Peer Review

Quality Assurance During a Pandemic…and Beyond

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As chairman of Peer Review and Quality Assurance for the New York County Dental Society, I am often asked to write an article for this publication about a case of interest that may be relevant to our own practices. But I would like to take the opportunity to discuss the quality assurance we can provide to our patients regarding infection control and specifically COVID-19.

Infection control is nothing new to dentistry, but COVID-19 is. It is hard to believe that prior to the AIDS epidemic in the early 80's, that dentists did not routinely wear gloves or masks. Initially, dentists only wore masks and gloves for patients known to be infected or at high risk of having HIV or hepatitis B. It did not take long to realize that the risk was always there because patients did not always tell and, not unlike the asymptomatic with COVID-19, the patient did not always know. Hence the term and practice of "universal precautions" were adopted.

These universal precautions may help to account for the fact that no dental office to date has been linked to a super spreader event. This is despite what we know about the transmission of an airborne disease such as COVID-19 which makes dental offices potentially an extremely dangerous environment for both patients and personnel. Yet, according to the ADA, the infection rate for dental personnel is significantly lower than that of the general population.

This is certainly reassuring considering the precautions taken in the dental office were geared to prevent the spread of diseases that are primarily spread through body fluids such as blood and saliva rather than aerosols, as is the case with COVID-19. Initially the concern was so great that the Pennsylvania Department of Health (DOH) mandated that dental emergencies could only be treated in negative pressure operatories. This order was ultimately rescinded when the Pennsylvania DOH was told there were no negative pressure operatories equipped with dental equipment in the state. This was indeed an extreme example; thankfully, the use of N95 masks, face shields, plexiglass dividers, air purifiers, and testing has proven to be more manageable precautions.

Which brings me to the point of quality assurance in the management of our offices during this pandemic. By now I imagine most of us, if not all, are using N95 masks (or in some instances KN95), providing team members face shields and eye protection, and have some sort of air filtration and purification throughout our offices. All these things seem like common sense now and makes some of us wonder why we were not doing this all along to prevent the spread of any airborne illness. But the question remains: how can we monitor the effectiveness of these precautions?

OSHA requires that we send test strips weekly to an independent laboratory to confirm that our autoclaves are doing what they are supposed to be doing. With that in mind, in our office, our team has been testing regularly all along (to date over 60 times cumulatively, over 25 times personally). We currently are doing rapid tests on each other and have applied for a CLIA waiver so that we can test patients. I would propose that while we are still in the throes of this pandemic, that every dental office minimally has at least one member of their team tested once a week for COVID-19. While we know this does not guarantee the safety of our environment it confirms our efforts.

With the delivery of a safe and effective vaccine, the testing will become a thing of the past. As for the other precautions, I suspect they will remain, and ultimately make our offices safer than ever for our patients and ourselves.

LATEST COVID-19 INFORMATION

For information on receiving a CLIA waiver and the latest COVID-19 information as it relates to dentistry, visit the NYSDA website
COVID-19 Resources