OSAP/DQP
BEST PRACTICES FOR INFECTION CONTROL IN DENTAL CLINICS DURING THE COVID-19 PANDEMIC

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DentaQuest Partnership for Oral Health Advancement

REVISED 9/8/2020

Based on evolving guidance from CDC, the September 8 Best Practices checklist has been updated to include:

- Fever: T ≥100.0°F or subjective fever
- Where moderate to substantial community transmission, for asymptomatic patients:
  - Wear eye protection plus facemask
  - Use N95 respirator or higher during AGPs
- Protective eyewear with gaps between glasses and face do not protect from all splashes and sprays
- Additional guidance on physical distancing and how to respond to SARS-CoV-2 exposures
- Daily Visitor Screening Log
- COVID-19 Testing Considerations

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INTRODUCTION

As the COVID-19 pandemic, caused by the virus SARS-CoV-2, continues to evolve, dental practices are beginning to schedule nonemergency dental care. Establishing an infection control plan that places patient and staff safety first is the rationale behind this new best practices resource.

This best practices resource is a compilation of current regulations, guidance and practice tips assembled by national and international dental infection prevention experts. These leaders completed an extensive review of guidance provided by agencies such as the Centers for Disease Control and Prevention (CDC), the Occupational Safety and Health Administration (OSHA), the American Dental Association (ADA), the American Dental Hygienists' Association (ADHA) and others, and developed straightforward instructions addressing all the major aspects of safely engaging in dental practice during the COVID-19 pandemic. Developed for dental clinicians, front office staff and other personnel, this document has two sections, a practical checklist and a companion resources/tools section.

Because COVID-19 is still a very real pandemic, it is important for dentistry to:

- Regularly consult state dental boards and state or local health departments for current local information for requirements specific to their jurisdictions, including recognizing the degree of community transmission and impact, and their region-specific recommendations.
- Use professional judgement in situations where there is not specific guidance or regulation with the goal of patient and personnel safety.
- Understand that these best practices will continue to be updated as the pandemic evolves.

RATIONALE

The dental profession is categorized by OSHA as overall a "Very High Risk" category. This assessment is due to the potential for exposure to known or suspected sources of SARS-COV-2 during specific aerosol-generating procedures (AGPs). AGPs may include, in dentistry, procedures using high and low speed handpieces, ultrasonic scalers, air/water syringes and air polishing. OSHA further designated risk levels broken down by task.[i]

DENTISTRY WORK TASKS ASSOCIATED WITH EXPOSURE RISK LEVELS

LOW RISK

- Performing administrative duties in non-public areas of dental facilities, away from other staff members.

MEDIUM RISK

- Providing urgent or emergency dental care, not involving AGPs to well patients (i.e., to members of the general public who are not known or suspected COVID-19 patients).
- Working in busy staff work areas.

HIGH RISK

- Entering a known or suspected COVID-19 patient's care area.
- Providing emergency dental care, not involving AGPs, to known or suspected COVID-19 patients.
- Performing AGPs on well patients.

VERY HIGH RISK

- Performing AGPs on known or suspected COVID-19 patients.
- Collecting or handling specimens from known or suspected COVID-19 patients.

This best practices resource is designed to help reduce the level of risk from "very high" through a hierarchy of safety protocols that have the greatest impact on clinical safety.[ii] Following is a graphic of a Hierarchy of Controls developed by CDC's National Institute for Occupational Safety and Health (NIOSH). The pyramid moves from the most effective controls down to the least effective. Note the dental examples (not a complete list) for each level of control.

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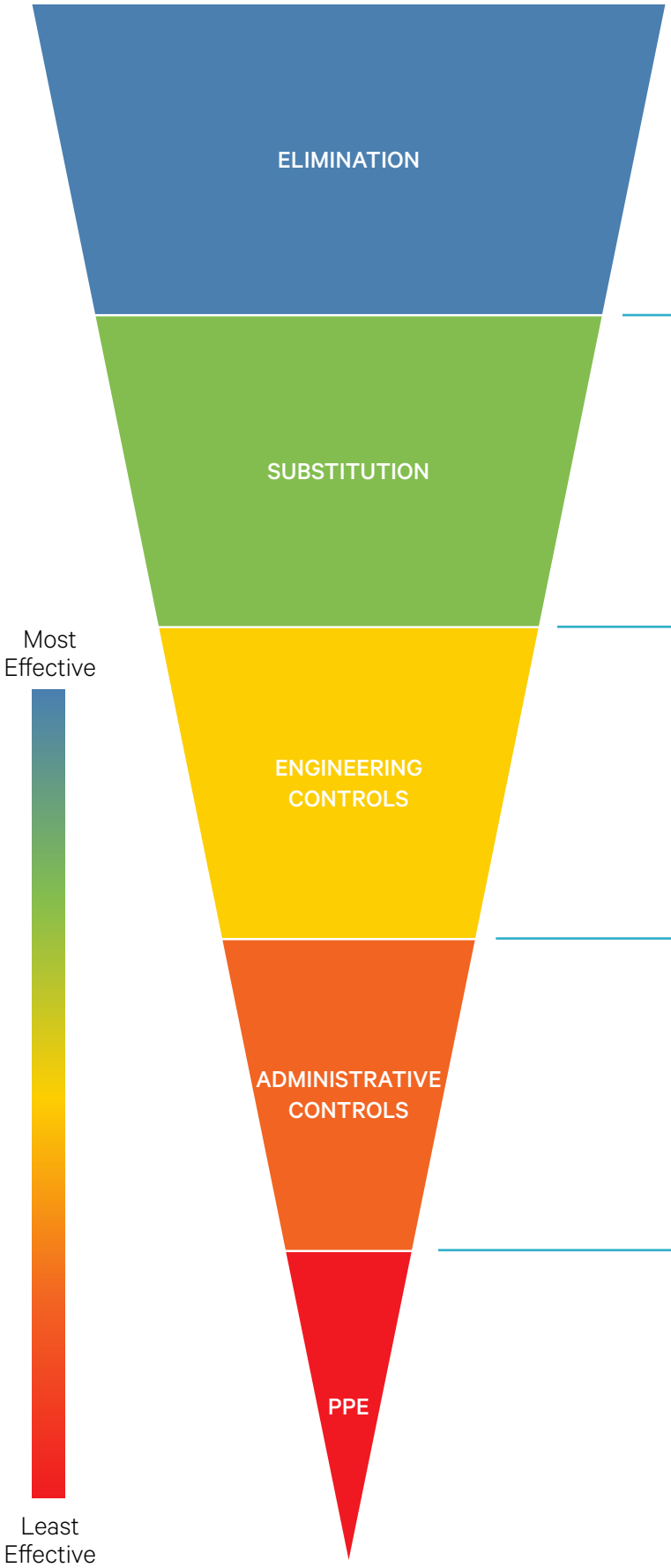
HIERARCHY OF CONTROLS WITH DENTAL EXAMPLES



