



# SOUTH CAROLINA DENTAL ASSOCIATION

## Guidelines for Reopening Dental Offices Safely During the COVID-19 Pandemic

**The South Carolina Dental Association (SCDA) respectfully requests that South Carolina dental practices be authorized to fully open and fully treat patients as soon as possible in accordance with the following strict infection control guidelines and office protocols which are designed to protect patients, dentists, and the members of the dental team.**

**These guidelines have been reviewed and approved by the South Carolina Dental Association. This should be used as a companion to the ADA Return to Work Toolkit.**

### Background

South Carolina dental regulations require dentists and all dental care workers comply with the evidenced-based guidelines from the Center for Disease Control and Prevention (CDC). CDC standard precautions are the minimum infection control practices, regardless of suspected or confirmed infection status of the patient, in any setting where dental care is delivered.

These practices are designed to both protect dentists and Dental Health Care Personnel (DHCP) and prevent DHCP from spreading infections among patients. Standard Precautions include:

1. Hand hygiene
2. Use of personal protective equipment (eg, gloves, masks, eyewear)
3. Respiratory hygiene/cough etiquette
4. Sharps safety (engineering and work practice controls)
5. Safe injection practices (ie, aseptic technique for parenteral medications)
6. Sterile instruments and devices
7. Clean and disinfected environmental surfaces.

*CDC Guidelines for Infection Control in Dental Health-Care Settings 2003, (MMWR Vol. 52, No. RR-17) Summary of Infection Prevention Practices in Dental Settings: Basic Expectation for Safe Care.*

Please reference updated [CDC guidelines April 27, 2020](#)

### Managing Risks

Dental offices routinely manage the risks of infectious disease transmission and can adapt to these new risks as trained experts in dental medicine. Encounters at dental offices also present reasonable risk to the community because these contacts are well-documented and easily traced, unlike the random encounters at grocery stores and takeout restaurants. According to the CDC, "To date in the United States, clusters of healthcare workers positive for COVID-19 have been identified in hospital settings and long-term care facilities, but no clusters have yet been reported in dental settings or personnel."

### Personal Protective Equipment

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

Use the highest level of Personal Protective Equipment (PPE) available when treating patients to reduce the risk of exposure. Dentists must exercise their independent professional judgment and carefully consider the availability of appropriate PPE to minimize risk of virus transmission.

### Dental Health Care Personnel Considerations

- Dentists will meet with all staff and present the COVID-19 guidelines and instructions.
- Strict adherence to hand hygiene including: Before and after contact with patients; after contact with contaminated surfaces or equipment; and after removing PPE.
- Ensure that the dental health care personnel have received their seasonal flu vaccine.
- Daily Staff Health Screening: Take staff temperature before workday begins. If above 100.4 degrees, staff sent home or referred to a testing center. Staff to answer questionnaire daily. If answer "yes" to any questions, refer to a testing center.

### COVID-19 questionnaire:

1. Do you have any of the following respiratory symptoms? Fever, Sore Throat, Cough, Shortness of Breath?
  2. Have you recently lost your sense of smell or taste?
  3. Do you have any GI symptoms? Diarrhea? Nausea?
  4. Even if you don't currently have any of the above symptoms, have you experienced any of these symptoms in the last 14 days?
  5. Have you been in contact with someone who has tested positive for COVID-19 in the last 14 days?
  6. Have you traveled outside the United States by air or cruise ship in the past 14 days?
  7. Have you traveled within the United States by air, bus or train within the past 14 days?
- If DHCP is sick, tests positive for COVID-19, or is caring for an individual that tested positive for COVID-19, the DHCP should not report to work.

*Resources: Resources: American Dental Association: Interim Mask and Face Shield Guidelines American Dental Association: Understanding Mask Types*

- Pregnancy: There is limited data currently available regarding susceptibility of COVID-19 and the severity of infection in pregnant women. Pregnant staff are encouraged to consult with their health care provider. Pregnant staff are encouraged to clean hands often using soap and water or alcohol-based hand sanitizer and clean and disinfect frequently touched surfaces.

### Patient Pre-Appointment Screenings

- Screen all patients before scheduling. Advise patients to check their temperature at home. If temperature below 100.4 degrees, fine.
- Complete patient registration via telephone or secure email prior to arriving at office.
- Administer COVID-19 questionnaire:
  1. Have you tested positive for COVID-19?
  2. Have you been tested for COVID-19 and are awaiting results?
  3. Do you have any of the following respiratory symptoms? Fever, Sore Throat, Cough, Shortness of Breath?
  4. Have you recently lost your sense of smell or taste?
  5. Do you have any GI symptoms? Diarrhea? Nausea?
  6. Even if you don't currently have any of the above symptoms, have you experienced any of these symptoms in the last 14 days?
  7. Have you been in contact with someone who has tested positive for COVID-19 in the last 14 days?
  8. Have you traveled outside the United States by air or cruise ship in the past 14 days?
  9. Have you traveled within the United States by air, bus or train within the past 14 days?
- Positive responses to COVID-19 questionnaire. Refer patient to primary health care provider. **Do not schedule patient for dental treatment.**
- If patient reports no symptoms, no possible contact with COVID-19 infected person, no suspicious travel, and no fever, schedule patient for dental appointment.

