

Interim Guidelines for Re-entry into the Dental Workplace

Revised May 17, 2021



Although the CDC has modified guidelines for mask wearing in public areas for vaccinated individuals, these changes do NOT currently apply to dental and medical offices in the presence of patients.

This document is a guide for treating dental patients in the presence of SARS-COV-2 (commonly known as COVID -19) while maintaining the safety of our teams and our patients. These guidelines (not requirements) are based on the best science currently available and subject to change. NOTE: these recommendations simply augment barrier techniques and infection control procedures previously implemented. These guidelines are based on recommendations from the Centers for Disease Control (CDC), Occupational Safety and Health Administration (OSHA), the Organization for Safety and Asepsis and Prevention (OSAP) the VA State Health Department, the American Dental Association (ADA) and the American Dental Hygiene Association (ADHA). Final implementation and practice systems are at the discretion of the doctor and dental team.

Our Priorities:

The following represent overarching priorities for resuming preventative, elective and non-urgent dental procedures requiring PPE:

1. **Minimize** the risk of SARS-COV-2 transmission to patients and dental healthcare professionals (DHCPs).
2. **Optimize** the oral health of Virginians.
3. **Minimize** dental emergencies presenting at emergency departments.
4. **Support** DHCP in safely resuming activities.



Perform a Hazard Assessment:

The purpose of a hazard assessment, as recommended by OSHA, is to assess and mitigate risk of SARS-COV-2 transmission to employees. We recommend performing a hazard assessment by following the steps listed in the [ADA Hazard Assessment](#). It is also recommended to add documentation to your Office OSHA Manual based on the action items listed in the ADA's Hazard Assessment. Part of the documentation which may be added includes the interim guidelines your office has adopted when going back to work in the face of COVID-19. Consider updating this document periodically as the risk for SARS-COV-2 transmission is ever-changing and may be unique based on your location.

Definition:

Fully vaccinated refers to a person who is ≥ 2 weeks following receipt of the second dose in a 2-dose series, or ≥ 2 weeks following receipt of one dose of a single-dose vaccine.



Screening:

The purpose of pre-screening a patient is to ascertain if (s)he poses a potential risk for SARS-COV-2 transmission. Keep in mind, all DHCP will likely come in contact with an asymptomatic COVID-19 positive patient despite screening efforts. For that reason, all DHCP personnel should be wearing masks at all times despite vaccination of the DHCP or patient.

1. **Patient Advisory and Acknowledgment Form:** Have the patient complete the [Patient Advisory and Acknowledgment](#) at home or online and keep a copy in the dental record (may also be done verbally over phone prior to visit). **Answering yes to any question is not an indication for denial of treatment but does indicate further discussion with the doctor to weigh the risk versus benefit of elective treatment. As per the CDC, healthcare workers who treat COVID-19 positive patients while donned with appropriate PPE are considered low risk for transmission and should NOT be denied dental treatment unless they exhibit other signs or symptoms of the virus.**

2. **2. If the patient reports that (s)he is SARS-COV-2 positive**, it would be best to delay treatment until the patient tests negative. If treatment cannot wait, then have a plan for having that patient treated. Consider treatment in a hospital or an office with appropriate environmental controls.
3. **Restricted Office Entry:** Let patients know of office policy limiting companions on their trip to the office to only essential people in order to reduce the number of people in the office. If a companion is necessary to accompany the patient to the operator, consider supplying that person with a mask and face shield.
4. **Vaccines:** Whereas patients who have been vaccinated pose little risk of viral transmission, there is no universally accepted method to verify vaccination. Furthermore, given the potential for variants not covered by the vaccine, **screening should take place as previously described and patients with symptoms of COVID-19 should be tested prior to treatment.**



Reception Area:

The purpose is to minimize patients waiting in the reception area of the office, being mindful of social distancing.