PHYSICALLY REMOVE THE HAZARD

- Symptom screening prior to appointment and on arrival: isolate and eliminate (discharge, refer) all symptomatic patients and workers
- Viral testing at time of treatment – Not currently available
- Remove items and surfaces that might cross-contaminate and replace with non-touch options

REPLACE THE HAZARD

- Remotely assist patients through Teledentistry
- Alter or postpone treatment plan if this does not harm patient
- Prioritize at-risk population in most need of dental care
- Limit close contact of patients throughout the practice
- Avoid aerosolizing procedures, substitute with non/low spray practices where possible
- Re-assign roles of high-risk personnel to low exposure work or locations

ISOLATE PEOPLE FROM THE HAZARD

- Facility space organization into infection control zones. Isolate and separate space with physical barriers
- Rubber dam isolation use
- High volume evacuation in conjunction with isolation
- Pre-procedure mouth rinse to reduce microorganisms
- Hand instrumentation for hygiene, non-surgical periodontal treatment, minimal restorative treatment

CHANGE THE WAY PEOPLE WORK

- Respiratory hygiene/cough etiquette/hand hygiene stations
- Sick leave policies
- Manage visitors, limit points of entry
- Adjustments in appointment scheduling
- Universal Source Control – all people wear appropriate level face coverings in facility
- Create, train new employee roles
- Respiratory Protection Program (RPP)

PROTECT THE WORKER FROM THE HAZARD

- Gowns
- Gloves
- Mask
- Face shield
- Goggles
- N95 respirator

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HOW TO USE THIS RESOURCE:

This resource is intended for all Dental Health Care Personnel (DHCP) including all paid and unpaid personnel in the dental health-care setting who might be occupationally exposed to infectious materials, including body substances and contaminated supplies, equipment, environmental surfaces, water, or air. This includes dentists, dental hygienists, dental assistants, dental laboratory technicians (in-office and commercial), students and trainees, contractual personnel, other persons not directly involved in patient care but potentially exposed to infectious agents (e.g., administrative, clerical housekeeping, maintenance, or volunteer personnel).[iii]

DHCP are encouraged to use this resource to ensure their practice setting has the appropriate infection prevention policies and practices in place, including relevant training and education and adequate supplies to provide safe care and a safe working environment during a pandemic.

PREPARING THE DENTAL CLINIC FOR PATIENTS AND VISITORS CHECKLIST

This checklist includes two major sections:

1) preparing the clinic prior to patient appointments, and

2) delivering safe patient care.

DHCP are encouraged to review each item to check "yes" upon completion of the action item or policy or N/A if the item does not apply to the practice. A source column indicates where the guidance item was obtained including CDC[iv] (Centers for Disease Control and Prevention), OSHA[v] (Occupational Safety and Health Administration), ADA[vi] (American Dental Association) and ADHA[vii] (American Dental Hygienists' Association). When "ALL" is used in the source column, it indicates that CDC, OSHA, ADA and ADHA offer the same guidance. Note that the situation is evolving, and this checklist will be updated as new guidance is available.

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PART 1: PREPARING THE DENTAL CLINIC PRIOR TO PATIENT APPOINTMENTS

POLICIES AND PROCEDURES	YES	N/A	SOURCE
Tasks associated with different exposure risk levels have been identified	☐	☐	OSHA
Written policies have been developed and implemented that address at least the following:			
• Process to monitor daily the prevalence of COVID-19 at the community and state level.			ALL
• Local health department directory	☐	☐	
• State health department directory	☐	☐	
• Treatment of suspected or confirmed COVID-19 positive patient requiring the use of aerosol-generating procedures.			
• Plan has been created to complete the procedure in an Airborne Infection Isolation Room (AIIR) with all in attendance utilizing a N95 respirator or higher.	☐	☐	ALL
• Universal Source Control requiring everyone entering the office, regardless of whether they have COVID-19 symptoms to wear appropriate level of mask or a face covering.	☐	☐	CDC, OSHA, ADHA
• Patient and visitors are encouraged to wear their own personal mask or face covering. Masks will be provided, if supplies are adequate, for patients and visitors. Children under two years old and those who experience difficulty breathing will not be required to wear a mask.	☐	☐	
• Every employee will always wear facemasks when in the dental office, including in the break room or other areas where they are in contact with co-workers.	☐	☐	
• If supplies are adequate, surgical masks are preferred, but cloth masks may be utilized by staff not involved in direct patient care activities.	☐	☐	
• Clinical staff can utilize a cloth face mask when not involved in direct patient care.	☐	☐	
• Facemasks or cloth masks should be replaced if they become hard to breathe through, wet or soiled.	☐	☐	
• Hand hygiene should be performed anytime masks are adjusted or removed.	☐	☐	
• Physical distancing: maintaining six (6) feet between people.	☐	☐	CDC, ADA, ADHA
• Minimizing the number of people accompanying patient unless needed for the patient's physical or emotional well-being. Encourage the use of video call applications on cell phones or tablets for communication purposes.	☐	☐	
• Scheduling appointments to reduce the number of people in the waiting room.	☐	☐	
• Arranging seating in all waiting areas so that patients/visitors are six (6) feet apart.	☐	☐	
• Establishing a post-care area that allows for physical distancing for patients to reunite with those who may have accompanied them to the office.	☐	☐	
• Maintaining physical distancing at work with other team members and patients when not performing treatment.	☐	☐	
• Consideration of physical space for employees during break and lunch times that will require mask removal.	☐	☐	
• Actively screening and documenting responses of employees, patients and visitors for fever (T≥100.0°F or subjective fever) and other symptoms of COVID-19 before they enter the dental setting. (See COVID-19 Patient Triage Questions in Resources/Tools section of this document.)	☐	☐	CDC, ADHA

