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

Revised 8.27.20

COVID-19 Task Force

1. Cherri Kading, Chair, Task Force; Director of Clinical Operations, Clinical Affairs
2. Likith V Reddy, Department Chair, Oral and Maxillofacial Surgery
3. Stephen Griffin, Associate Dean, Clinical Affairs
4. Bernard Hennessey, Clinical Associate Professor, Comprehensive Dentistry
5. Matthew Kesterke, Assistant Professor, Bio-Medical Sciences
6. Tracy King, Clinical Associate Professor, Dental Hygiene
7. Ernestine Lacy, Associate Dean, Student Affairs & Diversity
8. Madhu Nair, Assistant Dean, Graduate Clinical Education
9. Hongjiao Ouyang, Associate Professor, Endodontics
10. Andrew Read-Fuller, Clinical Assistant Professor, Oral & Maxillofacial Surgery
11. Amirali Zandinejad, Associate Professor, Restorative Sciences
12. Heather Zimmerman, Program Coordinator, Oral & Maxillofacial Surgery
13. Lawrence Wolinsky, Dean, College of Dentistry
14. Jennifer Barrington, Clinical Director, Comprehensive Dentistry
15. Sarah Parker Allen, Director of Curriculum, Preclinical Director, Comprehensive Dentistry
16. Margaret McMillan, Clinical Assistant Professor, Comprehensive Dentistry
Framework for mitigating COVID-19 transmission

Executive Summary

The COVID-19 has disrupted the operations of Texas A&M University College of Dentistry. The College of Dentistry closed all operations within the building, with the exception of emergent dental care. The teaching and classes have been moved on-line. All the clinical operations, simulation labs, clinical and bench research ceased.

The College of Dentistry encompasses the functions of an ambulatory clinic that involves providers of various levels ranging from faculty, residents, dental students and dental hygiene students. Majority of the practical training is by hands-on clinical care, and simulation labs involving mannequins. In addition, the College does significant clinical and bench research. Resuming clinical activities is a significant challenge considering practitioners’ proximity to patients’ respiratory system and significant aerosol generated during dental procedures.

This document provides guidance towards safe re-entry plans and gradual return to normal operations. The document is guided by the CDC, OSHA, Federal, State, TAMU, HSC and local public health recommendations. The purpose is to ensure safety of our patients, staff, faculty, and students in clinics, Simulation labs, Classrooms, Clinical research and bench research. This document provides policy and guidance for:

- Re-opening and progress
- Faculty, Staff, Student Safety measures
- Self-screening, facial covering, social distancing, respiratory and personal hygiene measures.
- Process for N95 respirators for personnel dealing with direct patient care

Clinical Building

- Screening of Patients
- Control density and flow of patients and personnel
- Recommendations and advice for COVID-19 testing
- Preparation of facilities
- Infection control measures

Administrative and Academic Building

- Density and flow of students in SIM labs
- Strategies for resuming classes
- Prioritization and resumption of Clinical and lab research.
Overview and Rationale

The SARS-CoV2 (COVID-19) pandemic has presented several challenges to dental education and the practice of dentistry. The Centers for Disease Control and Prevention (CDC) and the American Dental Association (ADA) have recommended ceasing all elective dental treatment and provide emergency dental care only since early March 2020. The TAMU College of Dentistry has been following the guidelines providing emergency care by small dental teams. During the phased re-opening, we will be using CDC guidelines and the Texas Department of State and Health Services directives, as well as following regulatory restrictions from the Texas State Board of Dental Examiners (TSBDE), to address the unique risks of contagious agents in the dental environment.

The dental school environment presents challenges to safe dental practice beyond those in typical dental offices. The majority of dental students and graduate students work primarily in open bay clinics. There are some specialty clinics with single-room operatories that are used primarily by the residents and faculty. Importantly, these single rooms provide some protection when compared to the open bay areas in which airborne particles and aerosols can easily travel from one patient care station to another. The College of Dentistry does not have airborne infection isolation rooms or negative pressure rooms.

The design and flow of the clinical building also present challenges in minimizing social interaction. Common services such as radiology require patients to move to multiple floors whenever radiographs are needed, increasing interactions with a greater number of staff, students and faculty. Our current model includes waiting rooms shared by multiple specialty clinics and shared check-in stations without built-in glass or plastic barriers between patients and staff. While this was meant to create a more inviting and welcoming environment, it makes social distancing and ideal infection difficult to manage.

Dental providers are at risk unless they are fully protected with advanced personal protective equipment that includes a suit with a full hood covering or surgical gowns with face shields, fit-tested N95 respirators, and gloves. It is critical to follow strict recommendations on handwashing by all members of the dental team and wearing face coverings at all times in group settings when social distancing is either difficult or impossible.

With COVID-19, new infection control guidelines must be established and adhered to in all clinics with different levels of PPE depending on the type of procedure provided. Dental procedures generally fall into two categories: aerosol-generating and non-aerosol generating. Any procedure involving the use of a handpiece—either slow or high speed—an ultrasonic system, or irrigation within the mouth regardless of instrumentation, create aerosols that are potentially highly infectious. As the majority of dental procedures are considered aerosol-generating, providers must protect themselves from saliva droplets, and also the other members of the dental healthcare team, and the patients they treat.

The mode of transmission of SARS-CoV2 is by airborne particles from saliva and nasal secretions. In dental settings, direct transmission can take place via droplets of saliva generated from coughing, sneezing, and inhalation and via direct contact. Although there is no in vivo study on
SARS-CoV2 transmission from aerosol-generating dental procedures (AGDP), it is well understood that these procedures create droplets or aerosol containing the patient's blood and saliva that may stay airborne for extended periods or settle on the patient's clothes, dental health care worker's exposed clothing/PPE as well as nearby surfaces. Once these droplets have settled on cabinets, countertops and floors within the treatment area, they can remain infectious for extended periods. SARS-CoV2 is known, for example, to survive up to 72 hours on plastic. Transmission can also occur from asymptomatic patients; however, the rate of asymptomatic transmission is currently unknown. For these reasons, screening methods, including questionnaires assessing signs and symptoms, must be reinforced by appropriate COVID-19 testing protocols in order to adequately mitigate disease transmission.

Re-opening clinics in the absence of appropriate mitigation strategies "will entail a risk of a resurgence of the virus." Any extensive re-opening must meet four conditions:

- Incidence of infection is "genuinely low" within the community
- Wide ability, reliability, and ease to aggressively test for COVID-19.
- An internal monitoring system (medical records) capable of "promptly detecting any increase in incidence" of infection
- Reliance on a health system with surge capacity and the ability to scale up rapidly during an increase in cases, including enough inpatient beds and staffing

The intent of this document is to protect the health and safety of students, employees, and faculty by (1) eliminating hazardous exposures where feasible; (2) using engineering and administrative controls to minimize hazardous exposures that cannot be eliminated; and (3) using respiratory protection and other personal protective equipment when the frequency and duration of exposures cannot be substantially reduced or eliminated.

This document outlines in detail the management of all patients to minimize the probability of a COVID-19 infection. It is important to note that the majority of patients can be asymptomatic carriers of COVID-19, and hence, the principle of universal precaution must be applied.

**Definition of Terms**

1. SARS-CoV2 virus (severe acute respiratory syndrome coronavirus 2): a single-stranded RNA virus of the genus Beta coronavirus that is the causative agent of COVID-19
2. COVID-19 (Coronavirus Disease 2019): the illness resulting from SARS-CoV2 infection that first emerged in Wuhan, China at the end of 2019.
3. Bloodborne transmission: Transmission of a disease through the direct exchange of blood. These pathogens include, but are not limited to, hepatitis B virus (HBV) and human immunodeficiency virus (HIV).
There are many airborne diseases that are of clinical importance and include bacteria, viruses, and fungi. These organisms may be spread through sneezing, coughing spraying of liquids, the spread of dust or any activity that results in the generation of aerosolized particles. It is important to be aware that airborne diseases, in general, do not include disorders caused by air pollution such as poisons, smog, and dust. Although COVID-19 is known to spread by droplets, based on current data it is unclear the extent to which SARS-CoV2 can be transmitted via airborne particles.

