

ADHA Interim Guidance on Returning to Work

In order to protect the dental hygienist, the dental team and patients, the American Dental Hygienists' Association (ADHA) continues to support the recommendations from the Centers for Disease Control and Prevention (CDC) in **recommending dental facilities postpone elective procedures, surgeries and nonurgent dental visits, and prioritize urgent and emergency visits and procedures until further notice.**

However, because many states are working to reopen businesses, ADHA has developed this document to provide interim guidance to dental hygienists on returning to work.

As licensed health care providers, dental hygienists have a responsibility to uphold the highest standards of clinical practice to ensure the health and safety of the individuals they serve and the team members with whom they interact.

The following considerations have been prepared utilizing guidelines, regulations and resources from key resources including, but not limited to, CDC, the Occupational Safety and Health Administration (OSHA), the American Dental Association (ADA) and the Organization for Safety, Asepsis and Prevention (OSAP).

ADHA recommends that all dental hygienists follow the [Standards for Clinical Dental Hygiene Practice](#), which state that dental hygienists "follow the most current guidelines to reduce the risks of health-care-associated infections in patients and illnesses and injuries in health care personnel."

It is also recommended that all dental hygienists review the [ADHA Code of Ethics](#) and verify that their individual malpractice insurance is current prior to returning to work.

Regulations, recommendations and mandates regarding the safe practice of dentistry and dental hygiene during the COVID-19 pandemic vary widely from state-to-state. [This state-by-state list](#) includes the latest updates on recommendations and mandates in your area, as well as how they impact our professions.

This is a rapidly evolving situation, and ADHA will continue to provide updates as new information becomes available.

A Readiness to Return to Work Checklist is provided at the end of this document to help you determine if it is appropriate for you to return to work. Professional judgment should be exercised.

Prior to Opening

Meet with your employer and the entire dental team to have an open conversation about:

- Current supply of PPE and new supplies needed
- Screening practice for COVID-19
- Methods to reduce/eliminate aerosol production in the office
- Strategies for social distancing among patients and the dental team
- Scheduling changes for providers to allow for appropriate disinfecting in between patients

Share resources to ensure that best practice decisions are made to support the health and safety of the entire team and the patients you serve. The latest CDC [Interim Infection Prevention and Control Guidance for Dental Settings During the COVID-19 Response](#) can assist you.

Identify one team member who will regularly monitor national resources and update the entire dental team on key recommendations that will impact practice.

Conduct an inventory of PPE and other infection control supplies. If you are unable to acquire appropriate supplies to manage infection control, **reconsideration of the decision to reopen practice is warranted.**

Prior to returning to work, all dental team members should be tested for COVID-19, where feasible, subject to state and local regulations. Individuals who test positive or present with symptoms should **not** report to work and should follow quarantine protocols.

Consult with local public health authority and state officials to determine COVID-19 prevalence and risk level. If there is a surge in incidence of COVID-19, **reconsideration of the decision to reopen practice is warranted.** Continually monitor risk level incidence, as there may be times when it will be important to cease nonessential procedures if there is a surge in COVID-19 incidence.

Consider a soft opening in which all dental team members practice new routines and procedures. Repeated practice leads to understanding and adoption.

Work Environment

Teams should be assigned specific duties and review staff understanding of all procedures.

- All team members should answer screening questions and have their temperatures taken with a contactless thermometer, and the results should be recorded daily. To address asymptomatic and pre-symptomatic transmission, require everyone entering the dental setting (patients and dental health care providers) to wear a facemask or cloth face covering, regardless of whether they have COVID-19 symptoms.
- Actively screen everyone on the spot for fever and [symptoms](#) of COVID-19 before they enter the dental setting.

- Actively screen dental health care professionals on the spot for fever and symptoms before every shift, per [CDC guidance](#).
- Upon regular screening, if staff become symptomatic, they should be sent home, tested and quarantined.

No team members should come to work if sick or having cold, flu or COVID-19 symptoms.

Team members should leave their shoes at the office, and footwear should be disinfected daily.

Maintain six-foot social distancing at work with other team members and patients when not performing treatment.

All team members should wear protective eye wear and masks, even when not in the treatment area.

High-volume evacuators (HVE) should be available in dental hygiene rooms, and a dental hygiene assistant should be available during procedures that require HVE. The room should be properly sanitized after all procedures.

Clean and disinfect public areas frequently, including waiting rooms, door handles, chairs and restrooms. Remove all unnecessary objects (e.g., toys, magazines, etc.) that are at risk of contamination from the waiting area.

