



**DE PRACTICE
GROUP**



Safe Workplace Plan Appendices and Supplemental Materials

Appendix 1: COVID-2019 Enhanced Cleaning and Disinfecting Guidelines

PURPOSE: Help prevent COVID-2019 spread. As the COVID-2019 situation has developed in the United, we must continue to ensure our practices remain clean and safe. We have already require a Comprehensive Infection control procedures, but the attached checklist is meant to present a heightened infection control and enhanced cleaning protocols in light of the COVID-2019 pandemic.

CONTENTS: I. Common areas; II. Front desk; III. Proper surface disinfection protocol; IV. Which surfaces need to be disinfected; V. Cleaning soft/porous substances and laundering protocol; VI. Other Points on cleaning and disinfecting including infection control practices.

I. COMMON AREAS

Specifically to common areas in the dental office, which include waiting and reception areas, are you wiping all surfaces three times a day?

When wiping surfaces in common areas are you including the following:

- Common area doorknobs
- Chairs in reception area
- And surfaces and counters including
- Refreshment station

Did you remove all magazines and general materials that are potentially passed from person to person in common areas, including waiting and reception areas?

II. FRONT DESK

Specifically to the front desk area in the dental office, are you wiping all surfaces AT LEAST three times a day?

When wiping surfaces in front desk area are you including the following:

- Counters

- Chairs
- Printers
- Computer keyboards (three times a day at a MINIMUM or each time after you step away from your work area)
- Credit card portals (three times a day at a MINIMUM or after each use)

III. PROPER SURFACE DISINFECTION PROTOCOL

□ **Are you properly cleaning and disinfecting all surfaces at the Dental Office?**

- Prior to commencing the surface disinfection process, did you first **clean surfaces** at the dental office *using a detergent OR soap and water*?
 - Have you ensured keeping the surface wet for several minutes to ensure that germs are killed?
 - While cleaning, have you ensured you have taken precautions such as wearing gloves and making sure you have good ventilation during use of the product?
- *You have completed the above and are ready to commence disinfection.* For disinfection, did you use **one** of the following?
 - Alcohol solutions with at least 70% alcohol OR
 - EPA-registered household disinfectants OR
 - *If appropriate for the surface:* Diluted household bleach solutions?

□ ***Before you begin the disinfection process, have you checked for the following items:***

- Are you ready to follow product manufacturer's instructions for application of the disinfectant product and proper ventilation?
- Did you check to ensure the product is not past its expiration date.
- ***If you use household bleach***, unexpired household bleach will be effective against coronaviruses when properly diluted. If you use household bleach, have you prepared the bleach solution for disinfecting? To prepare the solution, follow the following steps. Mix:

√5 tablespoons (1/3rd cup) bleach per gallon of water *or*

✓ 4 teaspoons bleach per quart of water

- **If you use household bleach**, NEVER mix household bleach with ammonia or any other
- **If you use an EPA registered household disinfectant**, have you checked the product to have the emerging viral pathogens claims external icon?



- **If you use an EPA registered household disinfectant**, in addition to checking for the emerging viral pathogens claims external icon, have you checked EPA's List N: Disinfectants for Use Against SARS-CoV-2?
- **When purchasing an EPA registered household disinfectant**, did you check if its **EPA registration number** is included on List N? If it is, you have a match and the product can be used against Coronavirus. You can find this number on the product label – just look for the EPA Reg. No. These products may be marketed and sold under different brand names, but if they have the same EPA registration number, they are the same product. The list can be accessed by visiting: **<https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>**
 - Some of these products include, but are not limited to:
 - Clorox Disinfecting Wipes
 - Clorox Clean-Up Cleaner + Bleach
 - Lysol Disinfectant Spray
 - Lysol Multi-Purpose Cleaner with Bleach
 - Lysol Multi-Purpose Cleaner with Hydrogen Peroxide
 - Purell Multi Surface Disinfectant Spray
 - Microban 24 Hour Multi-Purpose Cleaner
- **When purchasing an EPA registered household disinfectant**, did you follow the manufacturer's instructions for all cleaning and disinfection products? Specifically, did you check instructions regarding:
 - concentration,
 - application method and
 - contact time, etc?
- **If you are using alcohol solutions**, are you using at least 70% percent alcohol?

IV. WHICH SURFACES NEED TO BE DISINFECTED

□ **Have you cleaned and disinfected ALL surfaces? [see below checklist for detailed categories of surfaces]**

- If **any surfaces** at your dental practice are dirty, have you cleaned and disinfected them as per the above?
- Have you ensured clean and disinfected **clinical contact surfaces**, which include the below list, and dental units in the care operators?
 - Ensure you have disinfected the following care operator items to include:
 - Chairs
 - Lights
 - Counters
 - Tubing
 - Operatory Sinks
 - Any other surface that the **patient OR team member would encounter during procedures?**
 - Even if barrier protectant, did you insure that clinic contact surfaces have been cleaned and disinfected despite the use of barriers?
- Have you ensured clean and disinfected **Housekeeping surfaces** such as
 - walls,
 - doorknobs,
 - and floors?
- Have you ensured clean and disinfected **other high touch surfaces** such as
 - desks,
 - phones,
 - keyboards,
 - toilets,
 - faucets,
 - sinks?
- Did you disinfect **soft (porous) surfaces** such as
 - carpeted floors,
 - rugs,
 - and drapes?
- Did you run approved disinfection solution through waterlines

