INFECTION PREVENTION & CONTROL GUIDE
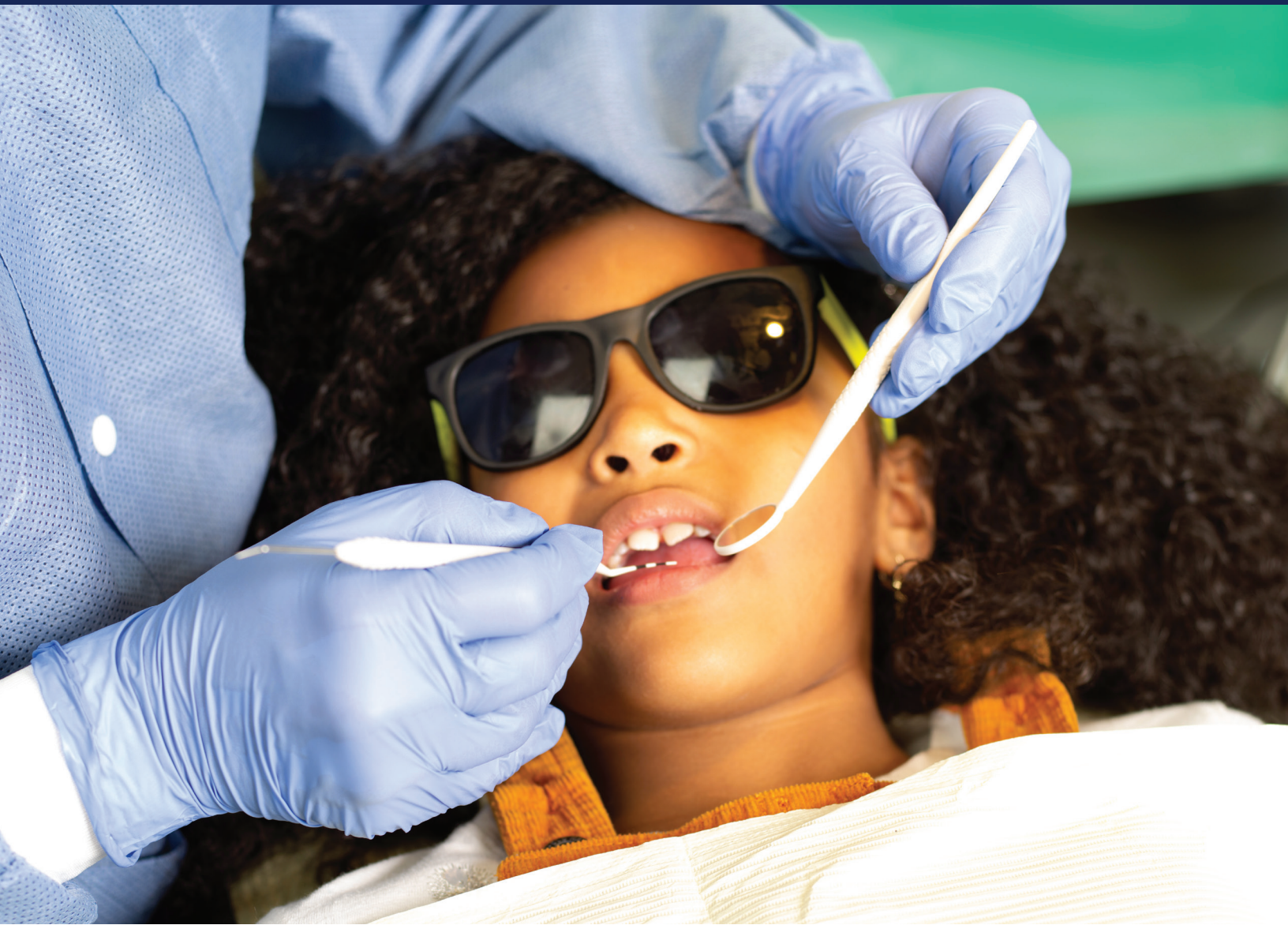## FOR SCHOOL SEALANT PROGRAMS DURING THE CORONAVIRUS DISEASE 2019 (COVID-19)

