OSAP/DQP
BEST PRACTICES FOR INFECTION CONTROL IN DENTAL CLINICS DURING THE COVID-19 PANDEMIC

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INTRODUCTION

As the COVID-19 pandemic, caused by the virus SARS-CoV-2, continues to evolve, dental practices are beginning to schedule nonemergency dental care. Establishing an infection control plan that places patient and staff safety first is the rationale behind this new best practices resource.

This best practices resource is a compilation of current regulations, guidance and practice tips assembled by national and international dental infection prevention experts. These leaders completed an extensive review of guidance provided by agencies such as the Centers for Disease Control and Prevention (CDC), the Occupational Safety and Health Administration (OSHA), the American Dental Association (ADA), the American Dental Hygienists' Association (ADHA) and others, and developed straightforward instructions addressing all the major aspects of safely engaging in dental practice during the COVID-19 pandemic. Developed for dental clinicians, front office staff and other personnel, this document has two sections, a practical checklist and a companion resources/tools section.

Because COVID-19 is still a very real pandemic, it is important for dentistry to:

- Regularly consult state dental boards and state or local health departments for current local information for requirements specific to their jurisdictions, including recognizing the degree of community transmission and impact, and their region-specific recommendations.
- Use professional judgement in situations where there is not specific guidance or regulation with the goal of patient and personnel safety.
- Understand that these best practices will continue to be updated as the pandemic evolves.

RATIONALE

The dental profession is categorized by OSHA as overall a "Very High Risk" category. This assessment is due to the potential for exposure to known or suspected sources of SARS-COV-2 during specific aerosol-generating procedures (AGPs). AGPs may include, in dentistry, procedures using high and low speed handpieces, ultrasonic scalers, air/water syringes and air polishing. OSHA further designated risk levels broken down by task.[i]

DENTISTRY WORK TASKS ASSOCIATED WITH EXPOSURE RISK LEVELS

LOW RISK

- Performing administrative duties in non-public areas of dental facilities, away from other staff members.

MEDIUM RISK

- Providing urgent or emergency dental care, not involving AGPs to well patients (i.e., to members of the general public who are not known or suspected COVID-19 patients).
- Working in busy staff work areas.

HIGH RISK

- Entering a known or suspected COVID-19 patient's care area.
- Providing emergency dental care, not involving AGPs, to known or suspected COVID-19 patients.
- Performing AGPs on well patients.

VERY HIGH RISK

- Performing AGPs on known or suspected COVID-19 patients.
- Collecting or handling specimens from known or suspected COVID-19 patients.

This best practices resource is designed to help reduce the level of risk from "very high" through a hierarchy of safety protocols that have the greatest impact on clinical safety.[ii] Following is a graphic of a Hierarchy of Controls developed by CDC's National Institute for Occupational Safety and Health (NIOSH). The pyramid moves from the most effective controls down to the least effective. Note the dental examples (not a complete list) for each level of control.

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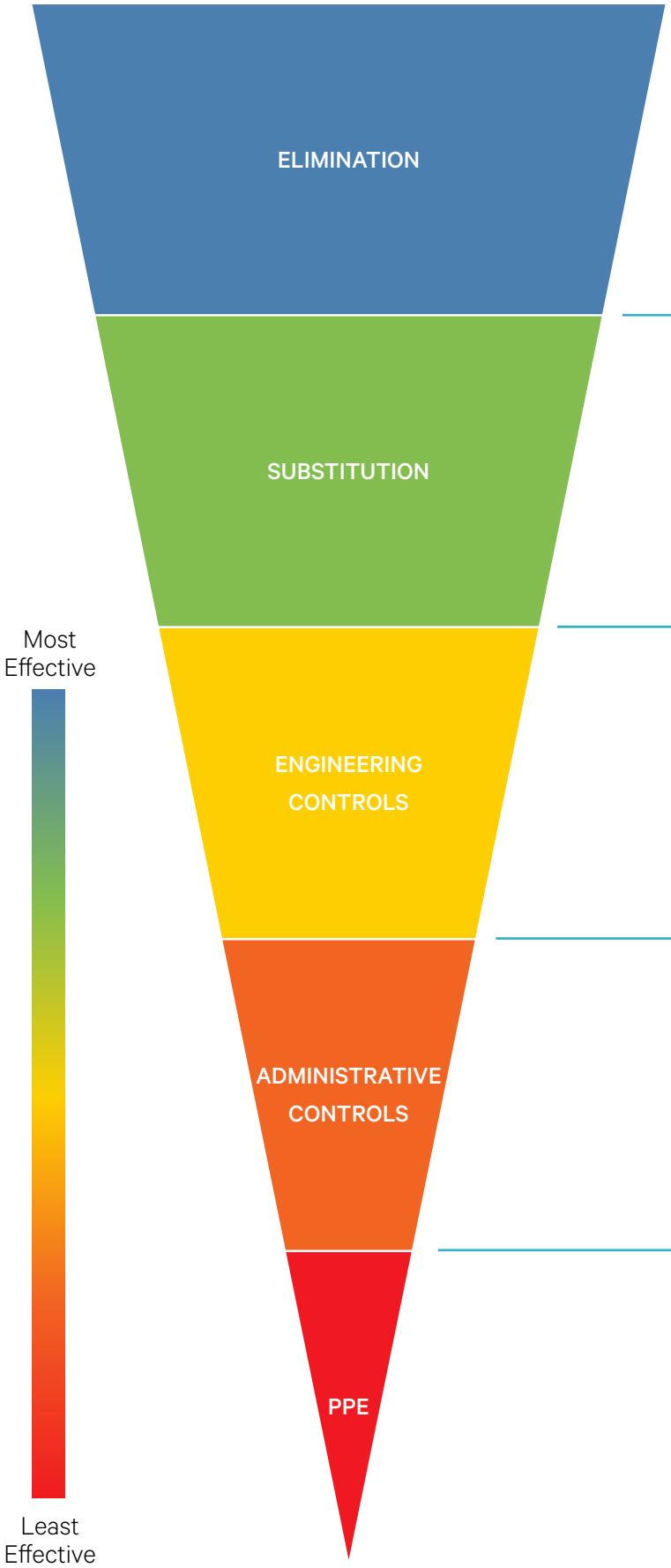
HIERARCHY OF CONTROLS WITH DENTAL EXAMPLES



