

COVID-19 “What If” Scenarios for Health Care Providers

by Vicki Wilbers, MDA Executive Director

One thing is for certain during this pandemic—nothing stays the same. Following is guidance relating to COVID-19 positive tests and exposures for health care providers, which continues to be updated due to changing CDC recommendations. When it comes down to it, with every call the MDA receives from members, there has not been a one-size-fits-all answer to each situation. I hope the following “cornerstone” set of information is beneficial as we navigate these waters together and maybe (eventually) hit one-size-fits-most.

The following has been written in consultation with Dr. John Dane, State Dental Director, and reviewed by Dr. George Turabelidze, State Epidemiologist.



POSITIVE TEST RESULTS » DENTISTS & CLINICAL STAFF

What should the office do if the dentist or a clinical staff member (who provides direct patient care) tests positive for COVID-19?

1. Isolate yourself immediately.

- Isolation should be for 10 days from the onset of the [symptoms](#), or 10 days from the date of the positive viral test, if person was asymptomatic.

2. Your County Health Department will work with persons who have tested positive in order to conduct contact tracing.

- However, you can begin to identify family and other close contacts who you may have exposed.

3. Identify family and close contacts.

- Someone who was within 6 feet of an infected person for a cumulative total of 15 minutes or more over a 24-hour period starting from 2 days before illness onset (or, for asymptomatic patients, 2 days prior to test specimen collection) until the time the patient is isolated. [See CDC Definition](#).
 - Close contacts should quarantine for 14 days after last exposure to COVID-19 positive person.
 - However, staying home IS NOT required for anyone who has close contact with someone with COVID-19 and who:
 - developed laboratory-confirmed COVID-19 illness within the previous 3 months; and,
 - has recovered; and,
 - remains without COVID-19 symptoms (e.g. cough, shortness of breath).

4. Consider closing your office for 14 days.

- In some cases, office closure would not be necessary. You should assess your risk of exposure and the source of exposure—is it HIGH or LOW risk?
 - For instance, if the dentist and all dental team members were wearing proper PPE, risks were mitigated by not having lunches together and/or social distancing, wearing masks, etc., at all times by staff within the office, then exposure risk is low.
 - On the other hand, if the dentist/staff are conversing together at lunch without social distancing, not always wearing proper PPE, etc., the risk is much higher, and closure of the practice may need to be considered.
- The key is to effectively manage your processes and activities, as an office, in order to mitigate your hazards and to reduce the risk of having to completely close an office due to a COVID-19 positive test result or exposure.
- See the [ADA Protocols to Follow if a Staff or Household Member is COVID-19+](#) flowchart and [ADA Hazard Assessment Tool](#) for additional resources.

5. If you close your office, have a thorough cleaning of the office done prior to re-entry.

POSITIVE TEST RESULTS » NON-CLINICAL STAFF

What should the office do if a non-clinical staff member (who does not provide direct patient care) tests positive for COVID-19?

1. The staff member should **isolate** immediately. if asymptomatic.
2. Office should assess which other dental team members had exposure to the positive-tested staff person. Follow the risk assessment process mentioned above.
3. Office should contact the County Health Department and discuss an office testing plan.
4. If there has been any contact with patients by the staff person, notify patients from 2 days prior to the symptoms or the positive test date,
5. Thoroughly clean the office.
6. Possible closure of office for 14 days.
 - Again, determine the level of exposure risks (HIGH or LOW) as mentioned above and make appropriate decisions based on assessment. Your assessment may determine that closing the office might end up being the best scenario.

Explain 10 days isolation verses 14 days quarantine. It does not make sense to me and seems it should be the other way around?

The **isolation** requirement for 10 days from onset of symptoms is based on the data that the overwhelming majority of people do not have viable virus after 10 days of illness and, therefore, can't transmit to others.

For those in close contact with a COVID-19 positive person, the onset of their symptoms is possible anywhere from 2-14 days because this is the duration of the incubation of COVID-19 infection; thus, the 14-day **quarantine** is the standard for someone exposed.

The person should closely monitor their health and if symptoms develop, they too should be tested—especially as a health care provider (*see reverse*) or if considered a vulnerable individual.

For a health care provider, does simply being exposed to someone who tested positive mean I need to be tested immediately?

No. If you do not have symptoms, monitor your health and make a determination if symptoms arise. Rushing to immediately be tested could result in a possible false negative test result.

It takes, on average, a period of 5 days to develop an infection from the close contact. Without a negative test result, a person will need to complete a 14-day quarantine.

Note: For health care providers, a symptom-based strategy (not test-based) for returning to work should be followed. *See reverse side.*

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EXPOSURES

I am a dentist/dental office staff. What do I do if someone living with me tests positive for COVID-19 or if I have close contact with someone who tests positive?