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• Plan to properly manage anyone who reports symptoms of COVID-19 or who has been advised to self-quarantine.	☐	☐	CDC, ADA, ADHA
• Defer non-emergent dental treatment.	☐	☐	
• Ensure the patient is wearing a mask or other face covering.	☐	☐	
• If the patient is not exhibiting signs of an emergency, such as shortness of breath, advise the patient to return home and to contact their primary care provider.	☐	☐	
• If the patient is showing signs of distress contact emergency services (911), advising them the patient may have COVID-19.	☐	☐	
• Sick leave policies are flexible, non-punitive, align with current public health guidance and include:	☐	☐	ALL
• DHCP should stay home if sick or showing cold, flu or COVID-19 symptoms.	☐	☐	
• DHCP are encouraged to regularly monitor themselves for fever or indication of COVID-19 illness.	☐	☐	
• All DHCP are screened for fever and symptoms of COVID-19 at the beginning of the day (See Employee Screening Log for COVID-19 in Resources/Tools section of this document)	☐	☐	
• If DHCP develop fever (T≥100.0˚F or subjective fever) or symptoms consistent with COVID-19 while at work, they should be reminded to keep their mask on, and are sent home and asked to seek medical care.	☐	☐	
• Workplace exposures to COVID-19 will be managed based on Interim US Guidance for Risk Assessment and Work Restrictions for Healthcare Personnel with Potential Exposure. Information on testing DHCP after a potential exposure is found in the Interim Guidance for Testing of Healthcare Personnel for SARS-CoV-2.	☐	☐	
• Return to work date will be based on Criteria for Return to Work for Healthcare Personnel with Suspected or Confirmed COVID-19 (Interim Guidance).	☐	☐	
• Written Respiratory Protection Program which addresses training, medical evaluation and fit testing when N95 or higher respirators are used for clinical care. (See RPP Implementation Checklist in Resources/Tools section of this document.)	☐	☐	CDC, OSHA, ADHA

PRACTICE TIPS

- Consider having team members participate in:
  - ADA/OSAP webinar "COVID-19 Response: CDC Guidance for Dental Settings"
  - OSAP/DQP webinar "Best Practices for Re-opening Dental Clinics: Evolving and Adapting"
  - OSAP/DQP webinar "Patient Safety: A Guide to Ensuring Effective Communication About Dental Care"
- Conduct a mock opening in which all team members practice/rehearse new routines. Areas of consideration:
  - Staff flow during workday: determine how breaks will occur taking into consideration social distancing
  - Patient flow entrance and exit
  - Screening of personnel for fever and symptoms
  - Screening of patients for fever and symptoms
  - Review of aerosol reduction techniques
  - Donning and doffing of PPE (See Dental PPE Donning/Doffing Checklist on page 20)
  - Importance of frequent, correct hand hygiene
  - Environmental surface asepsis including cleaning and disinfection of clinical contact surfaces and housekeeping surfaces
- Conduct team meetings to discuss:
  - Training employees on SARS-CoV-2, updated or new policies and new roles and responsibilities to reduce the risk of exposure
  - Community transmission of COVID-19 in the area. NOTE: if there is a surge of COVID-19, reconsider decision to engage in routine delivery of care as opposed to emergency/urgent dental care procedures.

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- Current PPE supplies and other infection control supplies needed. NOTE: if adequate supplies are not available, reconsider the decision to engage in practice.
- Importance of strict hand-hygiene practices using an alcohol based handrub with at least 60% alcohol or washing hands with soap and water. When hands are visibly soiled wash with soap and water.
- Strategies for social distancing among patients and dental team.
- Assignments of specific duties related to safe practices. NOTE: see next section of this checklist for additional details.
- Methods and new products which may minimize aerosol production in the office.
- The content of the facility's written Respiratory Protection Program, which must be implemented when respirators are in use. (See RPP Implementation Checklist on page 19)
- Q&A session to address challenges employees have identified.

DENTAL TEAM PREPARATION AND SCREENING	YES	N/A	SOURCE
All team members answer COVID-19 screening questions and have their temperatures taken with a contactless thermometer. NOTE: ≤100.0˚F for DHCP. Results are recorded daily. See Employee Screening Log for COVID-19 in Resources and Tools section of this document.	☐	☐	CDC, ADHA
DHCP who are working and show signs and symptoms of COVID-19 are isolated from others before being sent home and referred to medical provider or emergent care. Symptomatic healthcare workers are at high priority for COVID-19 testing.	☐	☐	
Pregnant personnel are instructed to:			CDC, ADA, ADHA
• Seek and follow medical guidance regarding work.	☐	☐	
• Avoid people who are sick or who have been exposed to the virus.	☐	☐	
• Consider limiting exposure to suspected or confirmed COVID-19 patients especially during higher risk exposures (aerosol-generating procedures).	☐	☐	

PRACTICE TIPS

- For DHCP who are 65 years or older, or immunocompromised and may be at higher risk for COVID-19 disease, consider obtaining a medical evaluation before returning to work. Further information for workers with underlying health conditions is addressed at CDC's Healthcare Workers Clinical Questions about COVID-19: Q&A on COVID-19 Risk.
- Every member of the dental team should receive the seasonal influenza vaccine.

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EQUIPMENT AND SUPPLIES	YES	N/A	SOURCE
All manufacturers' Instructions for Use (IFU) have been gathered and reviewed for how to "re-start" equipment that has not been in use including any required routine maintenance.	☐	☐	CDC, ADHA
The ultrasonic instrument cleaner has been prepared for use by cleaning, degassing (no instruments in the tank) and by performing a cavitation test (aluminum foil test or other cavitation test method).	☐	☐	CDC, ADHA
The instrument washer has been prepared for use based on manufacturer's IFU.	☐	☐	CDC, ADHA
The autoclave has been prepared by cleaning it, examining filters and gaskets, and replacing if indicated. Run spore test with matching control in an empty sterilization cycle per the manufacturer's IFU in sufficient time to obtain test results prior to re-opening.	☐	☐	CDC, ADHA
Dental unit waterlines: • Have been shocked and prepared for use based on manufacturer's IFU.	☐	☐	CDC, ADA, ADHA
• Testing has been completed with sufficient time to obtain results to ensure the lines meet the standard for safe drinking water based on the Environmental Protection Agency (EPA) standard of <500 CFU/mL.	☐	☐	CDC, ADHA
High-volume evacuators (HVE) are available in all dental treatment rooms.	☐	☐	CDC, ADA, ADHA
Perform maintenance per manufacturer's IFU after extended storage on other items including air compressor, vacuum and suction lines, amalgam separator, radiology equipment and any other equipment used in the delivery of care.	☐	☐	CDC, ADHA

PRACTICE TIPS

- Store all product/equipment IFUs either in an electronic or hard-copy format so that the information is easily accessible.
- Perform any required routine maintenance for all equipment.
- Document all equipment testing and maintenance procedures.
- For mail-in spore testing and/or dental unit waterline testing perform at least seven (7) days in advance of opening to ensure adequate time to receive test results.
- Inspect supplies and equipment to ensure that none have expiration dates that have passed. Suggested items to consider (not a complete list):
  - Emergency kit
  - All medications
  - Materials used during patient treatment
  - Supplies used for the sterilization process (sterilization pouches, chemical indicators, spore tests)
  - Personal Protective Equipment
  - Surface disinfectants/high level disinfectants
- Dispose expired products properly as recommended by the appropriate government entity (EPA, Drug Enforcement Administration [DEA], local waste management)
- Additional guidance may be found in the CDC Reopening Buildings After Prolonged Shutdown or Reduced Operations document.