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The Safest Dental Visit™

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CONTENTS

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BACKGROUND

School sealant programs (SSPs) are an effective model for providing preventive oral health services to children who are at increased risk of developing dental caries and who are less likely to have access to regular dental care. SSPs are essential to filling the gap for students who do not receive regular dental care. Delivery models and scope of service vary widely between SSPs and depend on a variety of factors such as state and local regulations, scope of practice of the dental providers, and available resources. However, the primary purpose of SSPs is to provide preventive oral health services (such as oral hygiene, dental sealants, topical fluoride treatments, silver diamine fluoride, and oral health education) and to identify students with existing disease and refer these students to a fixed dental setting for needed restorative care. Preventive oral health services can be provided with limited use of aerosol generating procedures.

Since March 2020, many SSPs have been suspended as communities responded to the coronavirus disease 2019 (COVID-19) pandemic. As programs restart, guidance for infection prevention and control in school settings is vital for providers, school administrators, and parents/guardians of students served. On December 1, 2020, the Centers for Disease Control and Prevention (CDC) Division of Oral Health (DOH) published Considerations for School Sealant Programs During the Coronavirus Disease 2019 (COVID-19) Pandemic.

This document is designed to supplement the CDC guidance with additional considerations for practical implementation. The primary objective is to protect the health, safety, and well-being of students, teachers, staff, and dental healthcare personnel (DHCP) who participate in SSPs.

SCOPE OF SERVICES

CDC currently recommends avoiding Aerosol Generating Procedures (AGPs).

- Refrain from motor polishing and do not use air and water at the same time.
- Avoid the use of dental handpieces, air-polishing, air abrasion and ultrasonic scaling, and any other AGPs.
- Perform toothbrush prophylaxis.
- Consider using Silver Diamine Fluoride (SDF) to help arrest dental decay.
- Consider placing fluoride varnish to help strengthen the enamel and prevent dental decay.

CONSIDERATION:

AGPs are not necessary to provide preventive dental services to students. Students with restorative and other dental needs that require AGPs should be referred to a fixed dental setting for treatment.

Refer students with immediate or urgent dental needs to a fixed dental setting.

Consider the following when doing sealants:

GLASS IONOMER SEALANTS
Consider using Glass Ionomer (GI) sealant material instead of Resin-Based sealant materials. Placing GI sealants does not require a dry field and will be less likely to create aerosols during placement.

RESIN-BASED SEALANTS
Placement of Resin-Based Sealants requires a dry field. If this type of material is used, consider engineering controls designed to control aerosols in dentistry (i.e., intraoral isolation system, intraoral use of the high evacuation suction, four-handed dentistry, properly placed HEPA filters, etc.).

AEROSOL GENERATING PROCEDURES:

Procedures that may generate aerosols (i.e., particles of respirable size, <10 μm). Aerosols can remain airborne for extended periods and can be inhaled. Development of a comprehensive list of aerosol generating procedures for dental healthcare settings has not been possible, due to limitations in available data on which procedures may generate potentially infectious aerosols and the challenges in determining their potential for infectivity. There is neither expert consensus nor sufficient supporting data to create a definitive and comprehensive list of aerosol generating procedures for dental healthcare settings. Commonly used dental equipment known to create aerosols and airborne contamination include ultrasonic scalers, high-speed dental handpieces, air polish, and air abrasion units.

PRIOR TO GOING INTO A SCHOOL

Consult with state, local, territorial, or tribal health departments for current information about requirements specific to their jurisdictions and to determine how the **degree of COVID-19 community transmission** will affect local policies.

