

## Guidelines for Reopening Dental Offices Safely During the COVID-19 Pandemic

The Texas Dental Association (TDA) respectfully requests that Texas dental practices be authorized to fully open and fully treat patients as soon as possible in accordance with the following strict infection control guidelines and office protocols which are designed to protect patients, dentists, and the members of the dental team.

These guidelines have been reviewed and approved by the Texas Dental Association, Texas Academy of Pediatric Dentistry, Texas Association of Orthodontists, Texas Society of Periodontists, and Texas Society of Oral and Maxillofacial Surgeons.

### Background

Texas dental regulations require dentists and all dental care workers comply with the evidenced-based guidelines from the Center for Disease Control and Prevention (CDC). CDC standard precautions are the minimum infection control practices, regardless of suspected or confirmed infection status of the patient, in any setting where dental care is delivered.

These practices are designed to both protect dentists and Dental Health Care Personnel (DHCP) and prevent DHCP from spreading infections among patients. Standard Precautions include:

1. Hand hygiene;
2. Use of personal protective equipment (eg, gloves, masks, eyewear);
3. Respiratory hygiene/cough etiquette;
4. Sharps safety (engineering and work practice controls);
5. Safe injection practices (ie, aseptic technique for parenteral medications);
6. Sterile instruments and devices; and
7. Clean and disinfected environmental surfaces.

[CDC Guidelines for Infection Control in Dental Health-Care Settings 2003, \(MMWR Vol. 52, No. RR-17\)](#)  
[Summary of Infection Prevention Practices in Dental Settings: Basic Expectation for Safe Care](#)

### Managing Risks

Dental offices routinely manage the risks of infectious disease transmission and can adapt to these new risks as trained experts in dental medicine. Encounters at dental offices also present reasonable risk to the community because these contacts are well-documented and easily traced, unlike the random encounters at grocery stores and takeout restaurants. According to the CDC, "To date in the United States, clusters of healthcare workers positive for COVID-19 have been identified in hospital settings and long-term care facilities, but no clusters have yet been reported in dental settings or personnel."

## Personal Protective Equipment

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

Use the highest level of Personal Protective Equipment (PPE) available when treating patients to reduce the risk of exposure. Dentists must exercise their independent professional judgment and carefully consider the availability of appropriate PPE to minimize risk of virus transmission.

### Resources:

American Dental Association: [Interim Mask and Face Shield Guidelines](#)

American Dental Association: [Understanding Mask Types](#)

## Dental Health Care Personnel Considerations

- Dentists will meet with all staff and present the COVID-19 guidelines and instructions.
- Strict adherence to hand hygiene including: Before and after contact with patients; after contact with contaminated surfaces or equipment; and after removing PPE.
- Ensure that the dental health care personnel have received their seasonal flu vaccine.
- Clothing: If possible, isolation gowns. Disposable gowns should be discarded in a dedicated waste container after use. Cloth isolation gowns should be laundered after each use. If scrubs are worn, change out of regular clothes and into scrubs at the dental office. Change out of scrubs and back into regular clothes before leaving the dental office. Scrubs should be laundered after each use.
- Daily Staff Health Screening: Take staff temperature before workday begins. If below 100.4 degrees, fine. If above 100.4 degrees, staff sent home or referred to a testing center based on answers to the COVID-19 questionnaire.

COVID-19 questionnaire:

1. Do you have any of the following respiratory symptoms? Fever, Sore Throat, Cough, Shortness of Breath?
  2. Have you recently lost your sense of smell or taste?
  3. Do you have any GI symptoms? Diarrhea? Nausea?
  4. Even if you don't currently have any of the above symptoms, have you experienced any of these symptoms in the last 14 days?
  5. Have you been in contact with someone who has tested positive for COVID-19 in the last 14 days?
  6. Have you traveled outside the United States by air or cruise ship in the past 14 days?
  7. Have you traveled within the United States by air, bus or train within the past 14 days?
- If DHCP is sick, tests positive for COVID-19, or is caring for an individual that tested positive for COVID-19, the DHCP should not report to work.
  - Pregnancy: There is limited data currently available regarding susceptibility of COVID-19 and the severity of infection in pregnant women. Pregnant staff are encouraged to consult with their health care provider. Pregnant staff are encouraged to clean hands often using soap and water or alcohol-based hand sanitizer and clean and disinfect frequently touched surfaces.