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ADJUSTING CLINICAL AREAS	YES	N/A	SOURCE
Limit clinical care to one patient at a time when feasible and ideally in individual patient rooms.	☐	☐	CDC, ADHA
For clinics with open floor plans consider installing floor to ceiling barriers (ensuring they do not interfere with fire sprinklers) to enhance the effectiveness of any heating, ventilation and air conditioning air filtration systems utilized.	☐	☐	CDC, OSHA, ADHA
When possible, orient operatories parallel to the direction of airflow.	☐	☐	CDC, ADHA
Consider patient placement and when possible have the patient's head near return air vents, away from hallways, and toward the rear wall.	☐	☐	CDC, ADHA

PRACTICE TIP

If there is no door for the operatory, or the treatment area lacks complete walls, consider using a plastic barrier to seal the room. This barrier will need to be disinfected between patients.

HEATING, VENTILATION, AND AIR CONDITIONING (HVAC)	YES	N/A	SOURCE
A HVAC professional has been contacted to determine strategies to reduce exposure to the virus based on CDC guidance. Air movement in a clean-to-less-clean flow direction reduces the distribution of contaminants and creates a safer space for workers and patients. Areas to consider:	☐	☐	CDC
• Identifying clinical air flow and determine air exchanges per hour.	☐	☐	CDC
• Increasing filtration efficiency to the highest level compatible with the HVAC system.	☐	☐	CDC, OSHA
• Ability to safely increase the percentage of outdoor air supplied through the HVAC system.	☐	☐	CDC
• Limiting the use of demand-controlled ventilation, such as leaving the fan running, including bathroom exhaust fans during work hours, and when feasible, up to two hours after the end of the workday.	☐	☐	CDC

• Appropriate use/placement of a portable HEPA air filtration unit while the patient is actively undergoing, and immediately following, an aerosol-generating procedure.
  • Select unit based on Clean Air Delivery Rate (CADR). The higher the CADR, the faster the unit will work to remove aerosols from the air.
  • Place HEPA unit near the patient's chair, but not behind the DHCP. The DHCP should not be positioned between the unit and the patient's mouth. The unit should not pull air into or past the DHCP's breathing zone.
	☐	☐	CDC

• Using upper-room ultraviolet germicidal irradiation (UVGI) as an additional solution.	☐	☐	CDC

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ENTRYWAY AND LOBBY AREA PREPARATION	YES	N/A	SOURCE
Signage has been placed to encourage hand hygiene, respiratory hygiene, and cough etiquette.	☐	☐	ALL
Hand hygiene products, tissues and waste cans are placed for patient and visitor use.	☐	☐	ALL
Sneeze guards/plastic barriers are in place at Reception/Check-out and other areas where potential exposures may occur.	☐	☐	ALL
Chairs in the waiting room have been placed at least six (6) feet apart.	☐	☐	CDC, ADA, ADHA
High touch items such as magazines, toys, coffee machines and remote-control devices have been removed.	☐	☐	CDC, ADA, ADHA

PRACTICE TIPS

- Consider designating an area for delivery of packages which do not require signatures.
- All visitors must be screened for temperature and indication of illness. See Visitor Screening Log in the Resource Section.

UNIVERSAL SOURCE CONTROL	YES	N/A	SOURCE
Universal Source Control measures have been implemented to reduce exposure to potentially infectious co-workers or visitors			CDC, ADA, ADHA
• Every employee will wear facemasks when in the dental office. A plan has been developed for break and lunch times.	☐	☐	CDC, ADHA
• Cloth masks may be utilized by non-clinical staff for source control.	☐	☐	
• When not involved in direct patient care, clinical staff may utilize a cloth mask for source control.	☐	☐	
• Surgical masks or respirators provide a higher level of protection and are required when performing patient clinical procedures.	☐	☐	
◦ Respirators with exhalation valves are NOT recommended for source control. If this type of respirator is the only option for source control, the exhalation valve should be covered with a facemask that does not impact the fit of the respirator.	☐	☐	

PRACTICE TIPS

- DHCP should be aware of the different ASTM levels of surgical masks and the protection each level provides for the task at hand.
- Hand hygiene should be performed anytime masks are adjusted or removed.

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PATIENT/VISITOR COMMUNICATION AND PRE-APPOINTMENT SCREENING	YES	N/A	SOURCE
An area near the entry to the office has been identified in which to screen patients. NOTE: Consider screening patients outside of the office when possible.	☐	☐	ALL
There are adequate supplies of PPE dedicated to the screening process including masks, eye protection, gloves, and gowns. NOTE: If supplies are sufficient ensure the lowest level medical masks are provided for those patients who arrive without a mask.	☐	☐	ALL
Prior to the dental appointment patients are telephoned to:			ALL
• Triage and assess their dental condition.	☐	☐	
• Screen for COVID-19 symptoms.	☐	☐	
• Request patients to limit the number of accompanying visitors.	☐	☐	
• Advise patients that:			
◦ they and any accompanying visitor will need to wear a mask and limit bringing personal belongings into the office.	☐	☐	
◦ an additional COVID-19 symptom screening will occur upon their arrival to the appointment.	☐	☐	
◦ they may be asked to wait in a personal vehicle or outside the dental facility where they can be contacted by mobile phone when it is their turn for dental care.	☐	☐	

PRACTICE TIPS

- Use Teledentistry (e.g., voice or video) for non-emergency consultations when possible.
- Appropriate screening supplies have been assembled for the screening process including clip board, thermometer, etc.

PART 2: DELIVERING PATIENT CARE

The following sections of the checklist address the care of the patient, and processes related to providing oral healthcare safely, beginning with patient arrival to the office to patient discharge with subsequent decontamination of the operatory. The appropriate use of PPE is listed in the context of delivery of patient care.

