

Eastern Washington University



**Exam Site Information for Candidates
Western Regional Examining Board (WREB)
2021 WREB Hygiene Examination**

**Eastern Washington University
Dental Hygiene Department/
Clinic
Health Sciences Building #160
310 N. Riverpoint Blvd. Box E
Spokane, WA 99202
509-828-1292**

Exam Site Information for Candidates
2021 WREB Dental Hygiene, Local Anesthesia & Restorative Examinations

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1. School Facility and Services

- **Clinic Location:**

Eastern Washington University Dental Hygiene Clinic
Health Sciences Bldg. #160
310 N. Riverpoint Blvd.
Spokane, WA 99202

EWU Telephone number: 509-828-1300

Contact name for questions: Jennifer Hinkle, Clinic Supervisor II

Direct phone line: 509-828-1292

Email: Jhinkle4@EWU.EDU

- **Building Access and Hours:**

The building is locked. Check in at the West entrance of the building begins at 7am.

- **Parking:**

Pay by plate parking is hourly in parking lot North (across the street, Green lot) and East (Orange lot) of the Clinic for Candidates. Free Patient parking is in the parking lot North of clinic.

- Your license plate number will be your permit.
- Get hourly and daily permits from the pay stations or the Whoosh app (whoosh.com)
- Use pay stations in parking lots or the Flowbird app on your smartphone.
- Pay stations only accept One-dollar bills (no coins) and accepts Visa, MasterCard, Discover.
- Parking fees: \$2.00 per hour or \$5.00 (Green) to \$7.00 (Orange) a day.

- **Security and Emergency Services:**

Campus Security: 509-358-7995

Emergency Services: 9-1-1

The WSU Spokane Campus has a 24-hour safety and security office open every day of the year. All safety and security officers on campus are trained professionals, however the city of Spokane police and fire officials are the first responders in the event of an emergency.

- **ATM Machine:** STCU (see campus map)

- **Food Services Onsite:**
N/A

For catering, contact:

Barbara Pagarigan
freshplate@gmail.com
ph: 509-808-6195

2. Preparing for the Exam

Preparing for the Hygiene Exam

- **Patient Screening:**
Candidates must provide their own patient. EWU does not furnish any patients or make any records available for patient screening prior to the exam. Eastern Washington University does not provide clinical space for patient screening.
Note: A practitioner(s) from the school **is not** available to administer local anesthesia to candidates' patients. There are no exceptions to this policy.
- **Radiographs:**
Exposure of digital x-rays are \$10.00 for the first x-ray, \$5.00 for additional (up to a maximum of \$45.00 for a FMXR) 4 Bitewings are \$25.00, Pano is \$35.00. X-rays will be taken by the School Coordinator or assistant. We only accept Visa, MasterCard, and American Express. We do not accept cash.
- **Administration of Local Anesthetic:**
Note: Practitioner(s) from the school is **NOT AVAILABLE** to administer local anesthesia to Candidate Patients. There are no exceptions to this policy.
- **Dental Operatory Units**
Each EWU Dental Operatory unit/workspace has:
A-Dec Chairs: 1021
A-Dec Delivery Systems: 4631

Equipment, Instruments and Expendable Dental Materials: Refer to the respective WREB Candidate Guide for a list of materials and armamentarium that the Candidate must provide.

Handpiece and Propy Angle Hookups:

Two varieties of handpiece hoses are available on each unit: a 4-hole standard ADEC high-speed handpiece hose and a 4-hole Midwest Quick-Connect hose (for slow speed) with built-in swivel. **EWU provides a high-speed handpiece and a slow speed handpiece with a latch head at each unit for the restorative exam.** If a handpiece is requested for the hygiene exam, one will be made available. Star DentalEZ makes both handpieces.

Sonic/Ultrasonic Devices:

Each unit is equipped with a 30 MHz ultrasonic Dentsply Cavitron unit and a Dentsply SteriMate handpiece. Candidates **must** provide their own 30 MHz ultrasonic inserts.

Air/Water Syringe Tips:

Metal A-Dec air/water syringe tips are provided, **one per unit.** Please return tips to be sterilized and reused by placing them on the **DIRTY** cart. If candidates need more than one syringe tip, they are available for purchase. Candidates may bring an A-dec air/water syringe tip with them or be prepared to purchase one at EWU for their exam. A-Dec recommends metal tips for safety reasons. This cost is \$6.25 including tax. Exact cash, checks, or credit cards are accepted.

Blood Pressure Cuffs and Stethoscopes:

Blood pressure cuffs are located at each unit. Candidates need to bring their own stethoscope.

Expendable Materials:

Expendable dental materials supplied by the school are noted in **Appendix A.**

- **Sterilization Services:**

LIMITED STERILIZATION is available. Candidates should arrive with all items needed previously sterilized. In cases where an item is dropped, or otherwise contaminated, a StatIM steam sterilizer is available. **Hours of sterilization are 7am to 5pm.**

Preparing for the *Local Anesthesia Exam*

- **Equipment, Instruments and Expendable Dental Materials:** Refer to the respective WREB Candidate Guide for a list of materials and armamentarium that the Candidate must provide.

Expendable Materials:

Expendable dental materials supplied by the school are noted in ***Appendix B***.

- **Sterilization Services:**

LIMITED STERILIZATION is available. Candidates should arrive with all items needed previously sterilized. In cases where an item is dropped, or otherwise contaminated, a StatIM steam sterilizer is available. **Hours of sterilization are 7am to 5pm.**

Preparing for the *Restorative Exam*

- **Equipment, Instruments and Expendable Dental Materials:** Refer to the respective WREB Candidate Guide for a list of materials and armamentarium that the Candidate must provide.

Handpiece Hookups:

EWU clinics are equipped with ADEC chairs and workstations. Two varieties of handpiece hoses are available on each unit: a 4-hole standard ADEC high-speed handpiece hose and a 4-hole Midwest Quick-Connect hose (for slow speed) with built-in swivel. **EWU provides a Star 430SWL fiber optic high-speed handpiece and a Titan 3 slow speed motor, motor to angle adapter, and a latch head handpiece at each unit for the restorative exam.** Star Dentaleze makes both handpieces.

Air/Water Syringe Tips:

Metal A-Dec air/water syringe tips are provided, **one per unit**. Please return tips to be sterilized and reused by placing them on the ***DIRTY*** cart. If candidates need more than one syringe tip, they are available for purchase. Candidates may bring an A-dec air/water syringe tip with them or be prepared to purchase one at EWU for their exam. A-Dec recommends metal tips for safety reasons. This cost is \$6.25 including tax. Only credit cards are accepted

Curing Lights:

Valo curing lights and shields are available at each unit during the Restorative Exam.

Expendable Materials:

Expendable dental materials supplied by the school are noted in ***Appendix C***.

- **Sterilization Services:**

LIMITED STERILIZATION is available. Candidates should arrive with all items needed previously sterilized. In cases where an item is dropped, or otherwise contaminated, a StatIM steam sterilizer is available. **Hours of sterilization are 7am to 5pm.**

3. During the Clinical Exam

- **Dental Operatory Units:**

Each EWU Dental Operatory unit/workstation has:

A-Dec Chairs: 1021

A-Dec Delivery Systems: 4631

- **Infection Control (Surface Asepsis):** Disinfectant wipes are located at each unit for countertops, and all hard surfaces. Only use soap and water on the dental chair. Surface barriers are provided for light handles, chair handles, hoses, counter tops, and head rest.

- **PPE Provided by EWU:** KN95 respirators for dental hygiene exam, level 3 masks for anesthesia exam and restorative exam. No air water syringes or saliva ejectors are allowed during the anesthesia exam. Please give the patient a cup to rinse and spit in. knee length lab coat, disposable scrub caps.

- **PLEASE NOTE: Face shields are required for anesthesia and hygiene exams. EWU does not provide face shields for candidates. Please bring your own.**

Clinical treatment area --instructions on setting up units:

- Remember to wear appropriate Personal Protective Equipment (PPE) including gloves, safety eyewear, and level 3 masks for all cleanup activities
- After cleaning and disinfecting the surfaces, wash hands with soap.
- Gather all the barrier needed and begin setting up treatment area. Candidates may choose to wear exam gloves for this; however, clean hands contacting previously cleaned and disinfected items are acceptable.
- Place a **chair cover** over the chair.
- Place plastic bags over both hose hanger bars. It is important to place the plastic correctly, so the hangers are totally protected from contact with the hoses and handpieces.
- Place a plastic bag over the counter cabinet door for bloody gauze and other contaminated items during the exam.
- Place narrow plastic sacks over the **evacuation handpiece(s)** and **air/water syringe handpiece**. Place a disposable saliva ejector tip in holder if it is expected to be used during the exam. Later when

- opening sterile instrument packs, place the HVE tip with screen and air water tip in appropriate places.
- Cover **light switch, light handles, and chair handles** with appropriate barriers.
 - Cover the **instrument tray** with a plastic bag, place tray cover on top, add a few 2 x 2 gauze squares, disposable dappen dishes (for lip balm or topical), cotton applicator sticks, etc. and other items as needed.

