



New Mexico
DENTAL ASSOCIATION



COVID-19 Dental Advisory Team July 2, 2020

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Phase I Reopening Guidelines: Dental Care Settings

These guidelines are recommended for use by dental providers working in an office setting. Dental office environments are classified in a “very high-risk exposure” category by the CDC and will require enhanced measures to protect dental health care personnel.

Principles

The following priorities must inform all actions towards resuming non-emergent and time-sensitive necessary care for office-based procedures:

- Minimize the risk of SARS-COV-2 transmission to patients, healthcare workers and others
- Avoid further delays in healthcare for New Mexicans
- Minimize dental and orofacial emergencies presenting at emergency departments
- Support the healthcare workforce in safely resuming activities
- Trusted professional associations have made available recommendations that dental offices should rely on for guidance

PPE Considerations

Prior to resuming non-emergent and time-sensitive necessary care in dental offices, the following criteria must be met:

- Facility must have adequate PPE supplies for 2 weeks without the need for emergency PPE conserving measures
- Staff training on and proper use of PPE according to non-crisis level evidence-based standards of care (see [CDC guidelines](#))
- For procedures with potential for aerosol production, follow ADA and CDC guidelines for use of PPE including approved respirators, moisture resistant surgical masks, gloves, face shields, eye protection and protective garments
 - Aerosol Generating Procedure Stratification (from highest to lowest):
 - Hygiene with ultrasonic scaler
 - Surgical procedures (oral surgery, periodontal surgery, endodontic surgery)
 - Restorative procedures (using high-speed handpiece) without aerosol-mitigation techniques (including indirect restorative preparation procedures)
 - Hygiene with hand scaling and polishing only
 - Cement removal with handpiece with aerosol-mitigation techniques (e.g. some orthodontic procedures)
 - Restorative procedures (e.g. non-surgical endodontic procedures, direct restorations) with aerosol-mitigation techniques (HVE, rubber dam isolation, 4-handed dentistry)
 - Hygiene with hand scaling only (without polishing)
 - Delivery of indirect restorations
 - Intraoral radiographs

- SDF/interim restorations for caries control (e.g. pediatric or geriatric procedures)
- Removable prosthodontics (e.g. denture fabrication)
- Orthodontic adjustments (e.g. wire bending)
- Examinations
- Extraoral radiographs
- CDC guidelines must be followed for extended use or reuse of PPE
- Trusted professional associations have made available recommendations that dental offices should rely on for guidance

Considerations for Dental Care Settings

- Facility to decide capacity goal: no more than 50% in-person pre-COVID-19 volume for the first 2 weeks
- Further increase in volume should be considered in accordance with DOH guidelines and public health gating criteria
- Facility must maintain a plan to reduce non-emergency procedures should a surge/resurgence of COVID-19 cases occur in their region
- Office protocols as recommended in the latest ADA interim guidance:
 - No waiting in the office, if possible
 - Structured social distancing in the office to include 6-foot spacing in waiting area
 - Prescreening patients for symptoms/history including temperature
 - Aftercare reporting and monitoring
 - Administrative personnel are isolated from the clinical setting or encouraged to work during non-clinical hours
- Special management of medically-compromised and otherwise vulnerable patients
 - Teledental consultations
 - Scheduling to prevent contact with other patients
 - Limiting treatment, when appropriate
- Follow ADA and [CDC Guidelines](#) for infection control in dental settings
- Isolation of operatories being used for aerosol generating procedures
- Barrier protection of treatment rooms and removal of unnecessary equipment
- Pre-procedural anti-microbial rinse for all patients, as indicated
- Use of aerosol mitigation or non-aerosol producing techniques
- All healthcare personnel in direct patient care areas to wear mask and gloves except for food and drink breaks
- Continue to deliver care via teledentistry where feasible
- Practitioners should request that the patient inform the dental clinic if they develop symptoms or are diagnosed with COVID-19 within 2 days following the dental appointment

Patient Prioritization

In Phase I, prioritize patients and procedures based on whether continued delay will have potential for increased pain, infection, and loss of function using the following criteria:

- Should not be delayed further:

- Alleviation of pain, swelling or bleeding
- Correction of traumatic damage to tooth, bone, gingiva or peri-oral soft tissue
- Treatment of oral or dental infections, pulp necrosis or abscess
- Restoration of severe carious damage to tooth structure
- Indirect restoration of teeth that are fractured, endodontically-treated or extensively damaged by caries
- Extraction of symptomatic teeth
- Extraction of unrestorable or mobile teeth to prevent infection
- Treatment of active periodontal disease
- Procedures for patients with comorbidities
- Management of symptomatic orthopedic dysfunction of the temporomandibular joint
- Specialty care (endodontic, periodontal, maxillofacial surgery, orthodontic, pediatric)
- Completion of provisional treatment begun prior to limitations on practice
- May be delayed for 3-4 weeks:
 - Restoration of moderate carious damage to tooth structure
 - Prosthetic restoration of conditions causing or leading to masticatory dysfunction
 - Prosthetic restoration to prevent migration or super-eruption of teeth
 - Restoration of incipient carious lesions in an individual with a high caries index
- May be delayed for 4-8 weeks:
 - Debridement of individuals without comorbidities or gingival inflammatory disease
 - Restoration of incipient carious lesions in an individual with a low caries index
- May be delayed longer than 8 weeks:
 - Restorative procedures for cosmetic reasons only
 - In-office external bleaching

Enhanced Screening Procedures

- Telephone screening utilizing [ADA Patient Screening Form](#) at time of scheduling
- Upon arrival to facility, screen all patients for symptoms including temperature
- For office-based non-emergent procedures with high risk of aerosolization, it is strongly recommended that these patients undergo highly sensitive COVID nucleic acid-based testing within 48 hours prior to the procedure or should be performed utilizing the [CDC Interim Infection Prevention and Control Guidance for Dental Settings During the COVID-19 Response](#) as it relates to aerosol generating procedures (reference Aerosol Generating Procedure Stratification)

COVID Testing

- COVID nucleic acid-based testing using a highly sensitive testing platform (e.g. Abbott M2000, Roche 6800, Cepheid GeneXpert) is currently the most reliable testing method and may be considered for procedures with significant risk of aerosolization
- Currently, point of care device testing is not recommended due to lower sensitivity
- Currently, antibody testing alone does not add clinically actionable information for procedures

- Nasal or nasopharyngeal sample sources (and appropriate swabs/transport media) are acceptable for testing
- Home self-collection is not currently acceptable
- Facilities should follow [CDC guidelines](#) for COVID risk assessment, exposure mitigation, and testing of healthcare personnel.
- Facilities should have protocols in place for reporting positive tests
- Facilities should consider social distancing contracts between provider and patient from the time of testing to 14 days after procedure

Reporting Requirements

- Facilities should comply with Federal and State COVID testing reporting requirements:
 - [Federal government reporting requirements](#)
 - [New Mexico DOH reporting requirements](#)

Subsequent Phases

The New Mexico Dental Association has proposed a phased plan to resume expanded treatment based on when and how much highly sensitive point-of-care testing is available. The initial phase assumes that very little testing is available and that the maximum precautions must be observed based on the type of procedures being performed. Subsequent phases anticipate possible changes in protocols which will have to be updated as additional information and innovations become available.

- Phase II – limited point-of-care testing
- Phase III – point-of-care testing widely available
- Phase IV – widespread vaccination or verified herd immunity

Additional Considerations

- **Preparing for resurgence.** Protocols that are begun in Phase I will help prepare the dental delivery system for future resurgence of COVID-19 in the community. As we begin providing expanded care we are also preparing for continuity of care when the presence of the disease increases in the future.
- **Flatten the dental curve.** Delayed care is causing in an increased volume of urgent and emergent conditions and surging demand for additional services. Intentionally metered treatment would allow dental teams to become more familiar with new protocols and equipment. A careful methodical start improves safety and flattens our own dental curve.
- **Preventing complications.** As treatment is delayed, conditions become more complicated and the required care is more likely to require aerosol-producing procedures.
- **Aiding surveillance.** Dental office contacts are not random and are well-documented. Pretreatment screening and post-operative follow-up will monitor patients and identify more people who should be tested. Positive results can be immediately identified, and contact-tracing facilitated.

