Georgia Dental Hygienists’ Association
Return to work Interim Guidance Toolkit
GDHA’s Steadfast Commitment During Unprecedented Times

Dear GDHA Member,
Thank you for being a member of the Georgia Dental Hygienists’ Association (GDHA). As we navigate our way through these dynamic, unprecedented times caused by the global COVID-19 (coronavirus) pandemic, GDHA would like for you to know that you and your safety are our top priority!

As Georgia dental hygienists prepare to return to work, GDHA has provided the “Return to Work Toolkit” to help you and your office reopen. We hope you will take time to review this informative packet which we created just for you and use it as a resource.

Should you need any assistance or have any questions or comments please feel free to contact us at GDHAWebmaster@gmail.com

Kendra McKune, RDH, BSDH, MSDH
GDHA President 2019-2020
Elevate Your Profession

"We rise by lifting others." ~ Robert Ingersoll
# GDHA Return to Work Interim Guidance Toolkit

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Executive Order:

On April 20, 2020 through Executive Order, Governor Kemp authorized dental offices to begin providing the full scope of services to the public. On April 23, 2020 Gov. Kemp issued “a new Executive Order” entitled, "Providing Guidance for Reviving a Healthy Georgia in Response to COVID-19”. The new order goes into effect on May 1, 2020 and lasts until May 13, 2020 when "shelter in place" orders are supposed be lifted.

The new Executive Order states "in addition to compliance with the guidelines for Critical Infrastructure, dental offices shall adhere to the ADA Interim Guidance for Minimizing Risk of COVID-19 Transmission and Interim Mask and Face Shield Guidelines."

The Georgia Dental Hygienists' Association supports conscientious, explicit, and judicious use of current best evidence in making decisions about the care of individual clients. GDHA has provided you the following

CRITICAL

information from the CDC, OSHA and OSAP to help stay safe while seeing patients and be compliant with the Governor’s Executive Order for reopening your dental practice.

Is your office ready?
Critical Infrastructure Workforce Guidelines (REQUIRED)


GUIDELINES:
1. Screening and evaluating workers who exhibit signs of illness, such as a fever over 100.4 degrees Fahrenheit, cough, or shortness of breath;
2. Requiring workers who exhibit signs of illness to not report to work or to seek medical attention;
3. Enhancing sanitation of the workplace as appropriate;
4. Disinfecting common surfaces regularly;
5. Requiring handwashing or sanitation by workers at appropriate places within the business location;
6. Prohibiting Gatherings of workers during working hours;
7. Permitting workers to take breaks and lunch outside, in their office or personal workspace, or in such other areas where proper social distancing is attainable;
8. Implementing teleworking for all possible workers;
9. Implementing staggered shifts for all possible workers;
10. Holding all meetings and conferences virtually, whenever possible;
11. Delivering intangible services remotely, whenever possible;
12. Discouraging workers from using other workers' phones, desks, offices, or other work tools and equipment;
GUIDELINES CONTINUED:

13. Prohibiting handshaking and other unnecessary person-to-person contact in the workplace;
14. If in use, open sales registers must be at least six (6) feet apart;
15. Point of sale equipment should be frequently cleaned and sanitized;
16. Placing notices that encourage hand hygiene at the entrance to the workplace and in other workplace areas where they are likely to be seen; and
17. Regarding PIN number and point of sale transactions, additional guidance was issued to clarify best practices to ensure these transactions remain safe. Retailers should ensure EBT card users can continue to access PIN pads to enter this information during transactions.

(The shelter in place order allows suspending the use of Personal Identification Number ("PIN") pads, PIN entry devices, electronic signature capture, and any other credit card receipt signature requirements if it is permitted by underlying credit card agency and company agreements.)