### Respiratory Protection Program

#### Purpose and Applicability

The purpose of this respiratory protection program (RPP) is to maximize the protection afforded by respirators when they must be used. It establishes the procedures necessary to meet the regulatory requirements described in Cal/OSHA Title 8 CCR; Section 5199, Aerosol Disease Transmission Standard.

This program applies to all employees and contractors who are required to wear respiratory protection due to the nature of their work. It applies to the use of filtering facepiece respirators, including N95 respirators.

#### Respirator Program Administrator

Mr. Gregory Washington, Environmental Health and Safety Coordinator III, Environmental Health & Safety, will serve as the respirator program administrator (RPA) and trained by certified risk management staff from TAMU. The RPA will receive appropriate training and be knowledgeable about OSHA requirements. The RPA’s responsibilities include conducting hazard assessments for selecting appropriate respiratory protection, purchasing the necessary equipment and supplies, and developing and implementing the policies and procedures described in the written RPP.

Specifically, the RPA or other staff in conjunction with the RPA will, in accordance with Title 8 CCR; Section 5199, Aerosol Disease Transmission Standard:

- Conduct a hazard assessment and select the appropriate level of respiratory protection for each task or job title with potential exposure and record this information in the "Respirator Assignments by Task or Location."
- Develop and monitor respirator maintenance procedures.
- Coordinate the purchase, maintenance, repair, and replacement of respirators.
- Routinely evaluate the effectiveness of the RPP, with employee input, and make any necessary changes to the program. The RPA will keep up with CDC recommendation every 2 weeks at minimum and suggest changes if requires to clinical affairs office or the COVID-19 task force.
• Provide or arrange for annual training on the use and limitations of respirators.
• Ensure that medical evaluations are provided. Ensure that annual respirator fit testing is provided.
• Maintain records of respirator training, medical clearance, and fit testing as required by Cal/OSHA.
• Maintain a copy of this written RPP and program evaluations and ensure that they are readily accessible to anyone in the program.

Department Chairs, Directors and Supervisors

• Participate in the hazard assessment by evaluating all potential exposures to respiratory hazards, including exposure to chemicals and aerosol transmissible disease (ATD) pathogens within their individual areas of responsibility, and communicating this information to the RPA promptly.
• Identify employees and/or tasks for which respirators may be required and communicate this information to the RPA.
• Be responsible for ensuring that employees in their departments follow the procedures outlined in the RPP. These include ensuring the employee completes medical evaluations, training, and fit testing and ensure that they are allowed to attend these appointments during work hours.

Faculty, Students and Employees

Jobs/tasks requiring the use of a respirator will:

• Complete the required questionnaire for medical clearance and participate in a medical examination if necessary.
• Adhere to the College of Dentistry policies on facial hair and respirator seal protection.
• Attend annual training and respirator fit testing as required in the RPP.
• Use, maintain and dispose of respirators properly in accordance with training and the procedures in the RPP.

Respirator Selection / Hazard Assessment

The RPA will select the types of respirators to be used by the College of Dentistry staff based on the hazards to which employees may be exposed and in accord with OSHA regulations and Centers for Disease Control and Prevention (CDC). The RPA, Department Heads and Supervisors will conduct a hazard assessment for each task, procedure, or work area with the potential for airborne contaminants. The hazard assessment will include the identification of potential exposures to pathogens associated with ATDs.
NIOSH-Certified Equipment

All respiratory protective equipment shall be approved by the National Institute for Occupational Safety and Health (NIOSH) for the configuration and environment in which it is going to be used. The NIOSH Certified Equipment List is found at the following Internet address: www.cdc.gov/niosh/npptl/topics/respirators/cel.

The following definitions apply to equipment that may be issued to employees under this program:

N95 Respirators

N95 respirator is a generally used term for a half-mask negative pressure air-purifying respirator with NIOSH-approved N95 filters or filter material (i.e., includes N95 filtering facepiece respirator or equivalent protection).

- Assignment of Respirators by Task and Location

  The RPA will use the hazard assessment to assign appropriate types of respirators for use by specific types of personnel during specific procedures or in specific areas of the College of Dentistry. These assignments are listed in Appendix A of this RPP.

- Updating the Hazard Assessment

  The RPA will revise and update the hazard assessment any time an employee or supervisor identifies or anticipates a new exposure or changes to existing exposures. Any employee who believes that respiratory protection is needed during a particular activity must contact his or her supervisor or the RPA. The supervisor must contact the RPA whenever respiratory protection is requested. The RPA will assess the potential hazard with the employee and supervisor. If it is determined that respiratory protection is needed, all elements of this program will be in effect for those tasks and the program will be updated accordingly.

- Voluntary Use of Respirators

  When the use of a respirator is not required by a substance-specific OSHA standard or dental school policies and the department has determined that its use is not necessary to protect the health of the employee, an employee may still request to use a respirator voluntarily and will be provided one when available.

  The College of Dentistry may choose to fit test voluntary users, but this is not required. In the healthcare setting, most voluntary use is by employees who are already included in the RPP and simply choose to wear the same type of respirator more often than is required. In this case, procedures for voluntary use are not necessary.
Medical Evaluation

Employees whose work activities require the use of respiratory protective equipment shall receive medical clearance prior to the use of a respirator and prior to being fit tested for a respirator. Medical evaluations will be performed by a physician or other licensed health care professional. This evaluation is primarily based on completed questionnaires to make a medical determination as to whether the employee can wear a respirator safely. The physical examination of the employee and any tests, consultations, or procedures done when deemed necessary. A written recommendation to the employer may clear the employee for all respirator use or may specify restrictions or limitations on usage, the duration that it may be worn, and the acceptable level of exertion while wearing the respirator.

An additional medical evaluation is required when:

- The employee reports medical signs or symptoms that are related to the ability to use a respirator.
- Observations made during fit testing or program evaluation indicate a need for reevaluation (e.g., the employee experiences claustrophobia or difficulty breathing during the fit test).
- A change occurs in workplace conditions (e.g., physical work effort, protective clothing, or temperature) that may result in a substantial increase in the physiological burden placed on an employee wearing a respirator.

Fit Testing

Before an employee is required to use any respirator with a tight-fitting facepiece (anything except a PAPR with loose-fitting facepiece, hood, or helmet that does not rely upon a tight-fitting facepiece-to-face seal), the employee will be fit tested for the same make, model, style, and size of respirator to be used. Students and employees who use tight-fitting respirators are not permitted to have facial hair that interferes with the facepiece seal or valve function. Policy deviation requests for certain situations should be requested through the RPA.

All students and employees who must wear respiratory protection shall receive medical clearance before fit testing is performed or the respirator is worn. Fit tests will be provided at the time of initial assignment and annually thereafter. Additional fit tests will be provided whenever the employee experiences or the supervisor or RPA observes physical changes that could affect respirator fit. These changes include, but are not limited to, facial scarring, dental changes, cosmetic surgery, or an apparent change in body weight.

A qualitative or quantitative fit test may be used for all wearers of half-mask APRs, including filtering facepiece respirators with N95 or P100 filters and elastomeric APRs.

Respirator Training

Training shall be provided at the time of initial assignment to respirator use, but before actual use, and annually thereafter.
Additional training will be provided when there is a change in the type of respiratory protection used or when inadequacies in the employee's knowledge or use of the respirator indicate that the employee has not retained the requisite understanding or skill.

The faculty, students and employees will receive training during the fit testing procedure that will provide an opportunity to handle the respirator, have it fitted properly, test its facepiece-to-face seal, wear it in normal air to familiarize themselves with the respirator, and finally to wear it in a test atmosphere. Every respirator wearer will receive fitting instructions, including demonstrations and practice in how the respirator should be worn, how to adjust it, and how to perform a user seal check according to the manufacturer’s instructions (see Appendix E of this RPP).