Return to Work Interim Guidance Toolkit

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Overview

This toolkit contains interim recommendations from the American Dental Association's (ADA's) Advisory Task Force on Dental Practice Recovery. Since this is interim guidance, it is focused on the short-term management of dental practice during the COVID-19 pandemic as some offices return to providing non-emergent care. Details not specifically addressed in this interim guidance will be left up to the professional judgment of each dentist. The possible integration of additional infection control measures, air purification systems, and any other safety recommendations will be addressed by the Council on Dental Practice as the COVID-19 knowledge base grows.

The ADA Task Force was convened to advise in the development of tools to support dentists who are returning to work after the COVID-19 closures and practice restrictions. It is recognized that different areas will return to a more familiar style of practice at different times, and under different circumstances. Each dentist will need to incorporate their clinical judgment with their knowledge of the incidences of COVID-19 cases in their area, the needs of their patients, and the availability of any necessary supplies to re-engage in the provision of elective dental care.

Due to the evolving understanding of the world's knowledge of SARS-CoV-2, it is expected that more recommendations will be brought forward that might impact how dentists deliver care. The ADA's Council on Dental Practice will carry on the work of the Advisory Task Force. Further information and recommendations will be provided to our members as it becomes available.

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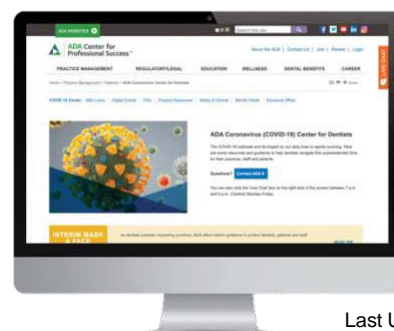
Page 6 [Chairside Checklist](#) includes procedures for dentists and staff while in the operatory rooms and until the patient's room is cleaned and disinfected.

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For COVID-19 resources from the ADA, visit the ADA Coronavirus (COVID-19) Center for Dentists at [ADA.org/virus](https://ada.org/virus).



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Welcome Back Reassurance Sample Letter

Reassure patients of your office's commitment to maintaining up-to-date infection control procedures. This customizable letter can be updated with your dental practice's information and sent to patients as you reopen the office.

To customize the template for your dental practice, download a copy of the [Welcome Back Reassurance Letter](#).

4/22/20

Patient Name
Street Address
City, State Zip

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's 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). We follow the activities of these agencies so that we are up-to-date on any new rulings or guidance that may be issued. We do this to make sure that our infection control procedures are current and adhere to each agencies' recommendations.

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'll 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're 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 onetime.

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 [website].

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

Sincerely,

Dentist and Team



TIP: *Customize the document with your patient's and practice's information for use in print mailings or emails.*



TIP: *Review and customize the bulleted list to reflect the changes to expect when your patients come for their next office visit.*

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Pre-Appointment Screening Process

The following questions can be used for screening patients in advance of their office visit. Dentists may need to adapt the following sample transcript to fit their preferred method of communication — phone, video conference, text reminders and secure website — for collecting patient information prior to their office visit.

- Identify yourself, the office/doctor's name and ask to speak with the patient or the patient's parent or legal guardian.
- After explaining the purpose for the call, such as an appointment reminder, proceed with the [Patient Screening Form](#) questions.
- Positive responses to any of these would likely indicate a deeper discussion with the dentist before proceeding with elective dental treatment.
 - For testing, see the list of [State and Territorial Health Department Websites](#) for your specific area's information.
- Inform patients that these questions will be repeated and their temperature will be taken when they arrive at the office in order to ensure nothing has changed since the phone conversation.
- Remind patients/guardians to limit extra companions on their trip to your office to only essential people in order to reduce the number of people in the reception area.
- If patients/parents/guardians seem reluctant in any way, reassure them that although this may seem strange, it is all being done out of an abundance of concern for their health, as well as that of the other patients being seen in the office, the doctor and the staff, and any public with whom they might come in contact.
- If you need to leave a voicemail or are sending a text message, ask the patient to call the office prior to their appointment for preliminary screening. If your website is capable, you may install the questionnaire and instructions on there for them to access pre-appointment.

