

ADDRESSING PATIENT CONCERNS ABOUT CORONAVIRUS AND OTHER RESPIRATORY INFECTIONS

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On December 31, 2019, the Chinese Health Agency reported the first cases of a previously unknown, human respiratory disease in Wuhan City. The outbreak has since spread quickly inside and outside of China. As of March 9, 2020, the current toll of global cases in 105 involved countries is 110,029 with approximately 3,817 deaths. Continual situation reports, countries involved, virus information, basic personal precautions can be found on the [WHO website](#) and the [CDC website](#). The etiologic agent is a variant of a common group of respiratory pathogens called coronaviruses, and has been designated COVID-19. In addition to having the ability to cross between animal species, coronaviruses are also capable of passing from infected animals to humans with continued close contact; this is what is believed to have occurred in live animal markets in Wuhan. Unfortunately, unlike other circulating human coronaviruses that typically cause symptoms akin to the common cold, COVID-19 appears to be more infectious and deadly. Like colds and influenza, current information indicates that COVID-19 is transmitted by respiratory coughing or sneezing, close personal contact (i.e. touching, shaking hands), and touching a contaminated surface then touching your mouth, nose, or eyes before washing hands. Reports of healthcare workers in Chinese hospitals and other countries contracting COVID-19 from droplet and contact exposure have raised questions about what steps can be taken to prevent patient exposure when seeking medical and dental care.

The CDC addressed this on February 12th when it provided updated recommendations to all health professionals, entitled Interim infection prevention and control recommendations for patients with confirmed 2019 novel coronavirus (2019-CoV) or persons under investigation for 2019-CoV in healthcare settings. (1) This can be assessed at the CDC website. As you read through the guidelines, understand that the precautions

and respiratory etiquette procedures you are asked to use apply to more than coronavirus and other respiratory infections. In fact, the principles and many recommendations are from the foundation of routine, standard infection control precautions used when treating all patients. **They include a combination of measures to limit droplet/respiratory spread:**

1. Post a CDC respiratory hygiene poster in the practice waiting room.
2. Providing tissues and no-touch receptacles for disposal of tissues.
3. Provide resources for patients to perform hand hygiene in or near waiting areas.
4. Offer masks to coughing patients.
5. Encourage patients with respiratory symptoms to sit away from others if possible, including patients/visitors with undiagnosed respiratory infections, and anyone with signs of illness (congestion, cough, runny nose). Offices may want to pre-screen dental patients before they present for treatment, asking them to reschedule if symptomatic for respiratory infection.

If these precautions sound familiar, they should since they were included in the 2016 CDC Infection Prevention Checklist for Dental Settings. Basic Expectations for Safe Care. (2) As you prepare for the possibility of patients asking about potential transmission of coronaviruses, flu and cold viruses in your practice, consider that these inquiries provide an excellent opportunity for you to review and reinforce respiratory measures your team should be using according to standard precautions for safe patient care. They may be surprised to learn that respiratory infection prevention measures are a component of the practice's routine infection control procedures performed for all patients.

Efficacy of Surface Disinfectants

Patients may also ask questions about the effectiveness of the chemical disinfectant used in the practice to clean and disinfect inanimate surfaces between appointments. It is important to first remember that the intermediate-level (i.e. tuberculocidal) disinfectant being used, will inactivate not only coronaviruses but also more resistant respiratory viral pathogens, such as influenza and rhinoviruses. Since coronaviruses have a lipid envelope they can be inactivated even by low-level chemical agents. (1) Thus, patients might be interested to learn that the surface disinfectant used after every patient appointment

kills and inactivates a broad range of potential pathogens. Let them know you have them covered and protected!

There are multiple resources available to assist you in educating your patients about the many infection prevention measures that your staff follow to ensure safety. In addition to the ADA (www.ada.org), you can utilize information from and send direct questions to the **Organization for Safety, Asepsis and Prevention** and **THE DENTAL ADVISOR**. It is critical that your team is both knowledgeable and confident in how you practice infection control.

(1) CDC. Interim Infection Prevention and Control Recommendations for Patients with Known or Persons Under Investigation for Coronavirus Disease 2019 (COVID-19) in a Healthcare Setting. (updated February 12, 2020; last reviewed March 7, 2020).

(2) CDC. [Summary of Infection Prevention Practices in Dental Settings: Basic Expectations for Safe Care](#). Atlanta, GA: Centers for Disease Control and Prevention, US Department of Health and Human Services; October 2016.

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