

OSAP/DQP Best Practices for Reopening Dental Clinics

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Title: OSAP/DQP Best Practices for Reopening Dental Clinics

CONTENTS

Introduction..... 1
Rationale.....
How to Use This Resource.....
Preparing the Dental Practice for Patients and Visitors Checklist.....
 • Preparing the Dental Practice Prior to Patient Appointments
 ○ Action Items: Policies and Procedures.....
 ○ Action Items: Dental Team Preparation and Screening.....
 ○ Action Items: Equipment and Supplies
 ○ Action Items: Adjusting Clinical Areas
 ○ Action Items: Heating, Ventilation, and Air Conditioning (HVAC)
 ○ Entryway and Lobby Area Preparation
 ○ Universal Source Control
 ○ Action Items: Patient/Visitor Communication and Pre-Appointment Screening
 • Delivering Safe Patient Care
 ○ Action Items: Patient Arrival for Appointment
 ○ Action Items: Dental Operatory Specifics for Patient Care (Targeted to Dentists, Assistants, Hygienists)
 ○ Action Items: Personal Protective Equipment for the Clinical Team
 ○ Environmental Infection Control
Resources and Tools
 • COVID-19 Triage Questions
 • Respiratory Protection Plan Checklist
 • Dental PPE Donning/Doffing Checklist to Prevent Self-Contamination During Procedures Likely to Generate Splashing or Spattering of Blood or Other Body Fluids
 • Daily Employee Screening Log
 • Guidance Comparison Chart
References

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Prepared by the Organization for Safety, Asepsis and Prevention (OSAP) through an educational grant by the DentaQuest Partnership for Oral Health Advancement (DQP)

Editor in Chief: Karen Gregory, RN

Executive Director: Michelle Lee, CPC

Subject Matter Experts: Leslie Canham, CDA, RDA, CSP; Karen Daw, MBA, CECM; Nancy Dewhirst, RDH, BS; Jackie Dorst, RDH; Kathy Eklund, RDH, MHP; Marie Fluent, DDS; Linda Harvey, RDH, MS; Michele Lash, RDH; John Molinari, PhD; Joyce Moore, RDH, BSDH, CRCST; Douglas Risk, DDS, ABGD; Katherine Schrubbe, RDH, BS, MEd, PhD; Michelle Strange, MSDH, RDH

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OSAP/DQP Best Practices for Reopening Dental Clinics

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PAGE 1 AND BEYOND

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 a reopening plan that places patient and staff safety first, is the rationale behind this new best practices resource.

This 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 and developed straightforward instructions addressing all the major aspects of safely reopening a dental practice. Developed for dental clinicians, front office staff and other personnel the guide has two sections, a practical checklist, and a companion resources/tools section.

Because COVID 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 this tool will continue to be updated as the pandemic evolves.

Rationale

The dental profession is categorized by the US Occupational Safety and Health Administration (OSHA) as overall a "Very High Risk" category. This assessment is due to the potential for exposure to known or

OSAP/DQP Best Practices for Reopening Dental Clinics

suspected sources of SARS-COV-2 during specific aerosol-generating procedures. OSHA further designated risk levels broken down by task.ⁱ

Dentistry Work Tasks Associated with Exposure Risk Levels

<p>Low Risk</p> <ul style="list-style-type: none"> Performing administrative duties in non-public areas of dentistry facilities, away from other staff members. 	<p>Medium Risk</p> <ul style="list-style-type: none"> Providing urgent or emergency dental care, not involving aerosol-generating procedures (AGP), to well patients (i.e., to members of the general public who are not known or suspected COVID-19 patients). Working at busy staff work areas.
<p>High Risk</p> <ul style="list-style-type: none"> Entering a known or suspected COVID-19 patient's room or care area. Providing emergency dental care, not involving ACPs, to a known or suspected COVID-19 patient. Performing AGPs on well patients. 	<p>Very High Risk</p> <ul style="list-style-type: none"> 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 safetyⁱⁱ.

	<p>Elimination – Physically remove the hazard</p> <ul style="list-style-type: none"> 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 Prioritize non-susceptible or low-risk DHCWs <p>Substitution – Replace the hazard</p> <ul style="list-style-type: none"> 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
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OSAP/DQP Best Practices for Reopening Dental Clinics



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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

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OSAP/DQP Best Practices for Reopening Dental Clinics

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 when re-opening following shutdown of the profession during the start of the COVID-19 pandemic.

