

# Return to Work Interim Guidance Toolkit

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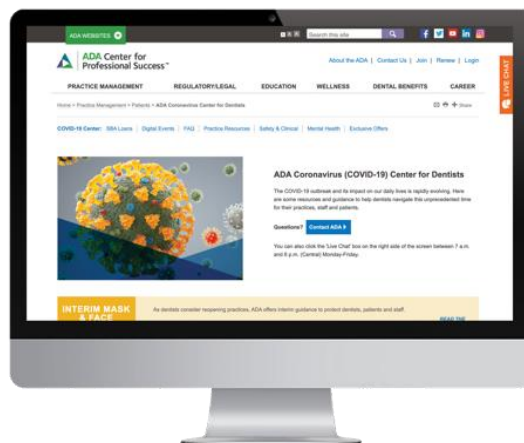
## Overview

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 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 appropriate ADA agency 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. Further information and recommendations will be provided to our members as it becomes available.

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 \(English\)](#) / [\(Spanish\)](#).

7/20/2020

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.

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



**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 \(English\)](#) / [\(Spanish\)](#) questions.
- Positive responses to any of these would likely indicate a deeper discussion with the dentist before proceeding with elective dental treatment.

- **NEW** If given a "yes" answer to having had contact with a COVID-19 positive patient, please consider the circumstances and evaluate risk. For assistance, see [ADA's Protocols to Follow if COVID-19\(+\)](#).
- CDC maintains the most current list of [COVID-19 symptoms](#).
- 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.
- Give notice that all who enter the office will be asked to wear masks except when undergoing treatment.
- 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.
- **NEW** See patient communications tips and tools in the [ADA's Patient Return Resource Center](#).

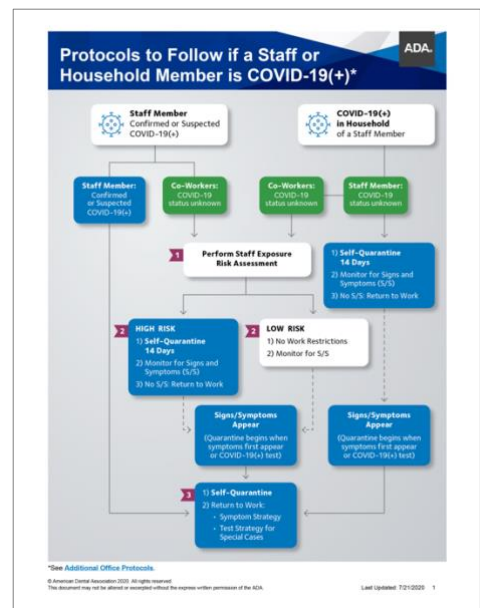
**Patient Screening Form**

Patient Name: \_\_\_\_\_

	PRE-APPOINTMENT	IN-OFFICE
Date:	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 used 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?	<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.



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## 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.



**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 that all are wearing masks.
- 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 \(English\)](#) / [\(Spanish\)](#) (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

- **NEW** Post-op instructions should include a reminder to report any signs or symptoms of COVID-19 within next 2 days.



### Resources:

- [CDC Interim Infection Prevention and Control Guidance for Dental Settings during the COVID-19 Response](#)
- [Steps to Take if a Patient Reports COVID-19 Exposure after Treatment](#)

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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.
- Provide notice that all who enter the building should wear masks, except when treatment is being performed.

### Prepare the waiting area, bathrooms and patient consultation rooms:

- Provide supplies:
  - Tissues
  - Alcohol-based hand sanitizer (greater than 60% ethanol or 70% isopropanol alcohol)
  - 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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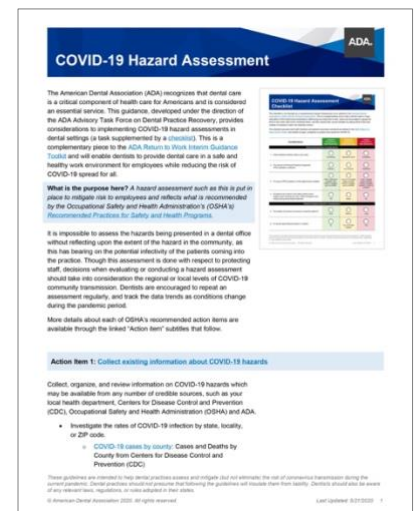
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## Chairside Checklist



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

- Informed consent: check with your malpractice carrier for any consideration of a 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.
    - [COVID-19 cases by county \(CDC data\)](#)
    - [ADA COVID-19 Hazard Assessment](#)
  - Procedural requirements/clinical risks (production of aerosol, inducement of patient cough during procedure, ability to employ use of rubber dam.)