Respirator Use

The faculty, students and employees will follow procedures for proper use of their respirators under conditions specified by this program and in accord with the training they receive on the use of each particular model or type of respirator. The appropriate types of respirators to be used and the exposure conditions are listed in the respirator selection chart in Appendix A of this RPP. Respirators relying on a tight facepiece-to-face seal must not be worn when conditions prevent a good seal. Such conditions may be a beard, long mustache, sideburns, or even razor stubble as well as scars, other facial deformities, piercings, and temple pieces on glasses. In addition, the absence of one or both dentures can seriously affect the fit of a facepiece.

The faculty, students, employees and supervisors are expected to be diligent in observing practices pertaining to ensuring the safe use of respirators. To ensure proper protection, the wearer will perform a user seal check, in accord with manufacturer’s instructions and the training provided at the time of fit testing, each time the employee puts on a tight-fitting respirator. Employees who wear corrective glasses or other personal protective equipment must wear these during their fit testing to ensure that it does not interfere with the facepiece seal.

When filtering facepiece respirators are used, respirators should be discarded after each use or sooner if breathing becomes difficult or if the respirator is damaged, soiled, or contaminated.

The faculty, students and employees must leave the respirator use area:

- To adjust their respirator if the respirator is not fitting correctly or impeding their ability to work.
- To wash their face if the respirator is causing discomfort or rash.
- To change the respirator.
- To inspect the respirator if it stops functioning as intended, such as changes in breathing resistance or leakage of the facepiece (e.g., fogging of eyeglasses).
Storage, Reuse, Maintenance and Care of Respirators Storage and Reuse

When caring for infectious patients, disposable filtering facepiece respirators will be discarded after each use (i.e., patient encounter). Reuse by the same wearer in the care of the same patient is acceptable as long as the filtering facepiece respirator is not damaged or soiled. The respirator must be discarded when it is no longer in its original working condition, whether that condition results from contamination, structural defects, or wear. Disposable filtering facepiece respirators that will be reused in patient care areas should be stored in a breathable container such as a paper bag labeled with the user’s name, in the room where it was in use.

Inspection, Maintenance and Repairs

All respirators will be inspected by the user prior to each use, including, but not limited to, the facepiece, head straps, and valves. Any defective respirators shall be removed from service. Defective disposable respirators will be discarded and replaced.

For respirators maintained for emergency use, Environmental Health and Safety must:

- Keep respirators accessible to the work area.
- Store respirators in such a manner as to be clearly marked for emergency use.
- Store respirators in accordance with any applicable manufacturer instructions.
- Check respirators for damage, expiry dates, etc.

The College of Dentistry will follow CDC guidelines for respirator extended use, reuse and decontamination.

https://www.cdc.gov/niosh/topics/hcwcontrols/recommendedguidanceextuse.html


Program Evaluation

The RPA will conduct a periodic evaluation that will include, but is not limited to:

- A review of the written program.
- Review of surveys conducted for users.
- Completion of a program evaluation checklist based on observations of workplace practices.
- A review of feedback obtained from employees and supervisors (to include respirator fit, selection, use, and maintenance issues) that will be collected during the annual training session.

The RPP will be revised as necessary, and records of revisions will be kept on file with the written program.
Recordkeeping

The school nurse will ensure records are maintained by the college.

Employee medical records such as medical clearance to wear a respirator shall be retained along with other medical records by the institution.

COVID-19 Testing

Testing is one of the key factors not only in tackling the spread of COVID-19 but is also vital to calculating accurate infection and survival rates critical in minimizing the exposure to virus. There are two main ways to test for infection with SARS-CoV2 (the coronavirus that causes COVID-19 disease). The first is a very sensitive test that looks for the RNA of the virus using a technique called RT-PCR. This can detect as little as one virus particle in swabs taken from inside the mouth or nose. RT-PCR is very specific and sensitive, however, once a patient has recovered from acute illness viral particles have been eliminated and these tests can no longer detect infection. This creates significant uncertainty, especially if someone has self-isolated due to mild and unclear symptoms.

RT-PCR tests require a laboratory, and thus significant processing time: even if the RT-PCR test itself only takes several hours, by the time sample collection, transport, and sample processing are taken into account, it can be days before the result is known.

A second type of test measures the antibody responses to virus in blood serum. Antibody production typically takes a few weeks in response to a new infection but lasts much longer in the bloodstream than the virus itself, providing a historical picture of past infections. The body makes different antibodies for many virus components. Some antibody is very useful, and kills the virus or stops infection, while others do not contribute to defense from future infections in a substantial way. These tests are done by a finger prick. Through FDA approved number of antibody tests on an emergency measure most of them have not yet been adequately tested to ensure reliability.

The RT-PCR testing for procedures is recommended for all dental, oral, and nasal procedures that cause aerosolization. These tests can be ordered by the patient’s primary care provider or through the Oral and Maxillofacial Department. For oral surgery patients and few other emergencies, the college may be able to obtain the swabs.

TAMU College of Dentistry is looking at nasal swabs testing options working with outside lab partners.

Texas A&M College of Dentistry
Quest diagnostic, Code: 39448
Turn around 4-5 days
Contact Sales rep -> priority testing cut by 1 day

The following website lists all testing sites for Dallas County:
https://www.dallascounty.org/covid-19/testing-locations.php
Workplace Health & Safety Policy

In order to ensure workplace safety and maintain a safe environment to serve the Texas A&M College of Dentistry, the following processes are in place:

- Proactive review and refreshing of general safety procedures
- Being extra vigilant and intensifying preventive measures, such as implementing enhanced sanitation and hygiene practices across the dentistry enterprise
- Working closely with our partners to assess and modify customer-facing services in order to provide a safe and comfortable environment
- Continue to follow and apply our long-established safety processes and protocols within our operations

To effectively implement daily cleaning procedures, disinfection occurs throughout the day for all building areas, especially in high touch areas. Additional sanitizing is performed in the following areas every two hours:

- Restrooms
- Elevators and buttons inside and out
- Common area door handles inside and out
- Tables in the break rooms
- Common Areas, i.e.: waiting room chairs, lounge areas
- Stairs (doors, rails, handles and glass)
- Glass (common areas)
- Water Fountains
- Counter tops inside the labs and common areas
Three Phases to reopen clinics will likely take 2-6 months to implement based on existing CDC guidelines and state government directives.

<table>
<thead>
<tr>
<th>Phase</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phase I</td>
<td>Emergent and some urgent procedures only as defined by the ADA</td>
</tr>
<tr>
<td>Phase II</td>
<td>A gradual introduction of urgent, non-elective and elective cases; initially accomplished utilizing small teams consisting of graduate students, chairside dental assistants/nurses, patient coordinators, and faculty only</td>
</tr>
<tr>
<td>Phase III</td>
<td>(Current) Return to clinical operations involving all dental and dental hygiene students, likely to involve significant modifications to previous practice including expanded clinic hours, creative use of our Community-Based Clinical Education programs, and implementing lessons learned through delivering course content</td>
</tr>
</tbody>
</table>

**Phase I (emergent and some urgent procedures)**

1. All elective and some urgent procedures remain suspended during this phase.
2. Procedures that generate aerosols are permitted only under tightly controlled conditions as stipulated below and after COVID-19 testing. (Aerosol procedures involve the use of a handpiece, ultrasonic unit and/or air-water syringe.) For all other procedures that generate minimal amounts of aerosol, the patient may rinse their mouth with 1% hydrogen peroxide from a disposable cup. The water may be removed with an evacuation straw, not a high-volume suction, or the patient may expectorate into another cup, especially if their mouth is anesthetized.
3. All clinics discontinue elective procedures and provide urgent care per the COVID-19 Clinic Protocol.
4. The following is a guide to what may be regarded as urgent procedures. Urgent care includes the following:
   - Pain (including chronic ulcerative mucosal disease management)
   - Swelling of gums, face, or neck
   - Signs of infection such as a draining site
   - Trauma to face, jaw, or teeth, including fractures
   - Pre- and post-transplant, radiation, or bisphosphonate patients with oral symptoms (evaluate by telephone screening first)
   - Pre-transplant evaluations
   - Referrals made by physicians or other health care providers
   - Potential malignancy
   - Broken tooth
   - Ill-fitting denture
   - Final crown/bridge cementation if the temporary restoration has broken
   - Repair or replacement of a provisional restoration
   - In all cases, it is desirable for the urgent care provider to triage the patient by telephone call prior to advising the patient to come in for care
5. Students are not allowed to participate in patient care during Phase I.
6. All personnel, including faculty, staff, and students, must self-assess daily for the following signs or symptoms before reporting to the College of Dentistry. Do not come to school. Contact your supervisor if you are experiencing any of the following:
   - Fever $\geq$100.0 F
   - Dry cough
   - Sore throat
   - Shortness of breath
   - Nausea/vomiting
   - Other flu-like symptoms
   - Recent and abrupt loss or reduction of the sense of smell and/or taste