Preparing the Dental Practice for Patients and Visitors Checklist

This checklist includes two major sections: preparing the practice prior to patient appointments and delivering safe 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 Prevention and Control), 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.

Preparing the Dental Practice Prior to Patient Appointments			
Action Items: 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:			
<ul style="list-style-type: none"> • Process to daily monitor the prevalence of COVID – 19 at the community and state level. <ul style="list-style-type: none"> ○ Local health department directory ○ State health department directory 			ALL
<ul style="list-style-type: none"> • Treatment of suspected or confirmed COVID positive patient which would require the use of aerosol-generating procedures. <ul style="list-style-type: none"> ○ Plan has been created to complete the procedure in an Airborne Illness Isolation Room (AIIR) with all in attendance utilizing a N95 respirator or higher. 			ALL
<ul style="list-style-type: none"> • 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. <ul style="list-style-type: none"> ○ Patient and visitors are encouraged to wear their own personal mask. Masks will be provided, if supplies are adequate, for patients and visitors. ○ Every employee will always wear facemasks when in the dental setting. ○ Cloth masks may be utilized by staff not involved in 			CDC, ADA, ADHA

OSAP/DQP Best Practices for Reopening Dental Clinics

Preparing the Dental Practice Prior to Patient Appointments			
direct patient care activities.			
<ul style="list-style-type: none"> o Clinical staff can utilize a cloth face mask when not involved in direct patient care. 			
<ul style="list-style-type: none"> o Facemasks or cloth masks should be replaced if they become hard to breathe through, wet or soiled. 			
<ul style="list-style-type: none"> o Hand hygiene should be performed anytime masks are adjusted or removed. 			
<ul style="list-style-type: none"> • Minimizing the number of people accompanying patient. 			CDC, ADA, ADHA
<ul style="list-style-type: none"> • Actively screening employees, patients and visitors for fever and other symptoms of COVID-19 before they enter the dental setting. 			CDC, ADA, ADHA
<ul style="list-style-type: none"> • Maintaining six-foot social distancing at work with other team members and patients when not performing treatment. 			CDC, ADA, ADHA
<ul style="list-style-type: none"> • Work-exclusion policy to ensure DHCP understand: <ul style="list-style-type: none"> o DHCP should stay home if sick or showing cold, flu or COVID-19 symptoms. o If DHCP develop fever (T≥100.0°F) or symptoms consistent with COVID-19 while at work, workers should be reminded to keep their mask on, are sent home and asked to seek medical care. o 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. o Return to work date will be based on Criteria for Return to Work for Healthcare Personnel with Suspected or Confirmed COVID-19 (Interim Guidance) 			CDC, ADA, ADHA
<p>Practice Tips:</p> <ul style="list-style-type: none"> • Consider having team members participate in ADA/OSAP webinar “COVID-19 Response: CDC Guidance for Dental Settings (May 2020)” • Conduct a Mock opening in which all team members practice/rehearse new routines. Areas of consideration: <ul style="list-style-type: none"> o Staff flow during workday: Determine how breaks will occur taking into consideration social distancing o Patient flow entrance and exit o Screening of personnel o Screening of patients o Review of aerosol reduction techniques o Donning and doffing of PPE o Importance of frequent, correct hand hygiene o Environmental surface asepsis including cleaning and disinfection of clinical contact surfaces and housekeeping surfaces • Conduct a team meeting prior to reopening to discuss: 			

OSAP/DQP Best Practices for Reopening Dental Clinics

Preparing the Dental Practice Prior to Patient Appointments			
<ul style="list-style-type: none"> ○ The dental practice had a team meeting prior to opening 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 reopen practice. ○ Current PPE supplies and other infection control supplies needed. NOTE: if adequate supplies are not available, reconsider the decision to open. ○ 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 to minimize aerosol production in the office. ○ The content of the facility's written Respiratory Protection Program (RPP), which must be implemented when respirators are in use. ○ Q&A session to address challenges employees have identified. 			
Action Items: Dental Team Preparation and Screening	Yes	N/A	Source
Every member of the dental team has received the seasonal influenza vaccine and all other vaccines recommended for DHCP.			CDC, OSHA, ADA
All DHCP are screened for COVID-19 disease at the beginning of each workday.			CDC, ADA, ADHA
<ul style="list-style-type: none"> • All team members answer screening questions and have their temperatures taken with a contactless thermometer. NOTE: $\leq 100.0^\circ$ for DHCP. Results are recorded daily. 			
<ul style="list-style-type: none"> • DHCP who 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 testing. 			
Pregnant personnel are instructed to: <ul style="list-style-type: none"> • 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). 			CDC, ADA, ADHA
Practice Tip: 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.			
Action Items: 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
The ultrasonic instrument cleaner has been prepared for use by cleaning, degassing (no instruments in the tank) and by performing a			CDC, ADHA