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- Availability of PPE with relation to risk.
  - [ADA Interim Mask and Face Shield Guidelines](#)
  - [Understanding Mask Types](#)
  - [Tips to Avoid Counterfeit Masks](#)
- 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 operator while wearing gloves, a mask, and face shield or goggles.
  - Until further evidence demonstrates a clear answer, the ADA is not making a recommendation on waiting for a specific time period to begin cleaning the operator.
  - 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 operator.
  - Include other evacuation systems.



## Resources:

- ADA and Organization for Safety, Asepsis, and Prevention (OSAP) webinar: [COVID-19 Infection Control Protocols and Procedures Webinar](#)
- ADA and OSAP webinar: [Respiratory Protection in the Era of COVID-19](#)
- ADA webinar: [The Role of Aerosol on the Transmission of Coronavirus and the Impact in Dentistry](#)

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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.



### NEW General Staff Considerations

- Social distancing and mask wearing by all office staff are necessary in all areas of the office, to the extent possible.
- Note the CDC guidance on how to [protect yourself when using transportation](#) for staff who commute to work using public transportation or ride sharing.
- Staff should avoid touching their eyes, nose, and mouth at all times.
- **Resource:** Download a variety of helpful [posters from CDC](#) on such topics as Public Transportation, Health Care workers and masks, Stop the Spread of Germs and Handwashing.



### 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.



### NEW Private Staff Areas

- Modify or adjust seats, tables and other furniture to maintain social distancing of 6 feet between employees, where possible.
  - Consider installing transparent shields or other physical barriers where possible to separate employees where social distancing is not an option.
  - If seating cannot accommodate proper spacing, strive to manage scheduling to reduce the number of people in space at one time.
  - Consider offering outdoor seating where feasible for staff breaks.
- Replace high-touch communal items, such as coffee pots and bulk snacks, with alternatives such as pre-packaged, single-serving items.
- Consider either installing no-touch activation faucets, providing individual bottled water, or encouraging staff to bring their own water to minimize touching of water faucets.
- Set a schedule for sanitizing high-touch surfaces in these areas as is also being done throughout facility.

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- Request staff wipe any contact areas as a matter of routine behavior after use (i.e. refrigerator handles, faucets, light switches, coffee maker buttons, microwave controls, chair arms or table space).
- When possible designate separate bathrooms for use by staff and patients, making sure high touch areas (faucets, toilet handles, soap and towel dispensers, doorknobs, light switches) are cleaned often. Encourage staff to wipe down the bathrooms after each use.
- Provide soap, towels, alcohol-based hand sanitizers, surface disinfectant spray or wipes and garbage cans to facilitate maintenance of any shared spaces.
- **Resources:**
  - [CDC's Reopening Guidance for Cleaning and Disinfecting Public Spaces, Workplaces, Businesses, Schools, and Homes](#)
  - [AIHA's Reopening Guidance for General Office Settings](#)



## 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.
- **NEW** Upon entry to and exit from common private staff areas such as employee lounges, locker rooms, or lunch rooms.
- After removing PPE, refer to the [ADA's Hand Hygiene for the Dental Team](#).
- **Resource:** [Introduction to Hand Hygiene for Healthcare Providers](#)



## Clothing

- **NEW** Masks should be worn by staff at all times when in the office except when impractical.
- 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.

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- Long sleeved garments should be worn.
- Professional judgment should be exercised with regard to the use of disposable foot covers or head covers.



## 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.
- **NEW** Refer to [Testing Employees for Antibodies & Antigens](#) for information on permitted staff testing.
- 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 \(English\)](#) / [\(Spanish\)](#).)

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.

- **NEW** You may send home an employee exhibiting influenza-type symptoms.
- 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

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 <input type="checkbox"/> No	<input type="checkbox"/> Yes, Time: <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<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
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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 (AwDA).

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?