Practice Tips:

- If suitable given your office design, you might consider having your patients wait in their car and you can call or text when they should enter the practice. This is not practical for all offices, so use your own judgment. For patients who use other forms of transportation, devise a plan and provide instructions for entering the practice prior to their office visit.
- You might consider asking patients to bring their own pens to use (or supply them with a pen to take with them).
- If they need to cancel due to illness, you might consider waiving any last-minute cancellation fee policies that might exist.

Patient Screening Form

Patient Name: _____

	PRE-APPOINTMENT	IN-OFFICE
	Date: _____	Date: _____
Do you/they have fever or have you/they felt hot or feverish recently (14-21 days)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you/they having shortness of breath or other difficulties breathing?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you/they have a cough?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any other flu-like symptoms, such as gastrointestinal upset, headache or fatigue?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you/they experienced recent loss of taste or smell?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you/they in contact with any confirmed COVID-19 positive patients? Patients who are well but who have a sick family member at home with COVID-19 should consider postponing elective treatment.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your/their age over 60?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you/they have heart disease, lung disease, kidney disease, diabetes or any auto-immune disorders?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you/they traveled in the past 14 days to any regions affected by COVID-19? (as relevant to your location)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Positive responses to any of these would likely indicate a deeper discussion with the dentist before proceeding with elective dental treatment.

○ For testing, see the list of [State and Territorial Health Department Websites](#) for your specific area's information.



Resource: CDC's [Phone Advice Line Tool for Possible COVID-19 Tool](#)

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In-Office Patient Registration Procedures



In this section, dental offices can use the following checklist and resources to help prepare staff for accepting patients before they arrive, when they arrive, during their consultations, and after.

- Have hand sanitizer available for use.
- Check patient's temperature (<100.4°F) with thermometer.
 - Touchless forehead scan is convenient and produces less waste, though any thermometer is appropriate as long as cleaned appropriately between uses.
 - Be sure to follow the manufacturer's instructions.
 - If elevated temperature is noted, supply patient with mask and instruct them how to don it; follow through with asking screening questions and alert the dentist.
- Complete [Patient Screening Form](#) (regardless of presence of fever).
 - Positive responses to any of these would likely indicate a deeper discussion with the dentist before proceeding with elective dental treatment.
 - If referring patients for testing, see the list of [State and Territorial Health Department Websites](#) for your specific area's information.
 - Remember to maintain the confidentiality of the patient.
- Consider providing pens (with office brand for marketing) for each patient and then giving it to them, rather than reusing. If reusing, remember to wipe down pens between transfers back and forth.
- Provide wipes or materials to clean pens, clipboard, counter, phone, keyboards, light switches, surfaces, and anything else high touch.
 - If surfaces are dirty, they should be cleaned using a detergent or soap and water prior to disinfection.
 - To disinfect, use [products that meet EPA's criteria for use against SARS-CoV2](#), the cause of COVID-19, and are appropriate for the surface.

Post-Procedural Patient Exit

- Post-op instructions should include a reminder to report any signs or symptoms of COVID-19 within next 14 days.



Resource: [CDC Interim Infection Prevention and Control Guidance for Dental Settings during the COVID-19 Response](#)

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Reception Area Preparation Strategies



Get your dental office ready for COVID-19. Protect your patients and staff with this checklist. Emphasize hand hygiene and cough etiquette for everyone.

Prepare the entrance to the building or office:

- Provide a hand sanitation station upon entry into facility, with a notice to people to use it before entry into the rest of the office.

Prepare the waiting area, bathrooms and patient consultation rooms:

- Provide supplies:
 - Tissues
 - Alcohol-based hand rub
 - Soap at sinks
 - Trash cans
- Place chairs 6 feet apart, when possible. Use barriers (like screens), if possible.
- If your office has toys, reading materials, remote controls or other communal objects, remove them or clean them regularly.
- On a regular schedule, wipe all touchable surface areas with an approved surface cleaner. Remember to include tables, chair arms, doorknobs, light switches, hangers, and anything else with which people come in contact.
 - If surfaces are dirty, they should be cleaned using a detergent or soap and water prior to disinfection.
 - To disinfect, use [products that meet EPA's criteria for use against SARS-CoV](#), the cause of COVID-19, and are appropriate for the surface.