Clinical treatment area procedure – end of exam:

- Remember to wear appropriate Personal Protective Equipment (PPE) including gloves, safety eyewear, and level 3 masks for all cleanup activities.
- Remove **contaminated surface covers** without contaminating the previously disinfected surfaces.
- Remove the other covers, exam gloves, bibs, and other disposables. It should then be disposed of in the large covered garbage containers. The uncovered garbage containers under sinks are for paper towel disposal only.
- Contaminated needles and used anesthetic cartridges are regulated waste and are placed in the Sharps Containers and the black RCRA containers provided. Red sharps and black RCRA containers are conveniently located on countertops throughout the examination area. DO NOT place LA protector cards in the sharps container; these can go into the trash.
- Disinfectant wipes are provided at each operatory. Wipe/ wipe all surfaces touched except chairs. Chairs are cleaned with soap and water only.

Exposures and Exposure Personnel (wear your PPE and handle sharps carefully)

See Clinic/Site Supervisor or clinical assistants in clinic during the exam for paperwork.

SDS Manuals/Books: Located on computers in clinic; see Site Supervisor for access.

Hazardous Waste Disposal:

Hygiene: Blood-soaked/caked material from which fluid may be squeezed and fluids in quantities over 20 cc's (20 cc's equal slightly less than 1/8 cup) are disposed of in red plastic bio hazard bags.

Local Anesthesia: Blood-soaked/caked material from which fluid may be squeezed and fluids in quantities over 20 cc's (20 cc's equal slightly less than 1/8 cup) are disposed of in red plastic bio hazard bags.

Contaminated needles and used anesthetic cartridges are regulated waste and are placed in the Sharps Containers and the black RCRA containers provided. Red sharps and black RCRA containers are conveniently located

on countertops throughout the examination area. DO NOT place LA protector cards in the sharps container; these can go into the trash.

Restorative: Amalgam scraps are disposed of in containers labeled “Non-contact Amalgam” and located on Islands 1 and 2 in the candidate clinic.

Medical Emergency and Equipment:

Portable oxygen tank is located at the south end (away from windows) of island 2 in the clinic. Oxygen set up contains bag, valve, mask, nasal cannula and pocket mask. (Locations marked with **O2** on floor plan.)

Phone is located on the west wall adjacent to operatory #20. (Location marked with **Phone** on floor plan.)

To reach 9-1-1, simply dial 911. No prefix is required; however, it does take a few seconds for it to ring through so just hold on. To reach campus security dial 5-358-7995, or #40 from any campus phone.

Fire Extinguishers: 3 total fire extinguishers--one located across from chairs 3 and 33, as well as next to the conference room.

How to use: pull the pin, aim at the base of the fire, and squeeze the trigger. **Do not use if faced with a large or rapidly growing fire, just exit as soon as possible (always escort patient to safety)**

Fire Blankets are located at islands 1, 2 and 3 in the cupboards.

Nearest Exits: Main side doors to the clinic, near chair 3. From the building, straight out to the east of the building (left of the elevators). **Meet in the center of the cement walkway to other building**

Eyewash Stations (please insure that both candidates and patients wear protective eyewear): Eyewash stations are located at islands 1, 2, and 3, room 179 (darkroom) and room 176 (sterilization room)

Emergency Oxygen: 1--Victor Oxygen Therapy Regulators attached to oxygen tanks in portable carts (next to chair 9 at island 2). The tank has an adult oxygen mask attached to it. Other supplies are available in the emergency cupboards at island 2.

First Aid and Emergency Kits: Emergency drug kits is located at island 2 in the cupboard above and to the left of the sink and is clearly marked. Chemical ice packs and Perio-retrievers are also available at Island 2. (Locations marked with **Rx** on floor plan.) BP cuffs are mounted on wall by each treatment area; a large cuff is available with emergency drug kit.

AED: Located on the wall between the two restrooms across from chair #3.

4. Travel and Accommodation Information

- **Airport Information:** Spokane International Airport (GEG) serves the greater Spokane area.
- **Ground Transportation:** Taxi, Uber, and Lyft are available.
- **Public Transportation** via Spokane Transit Authority: spokanetransit.com
- **Hotel Accommodations:**

Please NOTE: If arriving at the clinic from a hotel shuttle or other transportation services please be sure to tell the driver that your exam is at EWU's Spokane campus, not in Cheney.

Hotels with Shuttles

Red Lion River Inn: 700 N Division St Spokane, WA 99202. Phone: 1-800-733-5466

The Holiday Inn at Spokane International Airport 1616 S Windsor Dr. Spokane, WA 99224 Phone: 509-838-1170.

Hotels directly across the street from the clinic site:

Courtyard by Marriott 401 N. Riverpoint Blvd., Spokane, WA 99202.
Phone: 509-456-7600

Fairfield Inn Marriott 311 N. Riverpoint Blvd. Spokane, WA 99202. Phone:
509-747-913



WASHINGTON STATE UNIVERSITY
HEALTH SCIENCES
SPOKANE

PHONE NUMBERS
Campus Safety & Security...509-358-7995
Parking...509-368-6997
WSU Spokane...509-358-7500

- Campus Security
- Accessible parking
- Accessible parking with nearby building entrance ramp
- Accessible building entrance ramp
- Accessible building entrance
- Bus stop
- Electric car charging station
- City parking (2-hour parking)
- Bike rack
- Pay Stations/By Plate
- Mailing/Shipping/Receiving
- Café
- Campus Security phones
- City parking (1 hr limit)
- Other buildings around campus
- Trails and walking paths
- Buildings (see menu on right)

Power-assist, button-activated doors are available at all campus exterior entrances, and most entrances are accessible at sidewalk-level and/or have a ramp for access. Some building entrances require entrance approach by stairs.

July, 2020

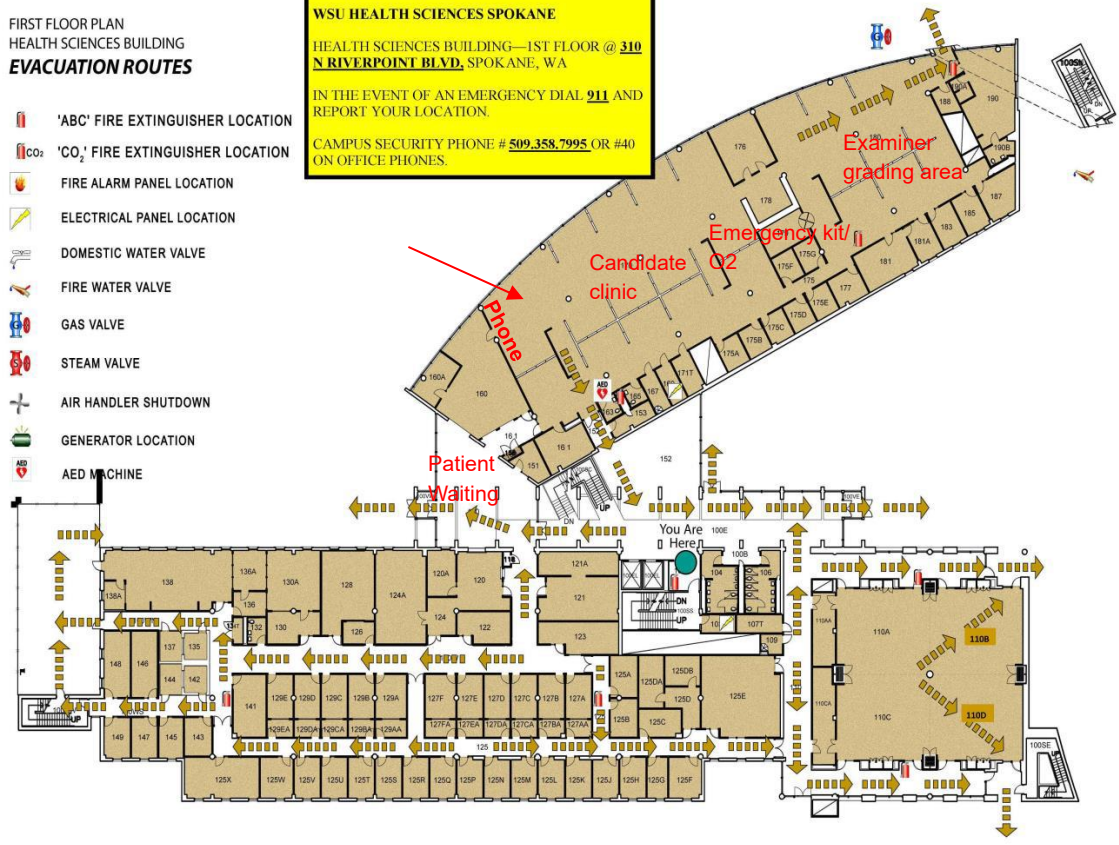


- 1 Academic Center (SAC)
- 2 Health Sciences Building (HSB)
- 3 Nursing (NRS)
- 4 Pharmaceutical & Biomedical Sciences (PBS)
- 5 Health Education & Research Building (HERB)
- 6 Riverfront Office Park
- 7 Spokane Teaching Health Clinic (STHC)
- 8 Center for Clinical Research & Simulation (CCRS) and Parking Office
- 9 Veterinary Specialty Teaching Clinic
- 10 Ignite NW/WSU Innovation Center
- 11 Jensen Byrd
- 12 SEWU

FIRST FLOOR PLAN
HEALTH SCIENCES BUILDING
EVACUATION ROUTES

- 'ABC' FIRE EXTINGUISHER LOCATION
- 'CO₂' FIRE EXTINGUISHER LOCATION
- FIRE ALARM PANEL LOCATION
- ELECTRICAL PANEL LOCATION
- DOMESTIC WATER VALVE
- FIRE WATER VALVE
- GAS VALVE
- STEAM VALVE
- AIR HANDLER SHUTDOWN
- GENERATOR LOCATION
- AED MACHINE

BUILDING ADDRESS:
WSU HEALTH SCIENCES SPOKANE
HEALTH SCIENCES BUILDING—1ST FLOOR @ **310**
N RIVERPOINT BLVD, SPOKANE, WA
IN THE EVENT OF AN EMERGENCY DIAL **911** AND REPORT YOUR LOCATION.
CAMPUS SECURITY PHONE # **509.358.7995** OR #40 ON OFFICE PHONES.