PHYSICALLY REMOVE THE HAZARD

- Symptom screening prior to appointment and on arrival: isolate and eliminate (discharge, refer) all symptomatic patients and workers
- Viral testing at time of treatment – Not currently available
- Remove items and surfaces that might cross-contaminate and replace with non-touch options

REPLACE THE HAZARD

- Remotely assist patients through Teledentistry
- Alter or postpone treatment plan if this does not harm patient
- Prioritize at-risk population in most need of dental care
- Limit close contact of patients throughout the practice
- Avoid aerosolizing procedures, substitute with non/low spray practices where possible
- Re-assign roles of high risk personnel to low exposure work or locations

ISOLATE PEOPLE FROM THE HAZARD

- Facility space organization into infection control zones. Isolate and separate space with physical barriers
- Rubber dam isolation use
- High volume evacuation in conjunction with isolation
- Pre-procedure mouth rinse to reduce microorganisms
- Hand instrumentation for hygiene, non-surgical periodontal treatment, minimal restorative treatment

CHANGE THE WAY PEOPLE WORK

- Respiratory hygiene/cough etiquette/hand hygiene stations
- Sick leave policies
- Manage visitors, limit points of entry
- Adjustments in appointment scheduling
- Universal Source Control – all people wear appropriate level face coverings in facility
- Create, train new employee roles
- Respiratory Protection Program (RPP)

PROTECT THE WORKER FROM THE HAZARD

- Gowns
- Gloves
- Mask
- Face shield
- Goggles
- N95 respirator

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HOW TO USE THIS RESOURCE:

This resource is intended for all Dental Health Care Personnel (DHCP) including all paid and unpaid personnel in the dental health-care setting who might be occupationally exposed to infectious materials, including body substances and contaminated supplies, equipment, environmental surfaces, water, or air. This includes dentists, dental hygienists, dental assistants, dental laboratory technicians (in-office and commercial), students and trainees, contractual personnel, other persons not directly involved in patient care but potentially exposed to infectious agents (e.g., administrative, clerical housekeeping, maintenance, or volunteer personnel).[iii]

DHCP are encouraged to use this resource to ensure their practice setting has the appropriate infection prevention policies and practices in place, including relevant training and education and adequate supplies to provide safe care and a safe working environment during a pandemic.

PREPARING THE DENTAL CLINIC FOR PATIENTS AND VISITORS CHECKLIST

This checklist includes two major sections:

1) preparing the clinic prior to patient appointments, and

2) delivering safe patient care.

DHCP are encouraged to review each item to check "yes" upon completion of the action item or policy or N/A if the item does not apply to the practice. A source column indicates where the guidance item was obtained including CDC[iv] (Centers for Disease Control and Prevention), OSHA[v] (Occupational Safety and Health Administration), ADA[vi] (American Dental Association) and ADHA[vii] (American Dental Hygienists' Association). When "ALL" is used in the source column, it indicates that CDC, OSHA, ADA and ADHA offer the same guidance. Note that the situation is evolving, and this checklist will be updated as new guidance is available.

