REOPENING RI

Waiting Room: Phase II Providers Guidance

- Remote healthcare delivery via telehealth is a sound option and should be maximized.
- Healthcare maintenance visits and immunizations should not be postponed and should be completed in a safe manner. Make every effort to ensure immunizations are up to date for patients of all ages.
- If you provide in-person clinical evaluation for patients with COVID-19-related symptoms, conserve PPE by cohorting those patients by time (e.g., only afternoon or end-of-the-session visits) or space (separate area of the facility).
- Consult RIDOH's Recommended Guidance for Prioritization and Conservation of PPE regarding your facility’s PPE use. Different settings need to consider different requirements, including risk of aerosolizing procedures, direct patient contact, and health considerations of workers.
- You shall develop a written COVID-19 Control Plan outlining how your workplace will prevent the spread of COVID-19, including physical distancing for patients and workers. You may obtain a template for the COVID-19 Control Plan at reopeningri.com.
- For more information, consult Guidance for Ambulatory Care Settings on health.ri.gov.
- Screen patients and visitors for COVID-19 symptoms prior to appointments; triage appropriately.
- Physical distancing in common waiting areas is mandatory. Configure waiting areas to provide at least six feet between individuals. Maintain physical distancing by limiting the number of patients allowed in the waiting area.
- Clean and sanitize high-touch and common surfaces at least every four hours during normal business hours.
- Remove unnecessary objects (magazines, books, toys, small furniture, etc.) from all patient areas.
- Structured queuing (waiting in cars until called) is a preferred strategy to minimize contact between individuals.
- Screen patients, staff, and visitors for signs of COVID-19 (include temperature check) before they enter your facility.
- Prop external doors open, when appropriate and possible, to minimize contact with door handles.
- All patients, essential care givers, and visitors older than age two and who are able to tolerate it, should wear a cloth face covering over the mouth and nose. Provide a face covering (preferably a standard medical mask) to anyone arrives without one.
- Limit points of entry and exit to minimize contact between patients and visitors.
- Make standard medical masks and hand sanitizer readily available for patients and visitors.
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Review this guidance and customize it for your individual ambulatory care practice’s clinical setting. This guidance represents the minimum standards; you may choose to exceed these standards. As the state, regional and national economies reopen, additional considerations will need to be evaluated.

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Prioritize treatment of patients needing clinically necessary, time-sensitive dental care, as well as preventive services. Use your clinical judgment to determine which procedures can be performed safely and effectively at this time. Use telehealth as a first step to evaluate a patient’s condition and make recommendations.

RIOOH recommends continued review of Guidance for Dental Settings from the Centers for Disease Control and Prevention (CDC) and defers to its guidance in areas of question.

Review this guidance and customize it for your individual dental practice’s clinical setting. This guidance represents suggested minimum standards; you may choose to exceed these standards. As the state, regional, and national economies reopen, additional considerations will need to be evaluated.

Avoid aerosol-generating procedures (use of handpiece, air-water syringe, and ultrasonic scaling instruments, among others) when possible. Be prepared to cease all but emergency procedures if there is a resurgence of disease or the healthcare system becomes overwhelmed.

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Patients with an active COVID-19 infection (either symptomatic or asymptomatic) should not receive dental treatment in a dental office. Dentists and medical providers should work together to determine an appropriate facility for treatment. Procedures on patients with COVID-19 should be carried out in accordance with Centers for Disease Control and Prevention (CDC) Interim Infection Prevention and Control Guidance for Dental Settings During the COVID-19 Response.

Respiratory protection must be worn to protect against infectious aerosols emitted during procedures on asymptomatic patients. A surgical N-95 respirator offers respiratory protection with fluid resistance and should be worn under a full-face shield. If surgical N-95 respirators are not available, an FDA-cleared KN-95 respirator or surgical mask should be worn under a full-face shield. A surgical mask will not protect against inhalation of small, potentially infectious aerosols; it will block spatter from reaching the nose and mouth of the wearer.

Prioritize treatment of patients needing clinically necessary, time-sensitive dental care, as well as preventive services.

Place signs and posters at facility entrances and in strategic places (restrooms, registration desk, waiting rooms, exam rooms, etc.) to provide instruction on hand hygiene, respiratory hygiene and cough etiquette.

See the waiting room illustration for what to expect when you arrive at your appointment.

All staff must be screened for symptoms of COVID-19 before entering the facility.

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