- If possible, schedule appointments apart enough to minimize possible contact with other patients in the waiting room.

### **Reminders to patients:**

- Remind patients to limit the number of companions.
- Depending on office size, patients may need to wait in their personal vehicles or outside the dental office until their appointment.
- Depending on office size, companions may need to wait in their personal vehicles or outside the dental office.
- Face masks for patients- encourage patients to bring a face mask/covering to wear as they enter and exit the practice.
- Provide patients with instructions to (1) keep 6 feet from all other persons when possible, (2) hand hygiene, and (3) respiratory hygiene and cough etiquette.

*ADA: Interim Guidance for Minimizing Risk of COVID-19 Transmission CDC Hand Hygiene in Healthcare Settings CDC: Strategies for Optimizing the Supply of Isolation Gowns CDC: Strategies to Optimize the Supply of PPE and Equipment CDC: Steps Healthcare Facilities Can Take Now to Prepare for COVID-19 CDC: COVID-19 and Pregnancy American College of Obstetrics and Gynecologists: Recent Developments Regarding COVID-19 and Pregnant Women CDC: Characteristics of Health Care Personnel with COVID-19 – United States, February 12–April 9, 2020*

### **Clinical setting**

#### **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 clinical procedures and to aide the staff and patients in safe protocols.*

- Have hand sanitizer available for use (*ideally 60% or better*)
- Consider using automatic opening trash cans.
- Check patient's temperature (<100.4 F) with thermometer (*where possible a touchless forehead scan*)
- If the patient's temperature is elevated above the threshold of 100.4 F, reappoint and refer to their primary care physician
- Complete Patient's Screening Form ([Return\\_to\\_work\\_Toolkit\\_v9\\_2020\\_April23.pdf](#)), positive responses to any of these questions, consider referral to their primary care physician or emergency care at this time, or ask for further clarification on answer
- Consider pre-treatment registration remotely, to minimize in office contact with staff
- Do not take patient's paper records into the operatory

#### **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 hand sanitation station upon entry into facility, with a notice to people to use it before entry into office.
- Consider providing patient with mask to be worn in office, with the exception of dental treatment
- Provide waiting area, bathrooms and patient consultation rooms with tissues, alcohol based hand cleanser, soap at sinks, trash cans
- Place chairs 6 feet apart, when possible
- Remove toys, reading material, remote controls or other communal objects
- On a regular schedule, wipe all touchable surfaces with an approved surface cleaner. Remember to include tables, chair arms, doorknobs, light switches, hangers and any other objects which individuals may come into contact with. To disinfect, use [products that meet EPA's criteria for use against SARS-CoV.](#)
- Remind patients to limit number of companions

- Depending on office size, patients may need to wait in their personal vehicles or outside the dental office until their appointment
- Depending on office size, companions may need to wait in their personal vehicles or outside the dental office

Resources:

[ADA: Interim Guidance for minimizing risk of COVID-19 Transmission](#)

[CDC: Interim Infection Prevention and Control Guidance for Dental Settings During COVID Response](#)

[CDC: Interim Clinical Guidance for Management of Patients with Confirmed Coronavirus Disease](#)

## Chairside Checklist

*Dentists and staff can use this checklist as they prepare the procedures for working in the operatory rooms during the patient's visit and after. Considering that patients who are asymptomatic may still be COVID-19 infectious, **it should be assumed that all patients can transmit the disease (until such testing or diagnostic parameter is available)***

Use the highest level of Personal Protection Equipment (PPE) available: ***Physical interventions to interrupt or reduce the spread of respiratory viruses are: frequent hand washing (55%), wearing mask (68%), wearing gloves (57%), wearing gown (77%); when taken in aggregate, if clinician uses maximal "reasonably readily available universal precautions including mask, gloves, gown and washes their hands before and after patient contact, they have a 0.09 odds ratio of contracting disease (91% reduced chance)***

*Jefferson T, et al: Physical interventions to interrupt or reduce the spread of respiratory viruses: systematic review. BMJ 2008 Jan 12;336(7635): 77-80*