7. Other Restrictions for faculty, staff and students entering the college
   - NO close personal contact (without PPE) with a suspected or laboratory-confirmed COVID-19 patient in the past two weeks
   - NO travel within the past two weeks to a region with high rates of COVID-19 disease activity

8. If a student, faculty, or staff member is symptomatic, has a fever, or has had close contact with positive individuals or recent travel to high-risk areas, or feels he/she may be ill or transmit a communicable disease, he/she must report in sick to the appropriate supervisor and self-isolate for up to 20 days, and be fever-free for 24 hours without taking fever-reducing medication. 

VISITOR POLICY

Visitors to the college must adhere to the following TAMU guidelines:

Patients may be accompanied only by individuals whose presence is absolutely essential to the completion of the patient’s visit. Examples include 1) parents accompanying a minor patient, 2) caregivers or individuals acting as medical power of attorney for patients unable to consent to dental or medical care, or 3) medical translators. All others are not permitted to enter the building.

---

**Phase II (progression towards the full opening of graduate clinics)**

**Screening patients for symptoms and travel history**

The first line in managing patients who may carry COVID-19, is health screening prior to the patient entering the facility. If possible, screening should be completed via telephone or text before they arrive at the clinic. Performing the health screening questionnaire at the entrance of the clinic building is important to exclude patients with travel history to any area where COVID-19 community spread has been documented or the confirmed cases are high, where contact with infected patients is suspected, and regardless of travel history any patient who has symptoms such as gastrointestinal (diarrhea, vomiting), flu-like symptoms, muscle aches and pains, dry cough, high fever, sense of loss of smell and/or taste,
difficulty breathing with feelings like a "wet sponge" in the chest, or any combination. The health screening questionnaire is updated as current knowledge dictates.

Questions on the health screening questionnaire should be asked by appropriate personnel such as nurses, qualified dental assistants or dental providers before the patient may proceed beyond the reception desk on the first floor. The patient’s temperature must also be measured using a laser thermometer. Any patient who has positive answers or findings to pertinent screening criteria (travel, contact and/or symptoms) are to be excluded from entering the clinic and referred to a nearby hospital or their primary care providers.

All the patients are expected to have a mask or cloth face covering or may request one, maintain social distance of greater than 6 feet from each other both within the dental school and at all waiting areas.

Patients whose status cannot be determined by the screening staff or have pain associated with a dental infection (swelling, abscess, tooth ache) will be seated away from the immediate screening area. The treating department will be called, and a dentist will be asked to come to the screening area to interview the patient and decide whether the patient can be treated, prescribed medications, or referred to a nearby hospital or a primary care provider.

Patients who have fever related to a potential dental infection and moved away from the immediate screening area must wear a KN95 or N95 respirator and surgical mask.

1. The screening process will begin not more than 14 days prior to a scheduled appointment or at the entry way of the dental clinic for walk-in emergency patients. All patients will be screened at the entrance and triaged for further assessment by appropriate trained personnel as mentioned before or referred to a health care facility. To reduce the chance of disseminating droplets, patients are expected to cover their nose and mouth by masks or cloth face coverings to enter the dental school and required to continue wearing until they have left TAMU grounds.

As the course of the pandemic progresses, it will be important to determine if previously infected individuals are no longer capable of disease transmission and therefore can safely receive dental treatment. [https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html](https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html)

2. Once patient is cleared through the screening protocol and assigned to the appropriate process, their care will commence as follows:

**Dental Team Preparation:**

1. Ensure dental health care personnel have received seasonal flu vaccine. Any exemption should be approved by Clinical Affairs or another designated team.
2. Dental health care personnel should not report to work if experiencing influenza-like-illness (ILI) which includes fever with cough, sore throat, muscle aches).
3. Dental health care providers who do not fall into one of the high-risk categories (older age, pre-existing, medically compromising condition or pregnant) should be prioritized to provide care.
4. Dental health care personnel should self-monitor by remaining alert to any respiratory systems (cough, shortness of breath, sore throat) and check their temperatures twice daily
regardless of presence of other symptoms consistent with COVID-19.

5. Each department splits the treatment teams into groups of two or three when possible. These groups consist of assistant, providers / students and faculty who work together consistently. All departments and clinics should try their best to practice those team works. Each group will not interact with any other treatment groups within the department in order to mitigate cross infection and exposures. In case of a single person gets infected in the team the entire group even if quarantined the service line will be active.

Preparation of the Facilities:

1. Ample hand sanitizing stations will be placed at the main entrances, waiting areas, reception desks and clinical areas.
2. Remove all reading materials, magazines, toys and other items from the waiting areas that may be hard to disinfect.
3. Place appropriate signage in waiting areas regarding the standards of respiratory hygiene and cough/sneeze etiquette.
4. Instruct patients not to bring companions except in limited circumstances including a maximum of one chaperone for special needs patients, pediatric patients, other patients unable to consent to treatment, and patients scheduled for sedation. These individuals will need to be screened as well as the patient upon arrival. Anyone who does not have a critical purpose for being present will be asked to remain outside of the building or in his or her car as social distancing will be reinforced in the waiting area.
5. Patient appointments should be staggered to minimize contact with others in the waiting area.
6. Waiting area seating should be modified to ensure social distancing. Testing for COVID-19

Testing for COVID-19

COVID-19 testing will begin to take place at the College of Dentistry beginning on September 1, 2020. This has been made possible thanks to The Texas A&M University System. They have provided oral testing kits across all System universities and agencies. This is a simple cheek swab sampling test provided by Curative Inc., a national testing company. Curative has committed to turning around lab results within 30 hours from when the sample arrives at their lab. These tests are only available for faculty, staff and students who are experiencing COVID-19 symptoms or have been exposed to someone with COVID-19, such as through close contact. Close contact is defined by the CDC as being within 6 feet of a COVID-19 case for a period greater than 15 minutes at any time beginning 48 hours before the individual had symptoms, regardless of wearing a face mask. Those individuals seeking testing must register online prior to being tested and make an appointment. Jackie Tucker, college health nurse, is the college’s point of contact and will be performing the tests. Individuals can register at: https://tamus.curativeinc.com/welcome

Infection Control Standards for Providing Non-aerosol Generating Dental Procedures (N-AGDP)

Dental health care personnel should minimally adhere to standard precautions which are the minimum infection prevention practices that apply to all patient care, regardless of suspected or confirmed infection status of the patient. This includes hand hygiene, use of PPE, respiratory hygiene/etiquette, sharps safety, safe injection practice, sterile instruments/devices, clean and disinfected environmental surfaces.
Standard precautions for dental care utilized prior to the pandemic will be followed for patient interactions that do not involve procedures or aerosol generation including screenings or basic exams. This standard applies to all members of the dental care team including dentists, dental hygienists and dental assistants. The definition of standard precautions includes:

1. Protection eyewear/goggles with side shields
2. Level 3 surgical mask
3. Disposable gown
4. Examination gloves

**Infection Control Standard for Providing Aerosol Generating Dental Procedures (AGDP)**

Protocols will follow "transmission-based precautions"