PATIENT ARRIVAL FOR APPOINTMENT	YES	N/A	SOURCE
Patients and anyone accompanying them to the appointment are appropriately screened for temperature and signs/symptoms of COVID-19 prior to entering the office:	☐	☐	ALL
• When possible escorts, friends or other family members do not enter the waiting room or treatment areas.	☐	☐	
• All patients and visitors are reminded to keep masks or face coverings on if possible, except during treatment.	☐	☐	
• All patients and visitors are directed to perform hand hygiene with an alcohol based handrub with at least a 60% concentration of alcohol when entering the clinic.	☐	☐	
• Physical distancing between patients is limited by spacing of chairs in the lobby area and monitoring of patient flow through the practice.	☐	☐	
• Patients who have a temperature (≥100.0 ˚F) and/or signs and symptoms of COVID-19 are provided a mask if they are not wearing one and asked to follow-up with their healthcare provider. For an elevated temperature alone, the dentist is consulted for further evaluation.	☐	☐	
• For patients with a fever strongly associated with a dental diagnosis (e.g., pulpal and periapical dental pain and intraoral swelling), but no other symptoms consistent with COVID-19 are present, care can be provided following protocols for care of patients without evidence of COVID-19 infection.	☐	☐	CDC

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PRACTICE TIPS

- Ensure patients' masks or face coverings cover both the nose and mouth.
- Advise the patient to notify the clinic if they develop symptoms of COVID-19 within 48-hours of their appointment.
- Further evaluation can occur using Teledentistry technologies.

DENTAL OPERATORY SPECIFICS FOR PATIENT CARE (TARGETED TO DENTISTS, ASSISTANTS, HYGIENISTS)	YES	N/A	SOURCE
Preprocedural mouth rinses:			CDC, ADA, ADHA
• At this time there is no published evidence of the effectiveness of any product to reduce the viral load of SARS-CoV-2 virus. There is evidence that products with an antimicrobial agent may reduce the level of oral microorganisms in aerosols and spatter generated during dental procedures.	☐	☐	
The dental operatory is prepared to resume care in the era of COVID-19. Preparations may include:	☐	☐	CDC, ADA, ADHA
• Designating a clean area for preparation of trays to be used during patient care. Include single-use disposable items (e.g., gauze, cotton rolls, HVE tips, saliva ejectors) and supplies for the delivery of dental materials (items necessary for direct and indirect restorative procedures). Other supplies and instruments should be in covered storage during the procedure.	☐	☐	CDC
• Establishing an area(s) outside of the operatory where PPE can be donned and doffed appropriately and safely.	☐	☐	CDC, ADA, ADHA
Aerosol-generating procedures are avoided whenever possible.			ALL
• Prioritize hand instrumentation.	☐	☐	
• Avoid/minimize the use of handpieces, lasers, air/water syringes, air polishing and ultrasonic scalers unless medically necessary.	☐	☐	
• Use rubber dams and high-volume evacuation.	☐	☐	
• High-volume evacuators are available for all members of the dental team.	☐	☐	

PRACTICE TIP

Consider reassigning roles for DHCP at high risk of adverse outcomes from COVID-19 to low exposure work or locations.

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PERSONAL PROTECTIVE EQUIPMENT FOR THE CLINICAL TEAM	YES	N/A	SOURCE
• The appropriate amount of PPE is available to support anticipated patient volume.	☐	☐	CDC, ADA, ADHA
• If PPE is limited, decisions on strategies to optimize supplies are based on the CDC Strategies to Optimize the Supply of PPE and Other Equipment which includes:	☐	☐	CDC
• Understanding current PPE inventory and supply chain.	☐	☐	
• Determination of amount of PPE needed for clinical care.	☐	☐	
• Implementation of administrative and engineering controls.	☐	☐	
• Employee training relevant to extended use or reuse of certain types of PPE.	☐	☐	
• Prioritization of dental care for those with the highest need.	☐	☐	
Respiratory protection strategies have been documented.	☐	☐	CDC, ADHA
• In communities where there is evidence of moderate to substantial community transmission, N95 respirators or respirators that offer a higher level of protection are used during aerosol generating procedures.	☐	☐	
• Respirators with exhalation valves are not recommended for source control and should not be used during surgical procedures as unfiltered exhaled breath may compromise the sterile field. If only a respirator with an exhalation valve is available and source control is needed, the exhalation valve should be covered with a facemask that does not interfere with the respirator fit.	☐	☐	
• Remove respirator after every patient. Reference PPE optimization strategies when respirator supplies are not adequate.	☐	☐	
Goggles or full face shields are utilized for eye protection by all clinical team members.	☐	☐	CDC, ADA, ADHA
• Safety or trauma glasses with gaps between the glasses and the face do not provide adequate protection for the wearer's eyes.	☐	☐	
• Personal eyewear and contact lenses are not considered eye protection.	☐	☐	
• For offices with no or limited community transmission, eye protection is utilized for procedures where splash/spatter of blood or other body fluids may occur.	☐	☐	
• Clean and disinfect reusable goggles and face shields based on manufacturers' IFUs.	☐	☐	
Gloves are located where easily accessible prior to and during delivery of care.	☐	☐	CDC, ADA, ADHA
• Don clean gloves for each patient. Change gloves during procedure if they become torn or heavily contaminated.	☐	☐	
• Perform hand hygiene before donning and after doffing gloves.	☐	☐	
Disposable or reusable gowns are available.	☐	☐	CDC, ADA, ADHA
• Discard disposable gowns after each use.	☐	☐	
• Launder cloth gowns after each use.	☐	☐	
Remove shoes, disinfect, and leave at the office.	☐	☐	ADHA
Reusable PPE will be appropriately cleaned and maintained for employee use.	☐	☐	CDC

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PRACTICE TIPS

- Rehearse proper doffing steps and determine if an assistant is needed to eliminate contamination risks.
  - Download and print CDC charts depicting donning and doffing of PPE.
  - Use the Dental PPE Donning/Doffing Checklist in Resource/Tools Assessment of this document.
  - Implement a "buddy system" as a training session to learn proper donning and doffing sequences.
- If neither N95 mask nor surgical mask with face shield are available, it is not safe to provide care.
- Consider:
  - Using booties to protect against splash/spatter.
  - Using head coverings to protect against splash/spatter.

