



Guidance for Preventing Spread of COVID-19 for the Oral Health Community and Dental Practices Vol.4 (subject to change) – Actions for when provider or staff have exposure to or are COVID-19 positive

Purpose

This guidance is to provide continued information for the Oral Health Community and Providers. This information is to safeguard healthcare providers, staff and the public.

Information

Cases of COVID-19 are increasing across Illinois. It is a critical time for Illinois oral health providers to protect the health and wellbeing of the population, healthcare workers, and to support measures that guard and limit the spread of this virus. Oral health providers and settings are at an increased risk of acquiring SARS CoV-2.

What to do when a dental provider or clinic staff member tests positive for COVID-19?

1. The positive test result will be communicated by the primary care provider. The test result will also be sent to the local health department who will contact the infected person to determine staff and patients that were potentially exposed.
2. Local health department if time and resources permit, will contact potentially COVID-19 exposed persons and provide guidance (self-monitoring, isolation, etc.)
3. The dental provider (if an employee, should inform employer) should cease providing health care services immediately and for 14 days after becoming symptomatic¹.
4. The dental clinic owner should inform staff and patients of the potential exposure to COVID-19. Persons that need to be informed of potential exposure are any persons that had contact with COVID-19 positive provider in the 14 days prior to symptoms or positive test result.
5. If the dental practice needs to be closed due to COVID-19, it is critical for practices to develop a plan to address the emergency/urgent care needs of their patients.²
6. When can the COVID-19 positive provider/staff return to work?"

CDC's *Criteria for Return to Work for Healthcare Personnel with Confirmed or Suspected COVID-19 (Interim Guidance)* ¹ advises health care professionals to:

"Use one of the below strategies to determine when Healthcare Personnel (HCP) may return to work in healthcare settings

1. *Test-based strategy.* Exclude from work until
 - o Resolution of fever without the use of fever-reducing medications**and**

- Improvement in respiratory symptoms (e.g., cough, shortness of breath), **and**
 - Negative results of an FDA Emergency Use Authorized molecular assay for COVID-19 from at least two consecutive nasopharyngeal swab specimens collected ≥ 24 hours apart (total of two negative specimens).
2. *Non-test-based strategy*. Exclude from work until
- At least 3 days (72 hours) have passed *since recovery* defined as resolution of fever without the use of fever-reducing medications **and** improvement in respiratory symptoms (e.g., cough, shortness of breath); **and**,
 - At least 7 days have passed *since symptoms first appeared*

If HCP were never tested for COVID-19 but have an alternate diagnosis (e.g., tested positive for influenza), the criteria for return to work should be based on that diagnosis.

Return to Work Practices and Work Restrictions

After returning to work, HCP should:

- Wear a facemask at all times while in the healthcare facility until all symptoms are completely resolved or until 14 days after illness onset, whichever is longer
- Be restricted from contact with severely immunocompromised patients (e.g., transplant, hematology-oncology) until 14 days after illness onset
- Adhere to hand hygiene, respiratory hygiene, and cough etiquette in [CDC's interim infection control guidance](#) (e.g., cover nose and mouth when coughing or sneezing, dispose of tissues in waste receptacles)
- Self-monitor for symptoms, and seek re-evaluation from occupational health if respiratory symptoms recur or worsen”

What to do for an exposed dental staff or patient? Or similarly, what to do for an exposed dental office/practice/provider if a patient seen in the practice say they tested positive and they were in the office within the past 14 days?

- A. Potentially exposed staff member/patient should self-isolate, and self- monitor³ for 14 days after exposure and as noted below in “non-household close contacts”.
“Self-monitoring means HCP (health care provider) should monitor themselves for fever by taking their temperature twice a day and remain alert for respiratory symptoms (e.g., cough, shortness of breath, sore throat)*. Anyone on self-monitoring should be provided a plan for whom to contact if they develop fever or respiratory symptoms during the self-monitoring period to determine whether a medical evaluation is needed.”³
- B. The exposed staff member/patient does not need to go for testing unless directed by a medical provider. They should, however, seek medical attention immediately if they

develop emergency warning signs for COVID-19 such as trouble breathing, persistent pain or pressure in the chest, new confusion or inability to arouse or bluish lips or face.

- C. At this time COVID-19 testing is not recommended for the exposed person, even if they become symptomatic, as there are no early intervention or services that can be provided. It is best for them to get rest and recuperate or if emergency signs develop, seek medical attention.
- D. If signs and symptoms of COVID-19 develop in exposed staff, follow items 3-6 above.

RELEASING COVID-19 CASES AND CONTACTS FROM ISOLATION AND QUARANTINE



Interim guidance as of March 24, 2020. Subject to change.

CASES (confirmed and possible)

Must be isolated for a minimum of 7 days after symptom onset and can be released after afebrile and feeling well (without fever-reducing medication) for at least 72 hours.

Note: Lingering cough should not prevent a case from being released from isolation.

Examples:

- A case that is well on day 3 and afebrile and feeling well for 72 hours must remain isolated until day 7.
- A case that is still symptomatic on day 7, and symptoms last until day 12, cannot be released until day 15.



HOUSEHOLD/RESIDENTIAL CONTACTS*

Must be quarantined for 7 days after the case has been afebrile and feeling well (because exposure is considered ongoing within the home) and for a minimum of 14 days.

If a household contact develops symptoms, follow directions for probable case

This means that household contacts may need to remain at home longer than the initial case.

Examples:

- A case is well 3 days after onset. The household contact must remain quarantined until day 14.
- A case is well 7 days after onset. The household contact can be released on day 14.
- A case is well 14 days after onset. The household contact can be released on day 21.



NON-HOUSEHOLD CLOSE CONTACTS*

Must be quarantined for 14 days from the date of last contact with the case.

*HCWs should discuss returning to work with their employer. See also HCW monitoring guidance: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>



Resources

Information for Healthcare Professionals

1. <https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/hcp-return-work.html>
2. https://success.ada.org/~media/CPS/Files/COVID/ADA_COVID_How_Do_I_Ethically_See_Patients_During_Pandemic.pdf?utm_source=cpsorg&utm_medium=covid-cps-virus-lp&utm_content=cv-pm-ethics-guidelines&utm_campaign=covid-19
3. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>