OSAP/DQP Best Practices for Reopening Dental Clinics

Preparing the Dental Practice Prior to Patient Appointments			
cavitation test (aluminum foil test or other cavitation test method).			
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 and running empty sterilization cycles with spore tests per the manufacturer's IFU in sufficient time to obtain spore test results prior to re-opening.			CDC, ADHA
Dental unit waterlines:			CDC, ADA, ADHA
<ul style="list-style-type: none"> Have been shocked and prepared for use based on manufacturer's IFU 			CDC, ADHA
<ul style="list-style-type: none"> 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 for proper maintenance after extended storage on other items including air compressor, vacuum and suction lines, amalgam separator, radiology equipment and any other equipment.			CDC, ADHA
Practice Tips: <ul style="list-style-type: none"> Store all product/equipment Instructions for Use (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 water line testing perform at least 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): <ul style="list-style-type: none"> 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, DEA, local waste management) 			
Action Items: Adjusting Clinical Areas	Yes	N/A	Source
<ul style="list-style-type: none"> For clinics with open floor plans consider installing floor to 			CDC

OSAP/DQP Best Practices for Reopening Dental Clinics

Preparing the Dental Practice Prior to Patient Appointments			
ceiling barriers (ensuring they do not interfere with fire sprinklers) to enhance the effectiveness of any HEPA air filtration systems utilized.			
<ul style="list-style-type: none"> 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. 			ADHA
<ul style="list-style-type: none"> When possible, orient operatories parallel to the direction of airflow. 			CDC
Action Items: Heating, Ventilation, and Air Conditioning (HVAC)	Yes	N/A	Source
An HVAC professional has been contacted to determine strategies to reduce exposure to the virus based on CDC Guidance. Areas to consider:			CDC
<ul style="list-style-type: none"> Increasing filtration efficiency to the highest level compatible with the HVAC system. 			CDC, OSHA
<ul style="list-style-type: none"> Ability to safely increase the percentage of outdoor air supplied through the HVAC system. 			CDC
<ul style="list-style-type: none"> 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
<ul style="list-style-type: none"> Appropriate use/placement of a portable HEPA air filtration unit while the patient is actively undergoing, and immediately following, an aerosol-generating procedure. 			CDC
<ul style="list-style-type: none"> Use of upper-room ultraviolet germicidal irradiation (UVGI) as an additional solution. 			CDC
Entryway and Lobby Area Preparation	Yes	N/A	Source
Signage has been placed to encourage hand hygiene, respiratory hygiene, and cough etiquette.			CDC, ADA, ADHA
Hand hygiene products, tissues and waste cans are placed for patient and visitor use.			
Sneeze guards/plastic barriers are in place at Reception/Check-out and other areas where potential exposures may occur.			
Chairs in the waiting room have been placed at least six feet apart.			
High touch items such as magazines, toys, coffee machines and remote-control devices have been removed.			
Practice Tip: Consider designating an area for delivery of packages which do not require signatures.			
Universal Source Control	Yes	N/A	Source
Universal Source Control measures have been implemented to reduce			CDC, ADHA