V. CLEANING SOFT/POROUS SURFACES AND LAUNDRING PROTOCOL

□ **After cleaning soft (porous) surfaces, have you ensured the following?**

- If the items can be laundered, have you laundered items in accordance with the manufacturer's instructions using the warmest appropriate water setting for the items?
- If the items can be laundered, after laundering them, as per the above, have you then dried items completely?
- If you are unable to launder and dry the soft porous surfaces, have you used products with the EPA-approved emerging viral pathogens claims that are suitable for porous surfaces?

□ **Have you ensured proper disinfecting of linens, clothing, and other items that go in the laundry?**

- While completing disinfection of linens, clothing or other items, did you put on **disposable gloves**?
- When placing dirty laundry items to be laundered, did you ensure you did not shake dirty laundry? This minimizes the possibility of dispersing virus through the air.
- Did you wash items as appropriate in accordance with the manufacturer's instructions?
- If possible, did you insure you laundered items using the warmest appropriate water setting for the items and dry items completely?
- If you ensure that dirty laundry that has been in contact with an ill person was NOT washed with other people's items?
- Did you **wash hands with soap and water** as soon as you remove the gloves?
- Did you clean and disinfect hampers or other carts for transporting laundry?

□ **In the event you learned of an ill/symptomatic person, have you created a dedicated, lined trash can for the ill person?**

- Have you used gloves when removing dedicated garbage cans?
- Did you wash your hands afterwards?

☐ Have you ensured that no employees wear scrubs home and only wear scrubs while in the clinical setting within the practice?

VI. OTHER POINTS ON CLEANING AND DISINFECTING INCLUDING INFECTION CONTROL PRACTICES

☐ Do you recall the below important points on leaning and disinfecting?

- Did you know that sanitizing is not disinfecting?
 - Sanitizing (reducing the number of germs) usually takes less time — sometimes just 30 or 60 seconds — while disinfecting (killing those germs) can take anywhere up to 10 minutes, depending on the product.
- Did you check the label for how long non-porous substances may stay wet?
 - As liquids evaporate, they may require you to apply the product several times.
- Did you realize that no product can adequately sanitize or disinfect a dirty surface?
 - Ensure sure you clean — even with plain soap and water — before you disinfect.

☐ Have you ensured proper infection control practices among practice employees, including:

- Do employees wash their hands often with soap and water for at least 20 seconds?
- Do employees use alcohol-based hand rubs and gels if they can't wash their hands with soap and water?
- Do employees avoid touching their eyes, nose, and mouth with unwashed hands?
- Do employees avoid close contact with people who are sick and stay home when sick?
- Do employees cover their cough or sneeze with their arm/elbow, rather than their hand?

- Do employees clean and disinfect frequently touched objects and surfaces, as per above?

Appendix 2

Travel Survey

Have you traveled outside of the US in the last 3 months? Yes No
 If yes, what date did you return to the US?

Have you been in contact with anyone who has visited any of the above countries within the past 3 months? Yes No

Are you exhibiting any of the following symptoms?

Fever or history of a fever?	Yes	No
Acute respiratory infection?	Yes	No
Shortness of breath?	Yes	No
Coughing?	Yes	No
Sore throat?	Yes	No
Shortness of breath?	Yes	No
Infection without fever requiring hospitalization?	Yes	No

A history of being in China, Italy, Iran or any other country that has confirmed COVID-19 infection in the 14 days prior to symptom onset? Yes No

Close contact within 14 days of symptom onset with any of the following:

- A confirmed or suspected case of 2019-nCoV Yes No

- A healthcare facility in any of the countries that have confirmed COVID-19 cases?
Yes No

Appendix 3

COVID-19 Dental Treatment Consent Form

I, _____ [patient name or if the patient is a minor, the patient's parent or legal guardian], knowingly and willingly consent, or, consent on behalf of _____ [insert minor patient's name, if applicable], to have dental treatment completed during the COVID-19 pandemic.

As the patient (or guardian of a patient) of the practice, I understand the Practice has always taken infection control and safety practices seriously. In light of COVID19, the Practice has taken additional measures to ensure additional comprehensive infection control and safety procedures, in conformity with various regulatory standards, including the CDC and ADA ,and best practices, which are summarized as follows:

- The Practice has instituted a mandatory Safe Workplace Plan to assure appropriate Personal Protective Equipment (PPE) policies are followed as well as to promote heightened infection control and enhanced cleaning protocols. To assure compliance with the heightened infection control and cleaning protocols, the Practice has appointed a dedicated sanitation technician, who is specifically in charge of assuring that our enhanced cleaning protocols are rigorously followed.
- The Practice undergoes a 10-step disinfection procedure prior to opening each day, and periodically throughout the day.
- Our Safe Workplace Plan also includes strict PPE requirements for both clinical and non-clinical team members.
- We have modified our check-in and check-out process, by closing the reception rooms and completing check-in over the phone. We have removed non-essential items (such as flyers, brochures, and samples) away from the practice premises.
- We only allow the number of patients that the office operatory capacity will safely allow.