1. Because both of these are considered close contact circumstances, **quarantine** yourself and family and/or those living with you. *Refer to the definition on the reverse side.*
2. Contact the County Health Department to assist with coordination of a testing strategy for yourself, family, those living with you and possibly those you have had close contact with.
3. Do not return to the dental office until testing result is known.
 - If you test negative, you can return to the office with highest PPE recommendation of the OSHA and the CDC. The usage of an N95 mask with a face shield is important for up to 14 days. You should be monitoring your health and if symptoms appear you should isolate yourself and retest.
 - If you test positive, refer to the reverse side for what to do if a dentist/staff member tests positive for COVID-19.

What should the office do if the dentist or staff has a family member or someone living with them who becomes exposed to a person who tests positive for COVID-19?

1. Contact the County Health Department and allow them to determine the risk.
2. If the dentist is quarantined, then the dental team member might be able to use teledentistry to continue to have staff work in the office.

SUMMARY

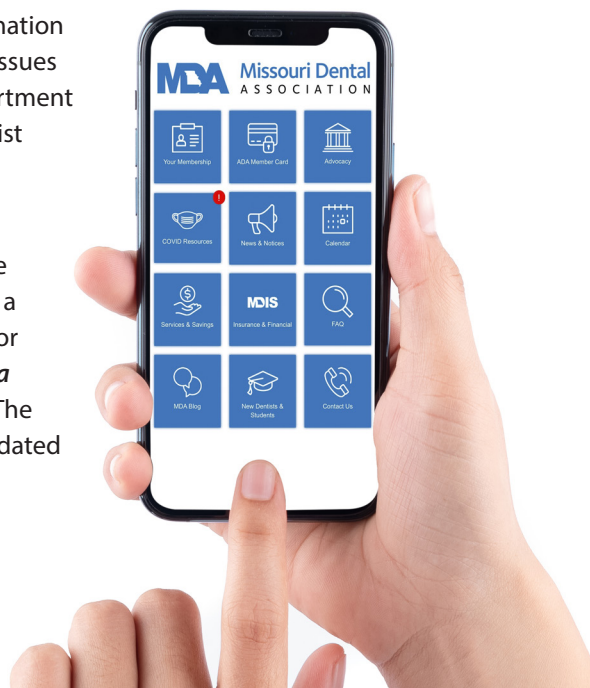
The information in this reference is the most current and best recommendations, at the time of publication, for how to handle positive tests or exposures to COVID-19. **Please note that community-based strategies regarding testing are different from those for health care providers.** For questions, contact Vicki Wilbers at 573-634-3436 or vicki@modentalmail.org and Dr. John Dane at 573-526-3838 or john.dane@health.mo.gov.

ADDITIONAL RESOURCES

Your **Local/County Health Department** serves as a resource. Find your county contact information at health.mo.gov/living/lpha. If you have issues with making contact with the Health Department in your area, please contact Dr. Dane to assist (contact information follows).

Visit ADA.org/Virus to find various Practice Resources, such as the excellent tools in the **ADA Return to Work Toolkit** which includes a **COVID-19 Hazard Assessment & Checklist** for the dental office and **Protocols to Follow if a Staff or Household Member is COVID-19+**. The ADA is continually developing new and updated materials like these and the **Patient Return Resources** to assist members.

Visit modental.org/covid for state-specific information, including popular topics and questions and PPE resources.



GET EASY ACCESS TO ADA & MDA COVID RESOURCES ON THE MDA APP » MODENTAL.ORG/APP

Why should a health care provider (HCP) not be tested immediately?

A test-based strategy for HCP returning to work is not recommended because in the majority of cases, it results in excluding from work HCP who continue to shed the detectable COVID-19 virus but are no longer infectious. A symptom-based strategy for return to work for the HCP should be used. This is applicable for those who were in isolation due to confirmed infection, not the simple quarantine.

HCP with **mild to moderate illness** who are not severely immunocompromised:

- At least 10 days have passed since symptoms first appeared; and,
- At least 24 hours have passed since last fever without the use of fever-reducing medications; and,
- Symptoms (e.g., cough, shortness of breath) have improved.

HCP who are not severely immunocompromised and were asymptomatic throughout their infection may return to work when at least 10 days have passed since the date of their first positive viral diagnostic test.

HCP with **severe to critical illness** or who are severely immunocompromised:

- At least 10 days and up to 20 days have passed since symptoms first appeared; and,
- At least 24 hours have passed since last fever without the use of fever-reducing medications; and,
- Symptoms (e.g., cough, shortness of breath) have improved
- Consider consultation with infection control experts

HCP who are severely immunocompromised but who were asymptomatic throughout their infection may return to work when at least 10 days and up to 20 days have passed since the date of their first positive viral diagnostic test.