*Read the entire Executive Order and Critical Infrastructure Workforce Guidelines from the Governor's office at:*
ADA Interim Guidance for Minimizing Risk of COVID-19 Transmission (REQUIRED)

Before Dental Care Starts; Dentist and Dental Team Preparation
Found at the following link:

Ensuring safety of staff, Office set-up, Appointment scheduling:
1. Ensure that the dental health care personnel (DHCP) have received their seasonal flu vaccine.
   https://www.cdc.gov/vaccines/adults/rec-vac/hcw.html
3. DHCP who are of older age, have a pre-existing, medically compromised condition, pregnant, etc., are perceived to be at a higher risk of contracting COVID-19 from contact with known or suspected COVID-19 patients. https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-at-higher-risk.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fspecific-groups%2Fpeople-at-higher-risk.html

Dental offices “… should consider and address the level(s) of risk associated with various worksites and job tasks workers perform at those sites.” It is suggested that providers who do not fall into these categories (older age; presence of chronic medical conditions, including immunocompromising conditions; pregnancy).” should be prioritized to provide care. https://www.osha.gov/Publications/OSHA3990.pdf
Before Dental Care Starts; Dentist and Dental Team Preparation (Continued):

4. All DHCP should self-monitor by remaining alert to any respiratory symptoms (e.g., cough, shortness of breath, sore throat) and check their temperature twice a day, regardless of the presence of other symptoms consistent with a COVID-19 infection. Dental offices should create a plan for whom to contact if an employee develops fever or respiratory symptoms to determine whether medical evaluation is necessary. https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assessment-hcp.html

a. To prevent transmission to DHCP or other patients, contact your local health department immediately if you suspect a patient has COVID-19. You can also contact your state health department. https://www.cdc.gov/coronavirus/2019-ncov/php/reporting-pui.html

5. “Designate convalescent [DHCP] provision of care to known or suspected COVID-19 patients (those who have clinically recovered from COVID-19 and may have some protective immunity) to preferentially provide care.” This means that providers who have recently contracted and recovered from a COVID-19 infection should be the preferred personnel providing care.

6. “Conduct an inventory of available personal protective equipment (PPE) supplies [e.g., surgical masks, surgical gowns, surgical gloves, face shields].” Assume that supplies may be unavailable in the near future. https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/face-masks.html

7. Remove magazines, reading materials, toys and other objects that may be touched by others and which are not easily disinfected (https://www.ncbi.nlm.nih.gov/pubmed/28916372).


Before Dental Care Starts; Dentist and Dental Team Preparation (Continued):

10. Prevent patients from bringing companions to their appointment, except for instances where the patient requires assistance (e.g., pediatric patients, people with special needs, elderly patients, etc.). If companions are allowed for patients receiving treatment, they should also be screened for signs and symptoms of COVID-19 during patient check-in and should not be allowed entry into the facility if signs and symptoms are present (e.g., fever, cough, shortness of breath, sore throat). Companions should not be allowed in the dental office if perceived to be at a high risk of contracting COVID-19 (e.g., having a pre-existing medically compromised condition). Any person accompanying a patient should be prohibited in the dental operatory. [link to CDC guidelines]

Screening for COVID-19 Status: Phone screening, Who can be seen in the dental setting? Referrals

1. A recommendation as of March 16th was for “Dentists nationwide postpone elective procedures for the next three weeks. Concentrating on emergency dental care will allow us to care for our emergency patients and alleviate the burden that dental emergencies would place on hospital emergency departments.” State and local mandates as well as regional variation in infection rates may affect guidance on postponement period going forward (Algorithm 1).
2. “Make every effort to interview the patient by telephone, text monitoring system, or video conference before the visit.”
3. If an emergency or urgent dental patient does not have a fever and is otherwise without even mild symptoms consistent with COVID-19 infection (e.g., fever, sore throat, cough, difficulty breathing), they can be seen in dental settings with appropriate protocols and PPE in place. (Algorithm 2 and 3).
4. If an emergency or urgent dental 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 signs/symptoms of COVID-19 infection (e.g., fever, sore throat, cough, difficulty breathing), they can be seen in dental settings with appropriate protocols and PPE in place (Algorithm 2 and 3).
Screening for COVID-19 Status: Phone screening, Who can be seen in the dental setting? Referrals (Continued)