**Resources:**

- [NEW ADA's Protocols to Follow if COVID-19\(+\)](#)
- [NEW Paying Staff Who Are on Leave Due to COVID-19](#)
- [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](#)
- [What To Do If Someone on Your Staff Tests Positive for COVID-19](#)
- [COVID-19 Employment Law FAQs](#)

# Return to Work Interim Guidance Toolkit

## 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
  - [ADA Interim Mask and Face Shield Guidelines](#)
  - [Understanding Mask Types](#)
  - [Tips to Avoid Counterfeit Masks](#)

*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 \(English\) / \(Spanish\)](#) (Use link to download Word document)
2. [Patient Screening Form \(English\) / \(Spanish\)](#) (Use link to download Word form)
3. **NEW** [ADA's Protocols to Follow if COVID-19\(+\)](#) (link only)
4. **NEW** [ADA's Patient Return Resource Center](#) (link only)
5. [Steps to Take if a Patient Reports COVID-19 Exposure after Treatment](#)
6. [ADA COVID-19 Hazard Assessment](#) (link only)
7. [Interim Mask and Face Shield Guidelines](#)
8. [Understanding Mask Types](#)
9. [Tips to Avoid Counterfeit Masks](#)
10. [COVID-19 Daily Screening Log \(English\) / \(Spanish\)](#) (Use link to download Word form)
11. **NEW** [Paying Staff Who Are on Leave Due to COVID-19](#) (link only)

7/20/2020

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.

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



7/20/20

Nombre del Paciente

Dirección

Dirección

Estimado Paciente:

Esperamos que usted y su familia se encuentren bien de salud. En los últimos meses nuestra comunidad ha pasado por mucho y todos anhelamos regresar a nuestras rutinas. Aunque muchas cosas han cambiado, hay una que no ha cambiado: nuestro compromiso para mantenerlos sanos y salvos.

El control de infección siempre ha sido nuestra máxima prioridad, probablemente usted ya se ha dado cuenta durante sus previas visitas. Nuestros procedimientos para el control de infecciones están hechas para que cuando usted reciba su tratamiento este cómodo y seguro. Les queremos informar sobre los procedimientos que llevamos a cabo para el bienestar de nuestros pacientes y empleados.

Nosotros llevamos a cabo las recomendaciones proporcionadas por la Asociación Dental Americana (American Dental Association - ADA por sus siglas en inglés), por El Centro de Vigilancia de las Enfermedades de los Estados Unidos (U.S. Centers for Disease Control and Prevention – CDC por sus siglas en inglés) y por la Administración de Salud y Seguridad Ocupacional (Occupational Safety and Health Administration – OSHA por sus siglas en inglés). Le damos seguimiento a las actividades de estas organizaciones para mantenernos al día de nuevas normativas u orientaciones emitidas.

En su próxima visita, es muy probable que vea algunos cambios. Estos cambios se hicieron para la protección de nuestros pacientes y empleados. Por ejemplo:

- Antes de su cita nos comunicaremos con usted y le haremos unas preguntas de detección. Al llegar al consultorio le haremos de nuevo las mismas preguntas de detección.
- Al entrar al consultorio le vamos a pedir que use el gel antibacterial para sus manos. Tendremos gel antibacterial en la recepción y en otras áreas del consultorio para su uso.
- Va a notar que ya no tenemos revistas, juguetes y demás en la sala de espera por el simple hecho que son difíciles de desinfectar.
- Llevaremos a cabo las citas de tal manera para permitir distanciamiento social entre los pacientes. Esto puede darle menos opciones para agendar su cita.
- Haremos todo lo posible para espaciar las citas entre los pacientes y a la vez reducir el tiempo de espera y el número de pacientes que estén en la sala.

Esperamos verlos de nuevo y con gusto les contestaremos cualquier pregunta que tenga sobre los pasos que estamos llevando para mantenerlo a usted y a cada paciente seguros en nuestra practica dental. Para hacer una cita, hable al número xxx.xxx.xxxx o visite nuestra página [www.xxxxxxxxxx](http://www.xxxxxxxxxx).

Gracias por ser nuestro paciente. Valoramos su confianza y lealtad.

Esperamos darles la bienvenida de nuevo a nuestros pacientes, vecinos y amistades.

Atentamente,

Dentista y personal

# 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?	<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.

# Forma de Detección

Nombre del Paciente:

	CITA PREVIA	EN LA CITA
	Fecha:	Fecha:
¿Tiene fiebre o se ha sentido con algo de temperatura (en los últimos 14 – 21) días?	<input type="checkbox"/> Sí <input type="checkbox"/> No	<input type="checkbox"/> Sí <input type="checkbox"/> No
¿Ha tenido falta de aire o dificultad para respirar?	<input type="checkbox"/> Sí <input type="checkbox"/> No	<input type="checkbox"/> Sí <input type="checkbox"/> No
¿Tiene tos?	<input type="checkbox"/> Sí <input type="checkbox"/> No	<input type="checkbox"/> Sí <input type="checkbox"/> No
¿Ha tenido otros síntomas como de gripe? ¿Molestias gastrointestinales, dolor de cabeza o fatiga?	<input type="checkbox"/> Sí <input type="checkbox"/> No	<input type="checkbox"/> Sí <input type="checkbox"/> No
¿Recientemente ha tenido pérdida del olfato o del gusto?	<input type="checkbox"/> Sí <input type="checkbox"/> No	<input type="checkbox"/> Sí <input type="checkbox"/> No
¿Tiene contacto con algún paciente diagnosticado con COVID-19? <i>Pacientes que están bien de salud pero viven con alguien que tiene COVID – 19 deben considerar posponer su cita.</i>	<input type="checkbox"/> Sí <input type="checkbox"/> No	<input type="checkbox"/> Sí <input type="checkbox"/> No
¿Es mayor de 60 años?	<input type="checkbox"/> Sí <input type="checkbox"/> No	<input type="checkbox"/> Sí <input type="checkbox"/> No
¿Padece de alguna enfermedad cardíaca, enfermedad pulmonar, enfermedad renal, diabetes o trastorno autoinmune?	<input type="checkbox"/> Sí <input type="checkbox"/> No	<input type="checkbox"/> Sí <input type="checkbox"/> No
¿En los últimos 14 días ha viajado?	<input type="checkbox"/> Sí <input type="checkbox"/> No	<input type="checkbox"/> Sí <input type="checkbox"/> No

**Contestar “Sí” a cualquiera de estas preguntas, indicará una discusión más profunda con su dentista antes de poder proceder con un tratamiento electivo.**

- Para análisis, consulte la lista de [State and Territorial Health Department Websites](#) para información en su área específica.

# Steps to Take if a Patient Reports COVID-19 Exposure After Treatment

A patient that was recently treated in the practice has reported that they or a member of their household has a confirmed case of COVID-19. Follow these steps to help manage the health of any team members who may have been exposed to that patient.

Finding out that a patient or close family member has tested positive for COVID-19 can be a cause for concern for you and anyone in the practice who may have interacted with the patient during the appointment. These steps will help guide you through what you should do if someone in your practice tests positive for COVID-19.

Identify each staff member, both clinical and administrative personnel, who had contact with the patient during the appointment. Assess the level of risk exposure for staff:



Staff determined to have had **higher risk exposure** should actively monitor their health, isolate and refrain from working for 14 days after the exposure.

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assessment-hcp.html>

- Those who do not develop a fever or other symptoms of COVID-19 can return to work with appropriate PPE.
- Those that do experience any symptoms should be tested for SARS-CoV-2.
  - Staff who test positive for COVID-19 should immediately move to case management protocols outlined by the Centers for Disease Control and Prevention (CDC) and state/local departments of public health.
  - Those with negative test results but who experienced fever or other symptoms should actively monitor their health, isolate and refrain from working for 14 days after the exposure.



Staff determined to have had **lower risk exposure** can continue to work with appropriate PPE and should actively self-monitor their health for 14 days after the exposure.

- Those without a fever or other symptoms of COVID-19 can continue to work.
- Those that do experience any symptoms should be restricted from working and get tested for SARS-CoV-2.
  - Staff testing negative for COVID-19 and whose symptoms have resolved can continue to work and should continue to self-monitor for 14 days.
  - Those testing positive should immediately move to case management protocols outlined by the Centers for Disease Control and Prevention (CDC) and state/local departments of public health.

If, at any time, it's determined that a staff member has contracted the virus, following the steps outlined in the ADA's resource [What to Do if Someone on Your Staff Tests Positive for COVID-19](#) can help ensure the health and safety of others in the practice and reduce the likelihood of additional transmissions. Dentists are urged to follow the recommendations of the CDC and state/local public health authority for additional steps. See the CDC's [Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 \(COVID-19\) in Healthcare Settings](#) for guidance on infection control in a healthcare setting.




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# Interim Mask and Face Shield Guidance

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

It's always a good idea to conduct a [hazard assessment](#) before seeing patients. It can help identify and mitigate potential risks that may exist. Based on the results of the hazard assessment, using the level of PPE indicated in the chart is one way to reduce the risk of exposure. Of course, it's important to recognize that 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.

It should be assumed that all patients may transmit COVID-19, given that individuals who are asymptomatic can still be infectious.

Mask Type – With Goggles or Face Shield ( <a href="#">Understanding Mask Types</a> )	Infection Risk***
 <b>N95</b>	Minimized
 <b>N95 EQUIVALENT MASK*</b> <b>KN/KP95, PFF2, P2, DS/DL2, KOREAN SPECIAL 1ST</b>	Minimized
 <b>SURGICAL (LEVEL 3) MASK**</b>	May be elevated depending on hazard assessment

\*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.

\*\*\*The level of risk to DHCP depends in part on the generalized infection level in the community.

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

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# Understanding Mask Types



**SURGICAL (LEVEL 3) MASK**



**N95 MASK\***



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

<b>Testing and Approval</b>	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)
<b>Sizing</b>	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.
<b>Intended Use and Purpose</b>	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: <a href="https://www.fda.gov/medical-devices/coronavirus-disease-2019-covid-19-emergency-use-authorizations-medical-devices/personal-protective-equipment-euas">https://www.fda.gov/medical-devices/coronavirus-disease-2019-covid-19-emergency-use-authorizations-medical-devices/personal-protective-equipment-euas</a>
<b>Face Seal Fit+</b>	Loose-fitting	Tight-fitting**	Tight-fitting**
<b>Fit Testing+ Requirement</b>	No	Temporary lifting of annual fit test enforcement requirement.	Unavailable at this time.
<b>User Seal Check Requirement</b>	No	Yes. Required each time the mask is donned (put on)	Yes. Required each time the mask is donned (put on)
<b>Use Limitations</b>	Disposable. Discard after each patient encounter.	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.	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/npptl/pdfs/FacialHairWmask11282017-508.pdf>



+Note: A seal test is a user test performed by the wearer every time the mask is put on to insure 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.

# Tips to Avoid Counterfeits

The Centers for Disease Control and Prevention (CDC) has issued guidance, [Counterfeit Respirators / Misrepresentation of NIOSH-Approval](#), to help healthcare professionals avoid buying counterfeit masks\*. This page includes information on how to identify a NIOSH-approved respirator, and also a link to NIOSH Certified Equipment List and a NIOSH Trusted Source page.

See the ADA's [mask comparison chart](#) and [interim mask and face shield guidance](#).

 <p><b>Tips for spotting suspicious websites and/or marketplaces before you buy</b></p>	 <p><b>Signs that an N95 mask** may be counterfeit</b></p>
<p><b>Website tip-offs:</b></p> <ul style="list-style-type: none"> <li>• Primary email contact uses a free email service</li> <li>• Presence of typos, bad grammar and other errors</li> <li>• Contains broken links</li> <li>• Site is unfinished and temporary “dummy” text is still present</li> </ul> <p><b>Third-party marketplace red flags:</b></p> <ul style="list-style-type: none"> <li>• Use of terms like “legitimate” and “genuine”</li> <li>• Customer feedback that seems suspicious</li> <li>• Inconsistency in the type of products sold</li> <li>• Prices that are too good to be true</li> <li>• During times of shortage, claiming “unlimited stock”</li> </ul>	<ul style="list-style-type: none"> <li>• Lack of, or misspelling of NIOSH in the marking</li> <li>• Claiming approval for use by children</li> <li>• Presence of decorative add-ons</li> <li>• Lack of NIOSH approval (TC) number on the N95 or headband</li> <li>• Lack of any type of marking on the N95</li> <li>• N95 has ear loops instead of headband</li> </ul>

\*The CDC uses the term "respirators" in relation to N95, KN95, etc., whereas the ADA uses the term "masks."

\*\*Does not apply to KN95 masks.

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