- Only patients may enter the office for appointments. Spouses, friends, caregivers, and parents are required to wait outside.
- Our supply deliveries are accepted outside and immediately sanitized once inside the practice.
- We screen our patients when appointments are initially scheduled and subsequently on the date of the patient's appointment. We will ask patients to reschedule appointments based on documented criteria and screening results.
- We have instituted specific mandatory elevated chairside safety procedures, including the use of rubber dams and aerosol reducing barrier devices.
- We have adjusted our scheduling processes to add an additional 20-30 minutes per patient, per procedure, to help mitigate any contamination and allow for the best patient/team management.
- We conduct daily staff health screening which includes a COVID-19 questionnaire and a temperature reading. An employee with a temperature above the threshold of 100.4, is immediately sent home and/or referred to a testing center.

While I understand the Practice is taking comprehensive maximum steps (some of which may be inconvenient to patients) to assure a safe and sterile environment for dental care to be rendered, I also understand the following:

- The COVID-19 virus has a long incubation period, during which carriers of the virus may not show symptoms and still be highly contagious. With continued limited availability of testing, it currently remains impracticable to determine who may have COVID-19 and not yet be exhibiting symptoms. _____ (Initial)
- That dental procedures create water spray which may be one source for transmission of the virus. The ultra-fine nature of the spray can linger in the air from several minutes to sometimes hours, which can cause transmittal of the COVID-19 virus. _____ (Initial)
- That due to the frequency of visits of other dental patients, the characteristics of the virus, and the characteristics of dental procedures, that I have an elevated risk of contracting the virus simply by being a patient. _____ (Initial)
- Furthermore, **I confirm** that I am not presenting any of the following symptoms of COVID19, listed below:
 - Shortness of breath;
 - Dry cough;
 - Sneezing/ Runny Nose;
 - Sore Throat;
 - Fatigue;
 - Sweating _____ (Initial)
- **I further confirm** that in addition to not presenting any of the above symptoms of COVID19, listed above, I have not experienced any of these symptoms in the last 14 days. _____ (Initial)

- If, at any point in the next 14 days, I begin to exhibit symptoms of the COVID-19 virus, I will inform the Practice immediately and will inform them of any testing results or quarantine orders I receive from a medical physician. I understand this continued communication with the Practice is essential to help curb the spread of the virus and to allow the Practice to provide informed consent to other patients and to otherwise take protective measures. I understand the Practice will not share or disseminate any of my Protected Health Information for any unlawful or prohibited purpose. _____ (initial)

Patient name: _____ Date: _____

Signature of patient or patient's parent or legal guardian: _____

Appendix 4

[Insert Practice Letterhead]

[Insert date here]

Dear [insert patient name],

This letter is regarding your appointment with Dr. [insert Dr. name] at [insert practice name] on [day], [month], 2020.

Please be advised that, unfortunately, we will not be able to proceed with your scheduled visit and are providing you this letter to explain the circumstances behind the need to reschedule your appointment.

As you are aware, our practice continues to serve are patients and community during the unprecedented time of the COVID-19 pandemic.

While we continue to provide dental care to our patients, we also aim to proactively ensure our patients and workforce remain safe and protected.

In our efforts to strike a fine and challenging balance between being a trusted essential health provider in the community while, at the same time, assuring a safe environment for our patients and employees, we have implemented a strict screening protocol/policy. In accordance with this policy, we screen our patients both telephonically, when appointments are initially scheduled, and subsequently on the date of the patient's appointment.

As part of our screening procedure, each patient is asked to complete a COVID-19 questionnaire on the day of the appointments. This form tracks the common COVID-19 symptoms that have been identified by such authoritative sources as the Centers for Disease Control (CDC) and the World Health Organization (WHO). If a patient identifies COVID-19 symptoms or other COVID-19 exposure concerns in response to this questionnaire, it is our policy to reschedule that patient's dental appointment to a later time, consistent with the recommended 14-day incubation period. This policy is in place solely for the continued safety of all our patients and employees.

Unfortunately, you are in receipt of this letter because of the need to reschedule your appointment, in conformity with our COVID-19 policy. We recognize this is an inconvenience for you and is far from an ideal situation. We hope you can understand our decision in light of our desire to keep all our patients safe during this pandemic.

Thank you for your understanding, and we look forward to seeing you in the near future.