**Resources:**

[ADA: Interim Guidance for Minimizing Risk of COVID-19 Transmission](#)

[CDC Hand Hygiene in Healthcare Settings](#)

[CDC: Strategies for Optimizing the Supply of Isolation Gowns](#)

[CDC: Strategies to Optimize the Supply of PPE and Equipment](#)

[CDC: Steps Healthcare Facilities Can Take Now to Prepare for COVID-19](#)

[CDC: COVID-19 and Pregnancy](#)

[American College of Obstetrics and Gynecologists: Recent Developments Regarding COVID-19 and Pregnant Women](#)

[CDC: Characteristics of Health Care Personnel with COVID-19 — United States, February 12–April 9, 2020](#)

**Patient Pre-Appointment Screenings and Post-Appointment Follow-Up**

- Screen all patients before scheduling. Advise patients to check their temperature at home. If temperature below 100.4 degrees, fine.
- Administer COVID-19 questionnaire:
  1. Have you tested positive for COVID-19?
  2. Have you been tested for COVID-19 and are awaiting results?
  3. Do you have any of the following respiratory symptoms? Fever, Sore Throat, Cough, Shortness of Breath?
  4. Have you recently lost your sense of smell or taste?
  5. Do you have any GI symptoms? Diarrhea? Nausea?
  6. Even if you don't currently have any of the above symptoms, have you experienced any of these symptoms in the last 14 days?
  7. Have you been in contact with someone who has tested positive for COVID-19 in the last 14 days?
  8. Have you traveled outside the United States by air or cruise ship in the past 14 days?
  9. Have you traveled within the United States by air, bus or train within the past 14 days?
- Positive responses to COVID-19 questionnaire. Refer patient to primary health care provider. Do not schedule patient for dental treatment.
- If patient reports no symptoms, no contact with COVID-19 infected person, no suspicious travel, and no fever, schedule patient for dental appointment.
- If possible, schedule appointments apart enough to minimize possible contact with other patients in the waiting room.
- Remind patients to limit the number of companions.
- Depending on office size, patients may need to wait in their personal vehicles or outside the dental office until their appointment.
- Depending on office size, companions may need to wait in their personal vehicles or outside the dental office.
- Trace instructions: Instruct patient to contact office if they experience COVID-19 symptoms within 14 days after dental appointment.

**Resources:**

[ADA: Interim Guidance for Minimizing Risk of COVID-19 Transmission](#)

[CDC: Interim Infection Prevention and Control Guidance for Dental Settings During the COVID-19 Response](#)

[CDC: Interim Clinical Guidance for Management of Patients with Confirmed Coronavirus Disease \(COVID-19\)](#)

## Office Considerations

- Repeat taking patient's temperature and COVID-19 questionnaire before proceeding with dental appointment.
- Provide patients with instructions to (1) keep 6 feet from all other persons when possible, (2) hand hygiene, and (3) respiratory hygiene and cough etiquette.
- If possible, have clear barrier separating front desk staff from patients. Otherwise, try to maintain distance when possible between front desk and patients when conducting office functions such as accepting payments, scheduling future appointments, etc.
- Depending on office size, patients may need to wait in their personal vehicles or outside the dental office until their appointment.
- Depending on office size, companions may need to wait in their personal vehicles or outside the dental office.
- If possible, separate patients by 6 feet in the waiting area or have barriers separating patients in the waiting area.
- Remove all items that cannot be disinfected from the waiting area and the operatories such as magazines, other paper materials, remote controls, toys, etc. Place barriers to cover high touch items when possible.
- Do not take patient's paper records into the operatory.
- DHCP should adhere to Standard Precautions.
- In addition to the regular disinfection protocol, disinfect waiting area between patients.
- In addition to the regular disinfection protocol, disinfect operatory between patients.
- Disinfect high touch surfaces often.
- Provide hand sanitizer throughout the dental office containing at least 60% alcohol.
- Limit number of staff in operatory with the patient.
- Dentist to decide patient treatment using independent clinical judgement in context of patient needs and risk. Some risk to DHCP and patient is inherent in all treatment scenarios and varies with level of PPE used when treating patients.
- Use professional judgement to limit aerosol generating procedures and employ the lowest aerosol generating procedures whenever possible. If possible, hand scale rather than ultrasonic scale. If possible, use high-velocity suction and dental dams to minimize droplet spatter and aerosols.
- Treating patients at higher-risk: COVID-19 is a new disease and there is limited information regarding risk factors for severe illness. Consider separate office hours for patients at higher-risk due to comorbidities or age.

## Resources:

[ADA: Interim Guidance for Minimizing Risk of COVID-19 Transmission](#)

[CDC: Interim Infection Prevention and Control Guidance for Dental Settings During the COVID-19 Response](#)

[EPA Disinfectants List N: Disinfectants for Use Against SARS-CoV-2](#)

[CDC: Guidelines for Infection Control in Dental Health-Care Settings — 2003](#)

[OSHA: Guidance on Preparing Workplaces for COVID-19](#)

[CDC: Groups at Higher Risk for Severe Illness](#)