Expendable Dental Materials Appendices

APPENDIX A – Expendable Dental Hygiene Materials List Provided by Exam Site Host (School) To be provided in sufficient quantities for all Dental Hygiene Candidates		
2x2 gauze squares	Cotton-tip applicators	Patient bib clips, disposable
Air/water syringe tips	Drinking cups	Patient napkins/bibs
Antimicrobial mouthwash	Level 3 Face masks	Sanitizing materials
Anesthetic(s)	KN95 respirators	Soap
<ul style="list-style-type: none"> • Local anesthetic(s) with and without vasoconstrictors 	Gloves, nonlatex (S, M, L, XL)	HVE tips
<ul style="list-style-type: none"> • Topical anesthetic(s) 	Disposable scrub caps	Surface disinfectant
Autoclave bags, small	Headrest covers	Tray covers
Autoclave bags, medium	Instrument trays, disposable	Trash bags
Autoclave tape	Needles: 25 ga. short/long, 27 ga. short/ long	Prophy paste
Barrier covers	Paper towels	Facial tissue

APPENDIX B – Expendable Local Anesthesia Materials List Provided by Exam Site Host (School) To be provided in sufficient quantities for all Local Anesthesia Candidates		
2x2 gauze squares	Cotton-tip applicators	Patient bib clips, disposable
Facial tissue	Drinking cups	Patient napkins/bibs
Antimicrobial mouthwash	Level 3 Face masks	Sanitizing materials
Anesthetic(s)	Gloves, nonlatex (S, M, L, XL)	Soap
<ul style="list-style-type: none"> Local anesthetic(s) with and without vasoconstrictors 	Disposable scrub caps	Surface disinfectant
<ul style="list-style-type: none"> • Topical anesthetic(s) 	Needles: 25 ga. short/long, 27 ga. short/ long	Tray covers
Autoclave bags, small	Headrest covers	Trash bags
Autoclave bags, medium	Instrument trays, disposable	
Autoclave tape	Paper towels	
Barrier covers		

APPENDIX C – Expendable Restorative Materials List Provided by Exam Site Host (School) To be provided in sufficient quantities for all Restorative Candidates		
2x2 gauze squares	Face masks	Rod posts (mounting Typodont)
Air syringe tips	Gloves	Soap
Amalgamator/Tricherator	<ul style="list-style-type: none"> • Gloves, nonlatex (S,M,L,XL) 	Surface disinfectant
Amalgam scrap container(s)	Instrument trays, disposable	Tray covers
Barrier covers	Paper towels	Trash bags
Cotton-tip applicators	Sanitizing materials	



EASTERN

WASHINGTON UNIVERSITY

Department of Dental Hygiene
Infectious Disease Preparedness and
Response Plan
2020

Prepared by IDPRP Task Force members:
Windy Rothmund, Ann O'Kelley Wetmore, Merri Jones, Cheri Barton,
Lorie Speer, & Emilie Crawford.
Covid Supervisors: Lisa Bilich and Jennifer Hinkle

In light of the COVID-19 Pandemic, to protect dental hygiene students, faculty, staff, and patients, the Eastern Washington University Dental Hygiene Department has developed an Infectious Disease Preparedness and Response Plan. This plan utilizes standard precautions, guidelines, regulations, and resources from the Centers for Disease Control and Prevention (CDC), Occupational Safety and Health Administration (OSHA), American Dental Association (ADA), American Dental Hygienists' Association (ADHA), and the Organization for Safety, Asepsis and Prevention (OSAP). However, it is only possible to mitigate risk to students, faculty, and staff but not eliminate risk completely.

Considering that patients who are asymptomatic may still be COVID-19 infectious, it should be assumed that all patients can transmit disease. The ADHA recommends all dental hygienists follow the [Standards for Clinical Dental Hygiene Practice](#), which state dental hygienists “follow the most current guidelines to reduce the risks of health-care-associated infections in patients and illnesses and injuries in health care personnel.”

An infection control task force composed of EWU dental hygiene department full time faculty and staff assembled in April 2020 to research current guidelines and recommendations regarding COVID-19 infection control procedures and create an Infectious Disease Preparedness and Response Plan and a Respiratory Protection Program for the re-opening of the EWU Dental Hygiene clinic; heretofore referred to as clinic. The task force will regularly monitor local and national guidelines, protocols, and policies. Students, faculty, and staff will be notified of any revisions to the COVID-19 Infection Control Plan in a timely manner. The goal is to implement additional precautions to reduce risk while maintaining an acceptable level of service to our patients.

GENERAL PRECAUTIONS FOR ALL WREB PERSONNEL, CANDIDATES AND PATIENTS

- Washington State face covering order: beginning June 8, 2020 all employees are required to wear a cloth facial covering, except when working alone or when the job has no in-person interaction. <https://coronavirus.wa.gov/information-for-you-and-your-family/face-masks-or-cloth-face-covering>
 - **All WREB personnel, candidates, and patients are advised to wear masks and maintain social distancing while away from the work as well as follow CDC guidelines regarding protecting themselves and others from the spread of COVID-19.**
 - Respiratory Hygiene/Cough Etiquette: the CDC recommends the following measures to contain respiratory secretions.
 - Cover your mouth and nose with a tissue when coughing or sneezing
 - If a tissue is not available, cough or sneeze into upper sleeve or elbow, rather than hands.
 - Use the nearest waste receptacle to dispose of the tissue after use.
 - Perform hand hygiene after contact with respiratory secretions and contaminated objects/materials.
-

GENERAL PREPARATION:

1. Follow local public health authority and state officials' recommendations to determine COVID-19 prevalence and risk level. In the case of a surge in incidence, the decision to reopen the clinic may be postponed.
2. Contacted WSU confirmed janitorial tasks will be completed as indicated in our contract including: daily cleaning of floors and toilets, emptying garbage's, refilling paper towel dispensers in bathroom, faculty lounge and radiology rooms.
3. In May 2020, WSU confirmed first bank filters are MERV 7 and second bank filters are MERV 14 which exceeds filtration recommendations (minimum MERV filter rating to remove at least 90% of particles in 3-10 μm range, 85% in 1-3 μm range, and 50% in 0.3-1 μm range)
 - Ideally, air flow should be directed parallel with operatories and HVAC fans should be kept on at all times during clinic hours
 - Personal air purifiers are a CDC "consideration" and not a "recommendation"-if used, they must be placed at the patient's keep in each operatory.

MERV Rating	Minimum % of particles trapped		
	"PM 2.5 Zone"		
	0.3 - 1.0 Microns	1.0 - 3.0 Microns	3.0 - 10.0 Microns
MERV-16	>95%	>95%	>95%
MERV-15	>85%	>90%	>95%
MERV-14	>75%	>90%	>95%
MERV-13	>50%	>85%	>90%
MERV-12	>35%	>80%	>90%
MERV-11	>20%	>65%	>85%
MERV-10	-	>50%	>80%
MERV-9	-	>35%	>75%
MERV-8	-	>20%	>70%
MERV-7	-	-	>50%
MERV-6	-	-	>35%
MERV-5	-	-	>20%
MERV-4	-	-	<20%
MERV-3	-	-	<20%
MERV-2	-	-	<20%
MERV-1	-	-	<20%

Image Source: <https://www.energyvanguard.com/blog/can-your-hvac-system-filter-out-coronavirus>

PATIENT PREPARATION & SCREENING

Who is allowed in the clinic:

Only Patients and Essential Individuals may enter the clinic during hours of patient care. The definition of Essential Individual: essential individuals that may accompany the patient include: caregiver, or translator.

- Every accompanying person must be absolutely essential to the completion of the appointment. This policy must be politely enforced.
- Only the patient and essential individual, if needed, are allowed to enter HSB, clinic, and operator.
- Friends and family members are not allowed to enter the building unless they are a considered an essential individual and will be politely asked to leave.