Resource: [CDC's Get Your Clinic Ready for COVID-19](#)

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Chairside Checklist



Dentists and staff can use this checklist as they prepare the procedures for working in the operatory rooms during the patient's visit and after.

- Informed consent: check with your malpractice carrier for any consideration of revised informed consent form.
- Limit paperwork in the operatory as much as possible.
 - If using paper charting, cover with clear barrier so you may read what is needed for appointment.
 - Place new chart notes into document away from patient contact area when possible.
- Cover keyboard of computer with disposable, flexible, clear barrier (e.g. plastic wrap) and change between patients.
- Limit access to the operatory to the patient only when possible. Supply a mask and shield to anyone who accompanies the patient.
 - Reminder: In certain circumstances, it may be impracticable to limit others in the operatory when their presence is legally required (e.g., translators, service animals).
- Keep staff level in operatory to the minimum required.
- Mask pre-entry (for chairside staff also) as virus-containing aerosol particles may exist.
- No hand shaking, or physical contact.
- Wash hands and glove in room.
- Review overall health history, confirming that the screening questions were asked during the check-in procedure, and review if necessary.
- No documented evidence exists at this time to support the pre-procedural rinses to reduce the transmission of the COVID-19 virus.
- Decide on treatment using clinical judgment and known facts, combining:
 - Patient health/risk factors/geographic incidence of COVID-19.
 - Procedural requirements/clinical risks (production of aerosol, inducement of patient cough during procedure, ability to employ use of rubber dam.)
 - Availability of PPE with relation to risk.
 - [ADA Interim Mask and Face Shield Guidelines](#)
 - [Understanding Mask Types](#)

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- Use professional judgment to employ the lowest aerosol-generating armamentarium when delivering any type of restorative or hygiene care.
 - As an example, use hand scaling rather than ultrasonic scaling when appropriate.
 - High velocity evacuation should be employed whenever possible.
- Use of nitrous oxide: use disposable nasal hood; tubing should either be disposable or if reusable, sterilized according to the manufacturer's recommendations.
- Shock your dental unit water lines if you are returning from an extended break in practice. Consult your manufacturer for proper product recommendations.
- Use professional judgment on mask removal and replacement between patients.
 - If you are removing your mask, do so outside the treatment room.
 - If the mask is soiled, damaged, or hard to breathe through, it must be replaced.
 - **Resource:** [CDC Strategies for Optimizing the Supply of Facemasks](#)
- Clean the operatory while wearing gloves, a mask, and face shield or goggles.
 - Dispose of surface barriers after each patient.
 - If surfaces are dirty, they should be cleaned using a detergent or soap and water prior to disinfection.
 - For disinfection, use [products that meet EPA's criteria for use against SARS-CoV-2](#) (the cause of COVID-19) and are appropriate for the surface, following manufacturer's instructions.
 - Replace surface barriers.
 - Limit paperwork in operatory.
 - Include other evacuation systems.



Resources:

- American Dental Association and Organization for Safety, Asepsis, and Prevention (OSAP) webinar: [COVID-19 Infection Control Protocols and Procedures Webinar](#)
- A second webinar was presented on April 24 by the ADA and OSAP on PPE. Visit [ADA.org_COVID-19 Digital Events page](#) to view the on-demand version.

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Staff Protection Strategies

Help protect office staff as you reopen the practice by utilizing the following strategies. Dentists should consider a soft launch where they discuss the new strategies to be implemented and the reasons behind them. Practice these routines with staff before welcoming patients. This should include, among other things, consideration of patient flow into and through the practice, timing for operatory usage and sterilization, staff routines as they don and doff PPE, and how to best time the daily schedules when returning to patient care.



Front Desk

- Front desk staff can wear masks and goggles, or face shields, or offices can install a clear barrier.
- Consider individual phone headsets for each front desk staffer to reduce virus spread through the phone hand piece.