1. Treatment is provided in the single patient dental suite or monitored and remote open bay treatment area if needed (Not close to the hallways). The number of scheduled appointments / procedures should be limited to the number single patient treatment rooms or adequate alternatives.
2. As the community COVID-19 risk is determined open bay area treatment chairs can be considered in future.
3. Once patient is cleared through the screening protocol and assigned to the appropriate process, their care will commence as follows:

**Before Seating the Patient: (Student/Resident/assistant)**

- Remove personal face covering and store safely away.
- Wash hands.
- Don level 3 mask, protective eyewear and exam gloves.
- Flush all water lines (2 minutes prior to first patient visit).
- Clean and disinfect all clinical contact surfaces using Cavicide (or other EPA registered disinfectant that is effective against coronavirus please see: https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2
- These surfaces include bracket tabletops, counters, light handles, switches, drawer and cabinet handles and should be disinfected utilizing the following protocol:

```
Spray → Wipe (clean) → Spray → Wait (based on manufacturer’s recommendations) → dab dry
```

<table>
<thead>
<tr>
<th>EPA Registration Number</th>
<th>Active Ingredient(s)</th>
<th>Product Name</th>
<th>Company</th>
<th>To kill SARS-CoV-2 (COVID-19), follow disinfection directions for the following virus(es)</th>
<th>Contact Time (in minutes)</th>
</tr>
</thead>
<tbody>
<tr>
<td>45781-6</td>
<td>Quaternary ammonium; Isopropanol (Isopropyl alcohol)</td>
<td>Cavicide</td>
<td>Metrex Research</td>
<td>Human coronavirus</td>
<td>2</td>
</tr>
</tbody>
</table>

Cavicide and Caviwipes have a 2 min. kill time for SARS-CoV-2, but clinic protocols call for a 3-minute contact time to also kill mycobacterium which causes tuberculosis.

**Caution:** Keep the spray nozzle close to the surfaces to avoid creating a plume of chemical aerosols.
• Place plastic wrap on chairs, light handles, bracket handles, light electrical switches, across the control panel, and other surfaces that will be touched during patient care.
• Attach saliva ejector tip, high-speed evacuation tip, sterile handpiece, and sterile three-way syringe tip.
• Place plastic barrier sleeves over saliva ejector, high-speed evacuation, air/water syringe connections, computer monitor, keyboard and mouse and chair cover over the operatory and assistant chair.
• Obtain two teaspoons of 1% hydrogen peroxide (Colgate® Peroxyl) or povidone-iodine (Betadine® or IoRinse® pretreatment mouth rinse).
• Set up all items used during delivery of care required for designated procedure. Instrument cassettes and other sterilized wrapped items are to remain in the wrap until such time as the patient is seated and the attending faculty has had the opportunity to check for sterility and provide approval for the planned procedure. Carefully, think through the procedure to ensure everything needed for the visit is obtained prior to seating the patient and beginning care.
• After completing the operatory set-up, remove gloves and protective eyewear. Wash hands thoroughly with soap and water for a minimum of 20 seconds.

Seating the Patient: (Staff / Student)

• Place head cover and drape on patient, long enough to cover the upper body completely
• Open sterile packaging.
• Wash hands. Don PPE based on procedural protocols for aerosol producing treatments. Proceed according to departmental policy.

Donning Sequence for Aerosol Producing Treatments will follow CDC guidelines

• Surgical Gown
• Fit-tested N95 mask with overlying Level 3 face mask (with shield when using loupes with light source)
• Protective eyewear/loupes with solid side shields and full-face shield
• Examination gloves after washing hands
• Surgical gowns, surgical masks, head covers, and exam gloves are one time use only and must be replaced if they become compromised due to a tear or moisture.


During Patient Care for Aerosol Producing Treatments

• Instruct patient to rinse with 1% hydrogen peroxide or povidone-iodine rinse for a total of one minute. Suction mouth rinse. (Do not allow patient to create seal around the suction tip with their lips.)
• If surgical procedure with sedation, wipe around patient’s nostrils then lips with alcohol-soaked gauze before and then again after the procedure is complete.
• High-volume evacuation will be used for all aerosol producing procedures. For aerosol producing procedures where a rubber dam is not practical, such as with preparing teeth for crowns, the Isovac / Isolite is to be utilized (Schedule patient for one of the Isovac operatories).
Four-handed dentistry utilizing high-volume evacuation must be employed where rubber dam use is not feasible and an Isovac / Isolite equipped chair is not available. For those procedures where a rubber dam can be utilized, ensure the rubber dam is placed properly to avoid leakage and if available employ a dental assistant.

- Limit use of intraoral dental radiographs which are known to increase salivation and potential coughing. Utilize extraoral imaging instead (panoramic or CBCT).
- Limit use of the air/water syringe due to the forced ejection of air/water that could provoke aerosolization.
- Additional best practices include (1) use of handpieces with anti-retraction functions; (2) to avoid necessity for post-operative visits, utilize resorbable sutures.

After the patient appointment

- Instruct patient to replace face covering immediately following completion of treatment.
- Provider/assistant removes the head cover and drape from the patient gently inverting the outer exposed surface. Discard in waste receptacle.
- Discard needles, burs, endodontic files, and other sharps into designated sharps containers prior to dismissing the patient.
- Provider doffs their advanced PPE using the following sequence ensuring each item is inverted to turn the contaminated side of the PPE inward and place in regular trash:
  - Examination gloves
  - Face Shield
  - Protective eyewear
  - Head covering
  - Clinic gown
  - Level 3 face mask
  - **KEEP ON N95 respirator and cover with a new level 3 mask.**
- Escort patient to appointment desk to make next appointment.
- Relocate to area away from dental unit to complete Axium entries with faculty.

Disinfection of the dental operatory:

Wearing clean gown, mask (should still be on), protective eyewear, and gloves, complete the following:

- Discard all disposable items in waste receptacles.
- Place instruments neatly in the cassettes, with tips pointed downward, and secure the lid.
- Disinfect all contaminated patient items appropriately. Return appropriate disinfected supplies back to the dispensary and place contaminated items to the soiled area.
- Flush all water lines (handpiece and air/water) for at least 30 seconds.
- Remove all barriers, place in regular waste receptacle.
- Clean and disinfect all clinical contact surfaces following the same protocol used during set-up by using designated surface disinfectant. Spray → Wipe (clean) → Spray → Wait (based on manufacturer’s recommendation) → Wipe dry.
- Remove PPE, except for N95, using doffing protocols. Discard in in the waste container.
• Retrieve brown paper bag for storage of N95 respirator, remove N95, place in brown bag; return to storage area.
• Wash hands using soap and water for minimum of 20 seconds.
• Replace personal face covering prior to leaving unit.
• Follow TAMU College of Dentistry protocol (based on CDC and OSHA regulations) in the event of suspected unintentional exposure to infectious secretions.
• All other necessary and essential advanced equipment and tools for dental care such as clinical microscopes and intra oral scanners should be covered with clear bags during treatment if possible and/or thoroughly disinfected before and after each patient following manufacturer recommendation.
Phase III-Current (Progression to all students – Undergraduate and Hygiene students)

An evaluation of our new clinical education building was conducted to identify means to provide clinical dental experience for students while minimizing risk of contamination due to procedures which generate bio-aerosols. Undergraduate dental clinics are located on floors 5-8 of the new clinical education building (space on the 8th floor is shared with the AEGD program). The space was designed with open bays with either 3 or 4 chairs on each side (based on location within the building).