Develop a written infection prevention and control (IPC) policies and procedures plan specific to COVID-19/SARS-CoV-2. All DHCP should be familiar with the plan.

- Consider using the OSAP/DQP Best Practices for Infection Prevention and Control in Dental Clinics During the COVID-19 Pandemic to facilitate the ICP plan development.

- The IPC plan should be made available to school administrators and parents. This can be accomplished by providing a link to a website with the IPC plan (e.g., your organizational website and/or on the school's website) and/or via a paper note connected to the parent permission slip.

- Use as many communication methods as possible to clearly communicate enhanced IPC procedures.

- Revise the policies and procedures plan when guidance from CDC or state and local authorities is updated.

- Include a plan for transportation of DHCP team if one member falls ill while at a school site.

Communicate with the appropriate contact at each school to ensure the SSP plan is following site-specific policies school administrators have in place.

- Identify the specific contact person(s) for the school to communicate with if a student presents with symptoms of COVID-19 or other respiratory illness, including fever.

- For more information on screening and exposures to SARS-CoV-2, see CDC Interim Infection Prevention and Control Guidance for Dental Settings During the Coronavirus Disease 2019 (COVID-19) Pandemic and the CDC Interim Guidance for Case Investigation and Contact Tracing in K-12 Schools.

CDC RESOURCES

Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic

Framework for Healthcare Systems Providing Non-COVID-19 Clinical Care During the COVID-19 Pandemic

Indicators for Dynamic School Decision-Making

Schools and Child Care Programs and any local school-specific policies while working in a school setting.

OSAP RESOURCES

Site Assessment Worksheet

Infection Control Checklist for Dental Programs Using Mobile Vans or Portable Dental Equipment

These resources were developed based upon the CDC Guidelines for Infection Control in Dental Healthcare Settings – 2003. The Site Assessment and Checklist may be modified to include the interim CDC guidance.

Each day, before entering a facility, DHCP and other team members should monitor themselves for fever and symptoms consistent with COVID-19 or exposure to others with COVID-19 symptoms or confirmed infection. Fever is either measured temperature ≥100.0°F or subjective fever. If any person from the dental team has a temperature of ≥100.0°F, they should not enter the school building. Providers should complete a self-attestation form regarding symptoms and keep a daily log when going into schools. CDC has a **Sample Facilities COVID-19 Screening Form**. If DHCP experience any symptoms, they should not report to work or enter the school(s).

DHCP should be reminded to stay home when they are ill and should receive no penalties when needing to stay home when ill or under quarantine.

If DHCP suspects they have COVID-19:
- Do not come to work.
- Notify their primary healthcare provider to determine whether a medical evaluation is necessary.

If DHCP is at a school and develops symptoms the team should:
- Immediately leave the school-site.
- Refer to the program specific infection prevention and control plan for actions to take when a DHCP and/or student(s) experience an exposure.
- Contact the school site to communicate the incident, to discuss rescheduling, and a plan to retrieve equipment.

- For information about when DHCP with suspected or confirmed COVID-19 may return to work see the CDC Criteria for Return to Work for Healthcare Personnel with SARS-CoV-2 Infection (Interim Guidance).

- For information on work restrictions for healthcare personnel with underlying health conditions who may care for COVID-19 patients, see the CDC Healthcare Workers Clinical Questions about COVID-19: Questions and Answers on COVID-19 Risk.

Review immunization records for all personnel, including the COVID-19 vaccine, when available to ensure they are up-to-date and consistent with current CDC Recommended Vaccines for Healthcare Workers.

Consider visiting each school prior to set-up. This will allow DHCP to explore the assigned space and determine all equipment needed for safe set-up.