Patient Preparation

Telephone or video screening each patient prior to their appointment to update all health history information including medication information and allergies. Ask specific questions (see page 9) pertaining to COVID-19, including if they:

- have contracted COVID-19,
- have been exposed to anyone with COVID-19, or
- have signs and symptoms of the infection.

Patients should be instructed to wait outside the dental office until it is time for their appointment and to come alone unless they need special assistance. Limit time for the patient in the waiting room if possible. Advise patients to leave personal belongings in their vehicle or the waiting room. These items should not be brought into the operatory area.

Patients entering the office should be offered hand sanitizer or ability to wash hands before touching anything.

Anyone accompanying the patient should be advised to wait outside the treatment area until the patient has completed their treatment.

- To address asymptomatic and pre-symptomatic transmission, require everyone entering the dental setting to wear a face mask or cloth face covering, regardless of whether they have COVID-19 symptoms.

- Actively screen everyone on the spot for fever and [symptoms](#) of COVID-19 before they enter the dental setting, per [CDC guidance](#).
- Patients presenting with any symptoms, no matter how mild, including a temperature above 100.4° F should be dismissed and asked to consult their medical or emergency provider.

If forms need to be completed and signed, provide pens to the patient and instruct them to keep the pens for their personal use.

Personal Protective Equipment (PPE)

Dental healthcare personnel (DHCP) including dental hygienists are at very high risk for exposure to COVID-19. Therefore, it is extremely important that they protect themselves using the highest level of PPE available. The following best practice recommendations are advised using these key terms:

- Critical tasks – all functions that occur during clinical treatment
- Noncritical tasks – procedures such as cleaning the operatory, sterilizing instruments, bringing supplies to/from the operatory

Best practice for respiratory protection involves the use of N95 respirators custom-fitted for critical tasks; training on fit and seal should be provided prior to use. Other masks may be used for non-critical tasks. Remove the respirator after every patient. **In the event that neither an N95 nor a U.S. Food and Drug Administration (FDA) -approved full face shield with a surgical mask is available, it is not safe for you to provide care.**

Respirator use must be in the context of a complete respiratory protection program in accordance with [OSHA Respiratory Protection standard \(29 CFR 1910.134\)](#). Health care providers should be medically cleared and fit tested if using respirators with tight-fitting facepieces (e.g., a NIOSH-approved N95 respirator) and trained in the proper use of respirators, safe removal and disposal, and medical contraindications to respirator use.

Fit test kits are available commercially. Carefully follow manufacturer instructions.

Respiratory fit testing

- can be done by employer or outside party,
- should be done annually thereafter, and
- uses an agent to check whether there is leakage around the respirator.

Resources:

[OSHA Guidance for Dentistry Workers and Employers](#)

[CDC Illustration of COVID-19 PPE for Health Care Personnel](#)

[Transcript for the OSHA Training Video Entitled Respirator Fit Testing](#)

[Hospital Respiratory Protection Program Toolkit](#): Though designed for hospitals, the information in this resource from the Occupational Safety and Health Administration (OSHA) can be customized for your practice.

Surgical masks are to be discarded after **exiting the patient's room or care area and closing the door** (if present). Take into consideration that most dental procedures generate droplets, spatter and aerosols:

- Remove and discard disposable respirators and surgical masks.
- Perform hand hygiene after removing the respirator or facemask.

The PPE recommended for DHCP when providing **emergency dental care to patients without COVID-19** includes, [per CDC guidance](#):

- Respirator or surgical mask:
 - **Before entering a patient room or care area**, put on one of the following:
 - An N95 respirator or a respirator that offers a higher level of protection such as other disposable filtering facepiece respirators, powered air-purifying respirators (PAPRs) or elastomeric respirators
 - If a respirator is not available, use a combination of a surgical mask and full-face shield. [Ensure that the mask is cleared by FDA as a surgical mask.](#)
 - **During aerosol-generating procedures** (e.g., use of dental handpieces, air/water syringe, ultrasonic scalers), put on one of the following:
 - An N95 respirator or a respirator that offers a higher level of protection such as other disposable filtering facepiece respirators, powered air-purifying respirators (PAPRs) or elastomeric respirators.
 - **After exiting the patient's room or care area and closing the door** (if present), take into consideration that most dental procedures generate droplets, spatter and aerosols:
 - Remove and discard disposable respirators and surgical masks.
 - Perform hand hygiene after removing the respirator or facemask.
- Eye Protection
 - **Before entering the patient room or care area**, put on eye protection (i.e., goggles or a full-face shield that covers the front and sides of the face).