Essential Considerations:

1. Access to the clinic by patients is made via controlled doorways on south side of the facility.
2. Staff enter via a separate entryway on the north side of the facility (hallways are shared, and they allow direct access to the treatment bays).
3. Careful monitoring of patient access and use of shared spaces to include stairwells, elevator and hallways will be addressed within the framework of the larger task force document.
4. The clinical education building has a state-of-the-art HVAC system which allows for air exchange through vents on the ceiling (return air) and vents on the ceiling and near the windows (air flow from system to the clinics). Air flowing within the system is subjected to UV light treatment.
5. An evaluation of the workspaces was conducted by 3 task force members. The goal of the evaluation was to evaluate the potential for enhanced distancing and enhanced use of barriers already available within the facility. A limited number of dental chairs (<30% of the available units) were identified as being in close proximity to air exchange ducts, isolated from other areas of the clinic by bays of windows/walls, and distanced from common walkways by at least 20 feet. The selected units will allow for alternating use of chairs for procedures requiring use of handpiece and/or ultrasonic devices to enhance infection control compliance.
6. Additional chairs within the facility have been identified for patient treatment which should not be expected to generate bio-aerosolization (e.g. dental exams, reevaluation appointments, diagnostic appointments, denture checks). Consideration for alternating bays to enhance isolation from bio-aerosols should be a priority during scheduling of chairs.
7. Patients will continue to be escorted by students (ex. for radiology) if they need to move across floors. Their movement will be recorded in the electronic patient record by students as appropriate.
8. Specialty consults will be provided chair-side as needed.
9. In the event, personnel are exposed to COVID infection through a patient testing positive post treatment, ADA protocol will be followed: https://success.ada.org/~/media/CPS/Files/COVID/Patient_Reports_COVID-19_Post_Treatment.pdf
10. In the event personnel test positive, the following ADA protocol may be followed: https://success.ada.org/~/media/CPS/Files/COVID/A_Positive_COVID-19_Test_Result_On_Your_Staff.pdf
11. Faculty involved in care conduct interview, contact the students and employees who have come in contact with a COVID positive patient/personnel, provide basic counseling based on ADA guidance, refer to physician for testing as needed, and report through the proper chain of command to the Dallas County Health officials.
Non-facility related considerations

1. In order to minimize the potential spread of pathogens to include Covid-19, dental students will work in pairs when utilizing high speed handpieces or ultrasonic devices. This will facilitate enhanced use of rubber dam isolation, mandatory use of high-speed evacuation during use of the dental handpieces or ultrasonic devices to minimize spread of potential aerosols generated during dental procedures. Dental hygiene students will also work in pairs to provide additional use of high-volume evacuation during procedures requiring ultrasonic instrumentation.

2. The pairing of dental students (and dental hygiene students when possible) will allow them to provide additional monitoring for potential lapses in infection control protocol as well as more efficient operatory set up and post-treatment disinfection.

3. This document attempts to provide an effective way to safely begin patient care when deemed permissible based on the content of the task force report.
Undergraduate Group Practice Clinics
Alternating Chair Assignments for Aerosol Procedures

7th Floor Chair Layout

8th Floor Chair Layout
GUIDELINES FOR RE-OPENING THE NON-CLINICAL FACILITY/MAIN BUILDING

Employees will return to campus according to the guidelines established by TAMU and dates approved for the College of Dentistry.

Students will start the summer session on June 8, 2020.

GENERAL GUIDELINES

The Texas A&M College of Dentistry non-clinical faculty, staff and students should adhere to the PPE rules set forth for the clinical faculty to minimize risk of COVID-19 exposure and transmission. As a high proportion of carriers of COVID-19 are asymptomatic, the principle of universal precaution must be applied to all areas in Texas A&M College of Dentistry settings. Considerations for alternative teaching/remote education should be made for faculty, staff, and students at a heightened risk of contracting COVID-19, either themselves or family members with whom they live. Continued communication with local and state authorities may necessitate alteration to mitigation protocol set forth by TAMCOPD.

- **All personnel should wear adequate face coverings in all open areas**, including office spaces, entrances/ exits, shared spaces, and public utilities (restrooms, elevators).
- Maintain adequate social distancing at all times. This includes maintaining room occupancy standards of all classrooms, labs, and shared spaces to current TAMU guidelines.
- Utilize remote methods (e.g., Zoom) when possible to replace department/office meetings, committee meetings, and other gatherings. When in-person meetings are necessary, maintain adequate spacing and occupancy and limit attendance to follow current TAMU guidelines.
- For shared office areas, minimize office personnel by establishing rotating shifts/days or continue remote work to the extent possible for all duties.
- Maintain good personal hygiene, including proper hand washing, cough/sneeze etiquette, avoid touching your face, eyes, nose, and mouth.
- While facilities maintain daily cleaning and sanitization, high-traffic and shared use objects (such as white boards, armrests, keyboards/mice, instrument control panels, door handles, microphones, and all other objects requiring hands-on use) should be cleaned with and EPA-approved disinfectant prior to each use.  [https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2](https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2)
- Adhere to posted rules on all labs, classrooms, and common areas concerning PPE, safe distancing, and traffic flow (floor-specific elevators, one-way stairways/doors).
- Post signs on how to stop the spread of COVID-19, properly wash hands, promote everyday protective measures and properly wear a face covering and/or mask and N95.
- Take steps to ensure that all water systems and features (for example, drinking fountains, water & ice dispensing stations, decorative fountains) are safe to use after a prolonged facility shutdown to minimize the risk of Legionnaires' disease and other diseases associated with water. Disinfect vending machines. (Or shut down use of water fountains and vending machines until further notice.)
• To limit exposure in preclinical labs, ensure that the same group of faculty interact with the same small group of students.
• Restrict mixing between groups.
• Cancel all field trips, inter-group events, extracurricular activities and limit basement to essential students and personnel until further notice.
• In all classroom/lab settings, space seating/desks to at least 6 feet apart and use assigned seating to ensure students do not sit too close together. 10-12 feet distance between students is preferred since recent studies suggest that contaminated air can travel significantly more than 6 feet.
• Close communal use spaces as the basement student break room and the atrium until further notice.
• Designate the Gaston Ave. staircase as the "down" staircase and the Hall Ave. staircase as the "up" staircase to avoid people passing each other in the stairwell. Also, Board Room staircase is "up", and lecture hall is "down".
• Foot traffic in the basement must move in a one-way, clockwise direction to limit people passing each other in the halls. Designate "in" and "out" doors in both SIM Lab and Lab 30.
• Encourage use of stairwells over elevators and limit elevator occupancy to no more than 4 people at a time. Encourage able-bodied people to take the stairs, leaving elevators for disabled people and others who cannot use the stairs.
• Encourage students to keep their belongings separate from others' and in lockers or lab benches.
• Ensure adequate supplies in preclinical labs to minimize sharing of high touch materials to the extent possible or limit use of supplies and equipment by one group of students at a time and clean and disinfect between use.
• Avoid sharing of foods and utensils.
• Avoid sharing electronic devices, lab manuals, notebooks, textbooks or other learning aids.
• Prior to re-opening the college, train all faculty, staff and students in the above safety actions. Conduct the training virtually.

MONITORING AND PREPARING

Check for signs and symptoms
• Implement screenings safely, respectfully, as well as in accordance with any applicable privacy laws or regulations.
• Maintain confidentiality.
• Faculty, staff and students must electronically complete screening questionnaire no more than 2 days prior to returning to campus.
• Faculty, staff and students exhibiting signs or symptoms of COVID-19 must stay home and contact their primary care providers.
• If possible, make available antibody testing, if the accuracy meets standards. Acquire the most rapid and accurate virus testing that is available and explore options to do testing in-house.

Plan for when staff, faculty or student becomes sick
• Work with college administrators, nurses, and other healthcare providers to send home who exhibits COVID-19 - like symptoms.
• Establish procedures for safely transporting anyone who becomes sick either back home for quarantine or to a testing or healthcare facility for treatment.
• Notify local health officials, staff, and families immediately of a possible case while maintaining confidentiality as required by the Americans with Disabilities Act (ADA) and HIPAA. Establish contact tracing protocols to advice students, faculty and staff regarding exposure risk.
• Close off areas used by a sick person and do not use before cleaning and disinfection. Wait 24 hours before cleaning and disinfecting. If it is not possible to wait 24 hours, wait as long as possible. Ensure safe and correct application of disinfectants.
• Advise sick students, faculty and staff not to return until they have met CDC criteria to discontinue home isolation. (Two consecutive days of a negative result of the COVID-19 test.)
• Inform those exposed to a person with COVID-19 to stay home and self-monitor for symptoms, and follow CDC guidance if symptoms develop. Provide options for virtual learning or work from home.