- Avoid using cloth-upholstered furnishings and carpeted treatment areas.
- Request location for services in an area that has hard flooring.
  - If a space is used with carpeting, cover carpet (e.g., a large sheet of plastic, transportable interlocking tiles) prior to set up. If plastic is used, ensure edges are secured with a gentle adhesive (e.g., painter's tape) to prevent tripping. If interlocking tiles are used, disinfect as part of daily housekeeping surfaces.
  - If hard floors are available, communicate with the site administrators about the schedule of cleaning the flooring in that area. The floors should be cleaned upon removal of dental equipment. If the site janitorial service is unable to clean immediately upon exit, then the dental team should appropriately disinfect the floor before they leave the facility, or use a floor covering (see above), to ensure that others are not congregating or sitting on a potentially contaminated surface.

Follow manufacturer's instructions for use (IFU) for maintenance of all dental equipment. Update logs prior to utilizing dental equipment that has been out of service (e.g., shock and test water lines, clean and biologically test sterilizers, update maintenance logs, etc.). Excel spreadsheets can be developed to identify the equipment, location of the manufacturer IFU, and documentation of the maintenance.

SETTING UP THE DENTAL TREATMENT AREA IN THE SCHOOL

Multiple Chair Setup

- Provide at least 6 feet of space between patient chairs.

- Create easy to clean, physical barriers of at least 6 feet between patient chairs. If using floor-to-ceiling barriers, check to make sure that extending barriers to the ceiling will not interfere with fire sprinkler systems. There are a variety of materials that can be used for barriers, including plexiglass on a floor stand or lockable wheels, framed plastic walls, etc.

- Consider using portable HEPA air filtration systems to enhance ventilation.

  - Select a HEPA air filtration unit based on its Clean Air Delivery Rate (CADR). The CADR is an established performance standard defined by the Association of Home Appliance Manufacturers and reports the system's cubic feet per minute (CFM) rating under as-used conditions. The higher the CADR, the faster the air cleaner will work to remove aerosols from the air.

- Operatories should be oriented parallel to the direction of airflow if possible.

- Where feasible, consider patient placement carefully, placing the patient's head near the return air vents, away from pedestrian corridors, and toward the rear wall.

Resource: CDC Ventilation in Buildings

Creation of a Semi-Enclosed Dental Treatment Space

To prevent real or perceived contamination to a larger area, some SSPs may operate by creating a semi-enclosed dental treatment space, by using materials such as shower curtains, plastic sheeting, or 3-walled popup tents (with or without top canopy). Any reusable materials used should be able to withstand exposure to disinfection products.

Cloth curtains should be removed, bagged for transport, and laundered daily. Another alternative is disposable plastic/vinyl curtains that are disposed daily. If curtains are visibly contaminated by blood or other potentially infectious materials, they should promptly be carefully removed, folded onto themselves to contain contamination, moved to an appropriate cleaning location, and then the surface should be cleaned/disinfected using an Environmental Protection Agency (EPA) registered hospital disinfectant.

If programs attempt to create an enclosed dental workspace, care should be taken to ensure that the safety of the dental treatment area is not compromised, and that enclosure of the space does not lead to stagnant airflow in the room or treatment area. Programs should consult with facilities operations staff or a HVAC specialist to make this determination.

Each dental work pod must have ventilation within the space. This may require the use of enhanced ventilation such as a portable HEPA air purifier. When in use, the patient's head should be oriented at the rear of pod, opposite of the entrance. The air filter should be placed behind the patient's head, across from the DHCP. Ensure the DHCP are not positioned between the unit and the patient's mouth. Position the unit to ensure that it does not pull or push potentially contaminated air into or past the breathing zone of the DHCP. Some HEPA systems may allow exhausting the HEPA-cleaned air out of the rear of the pod, thus creating a protective directional airflow. In addition, the program must ensure that there is sufficient clearance at the top of the pod so that it does not interfere with the fire suppression system (generally a minimum of 18 inches is recommended but this should be verified with the local Fire Marshal).

Resource: CDC Ventilation in Buildings

SETTING UP THE DENTAL TREATMENT AREA IN THE SCHOOL (cont).