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PART 1: PREPARING THE DENTAL CLINIC PRIOR TO PATIENT APPOINTMENTS

POLICIES AND PROCEDURES	YES	N/A	SOURCE
Tasks associated with different exposure risk levels have been identified	☐	☐	OSHA
Written policies have been developed and implemented that address at least the following:			
• Process monitor daily the prevalence of COVID-19 at the community and state level.			ALL
• Local health department directory	☐	☐	
• State health department directory	☐	☐	
• Treatment of suspected or confirmed COVID-19 positive patient which would require the use of aerosol-generating procedures.	☐	☐	ALL
• Plan has been created to complete the procedure in an Airborne Illness Isolation Room (AIIR) with all in attendance utilizing a N95 respirator or higher.	☐	☐	
• Universal Source Control requiring everyone entering the office, regardless of whether they have COVID-19 symptoms to wear appropriate level of mask or a face covering.	☐	☐	CDC, OSHA, ADHA
• Patient and visitors are encouraged to wear their own personal mask. Masks will be provided, if supplies are adequate, for patients and visitors.	☐	☐	
• Every employee will always wear facemasks when in the dental setting.	☐	☐	
• Cloth masks may be utilized by staff not involved in direct patient care activities.	☐	☐	
• Clinical staff can utilize a cloth face mask when not involved in direct patient care.	☐	☐	
• Facemasks or cloth masks should be replaced if they become hard to breathe through, wet or soiled.	☐	☐	
• Hand hygiene should be performed anytime masks are adjusted or removed.	☐	☐	
• Minimizing the number of people accompanying patient.	☐	☐	CDC, ADA, ADHA
• Actively screening employees, patients and visitors for fever and other symptoms of COVID-19 before they enter the dental setting. (See COVID-19 Patient Triage Questions in Resources/Tools section of this document.)	☐	☐	ALL
• Maintaining six-foot social distancing at work with other team members and patients when not performing treatment.	☐	☐	ALL
• Work-exclusion policy to ensure DHCP understand:			
• DHCP should stay home if sick or showing cold, flu or COVID-19 symptoms.	☐	☐	
• All DHCP are screened for COVID-19 at the beginning of the day (See Employee Screening Log for COVID-19 in Resources/Tools section of this document)	☐	☐	
• If DHCP develop fever (T≥100.0˚F) or symptoms consistent with COVID-19 while at work, workers should be reminded to keep their mask on, are sent home and asked to seek medical care.	☐	☐	
• Workplace exposures to COVID-19 will be managed based on Interim US Guidance for Risk Assessment and Work Restrictions for Healthcare Personnel with Potential Exposure.	☐	☐	
• Return to work date will be based on Criteria for Return to Work for Healthcare Personnel with Suspected or Confirmed COVID-19 (Interim Guidance).	☐	☐	
• Written Respiratory Protection Program which addresses training, medical evaluation and fit testing when N95 or higher respirators are used for clinical care. (See RPP Implementation Checklist in Resources/Tools section of this document.)	☐	☐	CDC, OSHA, ADHA

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PRACTICE TIPS

- Consider having team members participate in ADA/OSAP webinar "COVID-19 Response: CDC Guidance for Dental Settings (May 2020)"
- Conduct a mock opening in which all team members practice/rehearse new routines. Areas of consideration:
  - Staff flow during workday: determine how breaks will occur taking into consideration social distancing
  - Patient flow entrance and exit
  - Screening of personnel
  - Screening of patients
  - Review of aerosol reduction techniques
  - Donning and doffing of PPE (See Dental PPE Donning/Doffing Checklist on page 20)
  - Importance of frequent, correct hand hygiene
  - Environmental surface asepsis including cleaning and disinfection of clinical contact surfaces and housekeeping surfaces
- Conduct team meetings to discuss:
  - Training employees on SARS-CoV-2, updated or new policies and new roles and responsibilities to reduce the risk of exposure
  - Community transmission of COVID-19 in the area. NOTE: if there is a surge of COVID-19, reconsider decision to engage in practice.
  - Current PPE supplies and other infection control supplies needed. NOTE: if adequate supplies are not available, reconsider the decision to engage in practice.
  - Strategies for social distancing among patients and dental team.
  - Assignments of specific duties related to safe practices. NOTE: see next section of this checklist for additional details.
  - Methods to minimize aerosol production in the office.
  - The content of the facility's written Respiratory Protection Program, which must be implemented when respirators are in use. (See RPP Implementation Checklist on page 19)
  - Q&A session to address challenges employees have identified.

DENTAL TEAM PREPARATION AND SCREENING	YES	N/A	SOURCE
All team members answer COVID-19 screening questions and have their temperatures taken with a contactless thermometer. NOTE: ≤100.0 ˚F for DHCP. Results are recorded daily. See Employee Screening Log for COVID-19 in Resources and Tools section of this document.	☐	☐	ALL
DHCP who show signs and symptoms of COVID-19 are isolated from others before being sent home and referred to medical provider or emergent care. Symptomatic healthcare workers are at high priority for COVID-19 testing.	☐	☐	
Pregnant personnel are instructed to:			CDC, ADA, ADHA
• Seek and follow medical guidance regarding work.	☐	☐	
• Avoid people who are sick or who have been exposed to the virus.	☐	☐	
• Consider limiting exposure to suspected or confirmed COVID-19 patients especially during higher risk exposures (aerosol-generating procedures).	☐	☐	

PRACTICE TIPS

- For DHCP who are 65 years or older, or immunocompromised and may be at higher risk for COVID-19 disease consider obtaining a medical evaluation before returning to work.
- Every member of the dental team should receive the seasonal influenza vaccine.

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EQUIPMENT AND SUPPLIES	YES	N/A	SOURCE
All manufacturers' Instructions for Use (IFU) have been gathered and reviewed for how to "re-start" equipment that has not been in use including any required routine maintenance.	☐	☐	CDC
The ultrasonic instrument cleaner has been prepared for use by cleaning, degassing (no instruments in the tank) and by performing a cavitation test (aluminum foil test or other cavitation test method).	☐	☐	CDC, ADHA
The instrument washer has been prepared for use based on manufacturer's IFU.	☐	☐	CDC, ADHA
The autoclave has been prepared by cleaning it, examining filters and gaskets, and replacing if indicated and running empty sterilization cycles with spore tests per the manufacturer's IFU in sufficient time to obtain spore test results prior to re-opening.	☐	☐	CDC, ADHA
Dental unit waterlines: • Have been shocked and prepared for use based on manufacturer's IFU • Testing has been completed with sufficient time to obtain results to ensure the lines meet the standard for safe drinking water based on the Environmental Protection Agency (EPA) standard of <500 CFU/mL	☐ ☐	☐ ☐	CDC, ADA, ADHA
High-volume evacuators (HVE) are available in all dental treatment rooms.	☐	☐	CDC, ADA, ADHA
Perform maintenance per manufacturer's IFU for proper maintenance after extended storage on other items including air compressor, vacuum and suction lines, amalgam separator, radiology equipment and any other equipment.	☐	☐	CDC, ADHA