PATIENT DISCHARGE	YES	N/A	SOURCE
Request that the patient inform the dental clinic if they develop symptoms or are diagnosed with COVID-19 within 48 hours following the dental appointment.	☐	☐	CDC

ENVIRONMENTAL INFECTION CONTROL	YES	N/A	SOURCE
Clean and disinfect the room and equipment according to the CDC Guidelines for Infection Control in Dental Health-Care Settings-2003.	☐	☐	CDC, ADA, ADHA
• Appropriate PPE is utilized for all cleaning and disinfecting procedures based on the manufacturer's IFU.	☐	☐	
Prior to clinical care, plastic barriers:			CDC, ADA, ADHA
• Are applied to difficult to clean surfaces, e.g., air/water syringe, suction valve, technology, handpiece docking area and computer keyboards.	☐	☐	
• Should be fluid-resistant, fit properly, and be easy to remove. If the surface under the barrier becomes contaminated, proper cleaning and disinfection must be performed.	☐	☐	
Operatories are cleaned and disinfected with a product from the Environmental Protection Agency (EPA) List N: Disinfectants for Use Against SARS-CoV-2.	☐	☐	CDC, OSHA, ADA, ADHA
• Follow the manufacturer's IFU on listed contact times to ensure adequate disinfection of surfaces.	☐	☐	
Schedule patient appointments to allow adequate time for appropriate cleaning and disinfection.	☐	☐	CDC, ADHA

PRACTICE TIPS

- Remove all items that are not being used during patient treatment. Items on countertops should be put away in drawers, cabinets, or removed from the operatory.
- Determine if other items like boxes of gloves, patient cups, masks, tissues, and paper towels (or holders of these items) are subject to exposure of contamination. If yes, store in a manner as to prevent contamination.

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PROVIDING DENTAL HEALTHCARE FOR A PATIENT WITH SUSPECTED OR CONFIRMED SARS-COV-2 INFECTION	YES	N/A	SOURCE
Non-emergent dental procedures will be rescheduled. Emergency care only will be provided.	☐	☐	CDC, ADHA
• Procedure will be provided in an individual patient room with the door closed.	☐	☐	
• If possible, the care will be scheduled at the end of the workday with no other patients in the office.	☐	☐	
• Aerosol generating procedures will be avoided when possible (use of air/water syringe, dental handpieces, ultrasonic scalers).	☐	☐	
• DHCP entering the care area should use PPE including gowns, gloves, goggles or face shield, along with an N95 respirator or higher.	☐	☐	
• Patient will use a mask or face covering except during the procedure.	☐	☐	
If aerosol generating procedures must be performed:			CDC, ADHA
• Arrangements are made for the procedure to be completed in an AIIR if possible.	☐	☐	
• Only DHCP that are essential to patient care and procedure support should be allowed into the room. These DHCP should wear gloves, a gown, and an N95 or equivalent or higher level respirator as well as goggles or a face shield that covers the front and sides of the face.	☐	☐	
• Visitors will not be present during the procedure.	☐	☐	
For cleaning and disinfection of the operatory after the procedure, DHCP will allow for sufficient time to elapse for adequate air exchange to clear potentially infectious particles. A table to calculate the amount of time needed for adequate air exchange is found in Guidelines for Environmental Infection Control in Healthcare Facilities 2003.	☐	☐	CDC

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vii. American Dental Hygienists' Association. Advocacy. ADHA Releases Interim Guidance on Returning to Work. https://www.adha.org/adha-interim-guidance-on-returning-to-work (accessed: June 11, 2020)

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WEBSITE RESOURCES

OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION (OSHA)

- OSHA and Dentistry: dental landing page
- OSHA Safety and Health Topics -COVID - 19: overview of control and prevention measures
- Dentistry Workers and Employers: guidance supplementing the general interim guidance for workers and employers of workers at increased risk of occupational exposure to SARS-CoV-2
- Guidance on Preparing Workplaces for COVID-19: PDF document that is not a Standard or regulation and creates no new legal obligations. It contains recommendations and descriptions of mandatory safety and health standards that are advisory in nature, informational in content and are intended to assist employers in providing a safe and healthful workplace.
- Bloodborne Pathogen Standard (29 CFR 1910. 1030)
- Personal Protective Equipment (29 CFR 1910.132)

CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC)

- Frequently updated global index for Coronavirus (COVID-19)
- Information for Healthcare Professionals about Coronavirus (COVID-19): Specific to issues that impact healthcare providers and provides links to topics ranging from COVID exposures in the workplace to PPE optimization strategies.
- Interim Infection Prevention and Control Guidance for Dental Settings During the COVID-19 Response: Outlines basic principles and guidance on infection control and prevention strategies specifically for oral healthcare providers.
- Guidance for Dental Settings During the COVID-19 Response Webinar (June 3, 2020)
- Infection Control Guidance for Healthcare Professionals about Coronavirus (COVID-19): Review of key infection control and prevention strategies for the broader healthcare community.
- Using Personal Protective Equipment: Outlines best practices for effective use of PPE. Provides access to PPE donning and removal posters.
- Overview of Testing for SARS – CoV- 2: Provides guidance on the appropriate use of testing.
- Strategies to Optimize the Supply of PPE and Equipment: When PPE supplies are not adequate, the CDC provides strategies which provide for re-use or extended use of certain PPE.
- Interim U.S. Guidance for Risk Assessment and Work Restrictions for Healthcare Personnel with Potential Exposure to COVID-19: Questions about a workplace exposure and next steps are answered on this page. NOTE: see table below for guidance on exposure determination.
- Return to Work Criteria: Directions on determining the appropriate time for workers with suspected or confirmed COVID -19
- Workers Clinical Questions About COVID-19: Questions and answers on infection control; review of key topics related to exposure and preventing the spread of COVID-19 infection in the workplace.
- Discontinuation of Isolation for Persons with COVID-19 Not in Healthcare Settings: When to discontinue home isolation for people with confirmed or suspected COVID-19.
- Public Health Guidance for Community-Related Exposure: Information on determining if an exposure occurred outside of the healthcare environment in a community setting and recommended actions.

RESPIRATORY PROTECTION

Respirators (NIOSH): An overview of what they are and what they do.

N95 Respirators, Surgical Masks, and Face Masks (FDA): Describes the differences in varying levels of respiratory protection provided by surgical and other face masks or the N95 or higher respirator.

Difference between respirators and surgical masks video (NIOSH)

Respiratory Protection Program (OSHA): When implementing the use of an N95 respirator or higher, there must be a written RRP, medical evaluation, fit testing and training.

Respirator Medical Evaluation Questionnaire (OSHA): Required medical evaluation questions.