5. If an emergency or urgent dental patient does exhibit signs and symptoms of respiratory illness, the patient should be referred for emergency care where appropriate Transmission-Based Precautions are available. (Algorithm 2). [https://www.cdc.gov/oralhealth/infectioncontrol/pdf/safe-care2.pdf](https://www.cdc.gov/oralhealth/infectioncontrol/pdf/safe-care2.pdf), [https://www.cdc.gov/mmwr/PDF/rr/rr5217.pdf](https://www.cdc.gov/mmwr/PDF/rr/rr5217.pdf)

6. As the pandemic progresses, some patients will recover from the COVID-19 infection. It is important to determine when a patient who was diagnosed with the disease is ready to discontinue home isolation. CDC suggests two approaches to determine clearance to abandon quarantine:

a. “Time-since-illness-onset and time-since-recovery strategy (non-test-based strategy)*: Persons with COVID-19 who have symptoms and were directed to care for themselves at home may discontinue home isolation under the following conditions:
   i. At least 3 days (72 hours) have passed since recovery defined as resolution of fever without the use of fever-reducing medications and improvement in respiratory symptoms (e.g., cough, shortness of breath); and,

b. “Test-based strategy: Persons who have COVID-19 who have symptoms and were directed to care for themselves at home may discontinue home isolation under the following conditions:
   i. Resolution of fever without the use of fever-reducing medications and,
   ii. Improvement in respiratory symptoms (e.g., cough, shortness of breath) and,

“Individuals with laboratory-confirmed COVID-19 who have not had any symptoms may discontinue home isolation when at least 7 days have passed since the date of their first positive COVID-19 diagnostic test and have had no subsequent illness.” [https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html](https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html)
Screening for COVID-19 Status: Phone screening, Who can be seen in the dental setting? Referrals ( Continued)

Footnote
1. *This recommendation will prevent most, but may not prevent all instances of secondary spread. The risk of transmission after recovery, is likely very substantially less than that during illness.
2. **All test results should be final before isolation is ended. Testing guidance is based upon limited information and is subject to change as more information becomes available.
Upon Patient Arrival

1. If patients wish to, or if the waiting room does not allow for appropriate “social distancing” (situated at least 6 feet or 2 meters apart), they may wait in their personal vehicle or outside the facility where they can be contacted by mobile phone when it is their turn to be seen. This can be communicated to patients at the moment of scheduling the appointment, based on established office procedures (see Dentist and Dental Team Preparation Section). https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/dialysis.html

   Though we are recommending that only asymptomatic patients, patients who have tested negative for COVID-19 infection, or recovered patients (after 3 days since resolution of signs and symptoms) be seen in dental settings, DHCP should ensure that there are “supplies for [infection control etiquette], (e.g., alcohol based hand rub with 60-95% alcohol, tissues, and no-touch receptacles for disposal at healthcare facility entrances, waiting rooms, and patient check-ins.”
Standard and Transmission-based Precautions and Personal Protective Equipment (PPE)

1. DHCP should adhere to Standard Precautions, which “are the minimum infection prevention practices that apply to all patient care, regardless of suspected or confirmed infection status of the patient, in any setting where healthcare is delivered.”
   a. Standard Precautions include: Hand hygiene, use of PPE, respiratory hygiene/etiquette, sharps safety, safe injection practices, sterile instruments and devices, clean and disinfected environmental surfaces. [https://www.cdc.gov/oralhealth/infectioncontrol/pdf/safe-care2.pdf](https://www.cdc.gov/oralhealth/infectioncontrol/pdf/safe-care2.pdf)