PRACTICE TIPS

- Store all product/equipment IFUs either in an electronic or hard-copy format so that the information is easily accessible.
- Perform any required routine maintenance for all equipment.
- Document all equipment testing and maintenance procedures.
- For mail-in spore testing and/or dental unit waterline testing perform at least seven (7) days in advance of opening to ensure adequate time to receive test results.
- Inspect supplies and equipment to ensure that none have expiration dates that have passed. Suggested items to consider (not a complete list):
  - Emergency kit
  - All medications
  - Materials used during patient treatment
  - Supplies used for the sterilization process (sterilization pouches, chemical indicators, spore tests)
  - Personal Protective Equipment
  - Surface disinfectants/high level disinfectants
- Dispose expired products properly as recommended by the appropriate government entity (EPA, Drug Enforcement Administration [DEA], local waste management)

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ADJUSTING CLINICAL AREAS	YES	N/A	SOURCE
For clinics with open floor plans consider installing floor to ceiling barriers (ensuring they do not interfere with fire sprinklers) to enhance the effectiveness of any heating, ventilation and air conditioning air filtration systems utilized.	☐	☐	CDC
If there is no door for the operatory, or the treatment area lacks complete walls, consider using a plastic barrier to seal the room. This barrier will need to be disinfected between patients.	☐	☐	ADHA
When possible, orient operatories parallel to the direction of airflow.	☐	☐	CDC

HEATING, VENTILATION, AND AIR CONDITIONING (HVAC)	YES	N/A	SOURCE
A HVAC professional has been contacted to determine strategies to reduce exposure to the virus based on CDC guidance. Areas to consider:	☐	☐	CDC
• Increasing filtration efficiency to the highest level compatible with the HVAC system.	☐	☐	CDC, OSHA
• Ability to safely increase the percentage of outdoor air supplied through the HVAC system.	☐	☐	CDC
• Limiting the use of demand-controlled ventilation, such as leaving the fan running, including bathroom exhaust fans during work hours, and when feasible, up to two hours after the end of the workday.	☐	☐	CDC
• Appropriate use/placement of a portable HEPA air filtration unit while the patient is actively undergoing, and immediately following, an aerosol-generating procedure.	☐	☐	CDC
• Use of upper-room ultraviolet germicidal irradiation (UVGI) as an additional solution.	☐	☐	CDC

ENTRYWAY AND LOBBY AREA PREPARATION	YES	N/A	SOURCE
Signage has been placed to encourage hand hygiene, respiratory hygiene, and cough etiquette.	☐	☐	ALL
Hand hygiene products, tissues and waste cans are placed for patient and visitor use.	☐	☐	ALL
Sneeze guards/plastic barriers are in place at Reception/Check-out and other areas where potential exposures may occur.	☐	☐	ALL
Chairs in the waiting room have been placed at least six (6) feet apart.	☐	☐	CDC, ADA, ADHA
High touch items such as magazines, toys, coffee machines and remote-control devices have been removed.	☐	☐	CDC, ADA, ADHA

PRACTICE TIP

Consider designating an area for delivery of packages which do not require signatures.

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UNIVERSAL SOURCE CONTROL	YES	N/A	SOURCE
Universal Source Control measures have been implemented to reduce exposure to potentially infectious co-workers or visitors			CDC, ADHA
• All employees will always wear facemasks when in the dental setting.	☐	☐	
• Cloth masks may be utilized by non-clinical staff for source control.	☐	☐	
• Surgical masks or respirators provide a higher level of protection and are required when performing patient clinical procedures. When not involved in direct patient care, clinical staff can utilize a cloth mask for source control.	☐	☐	

PRACTICE TIPS

- If facemasks or cloth masks become hard to breathe through, wet or soiled, they should be replaced.
- Hand hygiene should be performed anytime masks are adjusted or removed.

PATIENT/VISITOR COMMUNICATION AND PRE-APPOINTMENT SCREENING	YES	N/A	SOURCE
An area near the entry to the office has been identified in which to screen patients. NOTE: Consider screening patients outside of the office when possible.	☐	☐	ALL
There are adequate supplies of PPE dedicated to the screening process including masks, eye protection, gloves, and gowns. NOTE: If supplies are sufficient ensure the lowest level medical masks are provided for those patients who arrive without a mask.	☐	☐	ALL
Appropriate screening supplies have been assembled for the screening process including clip board, thermometer, etc.	☐	☐	
Prior to the dental appointment patients are telephoned to:			ALL
• Triage and assess their dental condition.	☐	☐	
• Screen for COVID-19 symptoms.	☐	☐	
• Request patients to limit the number of accompanying visitors.	☐	☐	
• Advise patients that:			
◦ they and any accompanying visitor will need to wear a mask and limit bringing personal belongings into the office.	☐	☐	
◦ an additional COVID-19 symptom screening will occur upon their arrival to the appointment.	☐	☐	
◦ they may be asked to wait in a personal vehicle or outside the dental facility where they can be contacted by mobile phone when it is their turn for dental care.	☐	☐	

PRACTICE TIPS

Use Teledentistry (e.g., voice or video) for non-emergency consultations when possible.