Maintain healthy operations
• Implement flexible sick leave policies and practices, if feasible.
• Monitor absenteeism and have a roster of trained back-up staff.
• Monitor health clinic traffic.
• Designate a staff person to be responsible for responding to COVID-19 concerns. Employees and students should know who this person is and how to contact them.
• Create special training program for the environmental services team on proper cleaning and disinfection related to coronavirus.
• Create a communication system for self-reporting of symptoms and notification of exposures and closures.

CLOSE
• Check state and local health department notices daily about transmission in the area and adjust operations accordingly.
• In the event a person diagnosed with COVID-19 is determined to have been in the building and poses a risk to the students, the employees and/or the community, work with public health officials to institute contact tracing and determine how to close programs and operations to adequately insure safety. The College may consider closing for a short or longer time for cleaning and disinfection.

RESUMING CLASSES

As preparation for resumption of classroom activities is commenced, protective measures will continue to be enforced. These include:

• Complete screening questionnaire no more than 2 days before coming to campus for new or worsening signs or symptoms of possible COVID-19.
• **Stay away from school/work if ill and/or exhibiting signs or symptoms of COVID-19.**
• Always maintain social distancing.
• To minimize spreading, assigned seating will be mandated per classroom.
• Maintain good personal hygiene, including proper hand washing, cough/sneeze etiquette, avoid touching your face, eyes, nose, and mouth.
• Have hand sanitizer available at all building and classroom entrances and at access points for each floor.
• If necessary, use other appropriate PPE to protect oneself and others from the spread of the virus while within the classrooms.
• Clean/disinfect high-touch locations in shared spaces, including classrooms.

**Mandatory hygiene procedures for all classroom locations, personnel and students include:**

• All personnel and students must wear face coverings (i.e., use of a material to cover the nose and mouth) in shared spaces.
• Clean all desks, seats, bench surfaces, keyboards, instrument control panels, etc. at the beginning and end of the day.
• Clean user interface surfaces between users for all shared equipment, including computer keyboards and tables.
• Clean other "high-touch" items such as door handles, chemical and spray bottles, chair backs and arm rests, pens, microphones, and whiteboard markers between users.
• Clean with an EPA-approved disinfectant that is effective against COVID-19 in addition to the other biohazardous agents that may be in use. A list can be found at [https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2](https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2)
• Pay attention to disinfectant contact times; most disinfectants do not work on contact
• Use appropriate PPE when using disinfectants/cleaning, including eye protection and chemical compatible impervious gloves.
• Dispose of cleaning wipes, gloves, etc., in designated containers.

**Classroom occupancy will adhere to TAMU policy regarding social distancing.** This may require reducing classroom occupancy by:

• Continuing online coursework to the extent possible.
• Establishing rotating schedules for faculty and students.
• Keeping maximum density to no less than 36 sq. ft. per person, but preferably one 100 sq. ft. per person.
• Locking classrooms not in use and limiting access given to students.
• Prohibiting holding student activities, group parties, fundraisers, etc. in the classrooms or shared spaces until further notice.
• Discontinuing Lunch and Learns of any kind until further notice.
• Establishing one-way flow through doorways, i.e., designate and label entrance and exit door for each classroom (for classrooms with more than one entrance or exit).
• Posting schedules for the use of each classroom and/or piece of shared equipment, including names and contact information for all users. This includes facilities that are shared by multiple groups. Sign-in sheets are recommended for any space or instrument with four or more users, and in any small rooms accommodating no less than 36 sq. ft., but preferably only one person per 100 sq. ft.
• Deep cleaning daily by Facilities Management. However, classroom management to ensure compliance will be handled by course director or designee.
• Posting signage in each classroom noting required protective measures.

RESUMING PRE-CLINICAL LABS

Resumption of pre-clinical labs has been addressed and approved via a separate document. (May add as an appendix)

WORKSPACE

In accordance with and in addition to the recommendations offered for re-opening the basement level.

Office Workspace

• Complete screening questionnaire no more than 2 days before coming to campus for new or worsening signs or symptoms of possible COVID-19. **Do not come to work if ill or exhibiting signs or symptoms of COVID-19.**
• Establish one-way flow by labeling the Hall Street doors as entry only doors and the Gaston Avenue doors as egress only.
• Always maintain social distancing. Deans, Directors, Department Heads or designees are responsible for safety management.
• For shared office areas, minimize office personnel by establishing rotating shifts/days or continue remote work to the extent possible for all duties.
• To maintain safety and minimize spreading in smaller workspaces, install Plexi-glass on desk or cubicles to separate staff.
• Establishing one-way flow through doorways, i.e., designate and label an entrance and exit door for departments/offices that have more than one entrance or exit.
• No entry into ANY office areas without face coverings.
• To minimize spreading of COVID-19, each office and desk will outline 6-foot social distancing by floor signage.

Personal Hygiene

• Maintain good personal hygiene, including proper hand washing, cough/sneeze etiquette, avoid touching your face, eyes, nose, and mouth.
• Hand sanitizer available in all building entrances, outside elevators, and at access points for each floor.
• Within social distancing guidelines, no more than 1-2 students or visitors allowed in office areas (depending on size).
• Meetings cannot be held in rooms that are not large enough to comply with the 6-foot social distancing policy.
• Clean/disinfect high-touch locations in shared spaces, including lobby shared printers, copiers, fax machines, coffeemakers, kitchens, etc.

Shared Spaces

• Establish one-way flow for all stairwells. Stairwells will be used whenever possible, but face coverings must be worn, and hands must be sanitized immediately before after leaving stairwells.
• Establish maximum capacity of 2 individuals per elevator.
• Establishing one-way flow through the Atrium. Disinfect or cleanser available to clean high-touched areas before and after every use. (Social distancing rules apply.)
• No group activities, parties, or lunches can be held in the offices or Atrium, including student organization and class activities.

COMMUNICATION OF SAFETY MEASURES: Safety measures will be distributed to faculty, staff and students electronically prior to re-opening the college and will be strategically posted throughout the college. Periodic Town Halls, regular email notifications, and signage will be used for communication purposes.

RESPONSIBILITY OF ADHERENCE TO POLICIES AND GUIDELINES: Ensuring adherence to safety guidelines by faculty and staff will ultimately be the responsibility of respective Department Heads, Executive Directors/Directors, Assistant Deans, Associate Deans and the Dean. Consequences of non-adherence will be determined by these leaders and could include loss of all clinical privileges and disciplinary action. Ensuring adherence to safety guidelines by students when they are in class/lab will be the responsibility of the course directors/faculty teaching those classes/labs. Consequences of non-adherence will be determined by the course directors/faculty in a similar fashion.

STAGING OF RE-OPENING: Faculty and staff will follow the staggered re-entry guidelines established by TAMU and will adhere to the dates approved for COD. During the summer session, students will continue all didactic coursework online and engage in lab coursework in groups of made up of one-fourth of the class. During the fall and spring semesters, many didactic courses will remain totally or partially online and students will engage in lab course works in groups made up of half of the class.

EVALUATION OF STUDENT, STAFF AND FACULTY PERCEPTIONS AND WELL-BEING: Evaluation of perceptions will be conducted via electronic surveys, college-wide faculty/staff/student meetings, departmental/office/class/Student Council meetings, one-on-one meetings with supervisors, etc. Meeting of large groups will be via Zoom.
RISK/BENEFIT CONSIDERATIONS: This proposal had been developed in a way that greatly minimizes the risk of COVID-19 spread. Commission on Dental Accreditation has established standards that need to be met by the pre-doctoral dental, hygiene and graduate programs to maintain their accreditation status. These entail several hundred hours of didactic and clinical training with direct patient contact and associated formative and summative assessments. As such, it is important for the students to be returned to the clinics, labs, and classrooms in a timely fashion without jeopardizing the safety of faculty, staff, students and patients. In addition, the College of Dentistry runs a fairly large clinical operation that caters to the dental needs of the communities in and around Dallas. Resumption of clinical care is paramount to maintaining the general health of the population. The proposed risk mitigation measures are designed to provide adequate safety as enunciated in guidelines issued by the CDC, the ADA, TAMU and the Texas State Board of Dental Education.