[Insert person's name]

On behalf of [practice name]

Appendix 5

Respirator Training and preparedness checklist for the Dental Practice

- ✓ Have you printed the tailored respiratory protection program document and placed it in a binder, labeled Respiratory Protection Program, {Practice Name}? _____
- ✓ Have you offered and given all employees that are using respirators the opportunity to review the Practice Respiratory Protection Program, which has been tailored to your Dental Practice? _____
- ✓ Have all employees that are using respirators been provided with a medical questionnaire/medical clearance form? _____
- ✓ Have all employees that are using respirators been provided with opportunity to complete the questionnaires during working hours or, alternatively, at a time that is most convenient to them? _____
- ✓ Have all employees that are using respirators received medical clearance document by a physician or other licensed health care professional (PLHCP)? _____
- ✓ Have you ensured that only those employees that have been cleared by a physician or other licensed health care professional are the ones using the respirators in the scope of their jobs?

- ✓ Have you ensured that the Practice has received medical clearance document for each employee that is using a respirator, and have you retained the clearance in a secure location as part of each employee's confidential medical record, as required by OSHA's record keeping obligation?
 - NOTE: Medical clearance records must be made available in accordance with the OSHA Access to Employee Exposure and Medical Records standard (29 CFR 1910.1020), and maintained for a minimum of thirty (30) years after an employee's separation or termination.
- ✓ Have all employees using respirators been notified that OSHA is temporarily suspending the annual fit testing requirement of filtering facepiece respirators based on the COVID19 pandemic and supply shortages? _____
- ✓ Have all employees using respirators been made aware of strategies for optimizing the supply filtering facepiece respirators and prioritizing their use, as discussed in the Respirator Extended Use Recommendations Checklist based on current CDC Guidelines? (See attached document, attached as **Appendix A**)
- ✓ Have all employees using respirators been advised that disposable filtering facepiece respirators that will be reused in patient care areas should be stored in a breathable container such as a paper bag, which **must be** labeled with the user's name, as per Practice policy?
 - NOTE: Labeling will allow each employee using respirators to keep track of their individual respirator in order to avoid the potential of a wearer to mistakenly use someone else's respirator.
- ✓ Have all employees using respirators been advised of the importance of performing a user seal check (i.e., a fit check) at each donning of the filtering facepiece respirator to make sure they are getting an adequate seal?_____
- ✓ Have all employees using respirators been advised of the criteria to help determine the adequacy of the respirator fit? This criteria includes the following benchmarks: Chin Properly placed, adequate strap tension, not overly tightened, fit across nose bridge, respirator of proper size to span distance from nose to chin, tendency of respirator to slip, and self-observation in mirror to evaluate fit and respirator position?_____
- ✓ Have all employees using respirators been advised that if there is any hair growth between the skin and the facepiece sealing surface, such as stubble beard growth, beard, mustache or sideburns which cross the respirator sealing surface, such facial hair will interfere with a satisfactory fit of the respirator and may not provide the necessary protection?
- ✓ Have all employees using respirators been provided with Respiratory Protection Training? _____

The training, at a minimum, has to include the following videos, which have to be reviewed during working hours, and it is most efficient to have all employees utilizing respirators to review them as one group.

1. Respiratory Protection for Healthcare Workers Training Video

Link: <https://www.youtube.com/watch?v=6qkXV4kmp7c>

This video includes the following information:

- The general requirements of the OSHA Respiratory Protection standard.
- The specific circumstances under which respirators are to be used.
- Respiratory hazards to which employees – specifically in the health care setting – are potentially exposed during routine and emergency situations.
- Why the respirator is necessary and how proper fit, usage, and maintenance can ensure the protective effect of the respirator as well as how improper fit, usage or maintenance can compromise the protective effect of the respirator.
- The limitations and capabilities of the respirators that will be used.
- How to effectively use the respirators, including emergency situations and situations in which the respirator malfunctions.
- The different types of respirators and their uses

Video reviewed? _____

Video Review Date: _____

2. Respirator safety Training Video

Link: <https://www.youtube.com/watch?v=Tzpz5fko-fg>

This video includes the following information:

- How to inspect, put on, remove, use, and check the seals of the respirator (for tight-fitting respirators such as N95 filtering facepiece respirators).

Video reviewed? _____

Video Review Date: _____

3. N95 Respirator Limited Reuse - Healthcare Professionals Providing Clinical Care

Link: <https://www.youtube.com/watch?v=Cfw2tvjiCxM>

This video includes the following information, based on CDC Limited Reuse guidelines in light of the COVID19 pandemic:

- How to inspect, put on, remove, use, and check the seals of the respirator (for tight-fitting respirators such as N95 filtering facepiece respirators).

Video reviewed? _____

Video Review Date: _____

4. Medical Evaluations for Workers who Use Respirators

Link: https://www.osha.gov/video/respiratory_protection/medevaluations.html

This video includes the following information:

- How to recognize medical signs and symptoms that may limit or prevent the effective use of respirators.

Video reviewed? _____

Video Review Date: _____

5. Respirator Fit Testing

Link: <https://www.youtube.com/watch?v=D38BjgUdL5U&t=372s>

This video includes the following information:

- The general requirements of the OSHA Respiratory Protection standard.
- Why the respirator is necessary and how proper fit, usage, and maintenance can ensure the protective effect of the respirator as well as how improper fit, usage or maintenance can compromise the protective effect of the respirator.