1. **Masks:** Request all patients/parents wear masks to their appointments and provide if needed/available.
2. **Check-In:** Patients should “check in” by calling (when possible) when they park at the office. They may wait in their cars and be called in to be escorted directly back to the operator.
3. **Hand Washing:** Hand sanitizer (> 60% alcohol) should be placed at the office entrance for patients to use when entering or leaving the office. Frequent hand washing is encouraged and when possible, prop doors open to limit surface contamination.
4. **Temperatures:** It is recommended to take patients temperatures before their appointments. If temperature >100.4F OR symptoms consistent with SARS-COV-2 (e.g., cough, shortness of breath, sore throat, myalgias, malaise) they should immediately self-isolate and notify their physician and local/state public health authority.
5. **Stagger Appointments:** Staggered scheduling to minimize the number of people entering or exiting the office at a time is recommended.
6. **Remove Non-essential Items:** Remove all potential SARS-COV-2 transmission material from the reception area (magazines, coffee machines, toys, etc.).
7. **Barriers:** Dental offices should use physical barriers when possible (i.e. a plexiglass barrier) and/or ensure that appropriate PPE is worn by reception staff.
8. **Social Distancing:** Dental offices should instill social distancing measures in all areas of the office when possible (6 feet of separation).
9. **Schedule Cleaning:** Schedule times to wipe all touchable surfaces with approved cleaners (counters, chairs, doorknobs, switches, etc.). Be sure to use EPA approved disinfectants and appropriate PPE when cleaning.
10. **Vaccinated Patients:** Patients, whether or not vaccinated, may wait in the reception area while maintaining a social distance, wearing a mask and avoiding contact with others.



Hygiene:

The purpose is to keep the risk of SARS-COV-2 transmission to a minimum while maintaining a patient's oral health.

1. **Scaling and Polishing:** Hand scaling for hygiene is preferred. Mechanical polishing with a handpiece is a splatter generating procedure. Discretion regarding polishing is left to the dental practice and patient need.
2. **Ultrasonic Scalers:** If ultrasonic scalers are used, the DHCP should wear appropriate PPE and the use high volume suction is recommended.
3. **Hygiene Checks:** Consider brief discussions after hygiene exams if needed and further conversation over the phone after patient dismissal if necessary.

4. **If DHCP Vaccinated:** There should be no limitations on procedures performed with appropriate PPE.



Treatment:

Every effort should be made to minimize aerosols and keep number of staff in the operatory to the minimum required.

1. **Prioritize:** When reappointing patients, consider giving priority to those whose dental needs may precipitate urgent or emergent care if not addressed sooner.
2. **High Risk Patients:** Strongly consider the risks versus benefits for patients in higher-risk groups such as those over age 65, those with compromised immune systems, those with lung or cardiac dysfunction or those who are diabetic. If treatment is necessary, consider scheduling these patients either early or late in the day when office traffic is minimal.
3. **Tooth Isolation:** Rubber dams are encouraged for all restorative procedures along with high-volume suction and standard four-handed technique.
4. **Nitrous Oxide:** Use disposable nasal hoods; tubing should be either disposable or sterilizable according to the manufacturer's recommendation.
5. **Limit Aerosols:** Minimize use of air and simultaneous use of air and water via air-water syringe.
6. **Minimize Cross Contamination:** Minimize moving from one treatment area to another. Visibly soiled PPE should be dis-carded before seeing other patients. Provide training for DHCP for donning and doffing PPE to minimize cross contamination. Refer to [ADHA Donning and Doffing Sequence](#) on Page 12.
7. **Prepare Your Operatories:** Flush water lines, check air lines, check inhalational anesthesia unit gas lines and suction lines. Cover keyboards and monitors, limit or eliminate paperwork in operatories.
8. **Allow Time and Provide PPE:** Appointment times may need to be lengthened. Consider time to allow aerosols to settle prior to cleaning and disinfection. Allot sufficient time (as per manufacturer's instructions) for complete surface cleaning and disinfection. DHCP should wear appropriate PPE for cleaning and disinfection. [Refer to CDC recommendations for approved disinfectants.](#)
9. **Follow-Up:** All treated patients should be informed to contact the office if they exhibit any signs or symptoms of COVID-19 within 48 hours after their appointments. [See Steps to take if a patient tests positive.](#)
10. **If DHCP Vaccinated:** There should be no limitations on procedures performed with appropriate PPE.



Personal Protective Equipment (PPE):

Recommended that DHCP's wear the highest-level PPE *available* when delivering care that has the potential for creating aerosols.

1. **Masks:** Some treatment may potentially generate infectious aerosols containing viral particles, and masks that minimize viral transmission are recommended. Given the highly contagious SARS-COV-2 virus, either an N95 (preferred) or approved KN95 respirator or a level 3 surgical mask should be considered when available and left to the doctor's discretion based on aerosol-generating potential of the procedure performed. All masks should be coupled with either face shield or goggles (glasses with side shields) in concert with gloves, and gown/lab coat (head and foot coverings optional). For more detailed information, see the [ADA recommendations](#).
2. **Mask Removal and Replacement:** The "infectious" portion of the mask is on the outside (presuming the wearer is SARS-COV-2 negative). Please consider this when removing masks. If mask is soiled, damaged or difficult to breathe through, it must be replaced. [Refer to Optimizing Facemask Resource from the CDC.](#)
3. **Clothing:** If available, disposable gowns should be considered, changed if soiled, and discarded after use. Lab coats should be changed if soiled and laundered after use. It is

recommended that DHCP's consider changing from work attire (i.e. scrubs, including shoes) prior to leaving the office either to be laundered in the office or bagged and laundered offsite.