Appointment Day:

- COVID-19 online screening attestation. All WREB personnel, candidates, and patients must submit an online attestation every day with the link provided below.
<https://inside.ewu.edu/covid-attestation/dental-hygiene-sign-in/>
Enter last name, first name, WREB personnel, candidate or patient, phone number
 - **Patient Reminders:**
 - Do not bring others unless they are essential to the completion of the appointment. (See definition of Essential Individual above)
 - Wear a mask or cloth face covering when summoned into the building and only remove it when asked by the candidate; mask must be in place when exiting the clinic and the HSB after the appointment, and if walking on campus. The patient and essential individuals must be notified wearing a mask/face covering is NOT optional and treatment will be rescheduled for non-compliance.
 - Wearing a mask the entire time is based on CDC information that Person-to-person spread appears to occur similar to other respiratory viruses, mainly via respiratory droplets produced when an infected person speaks, coughs, or sneezes. EWU Dental Hygiene clinic has face shields for essential individuals to use while in the operator.
 - Bring your own ink pen.
 - New protocols and procedures are in place (tell them what will occur upon arrival, during the appointment, and following the appointment); ask if they have any questions.
 - Only bring essential items into the building such as checkbook, debit/credit card, cash, and medications. Large purses should be left at home. Other personal items must be left at home or hung on a hook in the operator.
 - Remind patients food and beverages are not allowed into the clinic.
-

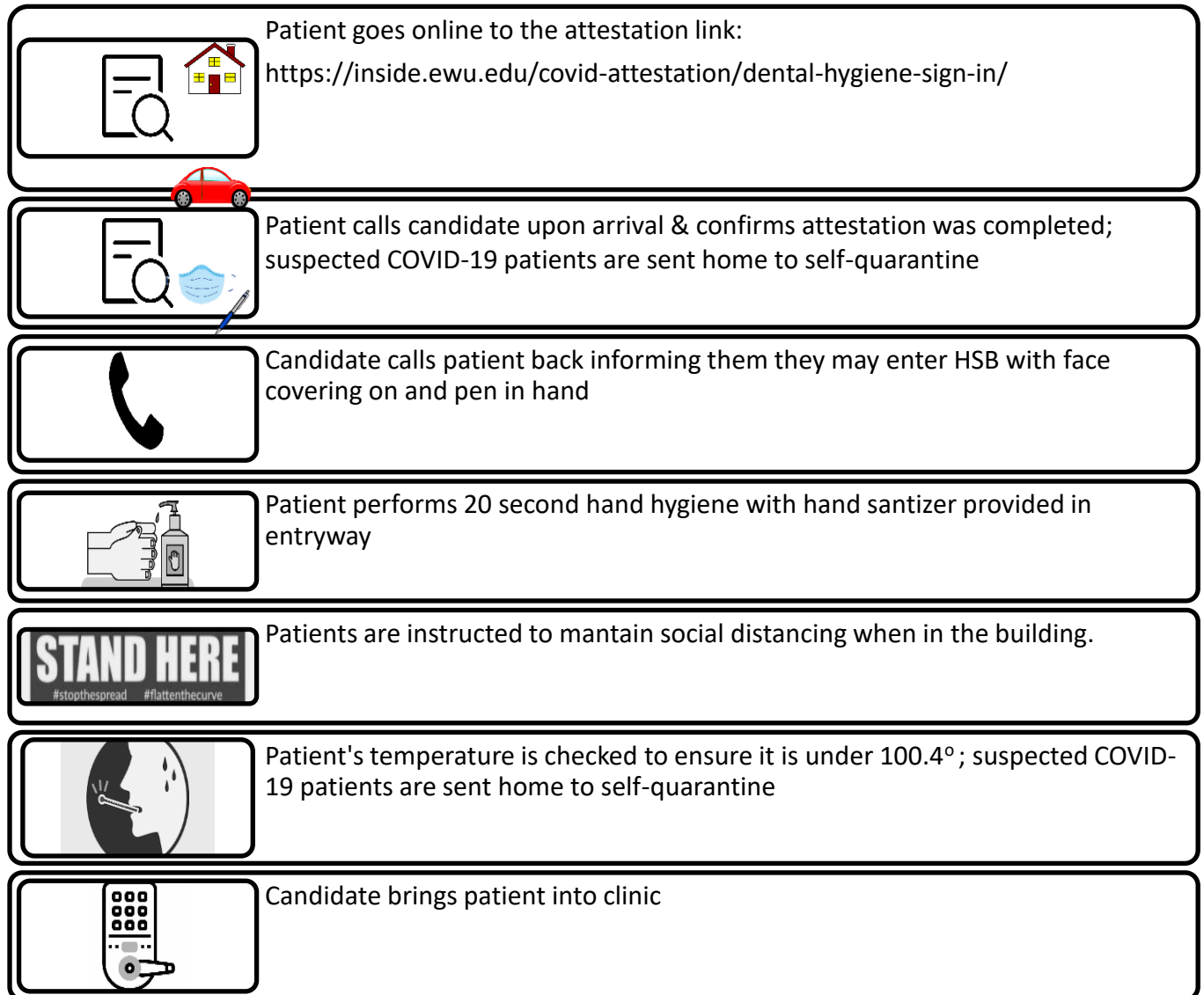
Prior to entry to the Health Science Building (HSB) and Clinic:

- **WREB personnel, candidates and patients MUST** go online to the attestation link:
 - <https://inside.ewu.edu/covid-attestation/dental-hygiene-sign-in/>
 - Enter last name, first name, WREB personnel, candidate or patient, phone number
- Individuals who demonstrate signs of COVID-19 or test positive should not report to the clinic and should follow quarantine protocols.
- Individuals showing signs of COVID-19 are asked to return home to self-quarantine, consult their physician.
- If at any time the patient and/or essential individual become symptomatic they will be sent home to self-quarantine.
- Advise patients and accompanying individuals to leave personal belongings at home. Ideally, only a jacket, medications, and payment method should be brought to the appointment. Any personal belongings brought by the patient is taken with them to their operatory.
 1. Upon arrival to the clinic parking lot, patients and essential individuals call their candidate and confirm the patient did the online attestation.
 2. Individuals successfully completing screening questions will remain in their vehicle(s) until the candidate informs them to enter HSB for check-in.
 - If unable to wait outside HSB, individuals may sit or stand in the waiting room as long as social distancing is observed and face covering is in place.

Upon entry to the HSB:

- To prevent transmission from asymptomatic and pre-symptomatic individuals, everyone entering the HSB is required to wear a face mask or cloth face covering, regardless of symptoms. It is responsibility of the patient and essential individual to provide their own mask or face covering.
 - Those refusing to wear a mask/face covering will be informed of CDC and departmental protocol and given the opportunity to reconsider before being excused from the building.
 - Essential individuals must keep their mask or face covering on at all times while in the Health Sciences Building as well as a face shield once they enter the operatory.
 - Patients must keep their mask or face covering in place until a procedure requiring access to the mouth begins; during procedures, the patient will move the face covering down under the chin until it is needed again.
 - Once notified by phone they may enter HSB, the patient and essential individual are asked to follow the steps below:
 1. Leave large purses and other unnecessary items in their vehicle(s).
 2. Enter through the west-side HSB doors with personal face covering in place and ink pen in hand.
 3. Perform hand hygiene for 20 seconds with hand sanitizer provided in the west side entryway of HSB.
 4. Have temperature taken by candidate using touchless thermometer
 5. If patient has a temperature of 100.4 degrees or higher, they will be asked to go home immediately, self-quarantine, and consult their physician.
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Patient Screening & Check-in Protocol



Additional Screening Resources:

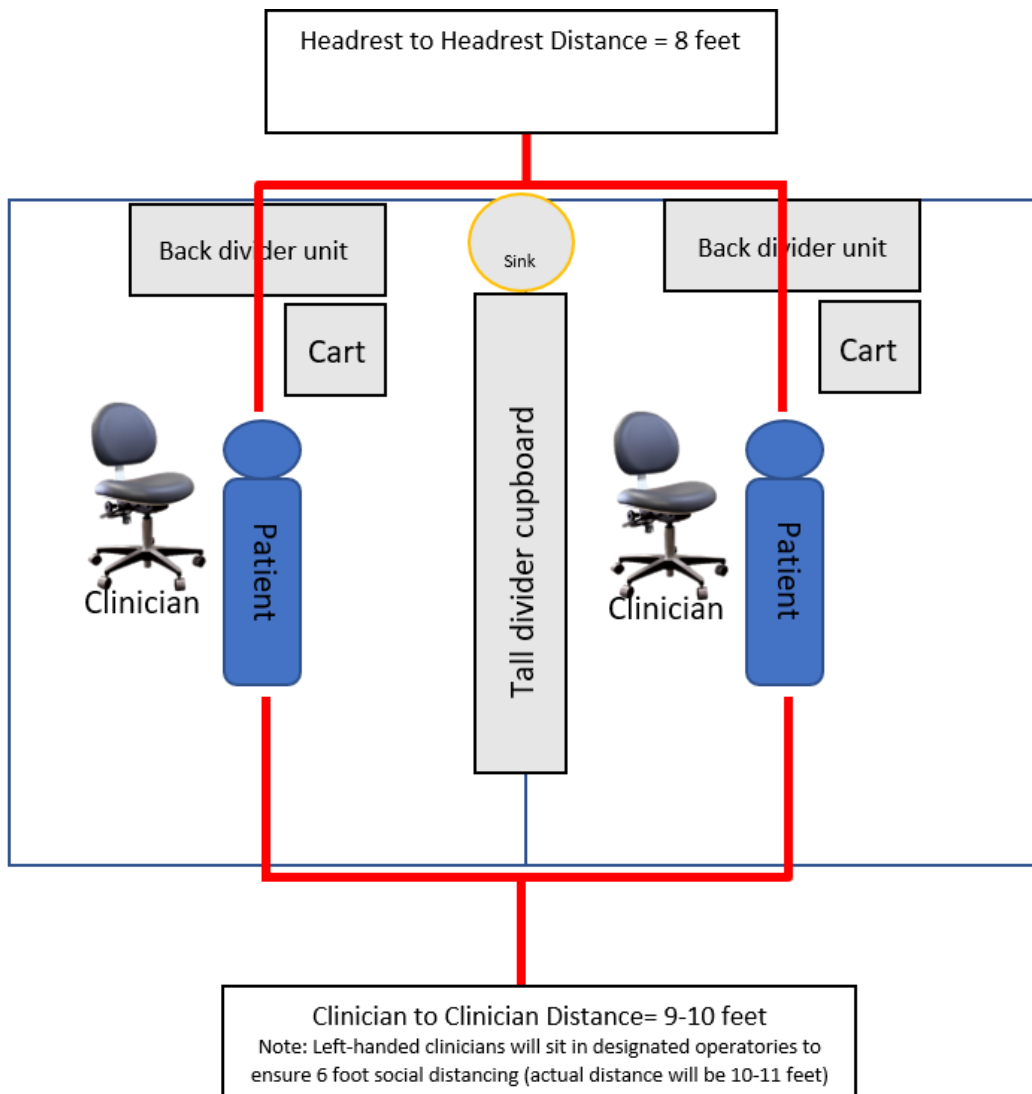
- <https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/Employervisitorscreeningguidance.pdf>
- <https://www.cdc.gov/coronavirus/2019-ncov/hcp/dialysis/screening.html>

WREB personnel, candidates, and patients:

- To prevent transmission from asymptomatic and pre-symptomatic individuals, everyone entering the HSB is required to wear a facemask or cloth face covering, regardless of symptoms. It is responsibility of the WREB personnel, candidates, and patients to provide their own mask or face covering when entering the building.
- Individuals who demonstrate signs of COVID-19 (temperature 100.0° F or higher, signs/symptoms listed on screening questionnaire, cold or flu-like symptoms) or test positive should not report to the exam.
 - Note: fever may be intermittent or not present with COVID-19 and even mild signs/symptoms should be treated seriously.
 - Note: the CDC specifies 100.4° F for patients, but 100.0° F for workers
- If at any time the WREB personnel, candidates or patients become symptomatic they will be sent home to self-quarantine for 14 days or until recovered.

Social Distancing:

- WREB personnel, candidates and patients are advised to maintain six-foot social distancing in the clinic with each other unless performing treatment.



Potential Exposure Guidance:

- WREB personnel, candidates, patients, and staff may be exposed to a patient, WREB personnel, candidate or staff member who is later confirmed to have COVID-19.
 - The CDC recommends contacting all individuals (WREB personnel, candidates, patients, and staff) who may have come in contact with the infected person within 48 hours of possible exposure. All possibly exposed individuals must be asked if they are exhibiting any signs or symptoms of COVID-19. If any individual reports signs or symptoms of COVID-19, refer them to their medical provider for assessment and follow CDC's [Healthcare Personnel with Potential Exposure Guidance](#).
 - If any individual reports signs or symptoms of COVID-19, refer them to their medical provider for assessment and follow CDC's [Healthcare Personnel with Potential Exposure Guidance](#) including but not limited to the following:
 - ***Symptomatic with suspected or confirmed COVID-19:*** at least 3 days (72 hours) have passed with no fever and improved symptoms and at least 10 days have passed since symptoms first appeared **OR** resolution of fever and improved symptoms and negative results of an FDA Emergency Use Authorized COVID-19 molecular assay for detection of SARS-CoV2 RNA from at least two consecutive respiratory specimens collected ≥ 24 hours apart.
 - ***Asymptomatic laboratory confirmed infections:*** 10 days since the date of their first positive test (provided symptoms have not developed) OR negative results of an FDA Emergency Use Authorized COVID-19 molecular assay for detection of SARS-CoV2 RNA from at least two consecutive respiratory specimens collected ≥ 24 hours apart.
-

CDC Guidance for Asymptomatic HCP Who Were Exposed to Individuals with Confirmed COVID-19 (May 29, 2020 updates)

Exposure	Personal Protective Equipment Used	Work Restrictions
HCP who had prolonged ¹ close contact ² with a patient, visitor, or HCP with confirmed COVID-19 ³	<ul style="list-style-type: none"> • HCP not wearing a respirator or facemask⁴ • HCP not wearing eye protection if the person with COVID-19 was not wearing a cloth face covering or facemask • HCP not wearing all recommended PPE (i.e., gown, gloves, eye protection, respirator) while performing an aerosol-generating procedure¹ 	<ul style="list-style-type: none"> • Exclude from work for 14 days after last exposure⁵ • Advise HCP to monitor themselves for fever or symptoms consistent with COVID-19⁶ • Any HCP who develop fever or symptoms consistent with COVID-19⁶ should immediately contact their established point of contact (e.g., occupational health program) to arrange for medical evaluation and testing.
HCP other than those with exposure risk described above	<ul style="list-style-type: none"> • N/A 	<ul style="list-style-type: none"> • No work restrictions • Follow all recommended infection prevention and control practices, including wearing a facemask for source control while at work, monitoring themselves for fever or symptoms consistent with COVID-19⁶ and not reporting to work when ill, and undergoing active screening for fever or symptoms consistent with COVID-19⁶ at the beginning of their shift. • Any HCP who develop fever or symptoms consistent with COVID-19⁶ should immediately self-isolate and contact their established point of contact (e.g., occupational health program) to arrange for medical evaluation and testing.
HCP with travel or community exposures should inform their occupational health program for guidance on need for work restrictions.		

HCP=healthcare personnel

1. Data are insufficient to precisely define the duration of time that constitutes a prolonged exposure. Until more is known about transmission risks, it is reasonable to consider an exposure of 15 minutes or more as prolonged. However, **any duration** should be

considered prolonged if the exposure occurred during performance of an [aerosol generating procedure](#).

2. Data are limited for the definition of close contact. For this guidance it is defined as: a) being within 6 feet of a person with confirmed COVID-19 or b) having unprotected direct contact with infectious secretions or excretions of the person with confirmed COVID-19.
3. Determining the time period when the patient, visitor, or HCP with confirmed COVID-19 could have been infectious:
 1. For individuals with confirmed COVID-19 who developed symptoms, consider the exposure window to be 2 days before symptom onset through the time period when the individual meets [criteria for discontinuation of Transmission-Based Precautions](#)
 2. For individuals with confirmed COVID-19 who never developed symptoms, determining the infectious period can be challenging. In these situations, collecting information about when the asymptomatic individual with COVID-19 may have been exposed could help inform the period when they were infectious.
 1. In general, individuals with COVID-19 should be considered potentially infectious beginning 2 days after their exposure until they meet [criteria for discontinuing Transmission-Based Precautions](#).
 2. If the date of exposure cannot be determined, although the infectious period could be longer, it is reasonable to use a starting point of [2 dayspdf icon](#) prior to the positive test through the time period when the individual meets criteria for discontinuation of Transmission-Based Precautions for contact tracing.
4. While respirators confer a higher level of protection than facemasks and are recommended when caring for patients with COVID-19, facemasks still confer some level of protection to HCP, which was factored into this risk assessment. Cloth face coverings are not considered PPE because their capability to protect HCP is unknown.
5. Fever is either measured temperature $\geq 100.0^{\circ}\text{F}$ or subjective fever. Note that fever may be intermittent or may not be present in some patients, such as those who are elderly, immunosuppressed, or taking certain medications (e.g., NSAIDs). Clinical judgement should be used to guide testing of patients in such situations. Occupational health programs should have a low threshold for evaluating symptoms and testing HCP

Source: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>

MINIMIZING CROSS-CONTAMINATION:

Personal Hygiene

- Shower daily and/or as soon as arriving home.
- Perform hand hygiene regularly.
- Keep hands away from face.

General Precautions

- Limit surfaces touched & use hand sanitizer/wash hands after touching.
 - Refrain from hand shaking or physical contact.
 - Always use your own ink pen.
 - Refrain from sharing iPads, laptops, and other personal belongings.
-

- Refrain from sharing food and beverages.
- Wear face covering if carpooling or using public transportation.

Jewelry and Non-essential Belongings

- Leave all non-essential items at home.
- Disinfect phones, pens, credit cards, or anything else brought to clinic.
- Piercings-One pair of small stub earrings may be worn in the lobe, one small, clear stud may be worn in the nose
- Rings-One flat wedding band.
- Not permitted: Necklaces, wrist watches/smart watches, or other jewelry exceeding the above description

Food & Drinks

- WREB personnel, candidates, patients, and staff refrain from eating or bringing drinks into clinic.
- If you become thirsty use a cup to drink from the clinic sink and immediately discard the cup.
- WREB personnel and staff refrain from going to faculty lounge to drink beverages while in lab jacket.