Video reviewed? _____

Video Review Date: _____

Appendix 6

Respirator Training and preparedness checklist for the Dental Health Care Provider

- ✓ Have you been offered and given the opportunity to review the Practice Respiratory Protection Program, found in a designated Respiratory Protection Program binder at your Practice? ____
- ✓ Before using the respirator have you been provided with a medical questionnaire/medical clearance form? ____
- ✓ Was the medical questionnaire/medical clearance form provided to you during working hours to fill out at a time most convenient to you? ____
- ✓ Have you received medical clearance by a physician or other licensed health care professional (PLHCP)? ____
- ✓ Do you understand that your medical clearance to wear a respirator must be retained by the Practice as part of your confidential medical record as part of your employer's OSHA record keeping obligation**? ____
 - **(Medical clearance records must be made available in accordance with the OSHA Access to Employee Exposure and Medical Records standard (29 CFR 1910.1020), and maintained for a minimum of thirty (30) years after an employee's separation or termination.)
- ✓ Have you been informed that your employer is temporarily suspending the annual fit testing of filtering facepiece respirators to preserve and prioritize the

supply of respirators for use in situations where they are required to be worn?

- ✓ Have you been made aware of strategies for optimizing the supply filtering facepiece respirators and prioritizing their use, as discussed in the Respirator Extended Use Recommendations Checklist based on current CDC Guidelines? (See attached document, attached as **Appendix A**)
- ✓ Have you been advised that disposable filtering facepiece respirators that will be reused in patient care areas should be stored in a breathable container such as a paper bag, which **must be** labeled with the user's name, as per Practice policy?
 - ** -- Labeling will allow you keep track of your respirator so that you do not mistakenly use someone else's respirator.
- ✓ Do you understand the importance of performing a user seal check (i.e., a fit check) at each donning of the filtering facepiece respirator to make sure you are getting an adequate seal?_____
- ✓ Do you understand the criteria to help determine the adequacy of the respirator fit:
 - Chin Properly placed? _____
 - Adequate strap tension, not overly tightened? _____
 - Fit across nose bridge? _____
 - Respirator of proper size to span distance from nose to chin?_____
 - Tendency of respirator to slip? _____
 - Self-observation in mirror to evaluate fit and respirator position?_____
- ✓ Do you understand that if there is any hair growth between the skin and the facepiece sealing surface, such as stubble beard growth, beard, mustache or sideburns which cross the respirator sealing surface, such facial hair will interfere with a satisfactory fit of the respirator and may not provide the necessary protection? _____
- ✓ Have you been provided with Respiratory Protection Training? _____
Your training, at a minimum has to include the following videos. (Check each video that you have completed as part of your worksite training.)

1. Respiratory Protection for Healthcare Workers Training Video
Link: <https://www.youtube.com/watch?v=6qkXV4kmp7c>

This video includes the following information:

- The general requirements of the OSHA Respiratory Protection standard.
- The specific circumstances under which respirators are to be used.
- Respiratory hazards to which employees – specifically in the health care setting – are potentially exposed during routine and emergency situations.
- Why the respirator is necessary and how proper fit, usage, and maintenance can ensure the protective effect of the respirator as well as how improper fit, usage or maintenance can compromise the protective effect of the respirator.
- The limitations and capabilities of the respirators that will be used.
- How to effectively use the respirators, including emergency situations and situations in which the respirator malfunctions.
- The different types of respirators and their uses

Video reviewed? _____

Video Review Date: _____

2. Respirator safety Training Video

Link: <https://www.youtube.com/watch?v=Tzpz5fko-fg>

This video includes the following information:

- How to inspect, put on, remove, use, and check the seals of the respirator (for tight-fitting respirators such as N95 filtering facepiece respirators).

Video reviewed? _____

Video Review Date: _____

3. N95 Respirator Limited Reuse - Healthcare Professionals Providing Clinical Care

Link: <https://www.youtube.com/watch?v=Cfw2tvjiCxM>

This video includes the following information, based on CDC Limited Reuse guidelines in light of the COVID19 pandemic:

- How to inspect, put on, remove, use, and check the seals of the respirator (for tight-fitting respirators such as N95 filtering facepiece respirators).

Video reviewed? _____

Video Review Date: _____

4. Medical Evaluations for Workers who Use Respirators

Link: https://www.osha.gov/video/respiratory_protection/medevaluations.html

This video includes the following information:

- How to recognize medical signs and symptoms that may limit or prevent the effective use of respirators.

Video reviewed? _____

Video Review Date: _____

5. Respirator Fit Testing

Link: <https://www.youtube.com/watch?v=D38BjgUdL5U&t=372s>

This video includes the following information:

- The general requirements of the OSHA Respiratory Protection standard.
- Why the respirator is necessary and how proper fit, usage, and maintenance can ensure the protective effect of the respirator as well as how improper fit, usage or maintenance can compromise the protective effect of the respirator.

Video reviewed? _____

Video Review Date: _____

6. How to Perform a User Seal Check with an N95 Respirator

Link: <https://www.youtube.com/watch?v=pGXiUyAoEd8>

This video includes the following information:

- The general requirements of the OSHA Respiratory Protection standard.
- Why the respirator is necessary and how proper fit, usage, and maintenance can ensure the protective effect of the respirator as well as how improper fit, usage or maintenance can compromise the protective effect of the respirator.