RESPIRATOR PRODUCT SELECTION

- NIOSH-Approved Particulate Filtering Facepiece Respirators
- FDA Authorized respirators from China (Appendix A Updated: June 15, 2020). For emergency use during the COVID-19 public health emergency
- Identifying Counterfeit Respirators

TRAINING

- Comparing a Respirator and Surgical Mask poster (NIOSH)
- Difference Between Respirators and Surgical Masks video (NIOSH)
- Respiratory Protection Training Videos (OSHA): Includes Respiratory Protection for Healthcare Workers, Medical Evaluations for Workers Who Use Respirators, Respirator Safety: Donning/Doffing/User Seal Checks, Respirator Fit Testing, Respiratory Protection Training Requirements
- Hospital Respiratory Protection Toolkit (OSHA)

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HEALTHCARE PERSONNEL (HCP) POTENTIAL EXPOSURE DETERMINATION (HEALTHCARE SETTING TO PATIENTS, VISITORS, OR OTHER HCP WITH CONFIRMED COVID-19)

EXPOSURE	PERSONAL PROTECTIVE EQUIPMENT USED	DESCRIPTION
HCP who had prolonged close contact* with a patient, visitor, or HCP with confirmed COVID-19	• HCP not wearing a respirator or facemask • HCP not wearing eye protection if the person with COVID-19 was not wearing a cloth face covering or facemask • HCP not wearing all recommended PPE (i.e., gown, gloves, eye protection, respirator) while performing an aerosol-generating procedure	• Exclude from work for 14 days after last exposure • Advise HCP to monitor themselves for fever or symptoms consistent with COVID-19 • Any HCP who develop fever or symptoms consistent with COVID-19 should immediately contact their established point of contact (e.g., occupational health program) to arrange for medical evaluation and testing.
HCP other than those with exposure risk described above	N/A	• No work restrictions • Follow all recommended infection prevention and control practices, including wearing a facemask for source control while at work, monitoring themselves for fever or symptoms consistent with COVID-19 and not reporting to work when ill, and undergoing active screening for fever or symptoms consistent with COVID-19 at the beginning of their shift. • Any HCP who develop fever or symptoms consistent with COVID-19 should immediately self-isolate and contact their established point of contact (e.g., occupational health program) to arrange for medical evaluation and testing.

*Until more is known about transmission risks, it is reasonable to consider an exposure of 15 minutes or more as prolonged. However, any duration should be considered prolonged if the exposure occurred during performance of an aerosol generating procedure.

Additional Relevant CDC Documents:

- Guidelines for Infection Control in Dental Healthcare Settings—2003
- Summary of Infection Prevention Practices in Dental Settings: Basic Expectations for Safe Care
- Guideline for Disinfection and Sterilization in Healthcare Facilities, 2008
- Recommended Vaccinations for Healthcare workers

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ASSOCIATION GUIDANCE

American Dental Association (ADA):

- Return to Work Interim Guidance Toolkit
- Protocols to Follow if a Staff or Household Member is COVID-19 Positive (ADA Members Only)

American Dental Hygienists' Association (ADHA):

- Interim Guidance on Returning to Work
- Standards for Clinical Dental Hygiene Practice. Revised 2016.
- Code of Ethics

Organization for Safety, Asepsis, and Prevention (OSAP):

- COVID-19 Toolkit: Regulations and guidelines from major agencies, associations and relevant organizations, best practices, instructional resources and patient resources.
- Dental Patient Care in the Era of COVID-19
- COVID-19 Webinars
  - ADA/OSAP: COVID-19 Infection Control Protocols and Procedures
  - ADA/OSAP webinar on respiratory protection in the era of COVID-19
  - Best Practices for Re-opening Dental Clinics: Evolving and Adapting
  - Patient Safety: A Guide to Ensuring Effective Communication About Dental Care

ENVIRONMENTAL INFECTION CONTROL PRODUCTS

List N (EPA): Disinfectant products on this list meet EPA's criteria for use against SARS-CoV-2, the virus that causes COVID-19.

Alternative Disinfection Methods (CDC/EPA): The efficacy of alternative disinfection methods, such as ultrasonic waves, high-intensity UV radiation, and LED blue light against COVID-19 virus is not known. EPA does not routinely review the safety or efficacy of pesticidal devices, such as UV lights, LED lights, or ultrasonic devices. Therefore, EPA cannot confirm whether, or under what circumstances, such products might be effective against the spread of COVID-19.

Sanitizing Tunnels (CDC): CDC does not recommend the use of sanitizing tunnels. There is no evidence that they are effective in reducing the spread of COVID-19. Chemicals used in sanitizing tunnels could cause skin, eye, or respiratory irritation or damage.

Laundry and Medical Waste (CDC): Manage laundry and medical waste in accordance with routine policies and procedures.

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COVID-19 PATIENT TRIAGE QUESTIONS

PATIENT NAME: _____ **DOB:** _____

PHONE NUMBER: _____ **AGE:** _____

QUESTIONS:	PRE-SCREEN DATE:_____		ARRIVAL DATE:_____	
1. Have you ever been diagnosed with COVID-19? Date of diagnosis:_____	☐ YES	☐ NO	☐ YES	☐ NO
2. Do you live with or care for someone who has COVID-19?	☐ YES	☐ NO	☐ YES	☐ NO
3. Have you been asked to self-quarantine because of exposure to someone with COVID-19?	☐ YES	☐ NO	☐ YES	☐ NO
4. Have you had a fever greater than or equal to 100.0° (T≥100.0˚F) or subjective fever in the past 48 hours?	☐ YES	☐ NO	☐ YES	☐ NO
5. Do you have a sore throat?	☐ YES	☐ NO	☐ YES	☐ NO
6. Do you have a cough?	☐ YES	☐ NO	☐ YES	☐ NO
7. Are you experiencing any shortness of breath or difficulty breathing?	☐ YES	☐ NO	☐ YES	☐ NO
8. Have you recently lost your sense of taste/smell?	☐ YES	☐ NO	☐ YES	☐ NO
9. Have you experienced vomiting or loose stools recently?	☐ YES	☐ NO	☐ YES	☐ NO
10. Do you have a headache, body, or muscle aches?	☐ YES	☐ NO	☐ YES	☐ NO
11. Have you traveled outside of your county in the past 14 days? If yes, where?_____	☐ YES	☐ NO	☐ YES	☐ NO
12. Do you have heart, kidney, or lung disease?	☐ YES	☐ NO	☐ YES	☐ NO
13. Do you have any other condition that might increase your risk of infection such as cancer or diabetes?	☐ YES	☐ NO	☐ YES	☐ NO

This serves as a basic template. Additional questions regarding health issues may be added based on the professional opinion of the dentist.

Any positive responses need to be reviewed by the dentist. If the patient has a temperature, the advice to follow-up with their personal healthcare provider may be the most common response, but temperature alone could be an indication of a dental issue that should be further evaluated.

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RESPIRATORY PROTECTION PLAN (RPP) CHECKLIST

PLACE A CHECK MARK IN THE BOX ONCE THE TASK IS COMPLETED.

