



## Delta Variant Infection Control Check-Up for Orthodontic Practices, 8-12-2021

The SARs-CoV-2 Delta Variant virus is more infectious than the original virus or the Alpha Variant. The estimated R naught is 6 to 9. Twice as infectious as Influenza and slightly less infectious than Chicken Pox. Plus Delta infected persons expel 1000 more viral particles than the original virus.

At this time, Delta infection's major symptom are sore throat, runny nose and severe headache in addition to the standard COVID19 symptoms. Asymptomatic infected persons can spread virus. There is a risk that a vaccinated person can acquire a breakthrough infection and is asymptomatic yet still spreading virus. Therefore for everyone's safety, resume airborne disease transmission precautions until your county infectivity rate is  $\leq 5\%$ .

Both OSHA & CDC recommend infection control precautions based on community disease transmission – Low ≤5%, Moderate 5-8%, Substantial 8-9%, High ≥10%. Document your county transmission each week at CDC <https://covid.cdc.gov/covid-data-tracker/#county-view> or John Hopkins Corona Virus Resource Center <https://coronavirus.jhu.edu/region>

| Indicator - If the two indicators suggest different transmission levels, the higher level is selected | Low Transmission Blue | Moderate Transmission Yellow | Substantial Transmission Orange | High Transmission Red |
|---|-----------------------|------------------------------|---------------------------------|-----------------------|
| Total new cases per 100,000 persons in the past 7 days  | 0-9.99                | 10-49.99                     | 50-99.99                        | ≥100                  |
| Percentage of NAATs <sup>1</sup> that are positive during the past 7 days                             | 0-4.99%               | 5-7.99%                      | 8-9.99%                         | ≥10.0%                |

☐ **Masks** – all patients, staff and visitors wear a mask when in the office. Place sign on front door and reception desk to alert everyone about wearing a mask. Have masks available at entry door for anyone who arrives without a mask. Remind patients to wear a mask in text message and appointment reminders.



"We are asking that everyone masks up again. Thank you for your cooperation while we do our best to help keep our community safe. 🤔💚"

☐ **Screen** all patients, staff and visitors. Ask if they have symptoms? Include all COVID19 symptoms – plus the Delta symptoms -runny nose, sore throat, and severe headache. Patients & Employees can self-monitor.

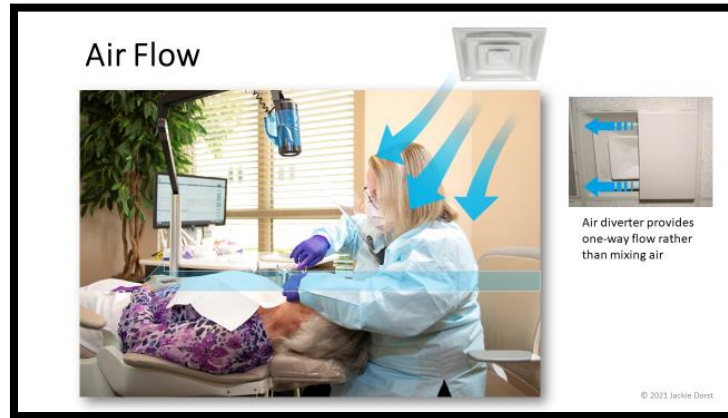
## COVID-19 PATIENT SCREENING QUESTIONS

| PATIENT NAME:   | DOB:   |
|---|--|
| PHONE NUMBER:   | AGE:   |
| <b>QUESTIONS</b>  |  |
| 1. Have you been in close contact with anyone from March 15, 2020 to August 15, 2020?                     | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| 2. Have you been in close contact with anyone who has been diagnosed with COVID-19?                       | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| 3. Have you been in close contact with anyone who has been hospitalized for COVID-19?                     | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| 4. Have you been in close contact with anyone who has been in a nursing home or long-term care facility?  | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| 5. Have you been in close contact with anyone who has been in a hospital or long-term care facility?      | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| 6. Have you been in close contact with anyone who has been in a nursing home or long-term care facility?  | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| 7. Have you been in close contact with anyone who has been in a nursing home or long-term care facility?  | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| 8. Have you been in close contact with anyone who has been in a nursing home or long-term care facility?  | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| 9. Have you been in close contact with anyone who has been in a nursing home or long-term care facility?  | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| 10. Have you been in close contact with anyone who has been in a nursing home or long-term care facility? | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| 11. Have you been in close contact with anyone who has been in a nursing home or long-term care facility? | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| 12. Have you been in close contact with anyone who has been in a nursing home or long-term care facility? | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| 13. Have you been in close contact with anyone who has been in a nursing home or long-term care facility? | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| 14. Have you been in close contact with anyone who has been in a nursing home or long-term care facility? | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| 15. Have you been in close contact with anyone who has been in a nursing home or long-term care facility? | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| 16. Have you been in close contact with anyone who has been in a nursing home or long-term care facility? | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| 17. Have you been in close contact with anyone who has been in a nursing home or long-term care facility? | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| 18. Have you been in close contact with anyone who has been in a nursing home or long-term care facility? | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| 19. Have you been in close contact with anyone who has been in a nursing home or long-term care facility? | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| 20. Have you been in close contact with anyone who has been in a nursing home or long-term care facility? | YES <input type="checkbox"/> NO <input type="checkbox"/> |