Personal eyeglasses and contact lenses are NOT considered adequate eye protection.

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/dental-settings.html>

Protective glasses with side shields should be worn for critical and noncritical tasks. Reusable PPE should be cleaned regularly and disinfected with soap and water or sanitizing wipes between patients.

If the surgical mask becomes visibly soiled or wet during treatment, it should be replaced.

Have a designated place to don and doff PPE with a well-delineated clean and soiled section. Follow applicable requirements of the [Bloodborne Pathogens standard \(29 CFR 1910.1030\)](#) with respect to laundering uniforms and laboratory coats.

Hand hygiene should be performed regularly by washing hands for 20 seconds before and after treating each patient, before donning and immediately after removing gloves, and after touching inanimate objects without gloves. Use soap and water or a 60% alcohol-based sanitizer.

How to Put On (Don) PPE Gear

More than one donning method may be acceptable. Training and practice using your health care facility's procedure is critical. Below is one example of donning.

1. **Identify and gather the proper PPE to don.** Ensure choice of gown size is correct (based on training).
2. **Perform hand hygiene using hand sanitizer.**
3. **Put on isolation gown.** Tie all of the ties on the gown. Assistance may be needed by other health care personnel.
4. **Put on NIOSH-approved N95 filtering facepiece respirator or higher (use a facemask if a respirator is not available).** 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. The respirator/face mask should be extended under chin. Both your mouth and nose should be protected. Do not wear respirator/face mask under your chin or store in scrubs pocket between patients.
 - **Respirator:** Respirator straps should be placed on crown of head (top strap) and base of neck (bottom strap). Perform a user seal check each time you put on the respirator.
 - **Facemask:** Mask ties should be secured on crown of head (top tie) and base of neck (bottom tie). If mask has loops, hook them appropriately around your ears.
5. **Put on face shield or goggles.** Face shields provide full face coverage. Goggles also provide excellent protection for eyes, but fogging is common.
6. **Perform hand hygiene before putting on gloves.** Gloves should cover the cuff (wrist) of gown.
7. **Health care personnel may now enter patient room.**

How to Take Off (Doff) PPE Gear

More than one doffing method may be acceptable. Training and practice using your healthcare facility's procedure is critical. Below is one example of doffing.

1. **Remove gloves.** Ensure glove removal does not cause additional contamination of hands. Gloves can be removed using more than one technique (e.g., glove-in-glove or bird beak).
2. **Remove gown.** Untie all ties (or unsnap all buttons). Some gown ties can be broken rather than untied. Do so in gentle manner, avoiding a forceful movement. Reach up to the shoulders and carefully pull gown down and away from the body. Rolling the gown down is an acceptable approach. Dispose in trash receptacle.

3. **Health care personnel may now exit patient room.**
4. **Perform hand hygiene.**
5. **Remove face shield or goggles.** Carefully remove face shield or goggles by grabbing the strap and pulling upwards and away from head. Do not touch the front of face shield or goggles.
6. **Remove and discard respirator (or face mask if used instead of respirator).** Do not touch the front of the respirator or facemask.
 - **Respirator:** Remove the bottom strap by touching only the strap and bring 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.
 - **Facemask:** Carefully untie (or unhook from the ears) and pull away from face without touching the front.
7. **Perform hand hygiene after removing the respirator/facemask and before putting it on again if your workplace is practicing reuse.**

Source: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html>

- Discard disposable gowns after use.
- Launder cloth gowns after each use.
- If there are shortages of gowns, they should be prioritized for:
 - Aerosol-generating procedures.
 - Clinical procedures where splashes and sprays are anticipated.

Gloves should be worn and changed if torn or after touching an inanimate object. Hand hygiene should be performed after removing gloves.

Disinfection

Appropriate PPE should be worn for all activities involving potential exposure to patient body fluids, contaminated surfaces and equipment, and hazardous chemicals (i.e. disinfectants). Puncture resistant/utility gloves, masks, eye protection and gowns should be worn while handling contaminated instruments.

Patients should be scheduled in a manner that allows for complete disinfection of operatories.

If possible, decide upon two rooms for each dental hygienist to use, so that one room can be sanitized and prepared while the dental hygienist begins using the next room for another patient.

If there is only one room dedicated for dental hygiene care, it is recommended to increase patient appointment time, i.e., 1.5 hours per appointment for appropriate disinfection and room preparation. Do not double-book appointments.