FEASIBILITY: The implementation of this proposal is extremely feasible. Constant monitoring and evaluation of this policy as well as frequent updating and modification as dictated by outcomes assessment on a periodic basis will ensure successful implementation.

Re-opening of Research Operations

The research operations at Texas A&M University College of Dentistry (COD) include both laboratory research and patient-facing clinical research, which are carried out by research teams led by researchers, clinicians, and/or clinicians/researchers in various departments. When faculty, student or staff perform research activities, they must adhere to the guidelines set forth for the purpose of re-opening COD research operations.

As COD prepares to resume its research activities, it will strictly adhere to the guidelines and protocols set forth by Texas A&M University TAMU) Health; the Division of Research (https://vpr.tamu.edu/plan-for-resuming-research-operations-5-7-2020) and updates (https://vpr.tamu.edu/covid-19); by the TAMCOD Office of Research and Graduate Studies; and the Texas A&M University Division of Human Resources and Organizational Effectiveness (https://www.tamu.edu/coronavirus/index.html). In addition, the COD’s research community will endeavor to align with executive orders, guidelines issues by the Dallas County, City and the state. The following paragraphs serve as a summary of the overall strategy, general guidelines and specific requirements underlying COD re-opening efforts.

Overall strategy: As per the guidelines of TAMU Division of Research and COD’s Office of Research and Graduate Studies, the COD will resume research activities tentatively starting from June 1, 2020 in a phased strategy. 25% of research activities can resume with an incremental 12.5% increase in the following four weeks to reach 100% capacity in research activities by the beginning of July 2020.

The senior employees 65 years and older and/or with underlying health issues will have the least priority to return to research activities and should work at home.

The starting date as well as the phased progress are subjected to change due to the possible resurge of the COVID-19 infection in the community and the PPE availability. The COD Office of Research and Graduate Studies and the department heads will monitor the phased progresses and decide and/or adjust personnel return accordingly.
The adjustment and updates of the phased progresses will be provided to the employees and stakeholders in a timely manner through various channels, including but not limited to e-mails.

**General guidelines:**

- **Laboratory research activities** must adhere to the existing guidelines and protocols set forth by the TAMU Division of Research and COD's Office of Research and currently dictated by department heads.
- **Patient-facing clinical research activities** include those performed in the hospital-based settings, ambulatory dental and medical clinics, and academic space of outside of COD approved for clinical activities. The starting of clinical based research will be dictated by the TAMU Division of Research and may be different than the start date of non-clinical research.
  1) Patient-facing clinical research must adhere to TAMU HSC and COD ambulatory clinic guidelines for the phased re-opening of dental and medical clinical services.
  2) Hospital-based clinical research must adhere to TAMU and related hospital policies.
  3) For research involving laboratory draw and collection of other biological specimens, imaging and other ancillary services, the clinical research must adhere to TAMU HSC, COD and/or hospital guidelines for the phased re-opening operations of these core facilities.
  4) For those involving wet-laboratory analyses, including and beyond qRT-PCR and ELISA, the research activities must adhere to the COD's wet laboratory re-opening guidelines.
- **Research activities involving inter-departmental and inter-collegiate collaborations** must adhere to the guidelines issued by the involved departments, colleges and/or universities.
- **Student researchers** cannot be coerced into performing research, but if they choose not to come, they must discuss this with Human Resources.

**COVID-19 infection control plan:**

1) Researchers must complete (https://vpr.tamu.edu/plan-for-resuming-research-operations-5-7-2020) general, laboratory specific and on-line training (2114130 : Protocol and Certification for System Member Employees and 2114131 : Safe Practices for Returning to the Office During the COVID-19 Pandemic) prior to re-opening research activity. The principal investigator must have a written management plan for their laboratory and the plan must be approved by their department head and submitted to the Office of Research and Graduate Studies.
2) Lab personnel exhibiting **any** symptoms of COVID-19 are to stay home and report to their respective supervisor.
3) Sufficient PPE are to be provided to all lab personnel for required use in TAMCOD research labs.
4) Procedure masks must be worn in all common spaces, laboratories, public areas, and classrooms.
5) Maintain personal hygiene, including frequent hand washing, cough/sneeze etiquette, and avoid touching your masks, glasses, and face.
6) Facilities/housekeeping are working diligently on disinfecting common spaces, but all individuals should frequently disinfect high-touch areas, such as keyboards, mice, workstations, and doorknobs,
7) Videoconferences (Zoom) should be used when possible to facilitate meetings and lectures not requiring hands-on practices. Small meetings (<10) with proper social distancing and the wearing of masks are allowed, but larger in person gatherings over 10 people should be discontinued until further notice. Remote work can be used for writing, data analysis, literature reviews, etc.

8) Larger rooms and lecture halls should be limited to <25 people and maintenance of appropriate social distancing, as dictated by TAMU guidelines regarding students and social distancing.

Requirements specific to patient-facing clinical research and clinicians/scientists:

- **Prior to the re-opening**, the clinical researchers should contact COD's Office of Research and Graduate Studies, the IRB and the PI's department head to decide which projects should be allowed to resume first.
- **Enforcing social distancing and minimizing the number of people on campus.**
  1) Remote visits and telehealth communications must be used whenever possible for participant screening, enrollment, safety assessments, follow-up and other non-therapeutic visits.
  2) Whenever possible, investigational products, including oro-craniofacial appliances, should be mailed to participants' home directly.
  3) A single accompany individual is allowed for each participant.
  4) If the visits require the utilization of COD's core facilities, visit schedules should be coordinated with those of the COD core facilities to minimize the visits.
  5) Staggered working schedules are encouraged.
- **Patient/subject-centric screening and triage and monitoring.**
  1) Prior to the research visits, all research subjects must ensure they are COVID-19 negative.
  2) Normal temperature is required prior to the permission of enter COD buildings is granted.
- **PPE requirement for both patients and clinical researchers.**
  1) All subjects/patients must wear face masks upon entering COD's buildings.
  2) For clinic research activities involving aerosol generating procedures and requiring airway management, the researcher participants must wear N95 masks, and surgical masks and face shield, cap, shoe covers and isolating gowns. For non-aerosol-generating procedures, N95 masks are not required.
- **Clinicians/researchers should endeavor to prevent cross-contamination between the clinical and research domains.** As per the guidelines set forth by CDC, upon leaving clinical settings, he/she should leave scrubs, clinic uniforms and/or clinically consumed research materials in the clinical research area. Similarly, when leaving research settings, laboratory apparel and PPE for research settings cannot be reused and worn in clinical settings.
Appendix A

RPP Respirator Assignments by Task or Location

<table>
<thead>
<tr>
<th>Task or Location</th>
<th>Potential Exposure</th>
<th>Respiratory Protection</th>
<th>Employees Included</th>
</tr>
</thead>
<tbody>
<tr>
<td>Performing aerosol-generating procedures on patients suspected or confirmed with a disease requiring Droplet or Airborne Precautions or present when such procedures are performed including:</td>
<td>Infectious aerosols</td>
<td>N95 respirator</td>
<td>Dentist Dental Assistant Dental Hygienist</td>
</tr>
<tr>
<td><strong>Procedures that may induce coughing aerosol-producing procedures, including the use of high-speed handpieces</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cleaning/decontaminating an area occupied by a patient suspected or confirmed with a disease requiring Airborne Precautions, or cleaning/decontaminating such an area after a patient has left but before the space has been adequately ventilated.</td>
<td>Infectious aerosols</td>
<td>N95 respirator</td>
<td>Dentist Dental Assistant Dental Hygienist</td>
</tr>
</tbody>
</table>