RE-OPENING OF TEXAS A&M UNIVERSITY COLLEGE OF DENTISTRY CAMPUS

Reviewed: June 5, 2020
Policy Overview

• 10k patients/mo

• Multiple activities to resume:
  – Clinical
  – Pre-clinical (already approved)
  – Academic: didactic
  – Research
  – Administrative

• Conditions for return:
  – Consistently low incidence of infection in community
  – Availability of testing
  – Availability of PPE
  – Robust and reliable internal monitoring system
• Respiratory Program Protection: MAIN CONSIDERATIONS
  – Admin by EHS - RPA: hazard assessment, implementation, monitoring, training, record keeping, fit testing, policy updates (pg 5/6)
  – Responsibility shared by dept chairs, directors, supervisors: all, + compliance
  – Faculty, staff, students: Questionnaire completion, medical review as needed, undergo training, fit testing, and compliance with use, maintenance/disposal of respirators/PPE

• Fit testing: Med clearance, qualitative/quantitative:
  – Texas A&M Health Risk Management and Compliance personnel to train local staff: completed

• N95 respirator or other acceptable masks where N95s not mandated (pg 7-9); voluntary use ok

• Decontamination: UV/peroxide vapor – BMS/Pub Health Dent: limited capability.
Clinical: Testing Resources

- RT-PCR
- Quest Diagnostics: nasal swabs
- Drive-through options: 3 centers; no physician orders reqd
- 7 centers, if symptomatic

Guidance Resources

- CDC, FDA, OSHA
- ADA
- TSBDE
- TAMU, HSC, local public health depts
RE-OPENING IN PHASES
Phase 1
- Currently in progress
- Emergent, some urgent cases
- Preclinical labs

Phase 2
- Urgent, non-elective, elective cases
- Graduate students, faculty, support staff
- Phased entry of dental, hygiene students in clinic

Phase 3
- Return to full activity
- Graduate, dental, hygiene students return to clinic
- Significant modifications to clinical practice
Phase 1: Current (pg 12)

- Specific emergent and urgent care procedures only
  - as defined by the ADA (listed on pg 13)
- Limited bio-aerosol generating procedures
- No pre-doctoral, or hygiene students
- Self-assessment of all care providers for entry
- No visitors except when pt is a minor, caregiver presence and/or medical translators reqd
Patient screening: (pg 14)

- Health screening
  - Questionnaire: Symptoms, travel history to COVID region, contact with test-proven +ve patient (2 wks)
  - Preferably via telephone/text (within 14 days of visit)
  - Temp assessment on arrival, review of questionnaire
  - Masked; social distancing enforced
  - If inconclusive, and has dental infection, further review in screening clinic near entrance
  - If previously infected, minimum of 25 days from recovery or two consecutive -ve test results

Phase II
Stage 1: 25% of graduate students, 25% of predoctoral dental (pre-clinical only), and 25% research lab personnel
- Low- and medium risk procedures only
- High risk procedures: Urgent care procedures such as aerosol-generating ones to be limited to urgent surgical extractions or endodontic access for pulpectomies

Stage 2: 50% of graduate students, 50% of predoctoral dental (pre-clinical only), and phased increase in research lab personnel
- All clinical dental procedures

Stage 3: 75% graduate students, 75% of predoctoral (pre-clinical only), continued phased increase of research personnel, 25% of predoctoral clinics

Stage 4: Full return of graduate clinics with potential modified clinic and schedules

Phase II
Must have received seasonal flu vaccine as applicable
Not to report for work if symptomatic
Older, pre-existing conditions, medically compromised, pregnant: high risk health care provider: won’t be prioritized to provide care
Team-based approach for quick isolation if member/s turn +ve
- Hand sanitizers
- Remove hard-to-disinfect material from waiting rooms
- Appropriate signage: respiratory hygiene, cough/sneeze etiquette
- Staggered patient appointments
- Waiting area:
  - modifications for social distancing
  - Plexiglass separation
  - Frequent wipe-down of contact surfaces
Infection control for non-aerosolizing procedures (pg 16)