Video reviewed? _____

Video Review Date: _____

7. Voluntary Use Respirators

Link: https://www.osha.gov/video/respiratory_protection/voluntaryuse.html

This video includes the following information:

- The general requirements of the OSHA Respiratory Protection standard.
- Video reviewed? _____ Video Review Date: _____

Appendix 7

Respirator Extended Use Recommendations Checklist based on current CDC Guidelines

- **LENGTH OF WEAR RECOMMENDATIONS:** A key consideration for safe extended use is that the respirator must maintain its fit and function. Workers in other **industries routinely use N95 respirators for several hours uninterrupted.**
 - ✓ Experience in these settings indicates that respirators can function within their design specifications for **8 hours of continuous or intermittent use.**
 - ✓ Thus, the maximum length of continuous use in non-dusty **healthcare workplaces is typically dictated by hygienic concerns** (e.g., the respirator was discarded because it became contaminated) or **practical considerations** (e.g., need to use the restroom, meal breaks, etc.), **rather than a pre-determined number of hours.**
- **EXTENDED USE RECOMMENDATIONS**
 - ✓ Encourage use of barriers to prevent droplet spray contamination
 - ✓ Minimize unnecessary contact with the respirator surface.
 - ✓ Ensure strict adherence to hand hygiene practices
 - ✓ Ensure proper PPE donning and doffing techniques [see attached CDC poster]
 - ✓ Use a pair of clean (non-sterile) gloves when donning a use respirator and performing a user seal check.

- ✓ **Discard gloves after the N95 respirator is donned** and any adjustments are made to ensure the respirator is sitting comfortably on your face with a good seal.

- **TAKE THE FOLLOWING STEPS TO REDUCE CONTACT TRANSMISSION AFTER DONNING RESPIRATORS:**
 - ✓ **Discard** respirators following use during **aerosol generating procedures**.
 - ✓ **Discard** respirators contaminated with **blood, respiratory or nasal secretions, or other bodily fluids from patients**.
 - ✓ **Discard** respirators following **close contact with, or exit from, the care area of any patient co-infected with an infectious disease** requiring contact precautions.
 - ✓ Consider use of a **cleanable face shield (preferred) over an N95 respirator and/or other steps** (e.g., **masking patients**, use of engineering controls) to **reduce surface contamination**.
 - ✓ Use **hand hygiene** with soap and **water or an alcohol-based hand sanitizer before and after touching or adjusting the respirator** (if necessary for comfort or maintain fit).
 - ✓ Extended use alone is unlikely to degrade respiratory protection. **HOWEVER, discard any respirator that is obviously damaged or becomes hard to breathe through.**
 - ✓ Hang used respirators in a **designated storage area or keep them in a clean, breathable container such as a paper bag** between uses.
 - ✓ To minimize potential cross contamination, **store respirators so that they do not touch each other** and the person using the respirator is clearly identified. Storage containers should be disposed of or cleaned regularly.
 - ✓ **Avoid touching the inside of the respirator. If inadvertent contact is made with the inside of the respirator, discard the respirator and perform hand hygiene** as described above.

- **CONSULT WITH MANUFACTURER FIRST:** Consult with the respirator manufacturer regarding the maximum number of donnings or uses they recommend for the N95 respirator model(s) used in that facility.
 - ✓ If no manufacturer guidance is available, preliminary data suggests **limiting the number of reuses to no more than five uses per device to ensure an adequate safety margin.**
 - ✓ Even if number of reuses is five per device, regularly **inspect the device for physical damage.**
For example:
 - **Are the straps stretched out so much that they no longer provide enough tension for the respirator to seal to the face?**

- **Are the nosepiece or other t enhancements broken?**
 - If any physical damage is observed → discard

SOURCE:

<https://www.cdc.gov/niosh/topics/hcwcontrols/recommendedguidanceextuse.html#risks>
[extended](#)

Appendix 8

POLICY & PROCEDURE

HIPAA: Protected Health Information (PHI) email policy
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PURPOSE:

Dental Whale LLC and its companies, subsidiaries and, affiliates (collectively referred to as "the Company") are committed to the highest standards of ethical, legal, and clinical conduct, including compliance with federal and state laws. Complying with federal and state laws includes the Health Insurance Portability and Accountability Act ("HIPAA") and Health Information Technology for Economic and Clinical Health Act ("HITECH"). In keeping with this commitment, the Company requires all employees to ensure HIPAA compliance and appropriate use of the email system when transmitting patient records and/or any records containing Protected Health Information ("PHI") and ePHI. The purpose of this policy is to assure that this requirement is met and, thereby, assuring the integrity and confidentiality of ePHI when using email.

