



# Recommended Office Opening Protocols

**As of April 28, 2020**

(This document will continue to be updated as new information comes out)

Thank you to the Nebraska Dental Association and ADA for allowing  
us to use your resources!



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## Introduction

The Wyoming Dental Association (in agreement with the American Dental Association) recommended on March 17, 2020 that dentists restrict their practices to all but urgent and emergency care. This recommendation was later extended until April 30 at the earliest. In addition, Wyoming State Directed Health Measures (DHM) were issued enforcing these recommendations. The intent of the recommendation was to observe social distancing, help mitigate the spread of the 2019 Novel Coronavirus, conserve essential personal protective equipment (PPE) for medical frontline colleagues, and avoid the need for patients requiring emergency dental treatment to go to overburdened hospital emergency departments.

As of mid-April, conditions regarding virus transmission vary greatly across Wyoming.

The WDA recognizes that local or state government decisions regarding closures, including restrictions regarding elective health care (DHM's), supersede WDA recommendations.

As Wyoming begins to consider reopening, the WDA believes dentists should exercise professional judgment and carefully consider the availability of appropriate PPE to minimize risk of virus transmission. The American Dental Association (ADA) is communicating with the Federal Emergency Management Agency (FEMA), other federal agencies, and relevant organizations to advocate that dentists, as essential healthcare workers, are prioritized for PPE. The WDA has been working to improve the access to proper PPE for Wyoming Dentists.

As of April 16, FDA approved tests for COVID-19 are not available to dentists in the U.S. Therefore, dentists should be aware that asymptomatic healthy appearing patients cannot be assumed to be COVID-19 free.

To aid dentists who may be reopening their practices when State Health Mandates are lifted, the WDA along with significant information provided by the ADA has developed interim guidance for minimizing risk of COVID-19 transmission in order to practice during this pandemic and minimize the risk of virus transmission. ***Additional guidance documents from the WDA and ADA will likely be issued.***

The longer dental practices remain closed to preventive care and treatment for early forms of dental disease, the more likely that patients' untreated disease will progress, increasing the complexity and cost for treatment down the road.

The decision to reopen a dental office or remain closed, absent an overriding Directed Health Mandate, is a decision to be made by each individual dental practice. The following guidelines were developed to assist dentists in making that decision, as well as to encourage a concerted effort in making the reopening of dental offices the safest environment possible for patients, staff and dentists. The WDA presents the following guidelines not as mandates, but as recommendations to aid dental teams in the reopening of their offices.

The safety of patients, dentists and dental team members has been and always will be the WDA and ADA's utmost concern.



## Before Dental Care Starts

*Dentist and Dental Team Preparation: Staff preparation and education is an absolute must, prior to opening your office, including an assessment of staff concerns and ability to adhere to these guidelines.*

1. Dental Health Care Personnel (DHCP) experiencing influenza-like-illness (ILI) (fever with either cough or sore throat, muscle aches) should not report to work.
2. It is suggested that providers who do **not** fall into one of the following categories (older age; presence of chronic medical conditions, including immunocompromising conditions; pregnancy) should be prioritized to provide care.
3. All DHCP should self-monitor by remaining alert to any respiratory symptoms (e.g., cough, shortness of breath, sore throat) and check and record their temperature before beginning work every day, regardless of the presence of other symptoms consistent with a COVID-19 infection. DHCP with temperatures over 100.4° should return home. Dental offices should create a plan for whom to contact if an employee develops fever or respiratory symptoms to determine whether medical evaluation is necessary.
  - a. To prevent transmission to DHCP or other patients, contact your [local health department](#) immediately if you suspect a patient or DHCP has COVID-19. You can also contact your [state health department](#).
4. Designate convalescent DHCP (those DHCP who have clinically recovered from COVID-19 and may have some protective immunity) to preferentially provide care. This means that providers (DHCP) who have recently contracted and recovered from COVID-19 infection should be the preferred personnel providing care.
5. Conduct an inventory of available personal protective equipment (PPE) supplies - e.g., surgical masks, surgical gowns, surgical gloves, face shields. Assume that supplies may be unavailable in the near future.