- Standard precautions including appropriate PPE use, hand hygiene, respiratory hygiene, sharps safety, safe injection practice, sterile instruments/devices, cleaning and disinfection
- No pre-doc or hygiene students in Phase II; only grad students
- Self-assessment of all care providers
Flush water lines
Clean/disinfect all contact surfaces
Wrap chairs, light & bracket handles, control panel
Plastic barrier sleeves on saliva ejector, high-speed evac, air/water syringe connection, workstation keyboard/mouse, chair cover etc.
1% H₂O₂ mouthwash
Hand wash protocol for all, including patient
PPE:
- Surgical gown: one-time use
- Fitted N95 or equivalent
- Overlying level 3 mask (one-time use)
- Protective eyewear/loupes with solid side shields and face shield
- Gloves: one-time use
During/after patient care (pg 18/19)

- Aerosolizing procedures:
  - Rinse with mouthwash (1% $\text{H}_2\text{O}_2$/povidone-iodine) x 1 min
  - Rubber dam, Isovac/Isolite, high-vol evac system
  - Limited use of intraoral radiographs; CBCT/panoramic
  - Limited use of air/water syringe
  - Use of anti-retraction handpieces
  - Use resorbable sutures
- Disinfection of operatory (pg 19)
100% graduate, pre-doctoral dental, hygiene students return to clinic
Floors 5-8 only for procedures (new CEB)
- Controlled/monitored entry/egress for patients, separate from faculty/staff/students
- Air exchange: computer controlled
  - Variable air flow system with higher air exchange in operating rooms/enclosed suites
  - UV in all air handlers
- Chairs in isolated zones within clinics to be used for aerosolizing procedures
Students to work in pairs:
- Enhanced and efficient use of handpieces, ultrasonic devices, high speed evac, isolation modalities etc.
- Efficient faculty monitoring of infection control
RESEARCH OPERATIONS

- Strict adherence to VPR guidelines/protocols; to follow all HSC, TAMU guidelines – CONSTANTLY UPDATED. PLEASE REFER TO VPR URL for most recent information.

- Re-entry in phases: June 2020 - 25%; incremental 12.5% over weeks to reach 100% capacity

- Senior employees, underlying health issues: may work from home

- Clinical research: adherence to TAMU HSC/COD/Hospital guidance

- No coercion of students to do research, if uncomfortable

- All to complete mandatory online training

- PI: written mgmt. plan approved by dept head; records to be maintained in Office of Res.

- Personnel with symptoms stay home; report to supervisor

- PPE, personal hygiene, disinfection protocols, resp hygiene, social distancing, virtual meetings..
Clinical research

- COMPLIANCE WITH COD, HOSPITAL PROTOCOLS FOR INFECTION CONTROL
- Prioritize projects for resumption
- Investigational products to be mailed to participants
- Up to only one individual to accompany participant, if necessary
- Stagger work schedules; work in teams
- Ensure all research subjects certified –ve via testing
- Temperature assessment prior to entry
- Aerosolization procedures: N95 masks + surgical masks and face shield, cap, shoe covers, gowns
- Non-aerosolizing procedures: No N95s required
- Must leave disposables in settings where used, before leaving facility
Non-clinical/Administrative/Academic Instruction
• Didactic: Remote synchronous/asynchronous instruction to continue
• Use of face covering inside building at all times
• Social distancing and traffic restrictions: strictly enforced in hallways, floors, elevators
• Entry and egress: separate routes; encourage use of designated stairs
• Minimize office personnel through rotating shifts
• Continue to work remotely when possible
• Daily cleaning and disinfection of facilities
• Signage on infection control, protective measures
• Disinfect vending machines
• No social events or mixing of groups
• Prohibit use of communal spaces
• DOCUMENTED MANDATORY TRAINING ON ALL OF THE ABOVE
• Screening questionnaire two days before return to work
• Daily self-screening enforced
• Supervised by area director, div head, dept head, asst/assoc deans and Dean, as applicable
Plan for sickness (pg 24): APPLIES TO ALL PERSONNEL

• Send home
• Notification of local health officials, staff as appropriate
• Contact tracing protocols, to advise faculty, students, staff
• Close off areas for cleaning/disinfection; may close down the building if needed.
• Advise sick personnel to stay home (till two consecutive negative tests)
• Provide options for self-instruction/work from home
• Follow ADA guidelines
If patient or close contact tests positive for COVID-19:

- Identify staff member, both clinical and administrative, who had contact
- Assess level of risk exposure
- Follow ADA guidelines

Staff with higher risk exposure: actively monitor health, isolate, **refrain from working for 14 days post exposure**.