2. If available, DHCP should implement Transmission-Based Precautions. “Necessary transmission-based precautions might include patient placement (e.g., isolation), adequate room ventilation, respiratory protection (e.g., N-95 masks) for DHCP, or postponement of nonemergency dental procedures.”
   [https://www.cdc.gov/oralhealth/infectioncontrol/pdf/safe-care2.pdf](https://www.cdc.gov/oralhealth/infectioncontrol/pdf/safe-care2.pdf), [https://www.cdc.gov/mmwr/PDF/rr/rr5217.pdf](https://www.cdc.gov/mmwr/PDF/rr/rr5217.pdf) [https://www.cdc.gov/infectioncontrol/basics/transmissionbased-precautions.html](https://www.cdc.gov/infectioncontrol/basics/transmissionbased-precautions.html)

3. “Wear a surgical mask and eye protection with solid side shields or a face shield to protect mucous membranes of the eyes, nose, and mouth during procedures likely to generate splashing or spattering [(large droplets)] of blood or other body fluids.” [https://www.cdc.gov/mmwr/PDF/rr/rr5217.pdf](https://www.cdc.gov/mmwr/PDF/rr/rr5217.pdf)

4. Surgical masks are one use only, and one mask should be used per patient.

5. “If your mask is damaged or soiled, or if breathing through the mask becomes difficult, you should remove the face mask, discard it safely, and replace it with a new one.”
   b. Use a fit-tested (instructions on how to use and fit a N95 respirator here) National Institute for Occupational Safety and Health (NIOSH)-approved N95 or higher-level respirator in combination with other Transmission-Based Precautions available when treating symptomatic patients with COVID-19 in hospital settings. [https://www.osha.gov/Publications/OSHA3990.pdf](https://www.osha.gov/Publications/OSHA3990.pdf)
Standard and Transmission-based Precautions and Personal Protective Equipment PPE (CONTINUED)

i. "National Institute for Occupational Safety and Health (NIOSH)-approved, N95 filtering facepiece respirators or better must be used in the context of a comprehensive, written respiratory protection program that includes fit-testing, training, and medical exams. See OSHA’s Respiratory Protection standard, 29 CFR 1910.134 at https://www.osha.gov/Publications/OSHA3990.pdf

c. “For information on PPE shortages, see CDC information on healthcare supply of PPE.”

6. DHCP should adhere to the standard sequence of donning and doffing of PPE.
Clinical Technique (Handpieces, Equipment, etc.)

1. Since SARS-CoV-2 may be vulnerable to oxidation, use 1.5% hydrogen peroxide (commercially available in the US) or 0.2% povidone as a preprocedural mouthrinse. (32127517) There are no clinical studies supporting the virucidal effects of any preprocedural mouthrinse against SARS-CoV-2.

2. DHCP may use “extraoral dental radiographs, such as panoramic radiographs or cone beam CT, [and] are appropriate alternatives” (32162995) to intraoral dental radiographs during the outbreak of COVID-19, as the latter can stimulate saliva secretion and coughing. (15311240).

3. Reduce aerosol production as much as possible, as the transmission of COVID-19 seems to occur via droplets or aerosols (32182409), and DHCP should prioritize the use of hand instrumentation. (32127517)

4. DHCP should use rubber dams if an aerosol-producing procedure is being performed to help minimize aerosol or spatter. (2681303, 15493394)

5. DHCP may use a 4-handed technique for controlling infection. (32162995)

6. Anti-retraction functions of handpieces may provide additional protection against cross-contamination. (32127517)

7. DHCP should prefer the use of high-volume evacuators. DHCP “should be aware that in certain situations, backflow could occur when using a saliva ejector,” and “this backflow can be a potential source of cross contamination” https://www.cdc.gov/mmwr/preview/mmwrhtml/rr5217a1.htm, 15127864)

8. DHCP should use resorbable sutures (i.e. sutures that last 3 to 5 days in the oral cavity) to eliminate the need for a follow up appointment. https://www.aaoms.org/docs/education_research/dental_students/joms_guide_to_suturing.pdf