**\*It is important to remember that professional judgement should be exercised when considering the use of gowns, foot covers, and head covers.**

**\* Some risk is inherent in all scenarios. If masks with either goggles or face shields are not available or used, please understand there is a higher risk for infection; therefore, use your professional judgement related to treatment provided and the patient's risk factors.**
6. Remove magazines, reading materials, toys and any non-essential furniture (other than chairs) that may be touched by others and which are not easily disinfected. Place a transparent barrier in front of check-in desk. Arrange chairs to optimize social distancing.
7. Print and place signage in the dental office for instructing patients on standard recommendations for respiratory hygiene/cough etiquette and social distancing. See *COVID-19, Protecting Yourself and Your Loved Ones*.
8. Schedule appointments far enough apart to minimize possible contact with other patients in the waiting room or eliminate use of the waiting room.
9. Prevent patients from bringing companions to their appointment, except for instances where the patient requires assistance (e.g., pediatric patients, people with special needs, elderly patients, etc.). If companions



are allowed for patients receiving treatment, they should also be screened for signs and symptoms of COVID-19 during patient check-in and should not be allowed entry into the facility if signs and symptoms are present (e.g., fever, cough, shortness of breath, sore throat). Companions should not be allowed in the dental office if perceived to be at a high risk of contracting COVID-19 (e.g., having a pre-existing medically compromised condition). Any person accompanying a patient should be prohibited in the dental operator.

## **Screening for COVID-19 Status and Triaging for Dental Treatment**

1. “Make every effort to interview the patient by telephone, text monitoring system, or video conference before the visit.” See *COVID-19 Patient Disclosures*. Consider teledentistry to reduce exposure to DHCP.
2. Take and record the patient's temperature. If a dental patient does not have a fever and is otherwise without even mild symptoms consistent with COVID-19 infection (e.g., fever, sore throat, cough, difficulty breathing), they can be seen in dental settings with appropriate protocols and PPE in place.
3. If a dental patient has a fever strongly associated with a dental diagnosis (e.g., pulpal and periapical dental pain and intraoral swelling is present), but no other signs/symptoms of COVID-19 infection (e.g., fever, sore throat, cough, difficulty breathing), they can be seen in dental settings with appropriate protocols and PPE in place.
4. If a dental patient does exhibit signs and symptoms of respiratory illness, the patient should be referred for emergency care where appropriate.
5. As the pandemic progresses, some patients will recover from the COVID-19 infection. It is important to determine when a patient who was diagnosed with the disease is ready to discontinue home isolation. CDC suggests two approaches to determine clearance to abandon quarantine:
  - a. **“Time-since-illness-onset and time-since-recovery strategy (non-test-based strategy)\*:** Persons with COVID-19 who have symptoms and were directed to care for themselves at home may discontinue home isolation under the following conditions:
    - i. At least 3 days (72 hours) have passed since recovery defined as resolution of fever without the use of fever-reducing medications and improvement in respiratory symptoms (e.g., cough, shortness of breath); **and**,
    - ii. At least 7 days have passed since symptoms first appeared.”
  - b. **“Test-based strategy:** Persons who have COVID-19, who have symptoms and were directed to care for themselves at home, may discontinue home isolation under the following conditions:
    - i. Resolution of fever without the use of fever-reducing medications and,
    - ii. Improvement in respiratory symptoms (e.g., cough, shortness of breath) and,
    - iii. Negative results of an FDA Emergency Use Authorized molecular assay for COVID-19 from at least two consecutive nasopharyngeal swab specimens collected  $\geq 24$  hours apart\*\* (total of two negative specimens).”

“Individuals with laboratory-confirmed COVID-19 who have not had any symptoms may discontinue home isolation when at least 7 days have passed since the date of their first positive COVID-19 diagnostic test and have had no subsequent illness.”



## ***Upon Patient Arrival***

1. If patients wish to, or if the waiting room does not allow for appropriate “social distancing” (situated at least 6 feet or 2 meters apart), they may wait in their personal vehicle or outside the facility where they can be contacted by mobile phone when it is their turn to be seen. This can be communicated to patients at the moment of scheduling the appointment, based on established office procedures (see Dentist and Dental Team Preparation Section). Escorting patients directly to treatment rooms avoiding the waiting room is recommended.
2. Though we are recommending that only asymptomatic patients, patients who have tested negative for COVID-19 infection, or recovered patients (after 3 days since resolution of signs and symptoms) be seen in dental settings, DHCP should ensure that there are supplies for hand washing, (e.g., alcohol- based hand rub with 60-95% alcohol, tissues), and no-touch receptacles (trash can) for disposal at healthcare facility entrances, waiting rooms, and patient check-ins.” If possible, provide each patient with a new Level 1 mask even if the patient has arrived with their own mask. Schedule to reduce patient contact with the minimal number of DCHP as possible.