Restroom Use

- Prevention:
 - Candidates and patients should use the restroom prior to clinic, to limit the need to exit the operatory/ clinic area once patient treatment begins.
- WREB Assistant:
 - Candidates requiring a restroom break will request an assistant with clean gloved hands to help with jacket doffing and hold the coat away from their body. When the student/faculty member returns, the assistant will carefully help them re-don the jacket. Both individuals will perform hand hygiene
- WREB Personnel Considerations:
 - WREB Personnel must use the bathroom in the clinic lounge, therefore shoes must be disinfected prior to entering and all PPE must be doffed and disinfected before re-donning
- Candidate Considerations:
 - Candidates must use the bathrooms by chairs 3 and 4 in the clinic and all PPE must be doffed and disinfected before re-donning

Operatory

- The clinic supervisor will ensure all items in the operatories are stored correctly.
 - Open sterilized instruments AFTER the patient enters the operatory to limit exposure to aerosols.
 - Place additional instruments and supplies that may be needed during the appointment on the upper or lower shelf in the *cupboard with glass doors* (gloves, extra HVE, extra gauze); all additional supplies must be stored in a sealed plastic container.
-

- All fabric supply caddies (such as felt totes) must be stored under the cabinet in the operatory.
- Refrain from placing any items on the back counter or lower counter unless they will absolutely be used during patient care in order to reduce/eliminate contamination.
- Refrain from placing ANY items on top of the unit.

Entry and Exit of Dental Clinic Operatory

- Once the patient is seated, the student may only exit the operatory to dismiss the patient. WREB Assistants will tend to all needs including additional supplies, and dropped instruments.

Respiratory Precautions

- Once in the operatory, have the patient swish and gargle for one-minute with a pre-procedure rinse containing 1-1.5% hydrogen peroxide before starting any procedure, including review of edit patient screen and health history.
- Use HVE rather than a saliva ejector because backflow can occur when using the saliva ejector and HVE is better at controlling aerosols and spatter. No saliva ejectors allowed in clinic.
- All WREB personnel, candidates, and patients are encouraged to practice respiratory etiquette, including covering coughs and sneezes.
- If a patient chokes, coughs, or continually sneezes sit them upright, have them don their personal face covering, and move away from patient; offer water if needed.

Aerosol Production:

- High-volume evacuators (HVE) must be used for all procedures that may produce aerosols.
 - Cut HVE in half to improve suction and handling.
 - Saliva ejectors are no longer used during patient care due to potential for cross contamination
 - Air and water functions on the syringe cannot be used together, at the same time.
 - Use hand instrumentation for periodontal debridement and scaling procedures when possible.
-

NEW FOCUS ON AEROSOLS

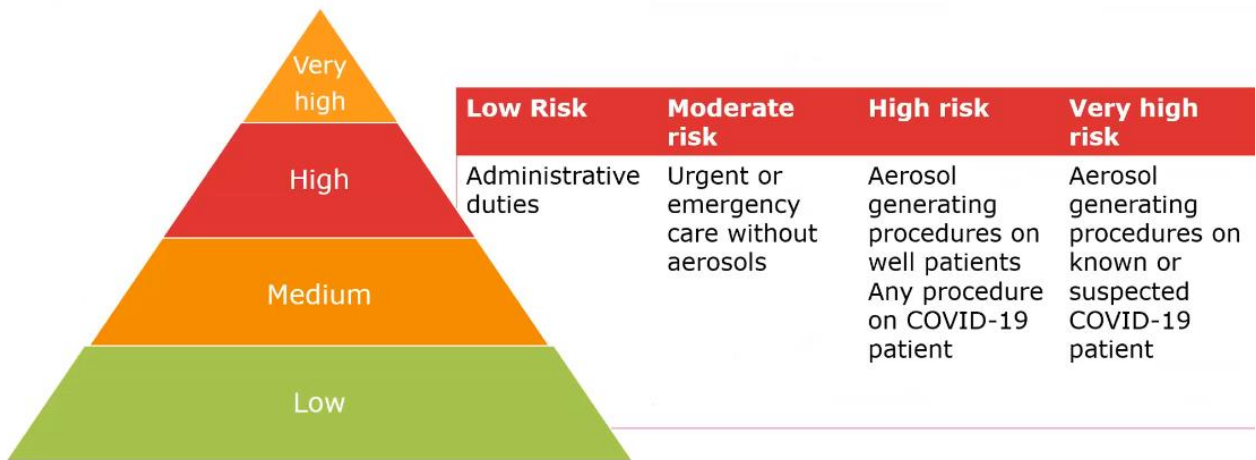
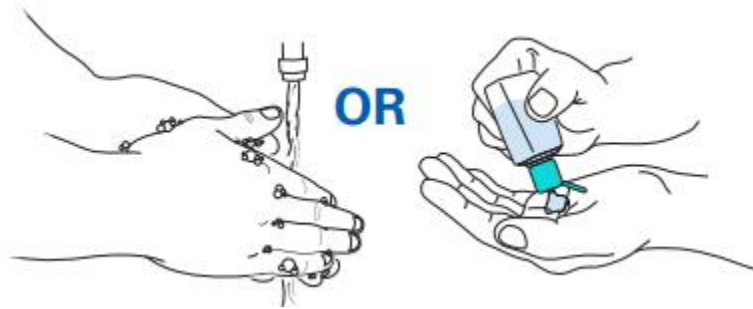


Image source: ADHA (2020, June 3)

HAND HYGIENE

- Practicing hand hygiene is a simple yet effective way to prevent infections.
- Soap and water, rather than alcohol-based hand sanitizer, must be used if hands are visibly soiled.
- Hand hygiene must be performed regularly by washing hands for 20 seconds or applying hand sanitizer to all surfaces of hands for 20 seconds before and after treating each patient, before donning and immediately after removing gloves, and after touching



inanimate objects without gloves.

- Use soap and water or at least a 60% ethanol or 70% isopropanol alcohol-based sanitizer.



Create your own
<https://washyourlyrics.com>

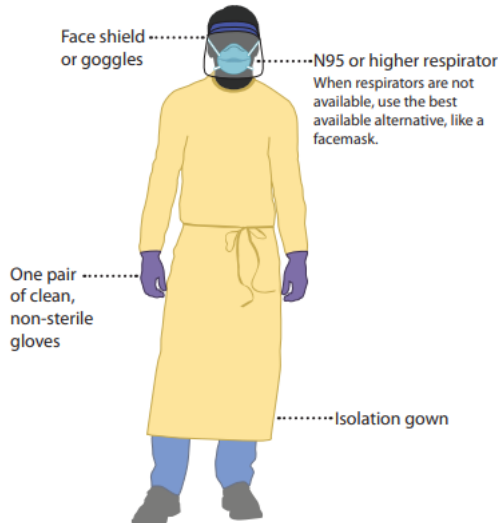
Happy Birthday to You
Unknown Artist

Adapted from National Health Service, who adapted from the World Health Organization **Guidelines on Hand Hygiene in Health Care**.
Created under the Open Government License. See <http://www.nationalarchives.gov.uk/doc/open-government-licence/version/3/> for details

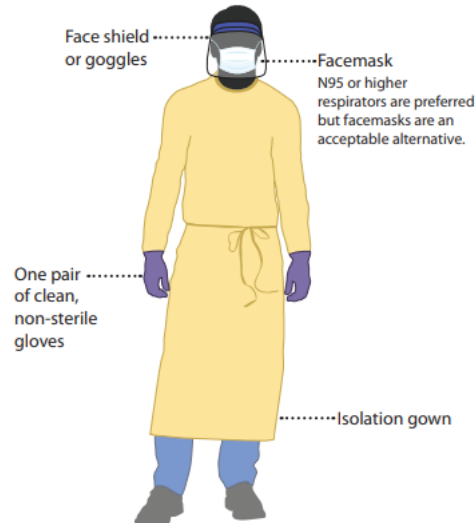
PERSONAL PROTECTIVE EQUIPMENT (PPE) & UNIFORM

COVID-19 Personal Protective Equipment (PPE) for Healthcare Personnel

Preferred PPE – Use N95 or Higher Respirator



Acceptable Alternative PPE – Use Facemask



CL110208 © 01/21/2020

[cdc.gov/COVID19](https://www.cdc.gov/COVID19)



Image Source: https://www.cdc.gov/coronavirus/2019-ncov/downloads/COVID-19_PPE_illustrations-p.pdf

MASKS & RESPIRATORS

- All WREB personnel, candidates, and patients are advised to wear personal face covering and maintain social distancing while away from the work as well as follow CDC guidelines regarding protecting themselves and others from the spread of COVID-19.
- All WREB personnel and candidates exposed to aerosol creating dental procedures will require minimum protection of N/KN95 rated filtering facepiece respirators (FFRs). Please reference the associated documents https://www.lni.wa.gov/forms-publications/F414-168-000.pdf?utm_medium=email&utm_source=govdelivery.
- As of June 1st, 2020, WA L&I designated all dental facility physicians, dental hygienists, and associated primary care staff to clinic patients as high-risk personnel for exposure to the COVID-19 virus contagion. WA L&I's Spokane Regional Field Office has confirmed required use of N/KN95 FFR's until WA State Phased Re-Entry Guidelines for COVID-19 response are lifted and fully removed.