POLICY:

It is the policy of the Company to protect electronic transmission of PHI and ensuring compliance with our duty to protect the confidentiality and integrity of PHI and ePHI, as required by federal and state laws. As such, even though employees are not explicitly prohibited from using email to transmit patient records and ePHI, there are a number of requirements,

enumerated by the Procedure below, that must be adhered to, before the email communication can be deemed to be securely transmitted in compliance with HIPAA. If release of PHI is otherwise appropriate under HIPAA, the information released via email shall be released in conformity with the minimum necessary requirement. Conforming with this requirement means that the amount and type information released electronically shall be limited to the minimum necessary amount to fulfill the requesting party's legitimate needs or lawful purposes.

DEFINITIONS:

1. **Email** – the electronic transmission of information through an electronic mail protocol.
2. **Users** – all members of the workforce, including employees, contractors, volunteers, trainees or other parties working in the course of scope of Company management and operations that are in direct control of the Company and utilize Company emails and/or internet.
3. **Secure messaging** – a substitute for emails that meets the HIPAA Security Rule requirements without compromising the convenience and speed of sending ePHI via email.
4. **PHI** – Personal Health Information is information that can be tied to an individual, which under HIPAA means protected health information includes one or more of 18 identifiers. If these identifiers are removed the information is considered de-identified protected health information, which is not subject to the restrictions of the HIPAA Privacy Rule. Common PHI categories include names (full name or last name and initial), dates, phone numbers, fax numbers, e-mail addresses, social security numbers, medical record numbers

REFERENCES:

1. **HIPAA** – Health Insurance Portability and Accountability Act, 45 C.F.R parts 160-164
2. **HITECH**- Health Information Technology for Economic and Clinical Health Act, Title XIII of Division A and Title IV of Division B of the American Recovery and Reinvestment Act of 2009 (ARRA), Pub. L. No. 111-5, 123 Stat. 226 (Feb. 17, 2009)
3. **HIPAA Security Rule** – 45 CFR Part 160 and Subparts A and C of Part 164.

PROCEDURE:

1. All email messages, correspondences, along with any and all attachments thereto, are Company property. As such, Users of Company email and internet shall have no expectation of privacy in utilizing company email and internet. The Company has the right, but not the duty, to audit and monitor internet and email use of any employee at any given time, for any reason, without any prior notice. The company reserves the right to utilize this

discretionary right is to ensure conformity with this policy and procedure and federal and state privacy laws.

2. Email Users will be set up with a unique login credentials, complete with a unique password. Users shall not share their password with any other user.
 - a. Email Users shall follow the required password specifications. The password must contain at least: 8 characters (12+ recommended), one uppercase letter, one lowercase letter, one number, and one special character (such as !@#\$ etc). The password should not contain more than two identical characters in a row, company name, last name, email address, company name or commonly used passwords.
 - b. Users must use passwords different than what is used for their social media for organizational accounts.
 - c. At a minimum, a User's password must be changed between two (2) times a year, unless a more stringent requirement is in effect.
3. HIPAA email rules **require** securing email messages if those messages contain PHI in the event that they are being sent beyond a protected email network and beyond its firewall.
4. If email transmission of PHI is deemed to be necessary, the transmission shall be conducted with the highest level of security applied, and only in situations where the email is absolutely necessary for the payment and operations. As a general rule, users should not transmit PHI via email for patient treatment purposes.
5. Based on procedure number 4, above, all Users are required to secure messages using a preferred HIPAA compliant encryption/secure messaging service.

If the User/s do not have a HIPAA compliant encryption/secure messaging service, PHI cannot be transmitted via email. Before email transmittals of PHI are sent outside the network, the User must ensure access to a HIPAA compliant encryption service.

As of the date of this policy and procedure, the recommended HIPAA-compliant encryption/secure messaging service is SendInc. Sendinc ensures Users' messages are encrypted to the highest standards. There is no software required for the sending User or its recipients and Users can use existing email addresses to transmit minimally necessary ePHI.

To set up a Send Inc Account, users can visit www.SendInc.com.

Users can choose their plan/subscription type based on their specific need. A free SenInc.com account can be used by those Users who do not send a high volume of emails that are required to be sent in a secure method. Additional information and user instructions regarding SendInc are attached to this Policy & Procedure as Supplement A.

The SendInc technology will allow for administrative control to prevent unauthorized access and modification to PHI, as Sendinc will verify whether external parties seeking access to ePHI are who they claim they are.