Mobile Van or Bus

If using a mobile van/bus that allows for students to exit the school building and to enter the mobile unit to receive dental treatment, follow the current CDC Interim Infection Prevention and Control Guidance for Dental Settings During the Coronavirus Disease 2019 (COVID-19) Pandemic.

- Limit the number of patients in the van to ensure social distancing.
- If treating more than one patient at a time, ensure social distancing of at least 6 feet and use barrier walls between dental chairs.

Location of Oral Health Education

If in-classroom education is prohibited, consider some creative ways to provide oral health education to students. For example:

- Individualized chairside education during delivery of preventive oral health services.
- Creating oral health education modules and post them on the SSP website. An information sheet with links to the information and resources can be provided to the student.

TRANSPORTING STUDENTS TO THE TREATMENT AREA

If possible, bring only one student per provider into the treatment area at a time. This will reduce the risk of exposure to students and staff.

When students are escorted from the classroom for treatment, the coordinator should wear a surgical mask and maintain social distancing (i.e., 6 feet) from the student. A gown should not be worn when escorting patients or when outside the direct treatment area.

Providers should screen students for symptoms, including fever, either prior to transport, or upon arrival to the treatment area.

- Document the screening and responses in the patient chart.
- Symptoms can be found at the CDC Symptoms of Coronavirus website, where they are updated regularly.
  - There may also be additional screening items required by any state or local health authorities.

Take the temperature of all students.

- If the temperature is ≥100.0°F, then dental treatment should be deferred.
  - A contactless thermometer will aid in maintaining distance.
- Refer to the site-specific school policies and procedures to determine the next steps.
- If the student reports symptoms, defer treatment and report to the designated contact person(s) at the school.
- For more information on screening and exposure to SARS-CoV-2, see CDC Interim Infection Prevention and Control Guidance for Dental Settings During the Coronavirus Disease 2019 (COVID-19) Pandemic and the CDC Interim Guidance for Case Investigation and Contact Tracing in K-12 Schools.

DURING PATIENT CARE

Hand Hygiene

- All students should either wash their hands with soap and water for 20 seconds **prior to and immediately following** their dental visit or use alcohol-based hand rub containing at least 60% alcohol and purchased from a medical/dental supply company.

- Providers should follow current CDC guidance on hand hygiene before, during, and after each student appointment.

Resources: CDC Interim Infection Prevention and Control Guidance for Dental Settings During the Coronavirus Disease 2019 (COVID-19) Pandemic and CDC Hand Hygiene in Healthcare Settings

Source Control and Respiratory Hygiene/Cough Etiquette

- All students are encouraged to wear a mask/face covering during transport to the treatment area.

- Defer treatment for any student with a persistent cough.

  - When a mask is not worn, encourage students to cover their mouths/noses when coughing or sneezing. For example, teach students to cover their mouth and nose with a tissue when they sneeze or cough. If they don't have a tissue, they can use their elbow, and they should wash their hands often, especially after coughing or sneezing.

- Provide tissues and no-touch receptacles for the disposal of tissues.

Resource: CDC Cover Coughs and Sneezes

Personal Protective Equipment (PPE)

- SSPs should only provide services if they have the necessary supply of PPE to safely treat patients in accordance with the CDC Interim Infection Prevention and Control Guidance for Dental Settings During the Coronavirus Disease 2019 (COVID-19) Pandemic and CDC Optimizing Personal Protective Equipment (PPE) Supplies.

- Know the daily PPE burn rate per school building and have enough supplies on hand to treat patients daily. If enough PPE is unable to be secured, delay treatment until the necessary PPE is readily available. The CDC burn rate calculator is a useful tool.