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PART 2: DELIVERING SAFE PATIENT CARE

The following sections of the checklist address the care of the patient, and processes related to providing oral healthcare safely, beginning with patient arrival to the office to patient discharge with subsequent decontamination of the operatory. The appropriate use of PPE is listed in the context of delivery of patient care.

PATIENT ARRIVAL FOR APPOINTMENT	YES	N/A	SOURCE
Patients and anyone accompanying them to the appointment are appropriately screened for temperature and signs/symptoms of COVID-19 prior to entering the office:	☐	☐	ALL
• When possible escorts, friends or other family members do not enter the waiting room or treatment areas.	☐	☐	
• All patients and visitors are reminded to keep face coverings on if possible, except during treatment.	☐	☐	
• All patients and visitors are directed to perform hand hygiene when entering the clinic.	☐	☐	
• Physical distancing between patients is limited by spacing of chairs in the lobby area and monitoring of patient flow through the practice.	☐	☐	
• Patients who have a temperature (≥100.4 ˚F) and/or signs and symptoms of COVID-19 are provided a mask if they are not wearing one and asked to follow-up with their healthcare provider. For an elevated temperature alone, the dentist is consulted for further evaluation.	☐	☐	

PRACTICE TIPS

- Ensure patients' face coverings cover both the nose and mouth.
- Advise the patient to notify the clinic if they develop symptoms of COVID-19 within 48-hours of their appointment.
- If the patient has a temperature, the advice to go home and follow-up with their personal healthcare provider may be the most common response, but fever either subjective or confirmed could be an indication of a dental issue that should be further evaluated. If the patient has a fever strongly associated with a dental diagnosis (e.g., pulpal and periapical dental pain and intraoral swelling), but no other symptoms consistent with COVID-19 are present, care can be provided with appropriate protocols.[viii]
- Further evaluation can occur using Telehealth technologies.

DENTAL OPERATORY SPECIFICS FOR PATIENT CARE (TARGETED TO DENTISTS, ASSISTANTS, HYGIENISTS)	YES	N/A	SOURCE
The dental operatory is prepared to resume care in the era of COVID-19. Preparations may include designating a:			CDC, ADA, ADHA
• Clean area for preparation of trays to be used during patient care. Include single-use disposable items (e.g., gauze, cotton rolls, HVE tips, saliva ejectors) and supplies for the delivery of dental materials (items necessary for direct and indirect restorative procedures). Other supplies and instruments should be in covered storage during the procedure.	☐	☐	CDC
• Area(s) outside of the operatory where PPE can be donned and doffed appropriately and safely.	☐	☐	CDC, ADA, ADHA
Aerosol-generating procedures are avoided whenever possible.	☐	☐	ALL
• Prioritize hand instrumentation.	☐	☐	
• Avoid/minimize the use of handpieces, lasers, air/water syringes, air polishing and ultrasonic scalers unless medically necessary.	☐	☐	
• Use rubber dams and high volume evacuation	☐	☐	
• High-volume evacuators available for all members of the dental team	☐	☐	

PRACTICE TIP

Consider reassigning roles for DHCP at high risk of adverse outcomes from COVID-19 to low exposure work or locations.

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PERSONAL PROTECTIVE EQUIPMENT FOR THE CLINICAL TEAM	YES	N/A	SOURCE
The appropriate amount of PPE is available to support anticipated patient volume. • When supplies are limited prioritize dental care for those with the highest need. • Decisions on strategies to optimize supplies of limited PPE is based on the CDC Strategies to Optimize the Supply of PPE and Other Equipment	☐ ☐ ☐	☐ ☐ ☐	CDC, ADA, ADHA
Respiratory protection strategies have been documented. • During aerosol-generating procedures N95 respirators, or respirators that offer a higher level of protection, are used if possible. • Remove respirator after every patient. Reference PPE optimization strategies when respirator supplies are not adequate. • If a respirator is not available, use the highest-level FDA-cleared surgical mask along with a full-face shield. • If neither N95 mask nor FDA surgical mask with face shield are available, it is not safe to provide care..	☐ ☐ ☐ ☐ ☐	☐ ☐ ☐ ☐ ☐	CDC, ADA, ADHA
Eye Protection is available for all clinical team members. • Wear goggles, or full-face shield for critical and noncritical tasks. • Personal eyewear and contact lenses are not considered eye protection. • Clean and disinfect reusable goggles and faceshields based on manufacturers' IFUs.	☐ ☐	☐ ☐	CDC, ADA, ADHA
Gloves are located where easily accessible prior to and during delivery of care. • Use a clean pair of gloves for each patient. • Perform hand hygiene before donning and after doffing gloves.	☐ ☐ ☐	☐ ☐ ☐	CDC, ADA, ADHA
Disposable or reusable gowns are available. • Discard disposable gowns after each use. • Launder cloth gowns after each use.	☐ ☐ ☐	☐ ☐ ☐	CDC, ADA, ADHA
Remove shoes, disinfect, and leave at the office.	☐	☐	ADHA

PRACTICE TIPS

- Rehearse proper doffing steps and determine if an assistant is needed to eliminate contamination risks.
  - Download and print CDC charts depicting donning and doffing of PPE.
  - Use the Dental PPE Donning/Doffing Checklist in Resource/Tools section of this document.
  - Implement a "buddy system" as a training session to learn proper donning and doffing sequences.
- Consider:
  - Using booties to protect against splash/spatter.
  - Using head coverings to protect against splash/spatter.