Hand Hygiene

With strict attention to staff hand hygiene, instruct staff to clean hands thoroughly:

- Upon entry into the workplace.
- Before and after any contact with patients.
- After contact with contaminated surfaces or equipment.
- After removing PPE, refer to the [ADA's Hand Hygiene for the Dental Team](#).
- **Resource:** [Introduction to Hand Hygiene for Healthcare Providers](#)



Clothing

- If available, gowns should be considered.
 - Change gown if it becomes soiled.
 - Disposable gowns should be discarded after use. Cloth gowns should be [laundered](#) after each use.
 - **Resource:** [Interim Infection Prevention and Control Guidance for Dental Settings During the COVID-19 Response](#)
- If scrubs are to be worn, change between street clothes and scrubs upon entry and exit, or do the same with other office garb.
 - Provide laundry facilities in the office.
 - Contracting with a laundry service is another option.
 - Long sleeved garments should be worn.
- Professional judgment should be exercised regarding the use of disposable foot covers or headcovers.

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Pregnancy

- Pregnant staff members should seek and follow medical guidance from their physician regarding work.
- Information on COVID-19 in pregnancy is very limited; offices may want to consider limiting exposure of pregnant staff to patients, especially during higher risk procedures (e.g., aerosol-generating procedures) if feasible, based on staffing availability. (Source: [Interim U.S. Guidance for Risk Assessment and Public Health Management of Healthcare Personnel with Potential Exposure in a Healthcare Setting to Patients with COVID-19.](#))
- **Resource:** [American College of Obstetrics and Gynecology](#)



Coronavirus Diagnostic Tests

- At this time, there is not a FDA approved test that is widely available.
- There are a large number of gray market tests being marketed, not all with reliable results.
- Refer to the ADA News article, [ADA advises dentists to follow science-backed guidance regarding COVID-19 testing, avoid 'gray market'](#), that urges dentists to be cautious about using novel coronavirus diagnostic tests before they have been properly evaluated and made available for dentists.
- FDA's [FAQs on Diagnostic Testing for SARS-CoV-2](#)
- For testing, see the list of [State and Territorial Health Department Websites](#) for your specific area's information.



COVID-19 Employee Screening

- Consider implementing a daily health screening check point and log for all employees entering the workplace. (Download the [COVID-19 Daily Screening Log](#))

DATE	NAME	TEMPERATURE <100.4°F	COUGH	NEW SHORTNESS OF BREATH	ASKED TO GO HOME (Note Time Dismissed)
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes, Time: <input type="checkbox"/> No

Example of daily log, available for download.

- Ask all persons (employees/owners/associates) reporting to work the following questions, remembering to respect their confidentiality:

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Do you have any of the following?

- Fever or feeling feverish (chills, sweating). Not necessary if temperature taken, though ask about fever-reducing or symptom altering medications.
- Employees who have symptoms of acute respiratory illness are recommended to notify their supervisor and stay home until they are free of fever (100.4° F [38.0° C] or greater using an oral thermometer), have signs of a fever, and any other symptoms for at least 24 hours, without the use of fever-reducing or other symptom-altering medicines (e.g. cough suppressants).
- Shortness of breath (not severe)
- Cough

The screenshot shows a 'COVID-19 Daily Screening Log' form with the ADA logo in the top right corner. The form has a header with the title and logo, and a table below with the following columns: DATE, NAME, TEMPERATURE (T/36.5°F), COUGH, NEW SHORTNESS OF BREATH (New From Previous Day), and ARIED TO GO HOME (Aired to go home). Each row in the table contains checkboxes for 'Yes' and 'No' for each of the four symptom categories, and a 'Time' field for the 'ARIED TO GO HOME' column. The table is currently empty.

Are you ill, or caring for someone who is ill?

- Persons who are well but who have a sick family member at home with COVID-19 should notify their supervisor.
- Address coming to work in your office policies, addressing sick leave absences as is appropriate for your office situation and size, following any federal and state employment law provisions.
- If an employee is confirmed to have COVID-19, the employer should inform fellow employees of their possible exposure to COVID-19 in the workplace but maintain confidentiality as required by the Americans with Disabilities Act (ADA).
- **Resources:**
 - [What to Do If Someone on Your Staff Tests Positive for COVID-19](#)
 - [COVID-19 Employment Law FAQs](#)

In the two weeks before you felt sick, did you:

- Have contact with someone diagnosed with COVID-19?
- Live in or visit a place where COVID-19 is spreading?