4. **Buyer Beware:** Avoid grey market PPE!! [Refer to Resources for PPE.](#)
5. **5. PPE with Vaccinated DHCP:** The CDC has not changed recommendations for PPE as it related to aerosol-generating procedures and dentistry (see 1 above); however, if the DHCP has been fully vaccinated, a surgical level 3 mask without eye protection is acceptable during consultation/conversations.



Front Desk/Auxiliary Staff Recommendations:

Every effort should be made to maintain social distancing and minimize patient contact with auxiliary staff.

1. **Payments:** When possible, arrange for payment via credit card over the phone or in the operatory to minimize the number of people in the checkout area. Receipts can be emailed/mailed.
2. **Appointments:** Follow up appointments can be made over the phone and confirmed via text or email/mail.
3. **Prevent Cross Contamination:** Disinfect all lab materials (impressions etc.).
4. **Split Workforce:** Larger offices may consider split shifts (i.e., ½ days, or alternate days) to decrease the number of people in the office at one time.
5. **Staff Screening:** Screening and temperature assessment are recommended using the Patient Advisory Form as a template for screening of unvaccinated DHCP. Verified fully vaccinated staff members *do not* need to be screened daily but should self-monitor for symptoms since not all vaccines supply 100% protection.
6. **Supplies:** Provide masks, hand sanitizer etc. to front desk and auxiliary staff.



Testing and Vaccines

1. **Registering to Vaccinate Virginia:** Please visit the [VAMRC](#) to register to vaccinate Virginians via your local health department events.
2. Vaccines work well to keep those vaccinated from becoming ill; however, we are still learning about **transmissibility** of the virus even in asymptomatic individuals. We are also still learning **how long** the vaccine supplies immunity. For these reasons, fully vaccinated individuals should keep taking mitigation precautions while at work.
3. **Fully vaccinated DHCP can:**
 - a. Gather with other fully vaccinated employees indoors without wearing masks or physical distancing in private nontreatment areas.
 - b. Refrain from quarantine and testing following a known exposure if asymptomatic.
4. **Testing:** No authorized and recommended vaccines can cause you to test positive for COVID unless you are in fact infected and need to quarantine. You will, however, test positive when taking an antibody test after vaccination.



Unintentional Exposures

1. **Doctor/Staff Exposed to a Known COVID-19 Positive Patient or Tests Positive:** If a patient or patient's immediate family member is determined to be positive after being treated, follow the guidelines that ADA has recommended. [Protocols to Follow if a Staff or Household Member is COVID-19\(+\)](#).
2. **Vaccinated DCHP:** Fully vaccinated staff exposed to COVID-19 should monitor themselves for fever or symptoms and continue to work in the absence of symptoms using all appropriate PPE. **ANY** staff members who develop symptoms after potential exposure should immediately quarantine and test for COVID-19.

Resources

1. [Virginia Dental Association Resources](#)
2. [ADA COVID Resources](#)
3. [ADA Return to Work Interim Guidance Toolkit](#)
4. [CDC Guidance for Providing Dental Care During COVID-19](#)
5. [Patient Advisory Form](#)
6. [EPA Approved Disinfectants](#)
7. [Masks](#)
8. [Optimizing Face Masks](#)
9. [PPE Resources](#)
10. [What to do if a Patient Tests Positive](#)
11. [Protocols to Follow if a Staff or Household Member is COVID-19\(+\)](#)
12. [VDH Algorithm for Guidance on Testing](#)
13. [ADA Hazard Assessment](#)
14. [ADHA Interim Guidance on Returning to Work \(Pg. 12 Donning and Doffing Guide\)](#)
15. [OSHA Guide for Dentistry](#)
16. [CDC Risk Assessment for Healthcare Workers Exposed to Persons with COVID-19](#)
17. [Virginia Medical Reserve Corps – Register to Volunteer](#)
18. [CDC Updated Healthcare Infection Prevention and Control Recommendations in Response to COVID-19 Vaccination](#)
19. [CDC Interim Public Health Recommendations for Fully Vaccinated People](#)
20. [CDC Key Things to Know About COVID-19 Vaccines](#)

The VDA is pleased to provide these guidelines as an educational benefit. Note these guidelines do not have the effect of law and are not intended to constitute legal advice. Each reader is encouraged to consult their counsel for guidance on all issues including liability.