PATIENT DISCHARGE	YES	N/A	SOURCE
Request that the patient inform the dental clinic if they develop symptoms or are diagnosed with COVID-19 within 48 hours following the dental appointment.	☐	☐	CDC

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ENVIRONMENTAL INFECTION CONTROL	YES	N/A	SOURCE
Clean and disinfect the room and equipment according to the CDC Guidelines for Infection Control in Dental Health-Care Settings-2003.	☐	☐	CDC, ADA, ADHA
• Appropriate PPE is utilized for all cleaning and disinfecting procedures based on the manufacturer's IFU.	☐	☐	
Prior to clinical care, plastic barriers:			CDC, ADA, ADHA
• Are applied to difficult to clean surfaces, e.g., air/water syringe, suction valve, technology, handpiece docking area and computer keyboards.	☐	☐	
• Should be fluid-resistant, fit properly, and be easy to remove. If the surface under the barrier becomes contaminated, proper cleaning and disinfection must be performed.	☐	☐	
Operatories are cleaned and disinfected with a product from the Environmental Protection Agency (EPA) List N: Disinfectants for Use Against SARS-CoV-2.	☐	☐	CDC, OSHA, ADA, ADHA
• Follow the manufacturer's IFU on listed contact times to ensure adequate disinfection of surfaces.	☐	☐	
Schedule patient appointments to allow adequate time for appropriate cleaning and disinfection.	☐	☐	CDC, ADHA
• For an emergency requiring treatment of a patient with suspected or confirmed COVID-19, upon patient discharge the DHCP will delay entry into the area until sufficient time has elapsed for air exchanges to remove potentially infectious particles..	☐	☐	

PRACTICE TIPS

- Remove all items that are not being used during patient treatment. Items on countertops should be put away in drawers, cabinets, or removed from the operatory.
- Determine if other items like boxes of gloves, patient cups, masks, tissues, and paper towels (or holders of these items) are subject to exposure of contamination. If yes, store in a manner as to prevent contamination.

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vii. American Dental Hygienists' Association. Advocacy. ADHA Releases Interim Guidance on Returning to Work. https://www.adha.org/adha-interim-guidance-on-returning-to-work (accessed: June 11, 2020)

viii. Centers for Disease Control and Prevention. Coronavirus Disease 2019 (COVID-19) Guidance for Dental Settings. https://www.cdc.gov/coronavirus/2019-ncov/hcp/dental-settings.html (accessed: June 11, 2020)

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WEBSITE RESOURCES

OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION (OSHA)

- OSHA and Dentistry: dental landing page
- OSHA Safety and Health Topics -COVID - 19: overview of control and prevention measures
- Dentistry Workers and Employers: guidance supplementing the general interim guidance for workers and employers of workers at increased risk of occupational exposure to SARS-CoV-2
- Guidance on Preparing Workplaces for COVID-19: PDF document that is not a Standard or regulation and creates no new legal obligations. It contains recommendations and descriptions of mandatory safety and health standards that are advisory in nature, informational in content and are intended to assist employers in providing a safe and healthful workplace.
- Bloodborne Pathogen Standard (29 CFR 1910. 1030)
- Personal Protective Equipment (29 CFR 1910.132)

CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC)

- Frequently updated global index for Coronavirus (COVID-19)
- Information for Healthcare Professionals about Coronavirus (COVID-19): Specific to issues that impact healthcare providers and provides links to topics ranging from COVID exposures in the workplace to PPE optimization strategies.
- Interim Infection Prevention and Control Guidance for Dental Settings During the COVID-19 Response: Outlines basic principles and guidance on infection control and prevention strategies specifically for oral healthcare providers.
- Guidance for Dental Settings During the COVID-19 Response Webinar (June 3, 2020)
- Infection Control Guidance for Healthcare Professionals about Coronavirus (COVID-19): Review of key infection control and prevention strategies for the broader healthcare community.
- Using Personal Protective Equipment: Outlines best practices for effective use of PPE. Provides access to PPE donning and removal posters.
- Overview of Testing for SARS – CoV- 2: Provides guidance on the appropriate use of testing.
- Strategies to Optimize the Supply of PPE and Equipment: When PPE supplies are not adequate, the CDC provides strategies which provide for re-use or extended use of certain PPE.
- Interim U.S. Guidance for Risk Assessment and Work Restrictions for Healthcare Personnel with Potential Exposure to COVID-19: Questions about a workplace exposure and next steps are answered on this page. NOTE: see following table for guidance on exposure determination.
- Return to Work Criteria: Directions on determining the appropriate time for workers with suspected or confirmed COVID -19
- Discontinuation of Isolation for Persons with COVID-19 Not in Healthcare Settings: When to discontinue home isolation for people with confirmed or suspected COVID-19.

RESPIRATORY PROTECTION

Respirators (NIOSH): An overview of what they are and what they do.

N95 Respirators, Surgical Masks, and Face Masks (FDA): Describes the differences in varying levels of respiratory protection provided by surgical and other face masks or the N95 or higher respirator.

Difference between respirators and surgical masks video (NIOSH)

Respiratory Protection Program (OSHA): When implementing the use of an N95 respirator or higher, there must be a written RRP, medical evaluation, fit testing and training.