- Adhere to current CDC guidance for PPE for non-aerosol generating procedures:

Schools located in areas with low to minimal community transmission:	Schools located in areas with moderate to substantial community transmission:
DHCP should continue to adhere to Standard Precautions (and Transmission-Based Precautions, if required based on the suspected diagnosis). DHCP should wear a **surgical mask, eye protection (goggles or a face shield that covers the front and sides of the face), a gown or protective clothing, and gloves** during procedures likely to generate splashing or spattering of blood or other body fluids. Protective eyewear (e.g., safety glasses, trauma glasses) with gaps between glasses and the face likely do not protect eyes from all splashes and sprays.	DHCP working in facilities located in areas with moderate to substantial community transmission are more likely to encounter asymptomatic or pre-symptomatic patients with SARS-CoV-2 infection. If SARS-CoV-2 infection is not suspected in a patient presenting for care (based on symptom and exposure history), DHCP should follow Standard Precautions (and Transmission-Based Precautions, if required based on the suspected diagnosis). DHCP should implement the use of **universal eye protection** in addition to their surgical mask to ensure the eyes, nose, and mouth are all protected from exposure to respiratory secretions during all patient care encounters, including those where splashes and sprays are not anticipated.

DURING PATIENT CARE (cont).

Respirators are recommended during aerosol generating procedures. Because AGPs are not necessary in SSPs, the use of respirators is not indicated. However, if a provider chooses to wear a respirator:

- Respirators should be used in the context of a comprehensive respiratory protection program, which includes medical evaluations, fit testing and training in accordance with the Occupational Safety and Health Administration's (OSHA) Respiratory Protection standard (29 CFR 1910.134).

- Respirators with exhalation valves are not recommended for source control and should not be used during surgical procedures as unfiltered exhaled breath may compromise the sterile field. If only a respirator with an exhalation valve is available and source control is needed, the use of an electrocardiogram pad or surgical tape secured over the valve from the inside of the Filtering Facepiece Respirator (FFR) can provide source control similar to that of an FFR with no exhalation valve.
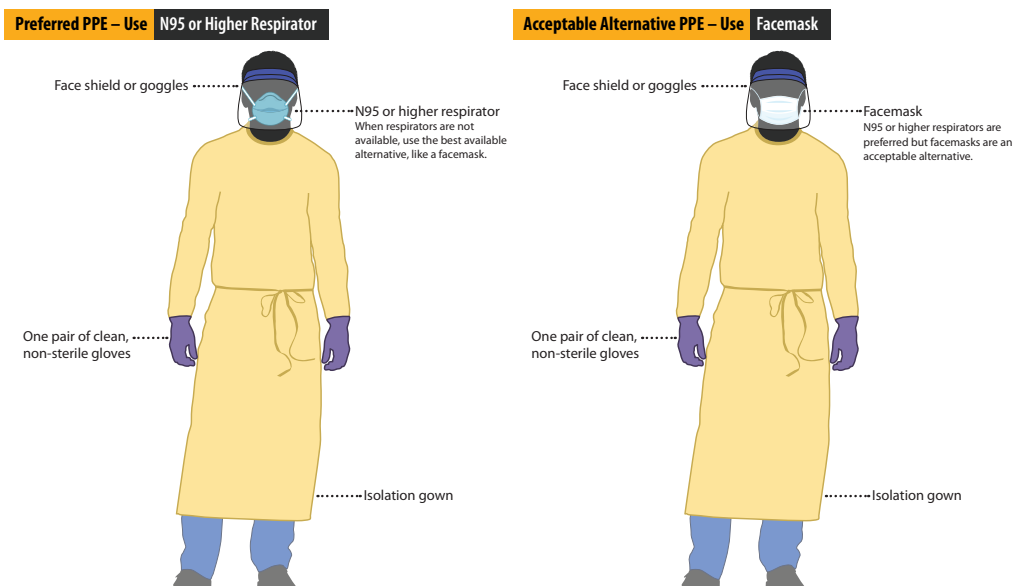
Resource: NIOSH Filtering Facepiece Respirators with an Exhalation Valve: Measurements for Filtration Efficiency to Evaluate Their Potential for Source Control

- Donning and Doffing PPE - The CDC provides multiple sequences that are recommended for donning and doffing PPE.

