

COVID-19 Guidance for Dental Settings

Background:

COVID-19, also known as the novel coronavirus, is a respiratory illness that is spread through the air via respiratory droplets from an infected person or by touching contaminated surfaces.

Overview

Dental settings may operate with certain restrictions in workplaces in order to support a safe, clean environment for staff and patients. Staff and patients should wear a cloth face covering or facemask at all times while they are in the dental setting. Per the [California Department of Public Health \(CDPH\) Guidance on the Use of Face Coverings](#), exclusions include persons who are obtaining a service involving the nose or face for which temporary removal of the face covering is necessary to perform the service.

Complete guidance for dental settings may be found on the [Centers for Disease Control \(CDC\) website for dental settings](#).

COVID-19 General Checklist for Dental Settings:

Make a written plan. It should contain the following elements:

- Identify the person in charge of implementing the plan.
- Identify the high-risk areas and activities within the facility and the measures that will be taken to limit the risks.
- Describe how training and communication with employees will be conducted.
- Describe how the facility will self-check for compliance with safety measures and the process for correcting any safety measures that are not being implemented properly.
- Develop a plan for employees that report positive COVID-19 results.
- Create a plan for addressing peak periods when potential customers may exceed facility capacity. Review this plan with the employees that will be implementing this plan.

[Social distancing plan – Appendix A](#)

Provide employee training. Topics should include:

- Information on COVID-19, preventing spread, and who is especially vulnerable.
- Self-screening at home, including temperature and/or symptom checks using the [CDC Self-Assessment Tool](#).
- The importance of not coming to work if experiencing [symptoms](#).
- Seeking medical attention if symptoms become severe per [CDC Guidance](#).
- The importance of hand washing and requirements for handwashing.
- The proper use of [face coverings](#) and requirements for wearing them.
- The importance of physical distancing, both at work and off-work time.

- Ensure that temporary or contract workers are also properly trained. Discuss plan prior to them coming to the facility.
- Information on employer or government-sponsored leave benefits including government programs supporting sick leave and worker's compensation for COVID-19.

Patient Management

- Telephone screen all patients for symptoms consistent with COVID-19. If the patient reports symptoms of COVID-19, avoid non-emergency dental care.
- Advise patients that they, and anyone accompanying them to the appointment, will be requested to wear a face covering when entering the facility and will undergo screening for fever and symptoms consistent with COVID-19.

Facility Considerations

- Ensure patients and staff adhere to [respiratory hygiene and cough etiquette, as well as hand hygiene](#).
- Post conspicuous signs and posters at the entrance and in strategic places (e.g., waiting areas, elevators, break rooms) to provide instructions, which include wearing a face covering, and how and when to perform hand hygiene.
- Provide alcohol-based hand rub with 60-95% alcohol, tissues, and no-touch receptacles for disposal at facility entrance, waiting rooms, and patient check-ins.
- Install physical barriers (e.g., glass or plastic windows) at reception areas to limit close contact between triage personnel and potentially infectious patients.

Equipment Considerations

- Ensure that all routine cleaning and maintenance of autoclaves and instrument cleaning equipment has been performed according to the schedule recommended per manufacturer's instructions for use.

Administrative Controls and Work Practices

- Set up operatories so that only the clean or sterile supplies and instruments needed for the dental procedure are readily accessible. All other supplies and instruments should be in covered storage, such as drawers and cabinets, and away from potential contamination.
- Any supplies and equipment that are exposed but not used during the procedure should be considered contaminated and should be disposed of or reprocessed properly after completion of the procedure.
- Avoid aerosol-generating procedures whenever possible (e.g., dental hand pieces, air/water syringe, ultrasonic scalers). Prioritize minimally invasive/atraumatic restorative techniques.
 - If aerosol-generating procedures are necessary, use four-handed dentistry, high evacuation suction and dental dams to minimize droplet splatter and aerosols.
- To allow time for droplets to sufficiently fall from the air after a dental procedure, wait at least 15 minutes after the completion of dental treatment and departure of the patient to begin the room cleaning and disinfection process.

Engineering Controls

- Properly maintain ventilation systems. Consult a heating, ventilation and air conditioning (HVAC) professional to investigate increasing filtration efficiency to the highest level compatible with the HVAC system without significant deviation from designed airflow.
- Consider the use of a portable HEPA air filtration unit while the patient is actively undergoing, and immediately following, an aerosol generating procedure.
- Consider the use of upper room ultraviolet germicidal irradiation (UVGI) as an adjunct to higher ventilation or air cleaning rates.

Hygiene

- Ensure staff practice strict adherence to hand hygiene, including before and after all patient contact, contact with potentially infectious material, and before putting on and after removing personal protective equipment, including gloves.

Using Personal Protective Equipment (PPE)

- Staff should wear a surgical mask, eye protection (goggles, protective eyewear with solid side shields, or a full-face shield), and a gown or protective clothing during procedures likely to generate splashing or spattering of blood or other bloody fluids. If a surgical mask and a full-face shield are not available, do not perform any aerosol-generating procedures.

Sterilization and Disinfection of Patient-Care Items

- Sterilization protocols do not vary for respiratory pathogens. Staff should perform routine cleaning, disinfection, and sterilization protocols, and follow the recommendations for Sterilization and Disinfection of Patient-Care Items present in the Guidelines for Infection Control in Dental Health Care Settings.

Monitor and Manage Dental Health Care Personnel

- Screen all staff at the beginning of their shift for fever and symptoms consistent with COVID-19.
- Staff should be asked to regularly monitor themselves for fever and [symptoms](#) consistent with COVID-19.

Education and Training

- Provide staff with education and training on preventing transmission of infectious agents.
- Ensure that staff are educated, trained, and have practiced the appropriate use of PPE prior to caring for a patient, including attention to correct use of PPE and prevention of contamination of clothing, skin, and the environment during the process of removing such equipment.
- Ensure staff and patients are fully aware of COVID-19 specific [symptoms](#) list items to properly assess for possible infection.

Resources:

Visit the [Centers for Disease Control \(CDC\) website for dental settings](#) for the complete guidance for dental settings.

[California Department of Public Health \(CDPH\) Guidance on the Use of Face Coverings](#)
[Sacramento County COVID-19 updates](#)
[Statewide industry guidance](#)

For additional information or if you have questions, please contact EMD at (916) 875-8550.