



COVID-19 Consent for Mobile Dental Treatment

The emergence of the highly infectious COVID-19 virus has led to a global pandemic. Since the outbreak of the virus, worldwide healthcare systems have been challenged. Guidance from the Centers for Disease Control and Prevention (CDC), the American Dental Association (ADA) and the Occupational Safety and Health Administration (OSHA) continue to safeguard the health of the public. Dental care is essential health care, and it is the ADA's position that dental care can continue to be delivered safely during the pandemic. Regular dental visits are important because prevention and treatment of dental disease helps keep people healthy.

Morongo Basin Community Health Center (MBCHC) cares about your child's health and overall well-being. Our current general COVID-19 protocols are as follows:

- Entire dental healthcare personnel (DHCP) are fully COVID-19 vaccinated. Added higher levels of personal protective equipment (PPE) for staff - *Headcover, over-gown, N95 mask, with surgical mask over N95 mask.*
- Mobile clinic communicates with parent/guardian the day before, or day of treatment to ask COVID-19 screening questions. Masks required for entry/exit; temperature check and patient hand sanitizer used upon arrival. Student-patients escorted to treatment room immediately after screening process – maximum of two patients only in separate treatment rooms allowed. Ample time given between patients for proper disinfection and air filtration.
- Items that cannot be properly disinfected have been removed from the reception area. Appointments are managed for social distancing between student-patients.
- Treatment rooms are closed off with isolation doors; with open-window ventilation and HEPA filtration units. Use of high-volume suction to greatly reduce any exposure to water spray (aerosols) created.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child and I may be exposed to, or infected by COVID-19 during dental procedures. I understand the symptoms of COVID-19 can be any of the following: Fever, chills, shortness of breath, dry cough, runny nose, sore throat, altered taste/smell, body aches, chest pain. I agree to report any COVID-19 symptoms my child has to mobile dental staff should symptoms occur the day before, or the day of scheduled dental treatment.

I understand that my child has an elevated risk of contracting COVID-19 simply by being in a public setting. I understand that the virus has a long incubation period, during which carriers may not show symptoms but still be highly contagious. While dental clinics are meticulously cleaned and disinfected, I understand there is a very remote risk of COVID-19 transmission. I understand that some dental procedures can create water spray (aerosols), which is one way the disease might spread. I understand that I can ask dental staff about any questions I might have in giving my consent.

By signing, I am acknowledging that I understand my child's relative risk and give consent for dental care with MBCHC.

STUDENT'S NAME: _____

PARENT/GUARDIAN NAME: _____

PARENT GUARDIAN SIGNATURE: _____ DATE: _____