OSAP/DQP Best Practices for Reopening Dental Clinics

Preparing the Dental Practice Prior to Patient Appointments			
exposure to potentially infectious co-workers or visitors.			
<ul style="list-style-type: none"> All employees will always wear facemasks when in the dental setting. 			
<ul style="list-style-type: none"> Cloth masks may be utilized by non-clinical staff for source control. 			
<ul style="list-style-type: none"> Surgical masks or respirators provide a higher level of protection and are required when performing patient clinical procedures. When not involved in direct patient care, clinical staff can utilize a cloth mask for source control. 			
Practice Tips: <ul style="list-style-type: none"> If facemasks or cloth masks become hard to breathe through, wet or soiled, they should be replaced. Hand hygiene should be performed anytime masks are adjusted or removed. 			
Action Items: 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.			CDC, ADA, ADHA
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.			CDC, OSHA, ADA, ADHA
Appropriate screening supplies have been assembled for the screening process including clip board, thermometer, etc.			
Prior to the dental appointment patients are telephoned to:			CDC, ADA, ADHA
<ul style="list-style-type: none"> Triage and assess their dental condition. 			
<ul style="list-style-type: none"> Screen for COVID-19 symptoms. 			
<ul style="list-style-type: none"> Request patients to limit the number of accompanying visitors. 			
<ul style="list-style-type: none"> Advise patients that: <ul style="list-style-type: none"> 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 Tip: Use Teledentistry (e.g., voice or video) for non-emergency consultations when possible.			

OSAP/DQP Best Practices for Reopening Dental Clinics

The following sections of the checklist address the care of the patient, and processes related to providing oral healthcare, beginning with patient arrival to the office through decontamination of the operatory. The appropriate use of personal protective equipment (PPE) is listed in the context of delivery of patient care.

DELIVERING SAFE PATIENT CARE			
Action Items: 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:			CDC, ADA, ADHA
<ul style="list-style-type: none"> When possible escorts, friends or other family members do not enter the waiting room or treatment areas. 			
<ul style="list-style-type: none"> All patients and visitors are reminded to keep face coverings on when not being treated if possible. 			
<ul style="list-style-type: none"> All patients and visitors are directed to perform hand hygiene when entering the clinic. 			
<ul style="list-style-type: none"> Physical distancing between patients limited by spacing of chairs in the lobby area and monitoring of patient flow through the practice. 			
<ul style="list-style-type: none"> Patients who have a temperature ($\geq 100.4^{\circ}F$) and/or signs and symptoms of COVID-19 are provided mask and the doctor is consulted. 			
Practice Tips: <ul style="list-style-type: none"> If the patient has a temperature, the advice to go home and follow-up with their personal healthcare provider may be the most common response, but fever either subjective or confirmed could be an indication of a dental issue that should be further evaluated. If the 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 symptoms consistent with COVID-19 are present, care can be provided with appropriate protocols. https://www.cdc.gov/coronavirus/2019-ncov/hcp/dental-settings.html Further evaluation can occur using telehealth technologies. 			
Action Items: Dental Operatory Specifics for Patient Care (Targeted to Dentists, Assistants, Hygienists)	Yes	N/A	Source
The dental operatory is prepared to resume care in the era of COVID-19. Preparations may include:			CDC, ADA, ADHA
<ul style="list-style-type: none"> Designated clean area for preparation for 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
<ul style="list-style-type: none"> Area(s) outside of the operatory where PPE can be donned and 			CDC,

OSAP/DQP Best Practices for Reopening Dental Clinics

DELIVERING SAFE PATIENT CARE			
doffed appropriately and safely.			ADA, ADHA
Aerosol-generating procedures (AGPs) are avoided whenever possible.			CDC, ADA, ADHA
<ul style="list-style-type: none"> Prioritize hand instrumentation. Avoid/minimize the use of high-speed handpieces, lasers, air/water syringes, air polishing and ultrasonic scalers unless medically necessary. 			
Practice Tip: Consider reassigning roles to susceptible of high risk DHCP to low exposure work or locations.			
Action Items: Personal Protective Equipment for the Clinical Team	Yes	N/A	Source
<ul style="list-style-type: none"> Key terms: <ul style="list-style-type: none"> Critical tasks: all functions that occur during clinical treatment. Noncritical tasks: procedures such as instrument processing, environmental surface asepsis, transporting supplies to/from operatory. 			ADHA
The appropriate amount of PPE is available to support anticipated patient volume.			CDC, ADA, ADHA
<ul style="list-style-type: none"> When supplies are limited prioritize dental care for those with the highest need. Decisions on strategies to optimize supplies of limited PPE is based on the CDC Strategies to Optimize the Supply of PPE and Other Equipment 			
Respiratory protection strategies have been documented:			CDC, ADA, ADHA
<ul style="list-style-type: none"> Surgical masks or respirators provide a higher level of protection and are required when performing patient clinical procedures. 			
<ul style="list-style-type: none"> For all critical tasks, consider the use of an N95 respirator or a respirator that offers a higher level of protection, such as other disposable filtering facepiece respirators, PAPRs or elastomeric respirators. 			
<ul style="list-style-type: none"> Respirators are used in conjunction with a written Respiratory Protection Program (RPP) which includes training, medical evaluation, and fit testing. See Resource Section for more detail. 			
<ul style="list-style-type: none"> Remove respirator after every patient. Reference PPE optimization strategies when respirator supplies are not adequate. 			
<ul style="list-style-type: none"> If a respirator is not available, use the highest-level FDA-cleared surgical mask along with a full-face shield. 			
<ul style="list-style-type: none"> If neither N95 mask nor FDA surgical mask with face shield are available, it is not safe to provide care. 			
Eye Protection is available for all clinical team members.			CDC, ADA, ADHA
<ul style="list-style-type: none"> Wear goggles, or full-face shield for critical and noncritical tasks. <ul style="list-style-type: none"> Personal eyewear and contact lenses are not considered eye protection. 			