- If no COVID-19 fever/other symptoms, can return to work with appropriate PPE
- If symptoms noted, should test for SARS-CoV-2

- **Staff testing COVID-19 +ve**: immediately move to case management protocols outlined by CDC, state/local depts of public health

- **Staff testing COVID-19 –ve** but experience fever/other symptoms should actively monitor health, isolate, refrain from working for 14 days post exposure

Staff with lower risk exposure can **continue to work with appropriate PPE; should actively self-monitor health for 14 days post exposure.**

- If no fever/other symptoms of COVID-19 can continue to work
- If symptoms noted, should be restricted from working; get tested for SARS-CoV-2

- **Staff testing COVID-19 +ve**: immediately move to case management protocols outlined by CDC, state/local depts of public health

- **Staff testing COVID-19 –ve** and whose symptoms have resolved can continue to work; should continue to self-monitor for 14 days
ADA Guidance: If personnel test positive:

- Confirmed diagnosis > follow all medical recommendations (including 14-day quarantine)
- Symptoms worsen > seek medical treatment
- Try to determine contact details
  - Notify office staff of diagnosis
  - Last contact details with individual diagnosed COVID-19 +ve: when, how long, how close..
  - Experiencing symptoms?
  - Notify supervisor immediately if any change in symptoms.
- Conduct risk assessment for all exposed COVID-19+: followed by quarantine, seeking testing, implementing work restrictions, per CDC guidelines: [https://success.ada.org/~media/CPS/Files/COVID/Positive_COVID-19_Test_Result_On_Your_Staff.pdf](https://success.ada.org/~media/CPS/Files/COVID/Positive_COVID-19_Test_Result_On_Your_Staff.pdf)
- **Unaffected staff** to seek testing; keep all staff informed regarding date tested, results received, test outcomes, progression of symptoms, any hospitalization, improvement, etc.
- Contact all patients who may have had contact with COVID-19+ individual to determine if symptomatic. Recommend 14-day self-quarantine; notify their physician if symptoms develop
• **COMMUNICATION:**
  - Electronic: town halls, regular emails, virtual meetings, intranet and COD website;
  - Physical: signage posted

• **RESPONSIBILITY FOR P&P ADHERENCE:** Directors, Dept heads, Assoc/Asst Deans, Dean

• **STAGING OF RE-OPENING:** Staggered re-entry; 3 phases; didactic to remain online for now

• **EVAL. OF STUDENT/STAFF/FACULTY PERCEPTIONS:** Electronic surveys, virtual meetings..

• **RISK/BENEFIT CONSIDERATIONS:** Risk of spread/resurgence mitigation measures enforced. Benefits including healthcare delivery to patients (10k/mo), educational/research/service mission, compliance with CODA standards to maintain accreditation.

• **FEASIBILITY:** Deemed very feasible. Frequent outcomes assessment to dictate modifications and updating of proposal. PPE available for next several weeks; engineering controls in place; training started; EHS assistance +; task force in place to monitor; P&P communication modalities implemented.
Stop the Spread of Germs

Help prevent the spread of respiratory diseases like COVID-19.

- Cover your cough or sneeze with a tissue, then throw the tissue in the trash and wash your hands.
- Don’t touch your eyes, nose, and mouth.
- Clean and disinfect frequently touched objects and surfaces.
- Wash your hands often with soap and water for at least 20 seconds.
- Stay home when you are sick, except to get medical care.
- Wear a face mask when around others.


HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE)

There is a variety of ways to safely remove PPE without contaminating your clothing, skin, or surfaces, especially with potentially infectious materials. In some cases, remove all PPE before seeking the patient care or a respirator. If worn, remove the respirator after leaving the path of rooms and closing the door frame. Follow PPE in the following sequence:

1. GOWN AND GLOVES
- Some technical clothing and the inside of gloves are contaminated.
- If your hands get contaminated, you may need to wash your hands or use alcohol.
- Remove gown and gloves from the inside out.
- Wash hands with soap and water or use alcohol.
- If you are not fully covered, put on a gown, face mask, and gloves.

2. GOGGLES OR FACE SHIELD
- If your hands get contaminated, it is immediately needed your hands or use alcohol.
- Wash hands with soap and water or use alcohol.

3. MASK OR RESPIRATOR
- If your hands get contaminated, it is immediately needed your hands or use alcohol.
- Wash hands with soap and water or use alcohol.
- If you have a mask, wash your hands with soap and water or use alcohol.

WASH HANDS ALCOHOL-BASE IMMEDIATELY ALL PPE
- Immediately if someone has warning signs of COVID-19.
- Inability to wake or stay awake
- Bluish lips or face
- Difficulty breathing
- Fever over 100.4°F
- Cough
- Shortness of breath

PERFORM HAND HYGEINE BECOME CONTAMINATED REMOVING ALL PPE
- With soap and water for at least 20 seconds.
# Metrics for adherence

<table>
<thead>
<tr>
<th>Metrics</th>
<th>Parameters</th>
<th>Implementation Status</th>
<th>Primary Responsibility</th>
</tr>
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<tbody>
<tr>
<td>Screening of patients, referral for testing, volume admitted into system for treatment</td>
<td>Maintaining log of remote vs onsite screening in EPR</td>
<td>Ongoing</td>
<td>Respective Clinic/Program Directors, scheduling coordinators</td>
</tr>
<tr>
<td></td>
<td>% of suspected cases sent for testing to total, by day – overall trend/trajectory</td>
<td>Ongoing</td>
<td>COVID Task Force</td>
</tr>
<tr>
<td></td>
<td>True Positive Fraction assessment based on RT-PCR testing, if reported by patients</td>
<td>Ongoing</td>
<td>COVID Task Force</td>
</tr>
<tr>
<td></td>
<td>Daily admitted patient volume - trend assessment</td>
<td>Ongoing</td>
<td>COVID Task Force</td>
</tr>
<tr>
<td>COVID-19 regional/local case growth trend</td>
<td>Community based data</td>
<td>Ongoing</td>
<td>COVID Task Force</td>
</tr>
<tr>
<td>COVID-19 testing capacity assessment</td>
<td>Availability of RT-PCR testing that is completed with &lt;72 hr turnaround time</td>
<td>Ongoing</td>
<td>COVID Task Force</td>
</tr>
<tr>
<td>PPE stock assessment, ordering, distribution</td>
<td>any disruptions in supply chain</td>
<td>Ongoing</td>
<td>Purchasing/Central Stores</td>
</tr>
<tr>
<td>Infection control, environmental safety</td>
<td>any violations in safety parameters, any verbal/ written counselling wrt safety violations in clinics/labs/classrooms/offices/public spaces</td>
<td>Ongoing</td>
<td>Faculty, SSC Facilities Services</td>
</tr>
<tr>
<td>N95 fit testing, decontamination/replenishment</td>
<td>any hindrances to fit testing</td>
<td>Ongoing</td>
<td>TAMU Environmental Health and Safety/HSC Compliance</td>
</tr>
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<td>any equipment failure in decontamination</td>
<td>Ongoing</td>
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<tr>
<td></td>
<td>any failure in replenishment process</td>
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</tr>
<tr>
<td>Student Supervision</td>
<td>Students: faculty ratio</td>
<td>Ongoing</td>
<td>Faculty</td>
</tr>
<tr>
<td>Adequacy of Staffing</td>
<td># COD employees out due to COVID-19 related issues vs remotely working</td>
<td>Ongoing</td>
<td>Respective Clinic / Program Directors, Dept Heads</td>
</tr>
<tr>
<td>Sentinel events and management</td>
<td># of personnel suspected or confirmed positive via RT-PCR</td>
<td>Ongoing</td>
<td></td>
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<td></td>
<td># of violations in management of such personnel, per policy</td>
<td>Ongoing</td>
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