- ☐ Develop and implement a written Respiratory Protection Program that meets the requirements listed in the Occupational Safety and Health Administration (OSHA) Respiratory Protection Standard 29 C.F.R.§1910.134
- ☐ Identify the Respirator Program Administrator (RPA)
- ☐ Perform the required hazard assessment to identify potential respiratory exposure risks and outline appropriate respirator(s) for use.
- ☐ Select NIOSH approved filtering facepiece respirator based on airborne contamination risk(s) identified through the hazard assessment.
- ☐ Provide the OSHA Respirator Medical Questionnaire to identified employees and facilitate a confidential review of the document by a physician or licensed health care professional.
  - Protect worker confidentiality: employer/supervisor may not see completed form.
- ☐ Once medical clearance has been provided perform fit testing on impacted employees.
- ☐ Provide required training prior to use of the selected respirator during an aerosol-generating procedure or in an area of risk of exposure to an airborne transmissible disease.
- ☐ Routinely evaluate the proper use and disposal of single-use respirators.
- ☐ For reusable devices ensure proper cleaning, disinfection and storage is performed based on the manufacturer's instructions for use.
- ☐ Ensure recordkeeping requirements outlined in the written plan are followed.
- ☐ Implement a schedule for annual fit testing for impacted employees.
- ☐ Evaluate the program periodically and when changes occur.

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DENTAL PPE DONNING/DOFFING ASSESSMENT

WORKER NAME: _____ DATE: _____

OBSERVER: _____ DATE: _____

ELEMENTS TO BE ASSESSED	ASSESSMENT		NOTES/AREAS FOR IMPROVEMENT
PPE DONNING SEQUENCE	**YES**	**NO**	
Identify and gather the proper PPE	☐	☐	
Perform hand hygiene	☐	☐	
Don isolation gown	☐	☐	
Don respirator or surgical mask NOTE: If the respirator has a nosepiece, it should be fitted to the nose with both hands, not bent or tented. Do not pinch the nosepiece with one hand. Respirator/facemask should be extended under the chin.	☐	☐	
• Respirator straps should be placed on crown of the head (top strap) and base of neck (bottom strap).	☐	☐	
• Perform user seal check each time respirator is donned.	☐	☐	
Don goggles or face shield (Safety or trauma glasses may not provide adequate protection)	☐	☐	
Perform hand hygiene again	☐	☐	
Don gloves covering wrist of gown	☐	☐	
Enter operatory	☐	☐	
REMOVING/DOFFING PPE SEQUENCE	**YES**	**NO**	
Remove gloves and discard in trash	☐	☐	
Remove gown and discard in a dedicated container for waste or linen	☐	☐	
Exit operatory and perform hand hygiene	☐	☐	
Remove face shield or goggles	☐	☐	
• Grab strap and pull upwards and away from head. Do not touch the front of the eye protection.	☐	☐	
Remove and discard respirator or surgical mask	☐	☐	
• Do not touch the front of the respirator or mask	☐	☐	
• Remove bottom strap of the respirator by touching only the strap and pull it carefully over the head. Grasp the top strap and bring it carefully over the head, and then pull the respirator away from the face without touching the front of the respirator.	☐	☐	
• Carefully untie or unhook the mask from ears and pull it away from face without touching the front	☐	☐	
Perform hand hygiene again	☐	☐	

NOTE: More than one donning/doffing method may be acceptable. This is one example provided by the CDC.

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EMPLOYEE SCREENING LOG FOR COVID-19

DATE:

All employees will be evaluated for temperature and/or signs and symptoms of COVID-19 at the beginning of each workday. Signs and symptoms include:

- Fever or chills (T≥100.0˚F or subjective fever)
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

If an employee develops any indication of illness during the workday, they will be asked to keep their mask on, leave work and to seek medical care.

NAME	FEVER (T≥100.0˚F) AT BEGINNING OF WORKDAY	SIGN/SYMPTOMS AT BEGINNING OF WORKDAY	SYMPTOMS DURING WORKDAY?	TIME DISMISSED
	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES	
	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES	
	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES	
	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES	
	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES	
	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES	
	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES	
	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES	
	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES	
	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES	
	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES	
	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES	
	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES	
	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES	
	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES	

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VISITOR SCREENING LOG FOR COVID-19

All visitors will be evaluated for temperature and/or signs and symptoms of COVID-19 prior to entry to the office. Signs and symptoms include:

- Fever or chills (T≥100.0˚F or subjective fever)
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

DATE	NAME	FEVER (T≥100.0˚F)	SYMPTOMS	TIME ENTER	TIME LEAVE
		☐ YES ☐ NO	☐ YES ☐ NO		
		☐ YES ☐ NO	☐ YES ☐ NO		
		☐ YES ☐ NO	☐ YES ☐ NO		
		☐ YES ☐ NO	☐ YES ☐ NO		
		☐ YES ☐ NO	☐ YES ☐ NO		
		☐ YES ☐ NO	☐ YES ☐ NO		
		☐ YES ☐ NO	☐ YES ☐ NO		
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		☐ YES ☐ NO	☐ YES ☐ NO		
		☐ YES ☐ NO	☐ YES ☐ NO		
		☐ YES ☐ NO	☐ YES ☐ NO		
		☐ YES ☐ NO	☐ YES ☐ NO		
		☐ YES ☐ NO	☐ YES ☐ NO		
		☐ YES ☐ NO	☐ YES ☐ NO		

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CONSIDERATIONS FOR TESTING

PERFORMING TARGETED SARS-COV-2 TESTING OF PATIENTS WITHOUT SIGNS OR SYMPTOMS OF COVID-19

In addition to the use of universal PPE and source control in healthcare settings, targeted SARS-CoV-2 testing of patients without signs or symptoms of COVID-19 might be used to identify those with asymptomatic or pre-symptomatic SARS-CoV-2 infection and further reduce risk for exposures in some healthcare settings.

Carefully consider the following prior to implementing pre-admission or pre-procedure diagnostic testing with authorized nucleic acid or antigen detection assays for SARS-CoV-2:

- Guidance from local and state health departments, testing availability, and how rapidly results are available
- Testing results might inform decisions about rescheduling elective procedures or about the need for additional Transmission-Based Precautions when caring for the patient.
- Limitations of using this testing strategy include obtaining negative results in patients during their incubation period who later become infectious and false negative test results, depending on the test method used.

Source: CDC. Guidance for Dental Settings. Interim Infection Prevention and Control Guidance for Dental Settings During the Coronavirus Disease 2019 (COVID-19) Pandemic.
Accessed August 10, 2020 at: https://www.cdc.gov/coronavirus/2019-ncov/hcp/dental-settings.html

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