- Consider printing the posters and posting near PPE in each workspace to aid in both written and visual reminders of proper PPE use.

Resource: CDC Using Personal Protective Equipment (PPE).

- Optimization of PPE— PPE optimization is not recommended for SSP because SSPs do not provide urgent care. If there is not enough PPE, SSPs should not provide services. SSPs should not resume services until adequate PPE is acquired. Extended or re-use of PPE is not recommended in SSPs.

Resource: CDC Optimizing Personal Protective Equipment (PPE) Supplies

Preferred PPE – Use N95 or Higher Respirator

Face shield or goggles

N95 or higher respirator
When respirators are not available, use the best available alternative, like a facemask.

One pair of clean, non-sterile gloves

Isolation gown

Acceptable Alternative PPE – Use Facemask

Face shield or goggles

Facemask
N95 or higher respirators are preferred but facemasks are an acceptable alternative.

One pair of clean, non-sterile gloves

Isolation gown

Clinicians should control the saliva ejector, and students should not close their mouths around it. Consider using safe saliva ejector technologies that have valves to prevent back-flow.

- To reduce spatter, consider using an intraoral isolation system for all students who can tolerate it.

Keep all paperwork outside of the dental treatment area to reduce contamination.

- Consider using a laminated dental chart chairside to make notes that can be used post-appointment to transfer details to official paperwork and then wiped down for the next use.

- Consider using digital devices for recordkeeping. If used, use disposable plastic barriers on the devices and change the barriers between each patient.

MANAGING PATIENT CARE ITEMS

Reprocessing reusable critical and semi-critical patient care items in a school or non-healthcare setting poses challenges in ensuring proper processes are followed. SSPs can prioritize the use of single-use disposable items and materials (such as disposable mirrors, probes and explorers, unit doses of sealant, fluoride varnish materials, etc.).

By using single-use disposable items, SSPs can avoid the need to reprocess instruments. If SSPs do need to reprocess instruments, programs can make arrangements with community health center programs or community dental practices to reprocess their reusable critical and semi-critical patient care items. Additionally, the following considerations should be taken:

> **Follow CDC Guidelines for Infection Control in Dental Health- Care Settings — 2003 for reprocessing reusable patient care items.**

- Store all patient care items and supplies in covered or closed containers.
  - Clean and disinfect containers on a routine basis to prevent moisture and mold build-up or replace them if damaged.
  - Dispose of and replace closable plastic bags on a routine basis and if damaged.
- Keep sterile instruments wrapped until use.
- Inspect wrapped packages of sterilized instruments before opening to ensure the packaging material has not been compromised (e.g., wet, torn, punctured) during storage. The contents of any compromised packs should be reprocessed (i.e., cleaned, packaged, and heat sterilized again) before use on a patient.
- Minimize the handling of loose contaminated instruments during transport to the dedicated instrument processing area. Use work-practice controls (e.g., carry instruments in a covered transport container) to minimize exposure potential.
  - Due to extensive transportation of instruments, the transport containers should be locked, clearly labeled (e.g., contaminated instruments, biohazard symbol, etc.), and fully secured in the vehicle to prevent spillage of contaminated items during transport and/or impact.
  - When packing the vehicle, place sharps and instrument transport containers as far from passengers as possible (i.e., in the trunk of the vehicle). If the vehicle does not have a trunk, use devices to secure the locked sharps and transport containers in place (e.g., seatbelts, bungee cords, etc.).