OSAP/DQP Best Practices for Reopening Dental Clinics

DELIVERING SAFE PATIENT CARE			
<ul style="list-style-type: none"> Clean and disinfect reusable goggles and faceshields based on manufacturer’s instructions for use. 			
Gloves are located where easily accessible prior to and during delivery of care.			CDC, ADA, ADHA
<ul style="list-style-type: none"> Use a clean pair of gloves for each patient. Perform hand hygiene before donning and after doffing gloves. 			
Disposable or reusable gowns are available and utilized based on risk of exposure.			CDC, ADA, ADHA
<ul style="list-style-type: none"> Discard disposable gowns after each use. Launder cloth gowns after each use. Remove shoes, disinfect, and leave at the office 			ADHA
<p>Practice Tip:</p> <ul style="list-style-type: none"> Rehearse proper doffing steps and determine if an assistant is needed to eliminate contamination risks. <ul style="list-style-type: none"> Download and print CDC charts depicting donning and doffing of PPE. Use the Dental Donning/Doffing Competency Checklist in Resource/Tools section. Implement a “buddy system” as a training session to learn proper donning and doffing sequences. Consider: <ul style="list-style-type: none"> Using booties to protect against splash/spatter. Using head coverings to protect against splash/spatter. 			
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
<ul style="list-style-type: none"> Appropriate PPE is utilized for all cleaning and disinfecting procedures based on the manufacturer’s instructions. 			
Prior to clinical care, plastic barriers: <ul style="list-style-type: none"> 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. 			CDC, ADA, ADHA
Operatories will be cleaned and disinfected with a product from the Environmental Protection Agency (EPA) List N: Disinfectants for Use Against SARS-CoV-2 . <ul style="list-style-type: none"> Follow the manufacturer’s instructions for use on listed contact times to ensure adequate disinfection of surfaces. 			CDC, OSHA, ADA, ADHA
Schedule patient appointments to allow adequate time for appropriate cleaning and disinfection.			CDC, ADHA
<ul style="list-style-type: none"> For patients who are not suspected of having COVID – 19, the cleaning and disinfection process will begin 15 minutes AFTER the 			

OSAP/DQP Best Practices for Reopening Dental Clinics

DELIVERING SAFE PATIENT CARE			
patient has been discharged. This will allow for droplets suspended in the air to fall onto surfaces and for those surfaces to be appropriately cleaned and disinfected.			
<ul style="list-style-type: none"> For emergency requiring treatment of a patient with suspected or confirmed COVID-19, upon patient discharge the DHCW will delay entry into the area until sufficient time has elapsed for air exchanges to remove potentially infectious particles. 			
<p>Practice Tips:</p> <ul style="list-style-type: none"> Remove all items that are not being used during patient treatment. Items on countertops should be put away in drawers, cabinets, or removed from 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. 			

ⁱ United States Department of Labor. Occupational Safety and Health Administration. COVID-19 Control and Prevention. Dentistry Workers and Employers. <https://www.osha.gov/SLTC/covid-19/dentistry.html> (accessed: June 11, 2020)

ⁱⁱ The National Institute for Occupational Safety and Health Workplace Safety & Health Topics. Hierarchy of Controls. <https://www.cdc.gov/niosh/topics/hierarchy/default.html> (accessed: June 11, 2020)

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