- If available, wear mask, gloves, a gown, eye protection (ie, goggles or disposable/reusable face shield that covers the front and sides of the face)
- If aerosols are anticipated, use the highest level PPE available and consider a N95 or N95 equivalent respirator mask
- If a respirator (N95 or equivalent) is not available, use a combination of a surgical mask and face shield. Surgical masks should be removed and discarded after exiting the patient's room.
- Respirators should be removed (and, if disposable, discarded) after exiting the patient's room
- Reusable eye protection should be cleaned and disinfected prior to reuse
- Clothing:
  - Gowns:** Consider isolation gowns. Disposable gowns should be discarded in a dedicated waste container after use. Cloth isolation gowns should be laundered after each use. Recommend changing gowns after procedures where aerosols are produced
  - Scrubs:** If scrubs are worn, change out of regular clothes and into scrubs at the dental office. Change out of scrubs and back into regular clothes before leaving the dental office. Scrubs should be laundered after soiled or at the end of day.
- Ensure DHCP practice strict adherence to hand hygiene, including:
  - Before and after contact with patient
  - After contact with contaminated surfaces or equipment
  - After removing PPE
- Limit paperwork in the operatory as much as possible
- Cover keyboard computer with disposable, flexible, clear barrier and change between patients
- Limit access to the operatory to the patient only, when possible. Provide mask to anyone who accompanies the patient
- Keep staff level in operatory to the minimum required
- Mask pre-entry (including chair side staff), as virus containing aerosol particles may exist
- No hand shaking or physical contact
- Wash hands and glove in operatory
- Review overall health history, confirming that the screening questions were asked during the check-in procedure and review if necessary
- Consider pre-treatment rinses to reduce bacterial and viral loads in aerosols
- Use of professional judgement to employ the lowest aerosol-generating armamentarium when delivering any type of restorative or hygiene care. Use hand scaling rather than sonic/ultrasonic

scaling when appropriate. High velocity evacuation should be used when possible. Consider restorative procedures performed under a rubber dam or equivalent (such as Isolite or Dry Shield)

- Use of nitrous oxide: use disposable nasal hood; tubing should be either disposable or sterilized
- Shock your dental unit water lines if you are returning from an extended break in practice
- If aerosols are not created, use professional judgement on mask/gown removal and replacement between patients
- Clean the operatory while wearing gloves, mask and face shield or goggles
- Dispose of surface barriers after each patient use and replace
- Clean surfaces with detergent soap followed by disinfecting cleansers, use products that meet EPA criteria against SARS-CoV-2
- Provide patient with mask and escort patient out of office

### **Post procedure protocol:**

- When feasible, consider delaying entry to a room where aerosols were generated for as long as possible, up to three (3) hours
- Direct patients to use their own facial covers as they leave the office. Try to keep patients from passing near each other, and disinfect all surfaces that the patient contacts.
- Limit transfer of paperwork where possible. Consider emailing or mailing credit card receipts and invoices. Use gloves for passing payment cards, and promote contactless payment methods. (eg. Samsung Pay, Apple Pay, Google Pay, Fitbit Pay, or any bank mobile application that supports contactless secure payment)
- Disinfect areas that are entered by a patient or visitor, including door handles, chairs, and bathrooms.
- Limit follow up appointments. Consider resorbable sutures and teledentistry.
- Contact patients 4-7 days after appointment and confirm that they are not presenting with any symptoms of COVID-19 through the same pre-appointment questionnaire interview.
- Maintain a record of the patient schedule in case you need to notify patients of a possible exposure
- Instruct patient to contact office if they experience COVID-19 symptoms within 14 days after dental appointment.
- Consider protocol modifications until there is effective and reliable mass immunity testing and COVID-19 vaccination available.

### **Office Considerations**

- If possible, have a clear barrier separating front desk staff from patients. Otherwise, try to maintain distance when possible between front desk and patients when conducting office functions such as accepting payments, scheduling future appointments, etc.
- Place barriers to cover high touch items when possible.
- Have hand sanitizer available for use in automatic dispenser (ideally 60% alcohol or better)
- In addition to the regular disinfection protocol, disinfect the waiting area between patients.
- In addition to the regular disinfection protocol, disinfect operatory between patients.
- Disinfect high touch surfaces often.
- Limit number of staff in operatory with the patient.
- Dentist to decide patient treatment using independent clinical judgement in context of patient needs and risk. Some risk to DHCP and patient is inherent in all treatment scenarios and varies with level of PPE used when treating patients.
- Use professional judgement to limit aerosol generating procedures and employ the lowest aerosol generating procedures whenever possible. If possible, hand scale rather than ultrasonic scale. If possible, use high-velocity suction and dental dams to minimize droplet spatter and aerosols.
- Treating patients at higher-risk: COVID-19 is a new disease and there is limited information regarding risk factors for severe illness. Consider separate office hours for patients at higher-risk due to comorbidities or age.