- Clean and reprocess reusable dental equipment according to manufacturer instructions. If the manufacturer does not provide such instructions, the device may not be suitable for multi-patient use.
  - Have manufacturer instructions for reprocessing reusable dental instruments/equipment readily available, ideally in or near the reprocessing area.
- Assign responsibilities for the reprocessing of dental equipment to DHCP with appropriate training.
- Maintain all reprocessing equipment (e.g., sterilizers, ultrasonic cleaning devices, etc.) according to manufacturer's instructions for use.
- Before using equipment after an extended period of non-use, consult the manufacturer IFUs for appropriate maintenance, function test, monitoring, etc.

ENVIRONMENTAL INFECTION PREVENTION AND CONTROL

DHCP should ensure that environmental infection prevention and control policies and procedures are consistent with CDC Guidelines for Infection Prevention and Control in Dental Health-Care Settings—2003.

- Use surface barriers to protect clinical contact surfaces, particularly those that are difficult to clean (e.g., switches on dental chairs) and change surface barriers between patients.
- Clean and disinfect clinical contact surfaces that are not barrier-protected, by using an EPA-registered hospital disinfectant with a low- (i.e., HIV and HBV label claims) to intermediate-level (i.e., tuberculocidal claim) activity after each patient. Use an intermediate-level disinfectant if visibly contaminated with blood.
  - Refer to List N on the EPA website for EPA-registered disinfectants that are qualified under EPA's emerging viral pathogens program for use against SARS-CoV-2 and for healthcare settings
- Clean housekeeping surfaces (e.g., floors, walls, and sinks) with a detergent and water or an EPA-registered hospital disinfectant/detergent on a routine basis, depending on the nature of the surface and type and degree of contamination, and as appropriate, based on the location in the facility, and when visibly soiled.

Alternative disinfection methods

The efficacy of alternative disinfection methods, such as ultrasonic waves, high intensity UV radiation, and LED blue light against SARS-CoV-2 virus is not known. EPA does not routinely review the safety or efficacy of pesticidal devices, such as UV lights, LED lights, or ultrasonic devices. Therefore, EPA cannot confirm whether, or under what circumstances, such products might be effective against the spread of COVID-19.

Manage regulated medical waste.

- Follow the federal, state, and local regulated waste regulations.
- Consult with each SSP site to determine if non-regulated waste will be disposed by the site, or if the SSP must take all waste, regulated and non-regulated, from the site.
- Sharps containers should be placed in a secondary container (e.g., waste can, box, etc.) for transport to prevent possible spillage during transport.

PROGRAM MONITORING AND EVALUATION

DHCP should monitor and evaluate the IPC program.

- Update the IPC program when there are changes in CDC and any state and local-specific guidance.
- Establish methods for program monitoring and evaluation

Resource: OSAP Site Assessment and OSAP Infection Control Checklist for Dental Programs Using Mobile Vans or Portable Dental Equipment

RESOURCES & REFERENCES

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- Guidelines for Infection Control in Dental Health-Care Settings — 2003 cdc.gov/mmwr/PDF/rr/rr5217.pdf

- Hand Hygiene in Healthcare Settings cdc.gov/handhygiene/index.html

- Indicators for Dynamic School Decision-Making cdc.gov/coronavirus/2019-ncov/community/schools-childcare/indicators.html

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- Optimizing Personal Protective Equipment (PPE) Supplies cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html

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- Recommended Vaccines for Healthcare Workers cdc.gov/vaccines/adults/rec-vac/hcw.html

- Respiratory Protection Standard osha.gov/laws-regs/regulations/standardnumber/1910/1910.134

- Sample Facilities COVID-19 Screening Form cdc.gov/screening/index.html

- Schools and Child Care Programs cdc.gov/coronavirus/2019-ncov/community/schools-childcare/index.html

- Standard Precautions cdc.gov/hicpac/recommendations/core-practices.html

- Transmission-Based Precautions cdc.gov/infectioncontrol/guidelines/isolation/index.html

- Using Personal Protective Equipment (PPE) cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html

- Ventilation in Buildings cdc.gov/coronavirus/2019-ncov/community/ventilation.html