## During Dental Care

### *Standard and Transmission-based Precautions and Personal Protective Equipment (PPE)*

1. DHCP should adhere to Standard Precautions, which “**are the minimum infection prevention practices that apply to all patient care, regardless of suspected or confirmed infection status of the patient, in any setting where healthcare is delivered.**”
  - a. Standard Precautions include: Hand hygiene, use of PPE, respiratory hygiene/etiquette, sharps safety, safe injection practices, sterile instruments and devices, clean and disinfected environmental surfaces.
2. If available, DHCP should implement Transmission-Based Precautions. “Necessary transmission-based precautions should include patient placement (e.g., isolation), respiratory protection (e.g., N-95 masks or equivalent or best available) for DHCP, or postponement of nonemergency dental procedures.” (See *ADA Interim Mask and Face Shield Guidelines*).

3. **For aerosol procedures:** Wear a surgical mask (N95 if available or equivalent or best available) and eye protection with solid side shields and face shield to protect mucous membranes of the eyes, nose, and mouth during procedures likely to generate splashing or spattering [(large droplets)] of blood or other body fluids. If available, wear a gown and head cover. [Strategies for Optimizing the Supply of N95 Respirators](#); [Strategies for Optimizing the Supply of Isolation Gowns](#)



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.

4. For non-aerosol procedures: Wear a surgical mask and eye protection.
5. “If your mask is damaged or soiled, or if breathing through the mask becomes difficult, you should remove the face mask, discard it safely, and replace it with a new one.” Additional information on surgical masks from the FDA is available [here](#).
6. DHCP should adhere to the standard sequence of donning and doffing of PPE. (See also, CDC protocol)
7. Also Consider Non-Surgical Caries Management Approaches
8. N95 not currently available? See *Upgrading your Level 1 mask*



## ***Clinical Technique (Handpieces, Equipment, etc.)***

1. There are no clinical studies supporting the virucidal effects of any preprocedural mouthrinse against SARS-CoV-2, though we would highly suggest a 1% hydrogen peroxide rinse for 1 min before all procedures. <https://www.ada.org/en/publications/ada-news/2020-archive/march/ada-adds-frequently-asked-questions-from-dentists-to-coronavirus-resources>
2. DHCP may use “extraoral dental radiographs, such as panoramic radiographs or cone beam CT, [and] are appropriate alternatives” to intraoral dental radiographs during the outbreak of COVID-19, as the latter can stimulate saliva secretion and coughing.
3. Reduce aerosol production as much as possible, as the transmission of COVID-19 seems to occur via droplets or aerosols and DHCP should prioritize the use of hand instrumentation.
4. DHCP should use rubber dams or isolating systems (i.e., dryshield, isolite, etc.) along with high volume suction if an aerosol-producing procedure is being performed to help minimize aerosol or splatter.
4. DHCP may use a 4-handed technique for controlling aerosolization or splatter.
5. Anti-retraction functions of handpieces may provide additional protection against cross-contamination.
6. DHCP should prefer the use of high-volume evacuators. DHCP “should be aware that in certain situations, backflow could occur when using a saliva ejector,” and “this backflow can be a potential source of cross-contamination.”
8. DHCP should use resorbable sutures when possible (i.e. sutures that last 3 to 5 days in the oral cavity) to eliminate the need for a follow up appointment.
9. DHCP should “[minimize] the use of a 3-in-1 syringe as this may create droplets due to forcible ejection of water/air.”

## ***Steps After Suspected Unintentional Exposure***

Follow CDC recommendations in the event of suspected unintentional exposure (e.g., unprotected direct contact with secretions or excretions from the patient).

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



## **After Dental Care Is Provided**

### *In Between Patients*

1. "Clean and disinfect reusable facial protective equipment (e.g., clinician and patient protective eyewear or face shields) between patients."
2. Non-dedicated and non-disposable equipment (e.g., handpieces, dental x-ray equipment, dental chair and light) should be disinfected according to manufacturer's instructions. Handpieces should be cleaned to remove debris, followed by heat-sterilization after each patient.
3. "Routine cleaning and disinfection procedures (apply an EPA-registered, hospital-grade disinfectant to frequently touched surfaces or objects for appropriate contact times as indicated on the product's label) are appropriate for SARS-CoV-2 in healthcare settings, including those patient-care areas in which aerosol-generating procedures are performed."  
<https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>
  - a. Surfaces such as door handles, chairs, desks, elevators, and bathrooms should be cleaned and disinfected frequently.