- **Procedures indicated by consensus articles by the professional Dental community and Washington State agencies include:**
 - All High-Volume Evacuation (HVE) procedures, reduced volumes are irrelevant
 - Ultrasonic scaling
 - Incidental combination of air and water functions
 - Rubber cup or air powder polishing
 - Mechanical or powered periodontal debridement
 - Use of dental dam implementations for sealants and restorative treatments
-

- Use of any nebulizer mouthpiece or apparatus for assisted breathing Working with multiple people in a small room, confined space, vehicle, or other small space where saliva particles can accumulate in air (areas out direct confluence of air treatment systems) Performing procedures that aerosolize saliva, mucous, or secretions from eyes, nose, mouth; or that cause increased or forced breathing, coughs, sneezes, or yawning
 - Candidates may enter into respiratory protection by:
 - Candidates using the EWU Dental Hygiene must sign a Voluntary Respiratory Use Form for acknowledgement of the associated risks and concerns of wearing respirators.
 - Emergency Use Authorizations for Medical Devices: Umbrella EUA for Non-NIOSH-Approved Disposable Filtering Facepiece Respirators (FFRs) Manufactured in China (Reissued June 6, 2020) <https://www.fda.gov/medical-devices/coronavirus-disease-2019-covid-19-emergency-use-authorizations-medical-devices/personal-protective-equipment-euas#appendixa>
 - The table includes a list of non-NIOSH respirators authorized by this Umbrella EUA for emergency use during the COVID-19 public health emergency.
-

<h1>Understanding the Difference</h1>		
	 Surgical Mask	 N95 Respirator
Testing and Approval	Cleared by the U.S. Food and Drug Administration (FDA)	Evaluated, tested, and approved by NIOSH as per the requirements in 42 CFR Part 84
Intended Use and Purpose	Fluid resistant and provides the wearer protection against large droplets, splashes, or sprays of bodily or other hazardous fluids. Protects the patient from the wearer's respiratory emissions.	Reduces wearer's exposure to particles including small particle aerosols and large droplets (only non-oil aerosols).
Face Seal Fit	Loose-fitting	Tight-fitting
Fit Testing Requirement	No	Yes
User Seal Check Requirement	No	Yes. Required each time the respirator is donned (put on)
Filtration	Does NOT provide the wearer with a reliable level of protection from inhaling smaller airborne particles and is not considered respiratory protection	Filters out at least 95% of airborne particles including large and small particles
Leakage	Leakage occurs around the edge of the mask when user inhales	When properly fitted and donned, minimal leakage occurs around edges of the respirator when user inhales
Use Limitations	Disposable. Discard after each patient encounter.	Ideally should be discarded after each patient encounter and after aerosol-generating procedures. It should also be discarded when it becomes damaged or deformed; no longer forms an effective seal to the face; becomes wet or visibly dirty; breathing becomes difficult; or if it becomes contaminated with blood, respiratory or nasal secretions, or other bodily fluids from patients.






N95/ KN95 Respirators & Level 3 Surgical Masks:

- All WREB Personnel and candidates must wear a N95/ KN95 Respirator in clinic during patient care sessions, even when not in the treatment area. As of June 1st, 2020, WA L&I designated all dental facility physicians, dental hygienists, and associated primary care staff to clinic patients as high-risk personnel for exposure to the COVID-19 virus contagion. WA L&I's Spokane Regional Field Office has confirmed required use of N/KN95 FFR's until WA State Phased Re-Entry Guidelines for COVID-19 response are lifted and fully removed.
https://www.lni.wa.gov/forms-publications/F414-168-000.pdf?utm_medium=email&utm_source=govdelivery
- Level 3 masks and face shields are worn during anesthesia WREB in which live patients are involved and no aerosols are produced.
- Masks or respirators of any kind must be changed if they become soiled, damp, or hard to breathe through.
- Respirators/masks must be discarded, if it becomes visibly soiled or wet, or if the inside of the mask becomes contaminated at any time (just like a diaper)
- 20 second hand washing with soap must be performed after removing any mask or respirator.

Personal Face Coverings:

- All WREB personnel and candidates must wear a personal face covering when entering and exiting the HSB and at all times while on campus.
- Cloth face coverings must be laundered daily and when soiled or damp.
- 20 second hand washing with soap must be performed after removing any mask or respirator.



Mask Type – With Goggles or Face Shield (Understanding Mask Types)		Level of Risk*** to DHCP
 N95	N95	Low
 KN95	N95 EQUIVALENT MASK* KN/KP95, PFF2, P2, DS/DL2, KOREAN SPECIAL 1ST	Low
 Surgical Mask**	Surgical Mask**	Moderate

*The FDA has authorized the use of masks equivalent to the N95 during the pandemic period. Manufacturers approved can be found here: <https://www.fda.gov/media/136663/download>

**ASTM has established performance levels for surgical masks based on fluid resistance, bacterial filtration efficiency, particulate filtration efficiency, breathing resistance and flame spread.

- Level 1 masks have the least fluid resistance, bacterial filtration efficiency, particulate filtration efficiency, and breathing resistance.
- Level 2 masks provide a moderate barrier for fluid resistance, bacterial and particulate filtration efficiencies and breathing resistance.
- Level 3 masks provide the maximum level of fluid resistance recognized by ASTM and are designed for procedures with moderate or heavy amounts of blood, fluid spray or aerosol exposure.

Image

[https://success.ada.org/~media/CPS/Files/Open%20Files/ADA_Return_to_Work_Toolkit.pdf](https://success.ada.org/~/media/CPS/Files/Open%20Files/ADA_Return_to_Work_Toolkit.pdf)

Source:

Respirator Basics (N95/ KN95):

- Dental healthcare personnel (DHCP) including dentists and dental hygienists are at very high risk for exposure to COVID-19 because most dental procedures generate droplets, spatter, and aerosols. The use of a N95 custom-fitted respirators for critical tasks (i.e. all functions that occur during clinical treatment) is mandatory during ALL patient care and for the completion of all noncritical tasks including cleaning and disinfection of the operatory, sterilizing instruments, and bringing supplies to and from the operatory, and team meeting at the end of each clinic session. All N95 masks must be FDA approved.
 - List of NIOSH/ FDA approved respirators:
https://www.cdc.gov/niosh/npptl/topics/respirators/disp_part/N95list1.html
- A National Institute for Occupational Safety and Health (NIOSH) approved N95 respirator use is part of a complete Respiratory Protection Program in accordance with OSHA Respiratory Protection Standard 29 CFR 1901.134.
- Respirators with valves are not used because they expel droplets/aerosols.

EYE PROTECTION AND FACE SHIELDS

Face shield must be worn for all critical tasks such as patient care, room disinfection, and sterilization.

- Personal eyeglasses and contact lenses are NOT considered adequate eye protection.
- A face shield that seals at the forehead must be donned prior to gloves before critical tasks (i.e. all functions that occur during clinical treatment)
- Reusable face shields, which seal at the forehead and allow room for a loupe light are allowed.
- Protective eyewear and face shields must be disinfected with soap and water or 90% rubbing alcohol after each patient.



MEDICAL EXAMINATION GLOVES

- Powder-free, nitrile exam gloves must be used for patient care; any brand is acceptable.
- Only gloves that say “examination” or “exam” gloves on the box.
- Gloves must be worn over the cuff of the lab jacket.
- Remove gloves before touching inanimate objects (opening cupboards, grabbing supplies, etc.)
- Change gloves if an inanimate object is accidentally touched (including the mask or face shield, or any surface or item without a barrier).
- Change gloves after donning and seal testing a reused N95 respirator



LAB JACKETS, SCRUBS, AND CLOTHING

Clinical Attire

- Scrub garments including scrub top and undershirt, caps, and pants may be worn during lunch and or laboratory sessions keeping in mind that the bottom portion of scrub pants may have pathogens.

Socks

- Socks that cover ankles; any color or design is acceptable.



Shoes

- Solid, washable, impermeable (no mesh, fabric, or holes), closed toe, closed heel shoes that cover the entire foot; **leather is preferred**.
 - Clinic shoes are cleaned with a disinfectant wipe before leaving clinic and are stored in the student's locker at the end of the day.



YES:
impermeable & covers entire
foot including heel



No Mesh
or Fabric



No Holes or
exposed
heel

Scrub Caps

- A bouffant style scrub cap that covers and secures all hair; caps with designs and/or colors are acceptable. All acceptable scrub caps shown below are considered unisex.
- Note: A religious head covering may be worn in place of a scrub cap, but must be changed before leaving campus and laundered daily.



