minimize people arriving and departing at the same times for appointments.
- Try to minimize the time that is spent in your lobby by having patients complete paperwork ahead of time or pre-pay copays or balances over the phone.

CHAIRSIDE CHECKLIST

- Consider your office layout when scheduling patients and utilize strategies to increase distance or create barriers between patients undergoing treatments that produce aerosols and other patients.
- Consider strategies to reduce harm of aerosols, such as use of rubber dam when possible.
- Consider the unique air exchange situation in your practice. If your building/office space is equipped with an air exchanger, consider running it on high.
- Optional considerations to improve air quality and ‘recycle’ air are purifiers that can kill the virus and recycle the air so it is bacteria and virus free. Size based upon cubic footage and can ‘recycle’ the air in a room in as quickly as 10-20 minutes.
- Operatory should have no exposed paper products (paper charts, pamphlets, books or magazines, etc.)
- Additional evacuation options for minimizing generation of aerosols:
o Rubber dam use
o Isolite, dry shield or similar type device
o alternates to aerosol producing procedural techniques such as hand-scaling vs ultrasonic use in a hygiene room or slow speed use vs high speed hand piece if possible.

• Once an aerosol producing procedure is started, every effort should be made to complete it.
• Remove mask after leaving operatory

STAFF PROTECTION STRATEGIES
• Consider your “non-operative” workspaces, such as sterilization area, lab, break rooms, behind the front desk, etc.
  o How many staff can be present in these spaces at one time while achieving proper social distance recommendations?
  o Consider extending infection control measures and social distancing to non-clinical areas.
• Consider a protocol for non-patients who enter your office, such as delivery people or vendors
  o You may wish to log their entry/exit
• Consider a protocol to limit exposure with patients as they depart the office.
• Consider establishing a mechanism or protocol staff may use to share concerns with you regarding exposure to incidences related to COVID-19.

FRONT DESK
• Consider what PPE may be necessary for non-clinical staff and staff training

EMPLOYEE SOCIAL DISTANCING: INCLUDING BUT NOT LIMITED TO
• Entrance to office/locker room at start of business day
• Lunch time/break time
• Sterilization areas
• Common areas
• Exit at close of business day

HEALTH RISK ASSESSMENT
• Written protocol for employees exhibiting symptoms or caring for COVID positive patients
• Necessary changes for high-risk employees

OTHER CONSIDERATIONS
• Office protocol for handling used/contaminated laundry to minimize exposure
• Mitigating exposure of high risk or immunocompromised employees with possible change in duties
• Contact local clinic/testing site to inquire whether any employee can be tested as a health care worker if symptoms present
• Prior to entrance to the treatment room, be sure screening has been completed and consent signed if appropriate-ideally patient has been escorted directly to the operatory to minimize contact with other patients/staff. Verbal greetings only with the patients, no contact such as hand shaking, etc.
• Consider rotating rooms if available post-disinfecting to allow ‘rest’ or settling time of the room and aerosols that may have been generated in the room.
Employees exhibiting symptoms or caring for COVID positive patients:

Symptoms include:
- Cough
- Shortness of breath or difficulty breathing

or TWO of the following:
- Fever
- Chills
- Repeated shaking with chills
- Muscle Pain
- Headache
- Sore throat
- New loss of taste or smell

Course of Action:
1. If symptoms are present before reporting to work
   - Do NOT present to the office. Follow office procedure for sick-day leave
   - Contact primary care physician for testing availability

2. If in office pre-screening is not within acceptable range:
   - Leave the office immediately after sanitizing anything you may have contacted
   - When communication can be safely achieved, immediately contact supervisor and report the days absence
   - Contact primary care physician for testing availability and recommendations for return-to-work timeline
   - Communicate timeline advised by physician to supervisor

3. If a household member tests positive for COVID-19 or you are a caregiver for someone who has tested positive
   - Monitor closely for presentation of any new symptoms
   - If able, take your temperature prior to reporting to work every day until household member has fully recovered or no longer meets CDC quarantine guidelines
   - Consider using sick leave/PTO for self-isolation if testing is not available

Alterations to our office sick leave policy due to the 2020 COVID-19 pandemic include: