

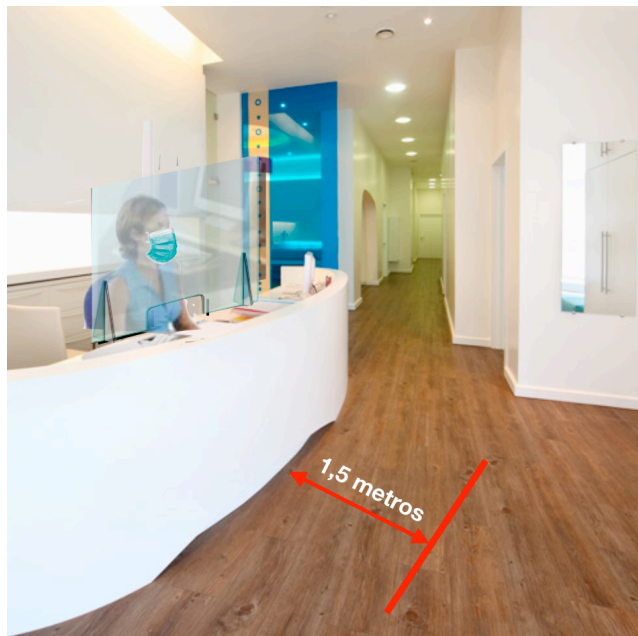
§ Instructions to the patient before coming to the clinic (companions, punctuality, clothing)

The patient in case of giving him an appointment, must be informed about several extremes:

- You must go to the clinic only without a companion (unless it is a minor or person in need of help, in which case a single companion will be accepted).
- Bracelets, necklaces, or earrings should be removed as the coronavirus has been shown to remain on metal surfaces for days
- You must arrive at the agreed time (not long before to avoid unnecessary waiting)
- You should know that upon arrival at the clinic, you will be given a series of instructions and asked to rub your hands with a hydroalcoholic gel for 20 seconds.
- You should know that, in the hypothetical case of crossing another patient in the consultation, you must maintain a distance of at least 2 meters.
- You should be informed of the convenience of paying preferably with a card and not in cash (less probability of viral contamination).

§ Patient reception protocol

- Whenever feasible, it is recommended to place a methacrylate screen in the patient reception area and to indicate with a clearly visible line a security space of approximately 1.5 meters to the reception desk.



- The person at the reception should wear a surgical mask and, if possible, glasses.
- Upon entering the common areas of the clinic, the patient will be offered a dose of hydroalcoholic gel to disinfect the hands for 20 seconds (rubbing the palms of the hands and between the fingers well).
- You will be asked to sit in the waiting room and avoid wandering around the clinic until you are called.
- If the clinic cares for children and adults, it is convenient to differentiate schedules for one and the other.

§ Clinic organization protocol

Waiting room:

- Check out all kinds of magazines, books, information brochures, possible board games, etc. Coronavirus has been shown to be active on paper and cardboard for 24 hours.
- Remove the remote control from the TV in the waiting room.
- Remove chairs in order to keep as few as possible and always keeping a safety space of at least 2 meters between each other.
- Avoid upholstered chairs and prefer them of a material that is easy to clean and disinfect.
- Try to leave the waiting room as clear as possible (eliminate vases, possible coffee maker, unnecessary tables, etc.).
- Avoid, as far as possible, through an appropriate appointment coordination system, the coincidence of patients in the waiting room.
- If several patients coincide and if the separation between them is not feasible, they should wait outside the clinic for them to be called.

General spaces:

- Remove bathroom towels and replace with paper (in case of hand dryer, cancel or remove it).
- Post a sign in the bathroom with instructions on proper hand washing and on the prohibition of brushing teeth in this space.
- Aerate the common spaces from time to time (every hour about 10 minutes).
- Do not connect the air conditioners if they are centralized and connect common areas and clinical areas.
- Placing liquid soap with dispenser in bathroom.
- Remove pictures, posters, diplomas, from areas close to the clinical areas (minimum 2 meters away).

§ Mobility protocol in the clinic

Upon arrival at the clinic, patients will be informed to sit in the waiting room until they are called for consultation. It is prohibited to wander through common spaces or look into clinical areas. Also, they will be recommended to avoid touching anything with their hands (chair, table, door knobs, etc.).

3.2. DURING CARE

§ Before the patient passes:

OR Plan in advance as far as possible what is going to be done to the patient.

This planning allows to organize the strictly necessary material and instruments, as well as to prepare the necessary PPE.

OR Put on the PPE.

OR Do not have material or instruments in sight that will not be used. Have them well stored in closed drawers to avoid possible viral cross contamination.

OR Limit the maximum equipment and material on the furniture to facilitate later cleaning and disinfection of surfaces.

OR Placing plastic or aluminum film in certain areas (those considered to be increased risk of splashing or aerosols) may be helpful. All common contact areas of the equipment (chair lamp handle, equipment tray handle, equipment button area, etc.) should be covered with plastic film (or aluminum foil) between patient and patient.

OR Working with 4 hands can facilitate infection control.

OR It is recommended to put disposable shoe covers on the patient just before stepping on the area clinic.

§ When the patient passes

As soon as the patient passes, the door of the clinic must be closed to prevent viral spread that may occur during treatments.

OR The patient will be asked again to disinfect their hands with hydroalcoholic gel before of sitting on the couch and not touching anything.

OR Before starting any procedure, put a waterproof plastic bib on patient.

OR In those interventions that generate aerosols (ideally always), place eye protection for the patient.

OR Before proceeding with any intraoral examination or treatment, it is recommended that the patient use a mouthwash for 30 seconds to decrease viral load. It is recalled that some studies have shown that chlorhexidine may not be useful for this virus, so it is preferable to resort to a mouthwash of 1% hydrogen peroxide, 0.2% povidone iodine or cetylpyridinium.

OR The use of high flow aspiration is convenient in order to decrease the viral load generated by aerosols. Cover the vacuum cleaner hose with a disposable cover. He

The vacuum cleaner should be as close as possible to the area in which you are working to minimize contamination and the generation of aerosols.

OR Whenever possible, avoid using the air-water syringe for generating aerosols. It is preferable to dry with gauze.

OR The use of the rubber dam is essential in any operative maneuver by reducing very considerable risk of viral contamination.

OR In case of resorting to rotary appliances (always with a non-return system), it is very convenient to use disposable covers, in addition to the necessary sterilization between one patient and another.

OR The curing light, digital cameras, digital sensors, spectrophotometers, etc., and ultimately any device that will be in direct contact with the patient's mouth, must also be protected with a disposable cover.

OR If an X-ray is required, extraoral is preferred over intraoral. Not forget to carry out a thorough prior disinfection of the radiological apparatus and place the appropriate protection with a disposable cover on the devices in contact with the patient's mouth.

OR If sutures are required, resorbable ones are preferred.

§ Concept of high risk interventions:

OR Interventions that generate aerosols are considered riskier interventions.

Without pretending to be exhaustive, it includes performing trectomies, all the operative activity that requires rotating instruments, the phases of carving in prosthodontics, the surgery that involves the generation of aerosols (implantology, osteotomy, etc.), certain phases in orthodontics (removal of brackets and polishing) etc. All of these are, among others, those that will require maximum protection.

§ Concept of reduced risk interventions:

OR Lower risk interventions are considered all those that, by their own

nature, it is not foreseeable that aerosols will be generated. This group would include clinical examination, the application of fluoride or other preventive procedures that do not require air and water spray, orthodontic procedures (except for removal of brackets and polishing), many prosthodontic procedures (for example, taking impressions with printing or digital materials), or some surgical acts, as they do not generate aerosols.

§ Treatment concentration concept

Some protocols advocate concentration of treatments in order to reduce the number of appointments required. Each dentist has to assess this measure, based on their professional judgment and the patient's circumstances.

§ Protection

Current protocols recommend the use of an FFP2 mask, double pair of gloves, hat, eye protection or face shield, disposable waterproof gown and shoe covers.

§ Disinfection of dental impressions

Dental impressions require special treatment against the coronavirus as glutaraldehyde is not effective against it. Basically and in summary we remember that:

- Before disinfecting any impression, it must be cleaned and rinsed with water (decrease in bioburden). After disinfecting, rinse again.
- For alginate impressions (those with the highest risk of dimensional change) it is recommended to better use the spray with a disinfectant based on 1% sodium hypochlorite and place in a sealed bag 10 minutes
- For impressions of elastomers (silicones and polyethers): immersion in 1% sodium hypochlorite for 15-20 minutes.
- Once the impressions are disinfected, they must be rinsed and placed in a sealed bag for shipment to the laboratory, indicating how it has been disinfected (product) and the disinfection time.
- Metal-ceramic and skeletal prostheses: immersion in 70% alcohol (until further revision of virucides that is currently being carried out) for 5 minutes and subsequent rinsing.
- Acrylic prostheses: immersion in 1% sodium hypochlorite for 10 minutes and subsequent rinsing.
- It is recalled that the prepared solutions of sodium hypochlorite have an efficacy of 24 hours (for which it is necessary to prepare them daily and throw away the excess)

3.3. AFTER CARE

Between patients

§ Cabinet cleaning and disinfection protocol

- After the treatment, the outer pair of gloves will be removed (contaminated) and all the instruments will be taken to the disinfection area and sterilization, always wearing the PPE (including a clean inner pair of gloves).
- All the protections that we have placed (plastic or aluminum film), bib, cloths and all other contaminated material (not forgetting a contaminated external pair of gloves) will be brought to the established area and deposited in a hard cover container with pedal opening. It will contain a plastic bag that, once full, will be closed and placed in a second bag for disposal, which once closed, will be deposited in the fraction container of the rest of your local entity.
- A thorough cleaning and disinfection of surfaces and areas of contact with the patient will be carried out (special care to the armrests and headrests of the dental chair, spittoon area, aspiration area, instrument tray of the chair, handle of the chair lamp, buttons chair movements if they are manual, telephone, etc.).
- The usual cleaning and disinfection products in the clinic are effective against coronavirus. Cleaning and disinfection is recommended with the product commonly used for surfaces or with a 0.1% sodium hypochlorite solution (30 ml of common bleach per liter of water). Use a disposable cloth or non-sterile pad. The surfaces are rubbed / rubbed, distributing the product well on the surface to be treated, from the cleanest to the dirtiest areas. Do not pass twice through the same area with the same face of the pad or cloth. Leave to act for at least a couple of minutes.

§ Ventilation

It has been found that it is convenient to aerate the clinical space after each patient for a time of between 5-10 minutes. During aeration, no drafts should occur (close cabinet door).

§ Material disinfection

For disinfection, the usual consultation procedure will be followed: phenolic compounds, peracetic acid, or 10% sodium hypochlorite, among others, are useful.

§ Eye protection disinfection

Protective glasses and screens must be disinfected between patients; To do this, place the glasses in the disposable tray and spray with 70° alcohol or immerse in water with bleach (25 ml of 5% bleach in 1 liter of water). In case of screen, deposit in a disposable tray, spray it with alcohol at 70°.

§ Material sterilization

The coronavirus does not resist high temperatures, so sterilization techniques should be the usual ones.

§ PPE waste and contaminated material

PPE and other disposable contaminated material should be placed in a pedal-operated, hard-lid container with a plastic bag. Those PPE to be reused must be decontaminated and properly treated before storage. The method must be validated to ensure that the reuse of the PPE does not compromise its protective efficacy.

Postoperative instructions to patient

§ Advice to the patient for a new appointment

- The procedures should be clearly explained to the patient which are elective and preferably deferrable until the specific situation is reassessed.
- The patient should be reminded that for the new appointment he must come alone again, without bracelets, earrings and comply with the regulations that have already been stipulated.
- Remind you that, in case of developing any respiratory sign, discomfort, fever or any of the others indicated above, or if during this time you come into contact with a confirmed patient, you must notify us immediately to postpone the appointment.
- Fire him without shaking hands.

§ Payment protocol:

The patient, in his phone call, should have been informed of our preference for him to pay our fees with a bank card, for reasons of reducing the risks of contamination that the handling of cash entails. Remind him of the same for the next appointment. Transfer the pad with hydroalcoholic solution to the dataphone after use.

Cleaning and disinfection of the clinic at the end of the day

§ Common zones:

- At the end of the working day, all common areas will undergo cleaning and disinfection. For soils it is recommended (whenever feasible) the use of sodium hypochlorite (30 ml of common bleach per liter of water).
- All door and window knobs, possible handrails, tables, armrests for chairs and armchairs, switches, telephones, should be cleaned and disinfected with sodium hypochlorite solution, whenever the material allows it (for example, if the knobs are metallic, avoid bleach and prefer 70% alcoholic solution).

§ Reception area:

- Cleaning and disinfection of the work table.
- Cleaning and disinfection of the screen.
- Cleaning and disinfection of computer screen and keyboard.
- Printer cleaning and disinfection.
- Cleaning and disinfection of the dataphone.
- Cleaning and disinfection of the phone.

§ Bathing area:

- Cleaning and disinfecting the sink.
- Cleaning and disinfection of switches.
- Thorough cleaning and disinfection of the toilet.
- Floor scrubbing with bleach.

§ Disinfection and sterilization area:

- Work zone.
- Autoclave and thermosealer cleaning and disinfection.
- Container cleaning and disinfection.

§ Clinical areas:

- Cleaning and disinfection of work surfaces.
- Cleaning and disinfection of the dental chair.
- Equipment lamp cleaning and disinfection.
- Cleaning and disinfection of spittoon area (leave disinfectant to act for at least 2 minutes).
- Cleaning and disinfection of the equipment's aspiration system.
- Cleaning and disinfection of all the furniture in the clinical space.
- Cleaning and disinfection of computer, keyboard and telephone.
- Cleaning and disinfection of all switches in the clinical space.
- Deep scrubbing with bleach.

Steps to take when returning home

Once our workday is over, when we return home, we have to take care of our closest ones. Therefore, it is recommended to adopt a series of measures (table 10):

- Try not to touch anything.
- Take off your shoes and leave them in the entrance or garage.
- Take off clothes and put them in the washing machine (at more than 60°C whenever the clothes allow it).
- Leave keys, wallet, and other objects in a box at the entrance.
- Clean and disinfect your mobile phone and glasses well.
- Wash your hands well with soap and water and shower.
- Clean and disinfect surfaces of bag, briefcase etc. that you brought from outside.
- It is highly recommended to set the dishwasher to high temperature when in use.



PROTOCOLO AL REGRESAR A CASA
ACCIONES FRENTE AL CORONAVIRUS

CONSEJO DENTISTAS ORGANIZACIÓN COLEGIAL DE DENTISTAS DE ESPAÑA

1. Al volver a casa, intenta no tocar nada
2. Quítate los zapatos
3. Deja bolso, cartera, llaves, en una caja a la entrada
4. Quítate la ropa y métela en lavadora (más de 60°C)
5. Limpiar bien móvil y gafas con agua y jabón o alcohol
6. Lávatelo bien las manos con agua y jabón (mínimo 40 segundos) y dúchate nada más llegar
7. Se recomienda usar lavavajillas a alta temperatura
8. Limpiar y desinfectar las superficies de objetos que hayas traído (maletín, bolso, etc.) antes de guardarlos

Table 11. Protocol for measures to prevent COVID-19 upon return home

4. LISTAS COMPROBACIÓN



Four. CHECK LISTS

To finalize the document, a series of *Check list* (checklists) of the most important aspects previously developed, in case they were useful. A specific App will soon be available with these Check lists.

Checklists: Personnel and PPE

Check List 1 : Staff training and PPE checking

LISTA COMPROBACIÓN FORMACIÓN DEL PERSONAL Y COMPROBACIÓN DE EPIs	MARQUE	
FORMACIÓN	SI	NO
1. ¿Se ha realizado un curso o actividad de actualización de los nuevos protocolos a implantar en la clínica?		
2. ¿Se ha realizado un simulacro previo a la reapertura?		
COMPROBACIÓN EPIs	SI	NO
3. ¿Se ha comprobado existencia suficiente de mascarillas FFP2 y mascarillas quirúrgicas?		
4. ¿Se ha comprobado existencia suficiente de guantes?		
5. ¿Se ha comprobado existencia de gorros, cubre zapatos y batas desechables?		
6. ¿Se ha verificado existencia de protección ocular o pantalla facial?		

Check List 2: Putting on and taking off the PPE

COLOCACIÓN Y RETIRADA DEL EPI		SI
COLOCACIÓN EPI	¿Se ha colocado los cubre zapatos?	
	¿Se ha lavado manos con agua y jabón 40 segundos?	
	¿Se ha ajustado la bata impermeable?	
	¿Se ha colocado la mascarilla FFP2 ajustándola a la nariz y por debajo del mentón?	
	¿Ha comprobado el correcto ajuste de la mascarilla?	
	¿Se ha colocado el gorro?	
	¿Se ha colocado la protección ocular o pantalla facial?	
	¿Se ha colocado el doble par de guantes (el externo debe cubrir los puños de la bata desechable)?	
RETIRADA EPI	Antes de retirar el EPI ¿Se ha colocado gel alcohólico en los guantes?	
	¿Se ha retirado la bata desechable sin tocar la ropa de trabajo de debajo?	
	¿Se ha retirado el primer par de guantes (externo)?	
	¿Se ha retirado la protección ocular y la ha desinfectado en esos momentos con el otro par de guantes puestos?	
	¿Se ha retirado el gorro y después la mascarilla sin tocar ninguna parte de la cara?	
	¿Ha ido tirando el material desechable al contenedor apropiado?	
	¿Se ha retirado el segundo par de guantes y se ha vuelto a lavar y desinfectar las manos?	

Check List 3: Steps to take upon return home

ACTUACIÓN AL REGRESO A CASA	SI
1. ¿Recuerde que no debe tocar nada al regresar a casa?	
2. ¿Se ha quitado los zapatos y los ha dejado en un espacio habilitado en la entrada o garaje?	
3. ¿Ha dejado llaves, monedero y demás enseres en una caja en la entrada?	
4. ¿Se ha quitado la ropa y la ha metido en lavadora con ciclo de al menos 60 grados (si la ropa lo permite)?	
5. ¿Ha procedido a una minuciosa limpieza y desinfección de su móvil y gafas?	
6. ¿Se ha lavado bien las manos con agua y jabón y se ha duchado y cambiado?	
7. ¿Ha procedido a una limpieza y desinfección del bolso, maletín etc., antes de guardarlos?	

Checklists: Common Spaces

Check List 4 : Adaptation of common spaces.

	ADAPTACIÓN DE ESPACIOS COMUNES	SI
RECEPCIÓN	¿Ha adaptado la recepción dejando encima de la mesa el material de escritorio mínimo imprescindible?	
	¿Ha adaptado la recepción con mampara metacrilato y ha señalado el espacio de seguridad de 1.5 metros hasta el mostrador?	
	¿Hay gel hidroalcohólico disponible en recepción?	
SALA ESPERA	¿Ha retirado libros, revistas, folletos, etc., de la sala de espera?	
	¿Ha retirado el mando del televisor y el del aire acondicionado para que no esté al alcance de los pacientes?	
	¿Están las sillas dispuestas en sala de espera con el espacio de seguridad de 2 metros entre una y otra?	
	¿Ha retirado mobiliario tapizado o difícil de limpiar y desinfectar?	
	¿Ha retirado toda decoración innecesaria (floreros, esculturas, cafetera, etc.) para facilitar la limpieza y desinfección?	
BAÑO	En el baño ¿ha colocado jabón líquido con dispensador y papel secante?	
	En caso de disponer de secador de mano por aire ¿lo ha desactivado o retirado?	
	¿Ha señalado con cartel técnica de lavado de manos y prohibición de cepillarse los dientes en este espacio?	
COMUNES	¿Ha aireado todos los espacio nada más llegar?	
	¿Ha comprobado que el aire acondicionado está desconectado?	

Check List 5: Cleaning and disinfection of common spaces.

LIMPIEZA Y DESINFECCIÓN DE ESPACIOS COMUNES	SI
¿Ha limpiado y desinfectado los suelos de todos los espacios comunes con producto adecuado?	
¿Ha utilizado mopa en vez de aspirador o escoba?	
¿Ha limpiado y desinfectado pomos de puertas y ventanas, interruptores, pasamanos, mesas, sillas (apoyabrazos) etc?	
¿Ha limpiado y desinfectado la mampara de recepción?	
¿Ha limpiado y desinfectado la mesa de trabajo y mostrador de recepción?	
¿Ha limpiado y desinfectado el teléfono, la pantalla y teclado del ordenador y la impresora?	
¿Ha procedido a una limpieza y desinfección del baño, incluyendo suelo?	

Checklists: Patient care

Check List 6: Telephone triage and advance instructions.

	TRIAJE TELEFÓNICO E INSTRUCCIONES PREVIAS	SI
TRIAJE TELEFÓNICO	¿Le ha preguntado si presenta o ha presentado fiebre en los 14 días previos?	
	¿Le ha preguntado si presenta o ha presentado tos o cualquier otro signo respiratorio en los 14 días previos?	
	¿Le ha preguntado si presenta o ha presentado diarrea o signo digestivo en los 14 días previos?	
	¿Le ha preguntado si presenta o ha presentado cansancio, malestar general en los 14 días previos?	
	¿Le ha preguntado si presenta o ha presentado pérdida del olfato o del sentido del gusto en los 14 días previos?	
	¿Le ha preguntado si ha estado en contacto o conviviendo con alguien sospechoso o confirmado de COVID-19?	
	¿Le ha preguntado si ha tenido el COVID-19, y en caso afirmativo si sigue en cuarentena?	
INSTRUCCIONES PREVIAS	¿Le ha preguntado si el motivo de su llamada es una urgencia? (dolor, inflamación, traumatismo, hemorragia)	
	EN CASO DE DARLE CITA LE HA INFORMADO DE:	
	Acudir sólo a consulta (salvo menor o persona necesitada de ayuda)	
	Retirarse pulseras, anillos, pendientes, antes de acudir	
	Llegar puntual (y no antes) para evitar espera innecesaria	
	Que se desinfecte las manos con el gel que le proporcionaremos nada más llegar	
Mantener la distancia de seguridad de 2 metros si coincide con otros pacientes		
Abonar preferentemente con tarjeta y los motivos de esa petición		

Checklist 7: Reception of the patient, passage to clinic and postoperative instructions.

RECEPCIÓN DEL PACIENTE, PASO AL ÁREA CLÍNICA E INSTRUCCIONES POSTOPERATORIAS		SI
RECEPCIÓN PACIENTE	¿Le ha dado el gel alcohólico para frotarse las manos?	
	¿Está manteniendo la distancia de seguridad?	
	¿Ha confirmado que el paciente se ha retirado pulseras, anillos y pendientes (en caso contrario que se los quite y deje en el interior de su bolso)	
PASO ÁREA CLÍNICA	¿Le ha entregado cubre zapatos antes de pisar el área clínica?	
	¿Le ha entregado gel hidroalcohólico para que frote las manos antes de sentarse en sillón? Recuérdale que ya no toque nada.	
	¿Le ha colocado babero impermeable al paciente?	
	¿Le ha entregado colutorio de peróxido de hidrogeno al 1% o povidona iodada al 0.2% (comprobar alergia al yodo)? . Buche de al menos 30 segundos.	
	¿Le ha entregado protección ocular al paciente?	
	¿Ha comprobado que toda la aparatología que vaya a estar en contacto con la boca está debidamente protegida con fundas desechables?	
	¿Le ha entregado protección ocular al paciente?	
INSTRUCCIONES POSTOPERATORIAS	¿Ha explicado al paciente qué se le va a hacer en la próxima cita?	
	¿Ha recordado al paciente que continúe viniendo sólo en la próxima cita?	
	¿Le ha recordado venir sin pulsera, anillos ni pendientes?	
	¿Le ha informado de que en caso de presentar signos, nos llame para valorar posible cambio de cita?	
	¿Le ha recordado la preferencia de abono con tarjeta?	

Check List: Clinical Activity

Checklist 8: Radiology aspects and clinical activity.

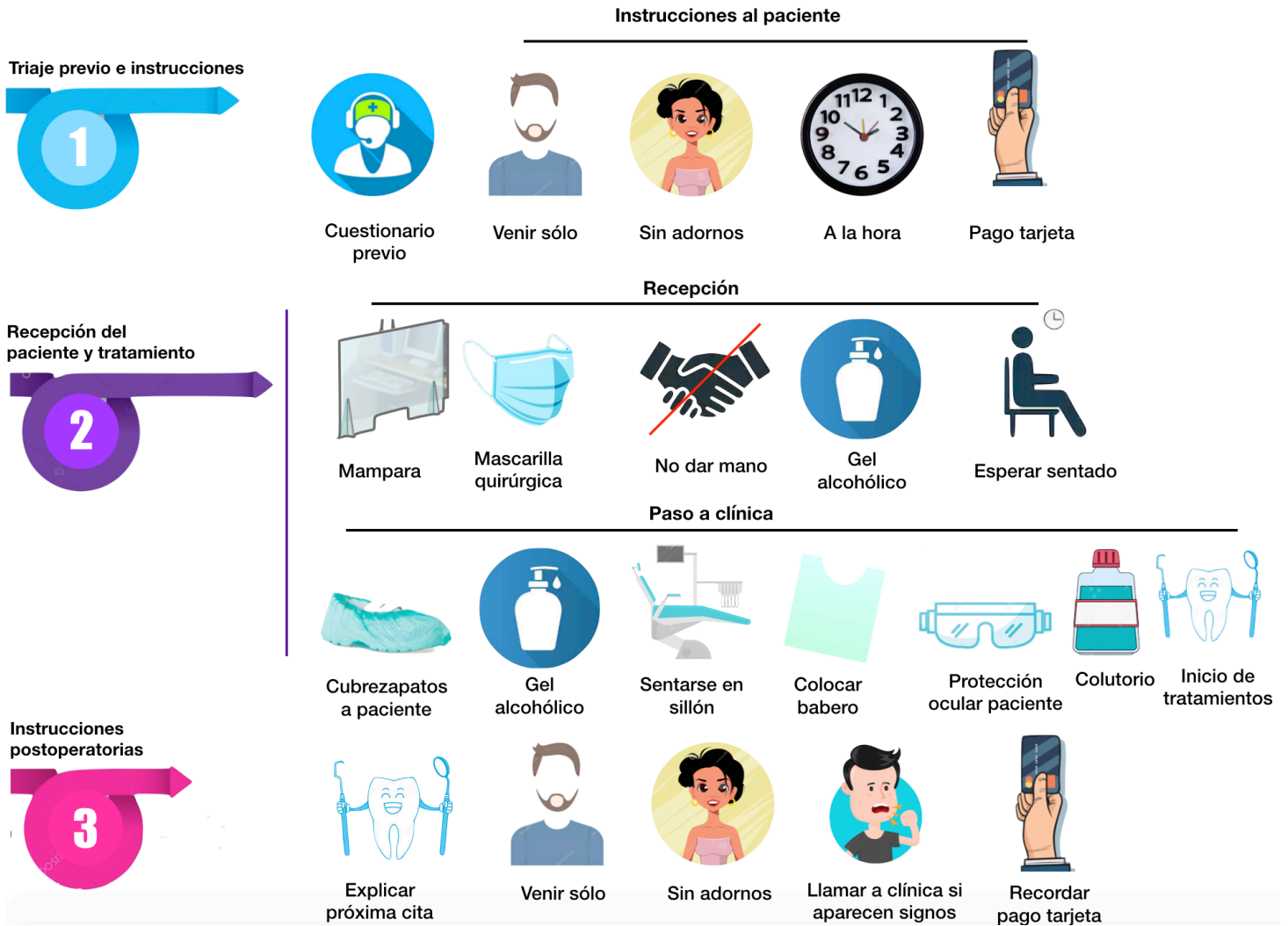
RADIOLOGÍA Y ACTIVIDAD CLÍNICA		SI
RADIOLOGÍA	¿Ha valorado la preferencia de una radiografía extraoral sobre la intraoral?	
	¿Ha colocado las pertinentes fundas desechables en las zonas de contacto con la boca del paciente ?	
	¿Se ha desinfectado la parte de contacto del aparato radiológico?	
	¿Se ha desinfectado el collarín y delantal de plomo?	
PASO ÁREA CLÍNICA	¿Se ha preparado el material e instrumental estrictamente necesario estando el resto guardado en cajoneras cerradas?	
	¿Está todo el personal protegido con los debidos EPIs?	
	¿Está cerrada la puerta del área clínica?	
	¿Ha protegido con film transparente las zonas de manipulación del equipo: agarradera de lámpara, asa de bandeja porta instrumental, etc.)?	
	¿Se ha comprobado el sistema de aspiración?	
	¿Se ha colocado la protección ocular al paciente?	
	¿Se han protegido todos los aparatos que lo requieren con sus debidas fundas desechables?	
	En caso de necesitar suturar, ¿tiene preparadas las suturas reabsorbibles?	

Check List: Cleaning and Disinfection

Checklist 9: Cleaning and disinfection aspects: between patients and at the end of the working day.

LIMPIEZA Y DESINFECCIÓN		SI
ENTRE PACIENTES	¿Ha procedido a retirar todo el material contaminado (babero, paños , boquilla aspirador, film plástico, etc.) ?	
	¿Ha llevado al área de desinfección y esterilización el material e instrumental contaminado (después de retirarse el guante externo)?	
	¿Ha depositado todo el material desechable en el contenedor de tapa dura en el área de desinfección?	
	¿Ha ventilado el área clínica cerrando la puerta (entre 5-10 minutos)?	
	¿Ha procedido a una minuciosa limpieza y desinfección de superficies, sillón, escupidera, lámpara, ordenador etc? (Porte de guantes obligatorio para estas tareas)	
	¿Ha dejado actuar el productor desinfectante al menos 2 minutos en las superficies limpiadas?	
	¿Ha vuelto a preparar el espacio clínico debidamente antes de pasar a otro paciente (film plástico, paños, fundas desechables en rotatorio etc.)?	
LABORATORIO		
	En caso de impresiones o prótesis ¿las ha sometido al proceso adecuado de limpieza y desinfección antes de su envío al laboratorio?	
AL FINAL DE JORNADA LABORAL	¿Ha procedido a una limpieza y desinfección de todas las superficies de trabajo del área de desinfección/esterilización, autoclave, termoselladora y contenedor?	
	¿Ha procedido a una minuciosa limpieza y desinfección de todas las superficies de trabajo?	
	¿Ha procedido a una limpieza y desinfección del sillón dental incluyendo lámpara del equipo?	
	¿Ha procedido a una limpieza y desinfección de la zona de escupidera?(dejar actuar desinfectante mínimo 2 minutos y activar la escupidera con agua)	
	¿Ha procedido a una minuciosa limpieza y desinfección del sistema de aspiración del equipo (incluyendo desinfección interna del circuito)?	
	¿Ha procedido a una limpieza y desinfección minuciosa de todos los interruptores y suelo del espacio clínico?	




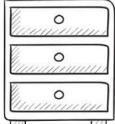


Review of the Patient Circuit:



Review of Clinic Staff Circuit:

Preparación del gabinete

1

-  Planificar instrumental
-  Colocar EPIs
-  Proteger equipo
-  Cerrar cajoneras
-  Proteger instrumental
-  Comprobar escupidera y aspiración

Durante el tratamiento

2

-  Cerrar la puerta
-  Gel alcohólico
-  Colutorio
-  Inicio de tratamientos
-  Evitar jeringa con spray
-  Bandeja desechable
-  Despedir paciente

Después del tratamiento

3

-  Retirar guantes externos
-  Retirar material contaminado
-  Llevar al área de sucio
-  Tirar desechable a contenedor
-  Desinfectar protección ocular
-  Esterilizar instrumenta
-  Ventilar
-  Limpieza y desinfección clínica
-  Retirar EPI
-  Lavado manos



SUPPORT BIBLIOGRAPHY

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Links of interest

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§ CDC:

<https://www.cdc.gov/infectioncontrol/pdf/guidelines/disinfection-guidelines->

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§ World Health Organization (WHO):

<https://www.who.int/health-topics/coronavirus>

§ ADA (American Dental Association):

<https://www.ada.org.au/Covid-19-Portal/Dental-Professionals>

• General Council of Dentists of Spain:

<https://www.consejodentistas.es/ciudadanos/coronavirus.html>