Respirator Medical Evaluation Questionnaire (OSHA): Required medical evaluation questions.

RESPIRATOR PRODUCT SELECTION

- NIOSH-Approved Particulate Filtering Facepiece Respirators
- FDA Authorized respirators from China (Appendix A Updated: June 15, 2020). For emergency use during the COVID-19 public health emergency
- Identifying Counterfeit Respirators

TRAINING

- Comparing a Respirator and Surgical Mask poster (NIOSH)
- Difference Between Respirators and Surgical Masks video (NIOSH)
- Respiratory Protection Training Videos (OSHA): Includes Respiratory Protection for Healthcare Workers, Medical Evaluations for Workers Who Use Respirators, Respirator Safety: Donning/Doffing/User Seal Checks, Respirator Fit Testing, Respiratory Protection Training Requirements
- Hospital Respiratory Protection Toolkit (OSHA)

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HEALTHCARE PERSONNEL (HCP) POTENTIAL EXPOSURE DETERMINATION
(HEALTHCARE SETTING TO PATIENTS, VISITORS, OR OTHER HCP WITH CONFIRMED COVID-19)

EXPOSURE	PERSONAL PROTECTIVE EQUIPMENT USED	DESCRIPTION
HCP who had prolonged close contact* with a patient, visitor, or HCP with confirmed COVID-19	• HCP not wearing a respirator or facemask • HCP not wearing eye protection if the person with COVID-19 was not wearing a cloth face covering or facemask • HCP not wearing all recommended PPE (i.e., gown, gloves, eye protection, respirator) while performing an aerosol-generating procedure	• Exclude from work for 14 days after last exposure • Advise HCP to monitor themselves for fever or symptoms consistent with COVID-19 • Any HCP who develop fever or symptoms consistent with COVID-19 should immediately contact their established point of contact (e.g., occupational health program) to arrange for medical evaluation and testing.
HCP other than those with exposure risk described above	N/A	• No work restrictions • Follow all recommended infection prevention and control practices, including wearing a facemask for source control while at work, monitoring themselves for fever or symptoms consistent with COVID-19 and not reporting to work when ill, and undergoing active screening for fever or symptoms consistent with COVID-19 at the beginning of their shift. • Any HCP who develop fever or symptoms consistent with COVID-19 should immediately self-isolate and contact their established point of contact (e.g., occupational health program) to arrange for medical evaluation and testing.

Additional Relevant CDC Documents:

- Guidelines for Infection Control in Dental Healthcare Settings—2003
- Summary of Infection Prevention Practices in Dental Settings: Basic Expectations for Safe Care
- Guideline for Disinfection and Sterilization in Healthcare Facilities, 2008
- Recommended Vaccinations for Healthcare workers

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ASSOCIATION GUIDANCE

American Dental Association (ADA):
Return to Work Interim Guidance Toolkit

American Dental Hygienists' Association (ADHA):

- Interim Guidance on Returning to Work
- Standards for Clinical Dental Hygiene Practice. Revised 2016.
- Code of Ethics

Organization for Safety, Asepsis, and Prevention (OSAP):

- COVID-19 Toolkit: Regulations and guidelines from major agencies, associations and relevant organizations, best practices, instructional resources and patient resources.
- COVID-19 Webinars
  - ADA/OSAP webinar on respiratory protection in the era of COVID-19

ENVIRONMENTAL INFECTION CONTROL

PRODUCTS

List N (EPA): Disinfectant products on this list meet EPA's criteria for use against SARS-CoV-2, the virus that causes COVID-19.

Alternative Disinfection Methods (CDC/EPA): The efficacy of alternative disinfection methods, such as ultrasonic waves, high-intensity UV radiation, and LED blue light against COVID-19 virus is not known. EPA does not routinely review the safety or efficacy of pesticidal devices, such as UV lights, LED lights, or ultrasonic devices. Therefore, EPA cannot confirm whether, or under what circumstances, such products might be effective against the spread of COVID-19.

Sanitizing Tunnels (CDC): CDC does not recommend the use of sanitizing tunnels. There is no evidence that they are effective in reducing the spread of COVID-19. Chemicals used in sanitizing tunnels could cause skin, eye, or respiratory irritation or damage.

Laundry and Medical Waste (CDC): Manage laundry and medical waste in accordance with routine policies and procedures.

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COVID-19 PATIENT TRIAGE QUESTIONS

PATIENT NAME: _____ **DOB:** _____

PHONE NUMBER: _____ **AGE:** _____

QUESTIONS:	PRE-SCREEN DATE:_____		ARRIVAL DATE:_____	
1. Have you ever been diagnosed with COVID-19? Date of diagnosis:_____	☐ YES	☐ NO	☐ YES	☐ NO
2. Do you live with or care for someone who has COVID-19?	☐ YES	☐ NO	☐ YES	☐ NO
3. Have you had a fever greater than or equal to 100.4° (T≥100.4˚F) in the past 48 hours?	☐ YES	☐ NO	☐ YES	☐ NO
4. Do you have a sore throat?	☐ YES	☐ NO	☐ YES	☐ NO
5. Do you have a cough?	☐ YES	☐ NO	☐ YES	☐ NO
6. Are you experiencing any shortness of breath or difficulty breathing?	☐ YES	☐ NO	☐ YES	☐ NO
7. Have you recently lost your sense of taste/smell?	☐ YES	☐ NO	☐ YES	☐ NO
8. Have you experienced vomiting or loose stools recently?	☐ YES	☐ NO	☐ YES	☐ NO
9. Do you have a headache, body, or muscle aches?	☐ YES	☐ NO	☐ YES	☐ NO
10. Have you traveled outside of your county in the past 14 days? If yes, where?_____	☐ YES	☐ NO	☐ YES	☐ NO
11. Do you have heart, kidney, or lung disease?	☐ YES	☐ NO	☐ YES	☐ NO
12. Do you have any other condition that might increase your risk of infection such as cancer or diabetes?	☐ YES	☐ NO	☐ YES	☐ NO

This serves as a basic template. Additional questions regarding health issues may be added based on the professional opinion of the dentist.