9. DHCP should “[minimize] the use of a 3-in-1 syringe as this may create droplets due to forcible ejection of water/air.” (15311240)

10. “Disinfectants (hypochlorite, ethanol) in the handpiece and 3-in-1 syringe water supplies have been reported to reduce viral contaminants in splatter, but its action on human coronavirus is unknown.” (15311240, 7860888)
Steps After Suspected Unintentional Exposure


   a. Aerosol-generating procedures should be scheduled as the last appointment of the day. For an aerosol-generating procedure performed without N95 masks and only surgical facemasks, regardless of disinfection procedures being effectively executed, subsequent patients and DHCP are at moderate risk for COVID-19 infection and transmission. Given that asymptomatic patients may carry the virus, CDC suggests a 14-day quarantine. Alternatively, take all precautions to prevent transmission and require that the patient is tested for COVID-19 immediately after dental treatment; if positive, DHCP should quarantine for 14 days.

   b. Patients referred for COVID-19 testing should be given detailed instructions on when/where to go for testing, how to justify the need for testing to the testing facility visited, and how to contact the dental clinic to report test results (Algorithm 3). If a test is positive, the clinic needs to report the exposure to all patients treated after the infected patient.
After Dental Care Is Provided

In Between Patients
1. “Clean [PPE] with soap and water, or if visibly soiled, clean and disinfect reusable facial protective equipment (e.g., clinician and patient protective eyewear or face shields) between patients.” [https://www.cdc.gov/mmwr/PDF/rr/rr5217.pdf](https://www.cdc.gov/mmwr/PDF/rr/rr5217.pdf)
2. Non-dedicated and non-disposable equipment (e.g., handpieces, dental x-ray equipment, dental chair and light) should be disinfected according to manufacturer’s instructions. Handpieces should be cleaned to remove debris, followed by heat-sterilization after each patient. [https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html](https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html), [https://www.cdc.gov/oralhealth/infectioncontrol/faqs/dental-handpieces.html](https://www.cdc.gov/oralhealth/infectioncontrol/faqs/dental-handpieces.html) [https://www.cdc.gov/oralhealth/infectioncontrol/faqs/cleaning.html](https://www.cdc.gov/oralhealth/infectioncontrol/faqs/cleaning.html)
3. "Routine cleaning and disinfection procedures (e.g., using cleaners and water to pre-clean surfaces prior to applying an EPA-registered, hospital-grade disinfectant to frequently touched surfaces or objects for appropriate contact times as indicated on the product’s label) are appropriate for SARS-CoV-2 in healthcare settings, including those patient-care areas in which aerosol-generating procedures are performed." [https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html](https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html) [https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2](https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2)
a. Surfaces such as door handles, chairs, desks, elevators, and bathrooms should be cleaned and disinfected frequently. (32127517)

When Going Home After a Workday
1. DHCPs should change from scrubs to personal clothing before returning home. Upon arriving home, DHCPs should take off shoes, remove and wash clothing [separately from other household residents], and immediately shower. (32163102)
Post-operative Instructions for Patients

1. “Clean [PPE] with soap and water, or if visibly soiled, clean and disinfect reusable facial protective equipment (e.g., clinician and patient protective eyewear or face shields) between patients.” [https://www.cdc.gov/mmwr/PDF/rr/rr5217.pdf](https://www.cdc.gov/mmwr/PDF/rr/rr5217.pdf)

2. Non-dedicated and non-disposable equipment (e.g., handpieces, dental x-ray equipment, dental chair and light) should be disinfected according to manufacturer’s instructions. Handpieces should be cleaned to remove debris, followed by heat-sterilization after each patient. [https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html](https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html), [https://www.cdc.gov/oralhealth/infectioncontrol/faqs/dental-handpieces.html](https://www.cdc.gov/oralhealth/infectioncontrol/faqs/dental-handpieces.html) [https://www.cdc.gov/oralhealth/infectioncontrol/faqs/cleaning.html](https://www.cdc.gov/oralhealth/infectioncontrol/faqs/cleaning.html)