YES: Banded



YES: Tie-back
Bouffant



YES: Disposable



Traditional Surgeon Skull
Caps not permitted due
to hair exposure



Ponytail Caps not permitted
because it may fall forward

Lab Jackets

- Lab jackets must never be worn in waiting room, faculty lounge or outside the clinic doors even if they are clean.
 - Contaminated lab jackets must never leave the clinic.
 - All lab jackets, including those worn by candidates, will be placed in a laundry bin inside the clinic. Lab jackets must never leave the clinic.
 - Candidates are only allowed out of the operatory when taking the jacket to the laundry bin after patient care and operatory disinfection are completed. WREB assistant will retrieve needed supplies, and take dropped instruments to sterilization.
 - Lab jacket must be changed if soiled or major contamination.
 - If a contaminated lab jacket must be removed to use the restroom during a clinic session, a WREB assistant with gloved hands must help doff the jacket, hold the jacket until the individual returns, then help re-don the jacket to prevent contamination of clothing underneath; hand hygiene is performed after re-donning is completed.
-



1. In the operator, put on loupes or eye protection with side shields and face shield
2. Perform hand hygiene
3. In the operator, put on gloves ensuring they cover the cuff of the lab jacket.

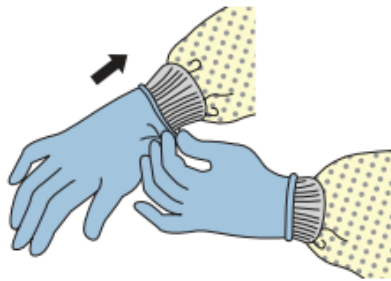


Image Sources:

- <https://www.cdc.gov/niosh/docs/2010-133/pdfs/2010-133.pdf>
- <https://www.youtube.com/watch?v=0xFXS2vGKg0>

Additional CDC Resources:

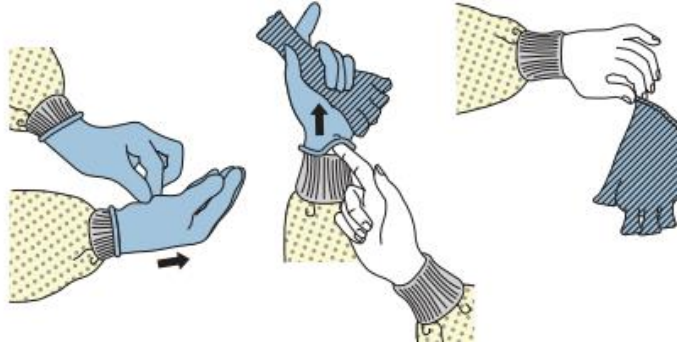
- <https://www.cdc.gov/hai/pdfs/ppe/ppe-sequence.pdf>
- <https://www.cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html>
- https://www.youtube.com/watch?time_continue=57&v=of73FN086E8&feature=emb_log_o

HOW TO REMOVE (DOFF) PPE

Candidates doff PPE at their designated operator; WREB personnel doff in small clinic near garbage can.

Complete the following doffing procedures in the operator:

1. Remove gloves and place in garbage can between units.



2. Perform hand hygiene
3. Remove shield and place on top of the counter without touching the front of the shield.
4. Remove loupes or eye protection with side shields by grabbing the strap or earpieces and pulling upwards and way from the head. Do not touch the front of the loupes. Place loupes or eye protection on top counter.



5. Wash hands with soap for 20 seconds in the sink nearest operator.
 6. Remove N95 respirator or surgical mask by the straps; Do not touch the front of the respirator/mask (if using a surgical mask, discard at this time).
 7. Remove name tag and place on the top of the counter with loupes, face shield, mask container, and name tag
 8. Remove lab jacket following room disinfection
 - Unsnap the jacket by pulling from the neck down ensuring scrub top and pants are not touched.
 - Grab the jacket by the shoulders and carefully pull down and away from the body.
-

- Roll the jacket so the contaminated outside surface is facing the inside.

9. Place jacket in dirty jacket bin.

10. Perform hand hygiene

11. Don clean exam gloves and wipe:

- Face shield inside and outside of shield AND visor with alcohol saturated gauze
- Loupes or goggles with soap and water or lens cleaning wipe (lens cleaning wipes are not provided by the department)
- Name tag with alcohol saturated gauze
- Outside of mask container with a new disinfecting wipe
- Shoes with a new disinfecting wipe
- Top of counter with new disinfecting wipe



12. Dispose of exam gloves

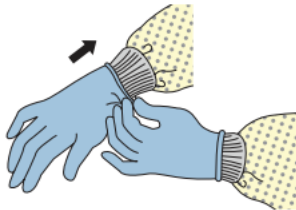


Image Sources:

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html>

<https://www.youtube.com/watch?v=0xFXS2vGKg0>

Additional Resources:

- Donning, doffing gloves and N95 Video

https://www.youtube.com/watch?v=iOnYD3A_XY4

BARRIERS AND DISINFECTION

Barriers and Disposables:

- All disposables and barriers are dispensed at the table near island 1.
- Barriers are applied to the back counter, instrumentation cart, hoses, ultrasonic or other devices (if able to use), patient chair, operator stool adjustments. The following barriers are used:
 - Patient chair cover
 - Light handle barriers:
 - 1 for each light handle
 - 1 split halfway down one side and tied around light switch
 - One over patient chair controls if present on the chair being used
 - Tray cover barriers:
 - 1 for each hose rack on cart
 - Plastic sheets:
 - 2 for lower back counter
 - 1 for ultrasonic bracket shelf over cart
 - 1 for cart
 - 1 over ultrasonic being used
 - Syringe sleeve barriers:
 - Operator chair adjustment levers
 - Assistant chair adjustment levers
 - HVE
 - Air water syringe
 - Ink pen (tie at top and poke very tip of pen through the other end)

Operatory Cleaning and Disinfection:

- Barriers are used when possible, especially on hard-to-clean surfaces and changed between patients.
- Utility gloves, eye protection with side shields, and a mask must be worn while handling contaminated instruments or radiology equipment.
- Per CDC guidelines, dental healthcare personnel must wait at least 15 minutes after departure of patient before operatory or x-ray room disinfection may occur; this allows time for droplets to sufficiently fall from the air after a dental procedure. Set 15 minute timer located on the back unit, don utility gloves to dispose of barriers, disposables
- Disinfect patient chair, operator chair, and assistant chair with soap and water on paper towels.
- Disinfect the following surfaces with cavi wipes: countertops, cart, hoses, hose racks, ultrasonic cords/hoses (or any other device used), clipboard, etc.



Appendix B

ADHA COVID-19 Patient Screening Questionnaire

https://www.adha.org/resources-docs/ADHA_TaskForceReport_Questionnaire.pdf

As of April 30, 2020



ADHA COVID-19 PATIENT SCREENING QUESTIONNAIRE

*Indicate Yes or No and provide relevant comments

Patient Name: _____ Date: _____

Screening Questions	Pre-Appointment*	In-Office*	48- Hours Post-Appointment*
Do you have a fever, or have you felt feverish recently?			
Do you have a cough?			
Are you having shortness of breath or any difficulty breathing?			
Do you have chills or repeated shaking with chills?			
Do you have any muscle pain?			
Do you have any recent onset of headache or sore throat?			
Do you have any other flu-like symptoms?			
Do you have any recent loss of taste or smell?			
Have you experienced any recent GI upset or diarrhea?			
Are you in contact with anyone who has been confirmed to be COVID-19 positive?			
Have you traveled in the past 14 days to any regions affected by COVID-19?			
Are you over the age of 65?			
Do you have: Heart disease Lung disease Kidney disease Diabetes Autoimmune disorders			



Advisory Information for Persons Who Voluntarily Use Respirators

[To be given to persons voluntarily wearing respirators, including filtering facepieces]

Respirators protect against airborne hazards when properly selected and used. Respirator usage that is required by WA DOSH or your employer is not voluntary use. WISHA recommends voluntary use of respirators when exposure to substances is below WISHA permissible exposure limits (PELs) because respirators offer an additional level of comfort and protection.

If you choose to voluntarily use a respirator (whether it is provided by you or the University), be aware that respirators can create hazards for you, the user. You can avoid these hazards if you know how to use your respirator properly and how to keep it clean. Take these steps:

- Read and follow all instructions provided by the manufacturer about use, maintenance (cleaning and care), and warnings regarding the respirator's limitations.
- Choose respirators that have been certified for use to protect against the substance of concern. The National Institute for Occupational Safety and Health (NIOSH) certifies respirators. If a respirator is not certified by NIOSH, you have no guarantee that it meets minimum design and performance standards for workplace use.
- A NIOSH approval label will appear on or in the respirator packaging. It will tell you what protection the respirator provides.
- Keep track of your respirator so you do not mistakenly use someone else's.
- Do not wear your respirator into:
- Atmospheres containing hazards that your respirator is not designed to protect against. For example, a respirator designed to filter dust particles will not protect you against solvent vapor, smoke, or oxygen deficiency.
- Situations where respirator use is required.
- Contact Environmental Health & Safety if you have any questions about respirator use.

I, hereby, as an employee, student, or volunteer at Eastern Washington University acknowledge the risks and benefits of voluntarily using a filtering facepiece respirator. Under no circumstances, am I forced or coerced into the use of a respirator. A respirator is not required for any part of my job or task.

I am using a: _____ paper disposable type _____ 1/2 Face _____ Full Face _____ other

Name: _____ ID#: _____

Signature: _____ Date: _____

Please keep a copy of this document and forward a copy to Environmental Health & Safety, MAR 002.