If there is no door for the operatory, consider using a plastic barrier to seal the room. This barrier will need to be disinfected in between patients.

Barriers should be used when possible, especially for hard-to-clean surfaces (e.g. light switches, computer, mouse, dental unit) and changed between patients.

Clean and disinfect each room with an Environmental Protection Agency (EPA) -registered hospital disinfectant on list N of the [EPA website](#) for EPA-registered disinfectants that have qualified under EPA's emerging viral pathogens program from use against SARS-CoV-2. Follow the manufacturer's instructions for use of all cleaning and disinfection products (i.e., concentration, application method and contact time). Guidance: [Guidelines for Infection Control in Dental Health-Care Settings—2003](#)

Doors and knobs need to be wiped down in addition to counters, chairs, cabinets and other surfaces.

If using an ultrasonic cleaner to remove instrument debris, ensure a lid is used and fits tightly over the unit to prevent introducing aerosols into the area.

Designate clean and dirty areas in the sterilization area. Heat-sterilize all critical and heat tolerant reusable dental and dental hygiene instruments prior to use. Use chemical and biologic monitoring to ensure sterilization is effective. Keep all sterile instruments packaged until ready to be used for patient care. [Guidelines for Infection Control in Dental Health-Care Settings—2003](#)

OSHA Guidance for Dentistry Workers and Employers

Special Considerations for Providing Dental Hygiene Care

Once in the operatory, you may provide a one-minute pre-procedure rinse before starting any procedure. Mouth rinses containing 1% hydrogen peroxide or 0.2% - 1% povidone or 0.05 - 0.1% cetylpyridinium chloride have been recommended.¹

Avoid aerosol production as much as possible, as the transmission of COVID-19 occurs via droplets that can be aerosolized during aerosol generating procedures (AGDs).

- Use full-mouth rubber dams for placement of dental sealants and during dental therapy restorative treatment.
- Backflow can occur when using a saliva ejector; therefore, when possible, use four-handed technique and HVE for controlling aerosols and splatter.
- Use hand instrumentation versus ultrasonic instruments for periodontal debridement and scaling procedures.
- Use selective plaque and stain removal versus full-mouth coronal polishing.
- Avoid air-polishing procedures.
- Do not use the air and water functions on the syringe, together, at the same time.
- Follow up and screen patients 48 hours after treatment per the COVID-19 Patient Screening Questionnaire on the following page.

1. Izzetti, R. Nisi, M, Gabriele, M, Graziani, F. COVID-19 transmission in dental practice: Brief review of preventive measures in Italy. J Dent Res 2020
doi:10.1177/0022034520920580

ADHA COVID-19 PATIENT SCREENING QUESTIONNAIRE

*Indicate Yes or No and provide relevant comments

Patient Name: _____ Date: _____

Screening Questions	Pre-Appointment*	In-Office*	48- Hours Post-Appointment*
Do you have a fever, or have you felt feverish recently?			
Do you have a cough?			
Are you having shortness of breath or any difficulty breathing?			
Do you have chills or repeated shaking with chills?			
Do you have any muscle pain?			
Do you have any recent onset of headache or sore throat?			
Do you have any other flu-like symptoms?			
Do you have any recent loss of taste or smell?			
Have you experienced any recent GI upset or diarrhea?			
Are you in contact with anyone who has been confirmed to be COVID-19 positive?			
Have you traveled in the past 14 days to any regions affected by COVID-19?			
Are you over the age of 65?			
Do you have: Heart disease Lung disease Kidney disease Diabetes Autoimmune disorders			

DENTAL HYGIENE READINESS TO RETURN TO WORK

After completing chart, use your professional judgment.

Action	Yes	No
Met with coworkers to discuss strategies for opening practice		
Conducted inventory of PPE and sufficient supplies are available to maintain safety of dental team of patients		
All dental team members are tested for COVID-19 and/or exhibit no signs of infection and have not been exposed to COVID-19		
Community risk level incidence of COVID-19 is low		
Able to maintain social distancing at work		
All operatories and work areas have been disinfected		
Waiting room has been cleaned and all unnecessary objects have been removed		
Hand sanitizers are available for patients as they enter the office		
Contactless thermometer is available to check patient and staff temperatures		
A screening questionnaire is available to screen patients prior to and during appointments		
A designated place is assigned to don and doff PPE		
Appropriate disinfectant has been obtained to clean operatories		