### *Post-operative Instructions for Patients*

1. In light of the controversy regarding whether ibuprofen should be used for patients with a COVID-19 infection, it is recommended to use ibuprofen as normally indicated when managing any type of pain. For example, for the management of pulpal- and periapical-related dental pain and intraoral swelling in immunocompetent adults, it is recommended that NSAIDs in combination with acetaminophen (i.e. 400-600 milligrams ibuprofen plus 1,000 mg acetaminophen) can still be used.

### *When Going Home After a Workday*

1. DHCPs should change from scrubs and shoes to personal clothing before returning home. Upon arriving home, DHCPs should take off shoes, remove and wash clothing [separately from all other household laundry], and immediately shower. Office attire should not be worn outside the office.



## **COVID-19 - PATIENT DISCLOSURES**

This patient disclosure form seeks information from you that we must consider before making treatment decisions in the circumstance of the COVID-19 virus.

A weakened or compromised immune system (including, but not limited to, conditions like diabetes, asthma, COPD, cancer treatment, radiation, chemotherapy, and any prior or current disease or medical condition), can put you at greater risk for contracting COVID-19. Please disclose to us any condition that compromises your immune system and understand that we may ask you to consider rescheduling treatment after discussing any such conditions with us.

It is also important that you disclose to this office any indication of having been exposed to COVID-19, or whether you have experienced any signs or symptoms associated with the COVID-19 virus.

	<b>Yes</b>	<b>No</b>
Do you have a fever or above normal temperature?	<input type="checkbox"/>	<input type="checkbox"/>
Have you experienced shortness of breath or had trouble breathing?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a dry cough?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a runny nose?	<input type="checkbox"/>	<input type="checkbox"/>
Have you recently lost or had a reduction in your sense of smell?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a sore throat?	<input type="checkbox"/>	<input type="checkbox"/>
Have you been in contact with someone who has tested positive for COVID-19?	<input type="checkbox"/>	<input type="checkbox"/>
Have you tested positive for COVID-19?	<input type="checkbox"/>	<input type="checkbox"/>
Have you been tested for COVID-19 and are awaiting results?	<input type="checkbox"/>	<input type="checkbox"/>
Have you traveled outside Wyoming in the past 14 days? If so, where? _____	<input type="checkbox"/>	<input type="checkbox"/>

I fully understand and acknowledge the above information, risks and cautions regarding a compromised immune system and have disclosed to my provider any conditions in my health history which may result in a compromised immune system.

By signing this document, I acknowledge that the answers I have provided above are true and accurate.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



**\*\*\*\*\*NOTE: THE BELOW INFORMATION IS TAKEN DIRECTLY FROM THE ADA AND IS INCLUDED IN HERE FOR YOUR CONVENIENCE\*\*\*\*\***

**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.

*Resource: CDC's Phone Advice Line Tool for Possible COVID-19 Tool*

### **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.

o Touchless forehead scan is convenient and produces less waste, though any thermometer is appropriate as long as cleaned appropriately between uses.

o Be sure to follow the manufacturer's instructions.

o 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).

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

o If referring patients for testing, see the list of State and Territorial Health Department Websites for your specific area's information.

o 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.

o If surfaces are dirty, they should be cleaned using a detergent or soap and water prior to disinfection.



o 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*

### **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 the 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.

o If surfaces are dirty, they should be cleaned using a detergent or soap and water prior to disinfection.

o 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*



## **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 handpiece.

### **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.
  - o Change gown if it becomes soiled.
  - o Disposable gowns should be discarded after use. Cloth gowns should be laundered after each use.
  - o Resource: Interim Infection Prevention and Control Guidance for Dental Settings During the COVID19 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.
  - o Provide laundry facilities in the office.
  - o Contracting with a laundry service is another option.
  - o Long sleeved garments should be worn.
- Professional judgment should be exercised with regard to the use of disposable foot covers or head covers.



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*Return to Work Interim Guidance Toolkit*

### **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)

### **Example of daily log, available for download.**

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

#### **Do you have any of the following?**

- o Fever or feeling feverish (chills, sweating). Not necessary if temperature is taken, though ask about fever-reducing or symptom altering medications.
- o 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).
- o Shortness of breath (not severe)
- o Cough

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

- o Persons who are well but who have a sick family member at home with COVID-19 should notify their supervisor.
- o 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.
- o 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).
- o 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:**

- o Have contact with someone diagnosed with COVID-19?
- o 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.*

### **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 or adopted states.



Please visit the ADA website and sign up for their toolkit to get the following:

1. Welcome Back Reassurance Letter
2. Patient Screening Form
3. Interim Mask and Face Shield Guidelines
4. Understanding Mask Types
5. COVID-19 Daily Screening Log