Screening should be at entry, paper/digital, by text message or on-line apps. Keep screening records (exempts practice from OSHA ETS compliance). If touchless thermometer used to take temperatures, calibrate.

- ☐ **Reception area** – ABHR, masks, tissues and disinfectant wipes for touch screens
  - Sneeze shield at front desk area, employees seated 6 feet apart if possible
  - Administrative personnel wear masks – no food or drink at front desk
  - Request only patient and “Essential parent” enter the office (this can be a challenge in the hot summer time)
  - Minimize people in the reception area – monitor with a CO2 sensor. CO2 concentration should be less than 800 PPM. If CO2 concentration greater than 900, increase air flow by opening door/windows, run exhaust fans, move people out of room. Keep CO2 log.
- ☐ **Pre-Rinse** – ask patients to rinse for 1 minute with 10ml antimicrobial mouthrinse.
  - Patients can rinse at the treatment chair – expectorate in the same patient cup that mouthrinse provided, then discard cup and contents.
  - Patients can rinse at the “**Brush Up**” sink. Only once patient at a time at the “**Brush Up**” sink. Wipe down area after patient use.
- ☐ **N95 respirators & Shield** worn during all aerosol generating procedures (AGP). FDA removed emergency use authorization for KN95 respirators. KN95 maybe used as a procedure mask during non-AGP.
- ☐ **AGP** treatment in separate room, preferably with closed door. Use HVE for all AGP. Consider extra-oral suction unit to reduce aerosols.
- ☐ **Barriers** between treatment chairs in the orthodontic open bay clinic. Schedule non-AGP in the open bay. Add additional HEPA filtration unit if needed because of office design limitations or HVAC limitations.
- ☐ **HVAC System/Ventilation** –
  - verify HVAC system provides 6 Air Changes per Hour (minimum)
  - Air filter is a **MERV 13** or higher. Change filter at least monthly and more frequently for high traffic orthodontic practices.
  - Air flow – Clean filtered air should flow over the clinician and patients head (treatment area) and contaminated air removed away from the treatment zone.



- If additional HEPA filtration units are used, verify maintenance (change filters, replace UVC lights) according to the manufacturer's instructions for use (MIFU)

☐ **HVE – High Volume Evacuation** – Clean at least weekly (more frequently for high patient volume practices) with evacuation cleaner using atomizer provided by the manufacturer. Change traps on routine schedule (monthly) according to use volume. Suction should be at least 300 liters/minute (use flow meter for testing). Use larger bore HVE attachments for maximum aerosol removal.

☐ **Dental Unit Water** – DUW must be less than 500 CFU/ML. Test quarterly.

☐ **Infection Control** – review hand hygiene, disinfection and sterilization protocols using the CDC Checklist: <https://www.cdc.gov/oralhealth/infectioncontrol/dentalcheck.html>

Links:

CDC COVID19 Interim Guidance for Dental Practices:  
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/dental-settings.html>

OSHA COVID19 Interim Guidance for Dental Practices:  
<https://www.osha.gov/coronavirus/control-prevention/dentistry>

Best Practices for Infection Control in Dental Clinics during the Covid19 Pandemic  
[https://cdn.ymaws.com/www.osap.org/resource/resmgr/dentaquest/INC-1353\\_Best\\_Practices\\_for\\_.pdf](https://cdn.ymaws.com/www.osap.org/resource/resmgr/dentaquest/INC-1353_Best_Practices_for_.pdf)

*To schedule a 2 hour customized webinar training email Jackie at [safepract@gmail.com](mailto:safepract@gmail.com) or call 949-842-1747.*