Any positive responses need to be reviewed by the dentist. If the patient has a temperature, the advice to follow-up with their personal healthcare provider may be the most common response, but temperature alone could be an indication of a dental issue that should be further evaluated.

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RESPIRATORY PROTECTION PLAN (RPP) CHECKLIST

PLACE A CHECK MARK IN THE BOX ONCE THE TASK IS COMPLETED.

- ☐ Develop and implement a written Respiratory Protection Program that meets the requirements listed in the Occupational Safety and Health Administration (OSHA) Respiratory Protection Standard 29 C.F.R.§1910.134
- ☐ Identify the Respirator Program Administrator (RPA)
- ☐ Perform the required hazard assessment to identify potential respiratory exposure risks and outline appropriate respirator(s) for use.
- ☐ Select NIOSH approved filtering facepiece respirator based on airborne contamination risk(s) identified through the hazard assessment.
- ☐ Provide the OSHA Respirator Medical Questionnaire to identified employees and facilitate a confidential review of the document by a physician or licensed health care professional.
  - Protect worker confidentiality: employer/supervisor may not see completed form.
- ☐ Once medical clearance has been provided perform fit testing on impacted employees.
- ☐ Provide required training prior to use of the selected respirator during an aerosol-generating procedure or in an area of risk of exposure to an airborne transmissible disease.
- ☐ Routinely evaluate the proper use and disposal of single-use respirators.
- ☐ For reusable devices ensure proper cleaning, disinfection and storage is performed based on the manufacturer's instructions for use.
- ☐ Ensure recordkeeping requirements outlined in the written plan are followed.
- ☐ Implement a schedule for annual fit testing for impacted employees.
- ☐ Evaluate the program periodically and when changes occur.

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DENTAL PPE DONNING/DOFFING CHECKLIST

WORKER NAME: _____ **DATE:** _____

OBSERVER: _____ **DATE:** _____

ELEMENTS TO BE ASSESSED	ASSESSMENT		NOTES/AREAS FOR IMPROVEMENT
PPE DONNING SEQUENCE	**YES**	**NO**	
Identify and gather the proper PPE	☐	☐	
Perform hand hygiene	☐	☐	
Don isolation gown	☐	☐	
Don respirator or surgical mask NOTE: If the respirator has a nosepiece, it should be fitted to the nose with both hands, not bent or tented. Do not pinch the nosepiece with one hand. Respirator/facemask should be extended under the chin.	☐	☐	
• Respirator straps should be placed on crown of the head (top strap) and base of neck (bottom strap).	☐	☐	
• Perform user seal check each time respirator is donned.	☐	☐	
Don goggles or face shield	☐	☐	
Perform hand hygiene again	☐	☐	
Don gloves covering wrist of gown	☐	☐	
Enter operatory	☐	☐	
REMOVING/DOFFING PPE SEQUENCE	**YES**	**NO**	
Remove gloves and discard in trash	☐	☐	
Remove gown and discard in a dedicated container for waste or linen	☐	☐	
Exit operatory	☐	☐	
Perform hand hygiene	☐	☐	
Remove face shield or goggles	☐	☐	
• Grab strap and pull upwards and away from head. Do not touch the front of the eye protection.	☐	☐	
Remove and discard respirator or surgical mask	☐	☐	
• Do not touch the front of the respirator or mask	☐	☐	
• Respirator: remove bottom strap by touching only the strap and pull it carefully over the head. Grasp the top strap and bring it carefully over the head, and then pull the respirator away from the face without touching the front of the respirator.	☐	☐	
• Mask: carefully untie or unhook from ears and pull it away from face without touching the front	☐	☐	
Perform hand hygiene again	☐	☐	

NOTE: More than one donning/doffing method may be acceptable. This is one example provided by the CDC.

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EMPLOYEE SCREENING LOG FOR COVID-19

DATE:

All employees will be evaluated for temperature and/or signs and symptoms of COVID-19 at the beginning of each workday. Signs and symptoms include:

- Fever or chills (T≥100.0˚F)
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

If an employee develops any indication of illness during the workday, they will be asked to keep their mask on, leave work and to seek medical care.

NAME	FEVER (T≥100.0˚F) AT BEGINNING OF WORKDAY	SIGN/SYMPTOMS AT BEGINNING OF WORKDAY	SYMPTOMS DURING WORKDAY?	TIME DISMISSED
	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES	
	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES	
	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES	
	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES	
	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES	
	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES	
	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES	
	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES	
	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES	
	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES	
	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES	
	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES	
	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES	
	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES	
	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES	
	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES	

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