**Dr. Sean Kelly, NTDSC Clinical Consultant**                                    **October 29, 2020**

# Question:

I've heard discussion lately about the value (or not) of letting a room "rest" for a period of time between patients. Can you speak about whether this is recommended?

# Resources:

**The CDC Guidance for Dental Settings,** https://www.cdc.gov/coronavirus/2019-ncov/hcp/dental-settings.html, "recommends using additional infection prevention and control practices during the COVID-19 pandemic, along with standard practices recommended as a part of routine dental healthcare delivery to all patients".  **It also states the following:**

**For DHCP working in facilities located in areas with moderate to substantial community transmission**

- DHCP working in facilities located in areas with moderate to substantial community transmission are more likely to encounter asymptomatic or pre-symptomatic patients with SARS-CoV-2 infection. If SARS-CoV-2 infection is not suspected in a patient presenting for care (based on symptom and exposure history), DHCP should follow Standard Precautions (and Transmission-Based Precautions, if required based on the suspected diagnosis).

**And:**

Environmental Infection Control

- DHCP should ensure that environmental cleaning and disinfection procedures are followed consistently and correctly after each patient (however, it is not necessary that DHCP should attempt to sterilize a dental operatory between patients).

  - 
    - Clean and disinfect the room and equipment according to the Guidelines for Infection Control in Dental Health-Care Settings—2003pdf icon.

- Routine cleaning and disinfection procedures (e.g., using cleaners and water to clean surfaces **before** applying an Environmental Protection Agency (EPA)-registered, hospital-grade disinfectant to frequently touched surfaces or objects for appropriate contact times as indicated on the product's label) are appropriate for SARS-CoV-2 in healthcare settings, including those patient-care areas in which aerosol generating procedures are performed.
    - Refer to List Nexternal icon on the EPA website for EPA-registered disinfectants that have qualified under EPA's emerging viral pathogens program for use against SARS-CoV-2.

**In addition the Core Infection Prevention and Control Practices for Safe Healthcare Delivery in All Settings – Recommendations of the HICPAC,** https://www.cdc.gov/hicpac/recommendations/core-practices.html, **provides the following:**

Follow manufacturers' instructions for proper use of cleaning and disinfecting products (e.g., dilution, contact time, material compatibility, storage, shelf-life, safe use and disposal).

**Lastly there is the following for a patient with or the suspicion of having SARS-CoV-2:**

**Recommended infection prevention and control (IPC) practices when providing dental healthcare for a patient with suspected or confirmed SARS-CoV-2 infection**

- To clean and disinfect the dental operatory after a patient **with suspected or confirmed COVID-19**, DHCP should delay entry into the operatory until a sufficient time has elapsed for enough air changes to remove potentially infectious particles. CDC's Guidelines for Environmental Infection Control in Health-Care Facilities (2003) provides a table to calculate time required for airborne-contaminant removal by efficiency.