3. "Routine cleaning and disinfection procedures (e.g., using cleaners and water to pre-clean surfaces prior to applying an EPA-registered, hospital-grade disinfectant to frequently touched surfaces or objects for appropriate contact times as indicated on the product’s label) are appropriate for SARS-CoV-2 in healthcare settings, including those patient-care areas in which aerosol-generating procedures are performed." [https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html](https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html) [https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2](https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2)

a. Surfaces such as door handles, chairs, desks, elevators, and bathrooms should be cleaned and disinfected frequently. (32127517)
ADA Interim Mask and Face Shield Guidelines

REQUIRED BY EXECUTIVE ORDER

These recommendations align with existing CDC recommendations for patients without signs/symptoms of COVID-19.

Use the highest level of PPE available when treating patients to reduce the risk of exposure. Some risk is inherent in all scenarios. If masks with either goggles or face shields are not available, please understand there is a higher risk for infection; therefore, use your professional judgment related to treatment provided and the patient’s risk factors.

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

<table>
<thead>
<tr>
<th>Mask Type – With Goggles or Face Shield (Understanding Mask Types)</th>
<th>Level of Risk*** to DHCP</th>
</tr>
</thead>
<tbody>
<tr>
<td>N95</td>
<td>Low</td>
</tr>
<tr>
<td>KN95 (N95 EQUIVALENT MASK* KN/KP95, PFF2, P2, DS/DL2, KOREAN SPECIAL 1ST)</td>
<td>Low</td>
</tr>
<tr>
<td>Surgical Mask***</td>
<td>Moderate</td>
</tr>
</tbody>
</table>

*The FDA has authorized the use of masks equivalent to the N95 during the pandemic period. Manufacturers approved can be found here: https://www.fda.gov/media/136663/download

**ASTM has established performance levels for surgical masks based on fluid resistance, bacterial filtration efficiency, particulate filtration efficiency, breathing resistance and flame spread.

• Level 1 masks have the least fluid resistance, bacterial filtration efficiency, particulate filtration efficiency, and breathing resistance.
ADA Interim Mask and Face Shield Guidelines

**REQUIRED BY EXECUTIVE ORDER (CONTINUED)**

- Level 2 masks provide a moderate barrier for fluid resistance, bacterial and particulate filtration efficiencies and breathing resistance.
- Level 3 masks provide the maximum level of fluid resistance recognized by ASTM and are designed for procedures with moderate or heavy amounts of blood, fluid spray or aerosol exposure.


Professional judgment should be exercised when considering the use of gowns, foot covers and head covers. These guidelines are intended to help dental practices lower (but not eliminate) the risk of coronavirus transmission during the current pandemic.
Dental practices should not presume that following the guidelines will insulate them from liability in the case of infection. Dentists should also be aware of any relevant laws, regulations, or rules adopted in their states.

ADA Interim Mask and Face Shield Guidelines may be found at the following link:
https://success.ada.org/~/media/CPS/Files/COVID/ADA_Interim_Mask_and_Face_Shield_Guidelines.pdf
ADA Return to Work Interim Guidance Toolkit
This toolkit contains interim recommendations from the American Dental Association’s (ADA’s) Advisory Task Force on Dental Practice Recovery. Since this is interim guidance, it is focused on the short-term management of dental practice during the COVID-19 pandemic as some offices return to providing non-emergent care. Details not specifically addressed in this interim guidance will be left up to the professional judgment of each dentist. The possible integration of additional infection control measures, air purification systems, and any other safety recommendations will be addressed by the Council on Dental Practice as the COVID-19 knowledge base grows.