Resource: You may send home an employee exhibiting influenza-type symptoms. For more information, see the CDC’s [Interim U.S. Guidance for Risk Assessment and Public Health Management of Healthcare Personnel with Potential Exposure in a Healthcare Setting to Patients with COVID-19.](#)

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Shopping List



Think broadly for securing products and supplies. Consider janitorial supply companies, restaurant supply houses, local hardware stores and other places as resources for some materials. Be sure to add yourself to wait lists for products/supplies. It is unclear when supply chains will return to normal, but if you are not on a list you may miss out. Be cautious of the [‘gray market’](#) products when shopping.

- Front desk barrier
- Hand sanitizer
- Hand sanitizer stations for entry/exit of practice
- Tissues: available throughout practice for cough/sneeze etiquette
- Wastebaskets: near tissues
- Thermometer(s): for entrance/registration stations
- Soap
- Paper goods
- Disposable pens: May want to order customized pens to give each patient their own or suggest in screening call that patients bring their own.
- PPE: [Interim Mask and Face Shield Guidelines](#)

This guidance is intended to help dental practices lower (but not eliminate) the risk of coronavirus transmission during the current pandemic. Dental practices should not presume that following the guidelines will insulate them from liability in the case of infection. Dentists should also be aware of any relevant laws, regulations, or rules adopted in their states.

Return to Work Interim Guidance Toolkit

ADA®

Appendix

1. [Welcome Back Reassurance Letter](#) (Use link to download Word document)
2. [Patient Screening Form](#) (Use link to download Word form)
3. [Interim Mask and Face Shield Guidelines](#)
4. [Understanding Mask Types](#)
5. [COVID-19 Daily Screening Log](#) (Use link to download Word form)

4/22/20

Patient Name
Street Address
City, State Zip

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's 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). We follow the activities of these agencies so that we are up-to-date on any new rulings or guidance that may be issued. We do this to make sure that our infection control procedures are current and adhere to each agencies' recommendations.

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'll 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're 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 **web address**.

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

Sincerely,

Dentist and Team

Patient Screening Form

Patient Name:

	PRE-APPOINTMENT	IN-OFFICE
	Date:	Date:
Do you/they have fever or have you/they felt hot or feverish recently (14-21 days)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you/they having shortness of breath or other difficulties breathing?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you/they have a cough?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any other flu-like symptoms, such as gastrointestinal upset, headache or fatigue?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you/they experienced recent loss of taste or smell?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you/they in contact with any confirmed COVID-19 positive patients? <i>Patients who are well but who have a sick family member at home with COVID-19 should consider postponing elective treatment.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your/their age over 60?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you/they have heart disease, lung disease, kidney disease, diabetes or any auto-immune disorders?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you/they traveled in the past 14 days to any regions affected by COVID-19? (as relevant to your location)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Positive responses to any of these would likely indicate a deeper discussion with the dentist before proceeding with elective dental treatment.




- For testing, see the list of [State and Territorial Health Department Websites](#) for your specific area's information.

Interim Mask and Face Shield Guidelines

These recommendations align with existing CDC recommendations for patients without signs/symptoms of COVID-19.

Use the highest level of PPE available when treating patients to reduce the risk of exposure. Some risk is inherent in all scenarios. If masks with either goggles or face shields are not available, please understand there is a higher risk for infection; therefore, use your professional judgment related to treatment provided and the patient’s risk factors.

Considering that patients who are asymptomatic may still be COVID-19 infectious, it should be assumed that all patients can transmit disease.

Mask Type – With Goggles or Face Shield (Understanding Mask Types)	Level of Risk*** to DHCP
 <p>N95</p>	Low
 <p>N95 EQUIVALENT MASK* KN/KP95, PFF2, P2, DS/DL2, KOREAN SPECIAL 1ST</p>	Low
 <p>Surgical Mask**</p>	Moderate

*The FDA has authorized the use of masks equivalent to the N95 during the pandemic period. Manufacturers approved can be found here: <https://www.fda.gov/media/136663/download>

**ASTM has established performance levels for surgical masks based on fluid resistance, bacterial filtration efficiency, particulate filtration efficiency, breathing resistance and flame spread.