6. Before sending an email communication containing ePHI, users should verify the accuracy of the recipient's email address. Verification of recipient e-mail address must be made upon each and every email communication containing PHI and must be done when emailing both internally and externally.
7. Extreme caution should be exercised when Users are forwarding messages. Sensitive information, including patient PHI, should not be forwarded to any party outside the Company without the same security safeguards as addressed above.
8. In the event that records contain highly sensitive information (i.e. information related to AIDS/HIV, drug abuse, alcohol abuse etc), such highly sensitive health information **must not** be sent via email. Please utilize extreme discretion when transmitting such PHI and err on the side of caution by contacting compliance@dentalwhale.com if there are any questions or concerns with this regard.
9. Users shall restrict their use of email to communications within the normal course of scope of the Company business -- such as transmission about Company operations, and administrative matters.
10. Users shall not transmit patient information, electronically or otherwise, unless doing so is an approved and permitted use or disclosure, within the minimal necessary requirement, and transmitted via an approved and secure method as addressed above. Regardless of content, email messages should be presumed to not be secured and private, which highlights the importance of following the minimum necessary requirement and following this Procedure to accomplish the business needs of the recipient.
11. All emails containing PHI should contain a confidentiality statement.
12. Personal email accounts shall not be used for official Company business. Transmission of ePHI to a User's personal external email account is a violation of HIPAA and this policy and procedure.
13. Users shall not transfer restricted or sensitive information, including PHI, to an unencrypted or unapproved device. Additionally, unless properly authorized, Users shall not store restricted or sensitive information, including PHI, on non-Company equipment such as personally-owned devices unless properly authorized to do so by an immediate supervisor and with approval by the Compliance Department.
14. In the event the use of external devices has been approved by the User's supervisor, that user should use utmost caution while utilizing the external device, taking precautionary measures to eliminate risk of a potential breach, including accidental loss of the device. Such measures should include deleting the external device contents when those contents are no longer needed, protecting the files on the external device with a password, or, alternatively, encrypting the data on the external drive.

15. In the event that an approved external device, such as a USB/external hard drive, becomes lost or stolen, the User should immediately change all passwords stored on the USB. Upon taking immediate action to change all passwords stored on the external device, the user should notify the Compliance Department.
16. When receiving any email communication - whether internally or externally – Users shall always verify posted links, downloads or email attachments before clicking on them.
17. As a general rule, Users should not open attachments they are not expecting, and if Users are unsure about the authenticity of a message received, it is highly recommended to first consult with IT.
18. If an unsolicited email is received, do not give out any personal information, open attachments, or click any links. Additionally, never disclose personal or confidential Company information.
19. When writing e-mail communications externally, as a general rule, only speak for yourself and not on behalf of another person or the COmpany.
20. Users shall not provide personal or official information solicited by unknown individuals or suspected phishing email or websites.
21. Even if a patient is personally sending a request for records via email, under no circumstance should a User respond to that e-mail without first following the required secure message requirements, as addressed above.
22. Users shall never open or forward and must always delete chain and junk email messages/suspicious emails. In the event of a receipt of a suspicious email by a User, the User should not attempt to click on any of the provided link/s.

In the event the User accidentally clicks on the link, the user should IMMEDIATELY change his/her email passwords (**and any other account that uses that same password**).

23. Users should keep in mind the below listed penalties for HIPAA email violations

Penalties for HIPAA Email Violations		
Penalties are per violation per year	Start at	Up to
Could not have avoided with reasonable care	\$100	\$50,000
HIPAA email violation despite reasonable care	\$1,000	\$50,000
Willful Neglect – Corrected within reasonable time	\$10,000	\$50,000

Willful Neglect – Not corrected	\$50,000	\$1,500,000
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Criminal proceedings can also be initiated by State and Federal Agencies for failing to secure PHI and for other willful violations of HIPAA Rules. Users may be personally liable for breaches willful or negligent breaches. Additionally, willful or negligent breaches may be cause for disciplinary action by the Company, up to and including termination.

24. Users who become aware of a violation of this Policy and Procedure and HIPAA are responsible for reporting, and must immediately report, these violations to their supervisor. The pertinent supervisor must immediately report this violation by sending an email to compliance@dentalwhale.com and/or calling 404 537 5211 ext 8471.
25. Any User found to have violated this policy may be subject to disciplinary action, up to and including termination of employment or assignment, based on the severity and nature of the violation and if the violation is repeated in nature. The Company will further exercise its right and duty to report the matter to civil and criminal authorities, and is prepared to further cooperate with any external investigations, as may be required by law.
26. All Company affiliated accounts, including but not limited to User e-mail access privileges, will be terminated promptly following that User's departure/separation form the Company for any reason. An audit of the separating User's e-mail account and usage is highly recommended. In the event the need for such audit is determined, the audit should be performed as soon as practicable following the user's termination from the Company. The result of the audit should be reported to the Compliance department promptly if a violation of this Policy and Procedure is found.
27. The Compliance Department is accessible for telephone/teleconference or in-person meetings (to the extent practicable) and follows an open-door policy. As such, all members of the Company workforce are encouraged to utilize the Compliance Department as an available resource in the event of any questions or concerns about this policy, any other policy in the handbook, or Dental Whale's compliance program generally.

Appendix 9

HIPAA: Protected Health Information (PHI) Email Policy Acknowledgement and Receipt

I acknowledge that I have received and reviewed my copy of the HIPAA: PHI Email Policy.

I understand this policy applies to all employees, including part time, temporary and contract employees. I also understand the policy is intended to cover HIPAA serious concerns that could have a large impact on our Company.

I further understand the information in this Policy may be subject to change by the needs of the Company. I recognize that the Company may make any changes at any time with or without advance notice.

I understand that it is my responsibility to read and comply with this policy and any revisions that may subsequently be made to it.

Employee's Signature

Employee's Name (Print)

Practice name/ Company location

Date