The ADA Return to Work Interim Guidance Toolkit may be found at the following link:
ADA Welcome Back Reassurance Sample Letter

Reassure patients of your office’s commitment to maintaining up-to-date infection control procedures. This customizable letter can be updated with your dental practice’s information and sent to patients as you reopen the office.

Sample Letter

Date
Patient Name
Street Address
City, State Zip

Dear Patient:
We hope this letter finds you and your family in good health. Our community has been through a lot over the last few months, and all of us are looking forward to resuming our normal habits and routines. While many things have changed, one thing has remained the same: our commitment to your safety.

Infection control has always been a top priority for our practice and you may have seen this during your visits to our office. Our infection control processes are made so that when you receive care, it’s both safe and comfortable. We want to tell you about the infection control procedures we follow in our practice to keep patients and staff safe.

Our office follows infection control recommendations made by the American Dental Association (ADA), the U.S. Centers for Disease Control and Prevention (CDC) and the Occupational Safety and Health Administration (OSHA). We follow the activities of these agencies so that we are up-to-date on any new rulings or guidance that may be issued. We do this to make sure that our infection control procedures are current and adhere to each agencies’ recommendations.
Sample Letter (Continued)

You may see some changes when it is time for your next appointment. We made these changes to help protect our patients and staff. For example:

- Our office will communicate with you beforehand to ask some screening questions. You’ll be asked those same questions again when you are in the office.
- We have hand sanitizer that we will ask you to use when you enter the office. You will also find some in the reception area and other places in the office for you to use as needed.
- You may see that our waiting room will no longer offer magazines, children’s toys and so forth, since those items are difficult to clean and disinfect.
- Appointments will be managed to allow for social distancing between patients. That might mean that you’re offered fewer options for scheduling your appointment.
- We will do our best to allow greater time between patients to reduce waiting times for you, as well as to reduce the number of patients in the reception area at any one time.

We look forward to seeing you again and are happy to answer any questions you may have about the steps we take to keep you, and every patient, safe in our practice. To make an appointment, please call our office at office number or visit our website at web address.

Thank you for being our patient. We value your trust and loyalty and look forward to welcoming back our patients, neighbors and friends.

Sincerely,
Dentist and Team
The Organization for Safety Asepsis and Prevention (OSAP) has published the following *Coronavirus Disease (COVID-19) Toolkit* to provide clinicians the most up to date information as they prepare to go back to work.

The OSHA Guidance on Preparing Workplaces for COVID-19 workbook may be found at the following link:
https://www.osha.gov/Publications/OSHA3990.pdf?fbclid=IwAR2pthq1NpfxpKFXNcR9BdSycLljB4Y0GG77uFGU0aXY-0u_A0sYIlnICPHc

A summary of the OSHA Guidance booklet may be found at the following link:
CDC Guidelines on COVID-19

1) Coronavirus Disease 2019 (COVID-19)
2) Information for Healthcare Professionals
3) Interim Guidance
4) Health Alert Network (HAN)
5) Infection Control
6) Clinician Outreach and Communication Activity (COCA)
7) Criteria for Return to Work for Healthcare Personnel with Confirmed or Suspected COVID-19 (Interim Guidance)
8) CDC Guidance for Providing Dental Care During COVID-19 - April 8, 2020
9) Interim Infection Prevention and Control Guidance for Dental Settings During the COVID-19 Response - April 7, 2020
10) Decontamination and Reuse of Filtering Facepiece Respirators using Contingency and Crisis Capacity Strategies
Workers' Right to Refuse Dangerous Work

If you believe working conditions are unsafe or unhealthful, we recommend you discuss with your employer.

If you are unable to resolve your concerns GDHA recommends you read the Workers' Right to Refuse Dangerous Work at the following link:
https://www.osha.gov/right-to-refuse.html

As health care professionals, it is up to each of us to make well-informed decisions.

GDHA is committed to providing you the latest information impacting the profession of dental hygiene in a useful and timely manner.

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