- Level 1 masks have the least fluid resistance, bacterial filtration efficiency, particulate filtration efficiency, and breathing resistance.
- Level 2 masks provide a moderate barrier for fluid resistance, bacterial and particulate filtration efficiencies and breathing resistance.
- Level 3 masks provide the maximum level of fluid resistance recognized by ASTM and are designed for procedures with moderate or heavy amounts of blood, fluid spray or aerosol exposure.

***[https://www.ada.org/-/media/CPS/Files/COVID/ADA_COVID_Int_Guidance_Treat_Pts.pdf?utm_source=adaorg&utm_medium=co vi d-resources-lp&utm_content=cv-pm-ebd-interim-response&utm_campaign=covid-19](https://www.ada.org/-/media/CPS/Files/COVID/ADA_COVID_Int_Guidance_Treat_Pts.pdf?utm_source=adaorg&utm_medium=co%20vi%20d-resources-lp&utm_content=cv-pm-ebd-interim-response&utm_campaign=covid-19)

Professional judgment should be exercised when considering the use of gowns, foot covers and head covers.

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Understanding Mask Types



SURGICAL MASK



N95 MASK*



N95 EQUIVALENT MASK
KN/KP95, PFF2, P2, DS/DL2,
KOREAN SPECIAL 1ST*

Testing and Approval	Cleared by the U.S. Food and Drug Administration (FDA)	Evaluated, tested, and approved by NIOSH as per the requirements in 42 CFR Part 84	FDA Emergency Use Authorization (EUA)
Sizing	No	Yes. The sizing differs with each mask model. Some of the sizing options include small, small/ medium, medium, medium/large, and large.	Yes. The sizing differs with each mask model. Some of the sizing options include small, small/ medium, medium, medium/large, and large.
Intended Use and Purpose	Fluid resistant and provides the wearer protection against large droplets, splashes, or sprays of bodily or other hazardous fluids. Protects the patient from the wearer's mask emissions	Reduces wearer's exposure to particles including small particle aerosols and large droplets (only non-oil aerosols). OSHA recommends certifying the authenticity of masks to insure they provide the expected protection.	Reduces wearer's exposure to particles including small particle aerosols and large droplets (non-oil aerosols). Manufactured in compliance with standards of other countries and considered equivalent to NIOSH approved N95 masks. Authorized manufacturers are listed at: https://www.fda.gov/media/136663/download
Face Seal Fit+	Loose-fitting	Tight-fitting**	Tight-fitting**
Fit Testing+ Requirement	No	Temporary lifting of fit test enforcement requirement.	Temporary lifting of fit test enforcement requirement.
User Seal Check Requirement	No	Yes. Required each time the mask is donned (put on)	Yes. Required each time the mask is donned (put on)
Use Limitations	Disposable. Discard after each patient encounter.	Ideally should be discarded after each aerosol-generating patient encounter. Should also be discarded when it becomes damaged or deformed; no longer forms an effective seal to the face; becomes wet or visibly dirty; breathing difficult; or if it becomes contaminated with blood, respiratory or nasal secretions, or other bodily fluids from patients.	Ideally should be discarded after each aerosol-generating patient encounter. It should also be discarded when it becomes damaged or deformed; no longer forms an effective seal to the face; becomes wet or visibly dirty; breathing becomes difficult; or if it becomes contaminated with blood, respiratory or nasal secretions, or other bodily fluids from patients.

*OSHA video on mask seal check: <https://www.youtube.com/watch?v=pGXiUyAoEd8>.

Facial hair may affect the fit of the mask: <https://www.cdc.gov/niosh/nppt/pdfs/FacialHairWmask11282017-508.pdf>

+Note: A seal test is a user test performed by the wearer every time the mask is put on to ensure that the mask is properly seated to the face. If not, it needs to be adjusted. A fit test is used to determine appropriate mask size for the individual.

**A mask that does not fit does not protect you, meaning that you should not rely on it to protect you from infection.

