

PULLMAN DENTAL CARE 2020 COVID-19 INFORMATION AND FORMS

Dear Patient:

We hope this letter finds you and your family in good health. Our community has been through a lot over the last few months, and all of us are looking forward to resuming our normal habits and routines. While many things have changed, one thing has remained the same: our commitment to your safety. Infection control has always been a top priority for our practice, and you may have seen this during your visits to our office. Our infection control processes are made so that when you receive care, it is both safe and comfortable. We want to tell you about the infection control procedures we follow in our practice to keep patients and staff safe.

Our office follows infection control recommendations made by the American Dental Association (ADA), the U.S. Centers for Disease Control and Prevention (CDC) and the Occupational Safety and Health Administration (OSHA/WISHA). We follow the activities of these agencies so that we are current on any new rulings or guidance that may be issued. You may see some changes when it is time for your next appointment. We made these changes to help protect our patients and staff. For example:

- Our office will communicate with you beforehand to ask some screening questions. You will be asked those same questions again when you are in the office.
- We have hand sanitizer that we will ask you to use when you enter the office. You will also find some in the reception area and other places in the office for you to use as needed.
- You may see that our waiting room will no longer offer magazines, children's toys and so forth, since those items are difficult to clean and disinfect.
- Appointments will be managed to allow for social distancing between patients. That might mean that you are offered fewer options for scheduling your appointment.
- We will do our best to allow greater time between patients to reduce waiting times for you, as well as to reduce the number of patients in the reception area at any one time.

We look forward to seeing you again and are happy to answer any questions you may have about the steps we take to keep you, and every patient, safe in our practice. To make an appointment, please call our office at office number or visit our website at PullmanDentalCare.com.

SPECIFIC CHANGES TO OUR PATIENT CARE POLICY you may expect at your next dental visit are listed on **page 2** of this document.

Prior to your appointment, we will require that the **COVID-19 PRE-APPOINTMENT SCREENING FORM** and the **INFORMED CONSENT FOR DENTAL TREATMENT DURING COVID-19 PANDEMIC FORM** (both on **page 3** of this document) be completed and signed. Please bring the completed form to your appointment.

Thank you for being our patient. We value your trust and loyalty and look forward to welcoming back our patients, neighbors, and friends.

Sincerely,

John S. McInturff, DDS

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SPECIFIC CHANGES TO OUR PATIENT CARE POLICY

General Introduction/Background

As of May 19, Gov. Inslee's proclamation restricting dental treatment was discontinued, and we may now schedule routine care and begin treating non-urgent procedures. However, please be aware that the restrictions could be reinstated at any time, in which case your appointment would need to be rescheduled.

New Infection Control Measures

We believe the measures we are taking are crucial to providing safety for our patients, our staff, and our community. These new measures will be in place for your dental visit and will work in conjunction with our already exceptionally high standard of sterilization and infection control:

1. Patients will be required to complete a pre-screening health questionnaire and consent form prior to being admitted for care. We can email you the necessary form, or it can be downloaded from our website at PullmanDentalCare.com
2. We will limit the number of patients in our office to just one patient at a time (or a patient and guardian).
3. Patients will be asked to wait in their vehicle until admitted via phone call from our office. If you do not have a cellphone, then arrangements must be made available prior to your appointment.
4. All toys and magazines have been removed from the waiting room.
5. During your care, you may notice an increased use of protective barriers and PPE in our office, including a protective barrier over our reception window.
6. Body temperature will be measured and recorded using a touchless forehead thermometer prior to being admitted.
7. If any of our pre-appointment screening procedures detect a potential health risk, you will be asked to reschedule your appointment.

Encouraging Patient Participation in Decision

We are encouraging patients to assess their own level of risk, ability to delay care, and willingness to comply with required patient protocols. If you feel you would prefer to reschedule to a later date, we are happy to accommodate. Suggested timelines for those most at-risk are three months from now, though we will work with the timeline that works best for you.

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COVID-19 PRE-APPOINTMENT SCREENING FORM

Patient Name:

Date:

In the last 30 days, which of the following apply:

- Traveled out of the country, been on a cruise, or been in contact with someone who has? **Y N**
- Traveled within the country by bus, train, or plane? **Y N**
- Tested positive for COVID-19, or been tested and are awaiting results? **Y N**
- Hot or feverish recently (14-21 days)? **Y N**
- Shortness of breath or other difficulties breathing? **Y N**
- Coughing or sore throat? **Y N**
- Flu-like symptoms, such as gastrointestinal upset, headache, or fatigue? **Y N**
- Recent loss of taste or smell? **Y N**
- Been in contact with anyone confirmed COVID-19 positive? **Y N**
- Age over 60? **Y N**
- Heart disease, lung disease, kidney disease, diabetes or any auto-immune disorders? **Y N**

INFORMED CONSENT FOR DENTAL TREATMENT DURING COVID-19 PANDEMIC

Thank you for your continued trust in our practice. As with the transmission of any communicable disease like a cold or the flu, you may be exposed to COVID-19, also known as “coronavirus,” at any time or in any place. Be assured that we continue to follow state and federal regulations as well as recommended universal personal protective equipment (PPE) and disinfection protocols to limit transmission of all diseases in our office.

Despite our careful attention to sterilization, disinfection and the use of personal barriers, there is still a chance that you could be exposed to an illness in our office, just as you might be exposed at your gym, grocery store or favorite restaurant. Nationwide social distancing has reduced the transmission of the coronavirus. Although we have taken measures to enable social distancing in our practice, due to the nature of the procedures we provide, it is not possible to maintain social distancing between the patient, dental healthcare team members and sometimes other patients at all times.

Although exposure is unlikely, do you accept the risk and consent to treatment?

Yes_____ No_____

Patient/Parent’s Signature

Date