

Update to Office Procedures During COVID-19

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Overview

Key Points:

- Hazard assessments are required under OSHA. Dental practices must have a safety plan for exposure control and COVID-19. Repeat the hazard assessment regularly as COVID-19 conditions change.
- Each dentist should stay abreast of guidance from federal, state, local, tribal, and/or territorial health agencies, and consider how to incorporate those recommendations and resources into workplace-specific plans.
- Best practices for assessing and managing the hazards in a workplace should take an integrative approach, incorporating the evidence-based scientific data in conjunction with psychosocial, state and community factors.
- Each dentist will need to use their best professional judgment when making decisions.
- Patient pre-appointment screenings are still necessary.
- Everyone (patients, non-employees on site, and staff) must be screened prior to entry and those with suspected or confirmed COVID-19 are not permitted to enter.

As the pandemic has continued to play out, the American Dental Association has continued to create resources that address our members concerns.

It is critical for dental practices to conduct a hazard assessment that specifically takes the local conditions, the practice's physical structures, staff health considerations, and other factors into account.

The purpose of this document is to put forward updated information for each dentist to take into consideration as they employ their best clinical judgment. It is structured along the same topical areas as the original [Return to Work Interim Guidance Toolkit](#).

As of June 12, 2021, [ADA polling data](#) showed 97% of consumers report that they are ready to visit the dentist.

However, patients still do have questions. Many ask about vaccines or office safety. To best help address those, please see the [Patient Return Resource Center](#) for resources to support communications with patients during the pandemic. Downloadable resources are available to educate patients on everything from the latest safety protocols utilized in a dental practice to receiving the COVID-19 vaccine.

Pre-Appointment Screening Process

On June 10, 2021, the Occupational Safety and Health Administration (OSHA) issued an Emergency Temporary Standard (ETS) for COVID-19 in healthcare settings. For the full document, please see [OSHA ETS Regulatory Text \(29 CFR 1910, Subpart U\)](#). You may also reference the ADA's [OSHA COVID-19 Healthcare Emergency Temporary Standard: Key Points](#) resource.

Most dental offices are exempt from this standard because they fall under the exclusion for “non-hospital ambulatory care settings where all non-employees are screened prior to entry and people with suspected or confirmed COVID-19 are not permitted to enter those settings;”

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- In order to fall under this exemption, dental offices must continue to screen all who enter the practice in order to ensure people with suspected or confirmed COVID-19 are being kept out.

Although there are many different symptoms associated with COVID-19, there may not be a need to treat every patient with a single non-specific symptom (e.g., a headache) as a suspected case of COVID-19 and reschedule their treatment. Consider focusing the screening questions on “new” or “unexpected” symptoms (e.g., a chronic cough would not be a positive screen). Consider including these symptoms:

- Fever or feeling feverish (chills, sweating)
- New cough
- Difficulty breathing
- Sore throat
- Muscle aches or body aches
- Vomiting or diarrhea
- New loss of taste or smell

For a sample screening document, see the [ADA's Patient Screening Form \(English\)](#) and the [ADA Patient Screening Form \(Spanish\)](#).

Practice Tips

- The ADA Hazard Assessment and Checklist should be reviewed as needed as COVID-19 outbreak conditions change, including new information about the virus, its transmission, and impacts, becomes available.
- Once an assessment is complete, the information and insights gathered should help supplement the office's existing OSHA safety plans for exposure control. Every practice owner needs to think about the hazards and control measures necessary to keep workers safe and healthy. Control measures will be unique to each business and the particular conditions of the region.
- For a risk assessment to be effective the dentist and staff must:
 - Take action to implement reasonable control measures to reduce or remove risks when possible.
 - Review the risk assessment and the resulting plan on a regular basis.
 - Consider the ease of implementation, the effectiveness of the action, and the cost of each mitigation strategy.
 - Hazard assessment, risk mitigation strategies, and the office safety plan for infection control should be well documented to include the reasons for a decision.
 - Provide employees with up to date education and training.
 - Inform staff as to the location of the written plan (e.g. the file folder, the computer document, the binder).

In-Office Patient Registration Procedures

- Mask use should reflect federal, state, and local regulations.

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- Screen patients as appropriate.
- Reschedule known or suspected COVID-19 positive patients or provide a referral to an appropriately equipped facility.
- Continue routine sanitization and disinfection of high touch areas in the patient registration area.

Post-Procedural Patient Exit

- Post-op instructions should include a reminder to report any signs or symptoms of COVID-19 within the next 2 days.

Reception Area Preparation Strategies

- Mask usage as per federal, state, and local regulations.
- Social distancing as per federal, state, and local regulations.
- Continue routine sanitization and disinfection of high touch areas in the patient registration area.

Resource: CDC's [Steps Healthcare Facilities Can Take to Stay Prepared for COVID-19](#)

Chairside Checklist

- Refer to the hazard assessment when establishing clinic protocols.
- Use best clinical judgment regarding hand shaking.

Staff Protection Strategies

Professional judgment should be exercised when considering the following strategies. Pay attention to any evolving CDC guidelines for health care providers, as well as state and local ordinances. Be sure to check state regulations for vaccine mandates.

- **Source control.** In general, fully vaccinated Dental Health Care Personnel (DHCP) should continue to wear source control while at work in most instances. However, fully vaccinated DHCP could dine and socialize together in break rooms and conduct in-person meetings without source control or physical distancing. If unvaccinated DHCP are present, everyone should wear source control and adjust furniture to maintain social distancing of 6 feet between employees, where possible.
- **Staff who use public transportation.** The CDC issued an [Order](#) that required face masks to be worn by all people while on public transportation (which included all passengers and all personnel operating conveyances) traveling into, within, or out of the United States and U.S. territories. While those who are fully vaccinated may resume many activities without wearing a mask, the travel environment presents a unique set of circumstances based on the number and close interaction of travelers (both vaccinated and unvaccinated).
- Consider the Hazard Assessment (see attached).

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- Utilize the Hazard Assessment Checklist (see attached).

Hand Hygiene

Take steps to ensure that everyone adheres to hand hygiene practices; upon entry into the workplace; before and after any contact with patients; after contact with contaminated surfaces or equipment; and upon entry to and exit from common private staff areas such as employee lounges, locker rooms, or lunch rooms.

See the [ADA's Hand Hygiene for the Dental Team](#) resource.

COVID-19 Employee Screening

Dentists should continue to screen staff and other non-patients entering the practice so that suspected or known COVID-19 positive people are not entering the facility. Screening may be conducted by asking employees to self-monitor before reporting to work or may be conducted in-person by the employer.

Resources:

- ADA's [COVID-19 Staff Daily Screening Log \(English\)](#) and [COVID-19 Staff Daily Screening Log \(Spanish\)](#)
- See the [CDC COVID-19 PPE and Screening FAQ](#) resource.

COVID-19 Hazard Assessment

The American Dental Association (ADA) recognizes that dental care is a critical component of health care for Americans and is considered an essential service. This guidance, developed under the direction of the ADA Advisory Task Force on Dental Practice Recovery, provides considerations to implementing COVID-19 hazard assessments in dental settings (a task supplemented by a [checklist](#)).

What is the purpose here? A hazard assessment such as this is put in place to mitigate risk to employees and reflects what is recommended by the Occupational Safety and Health Administration's (OSHA's) [Recommended Practices for Safety and Health Programs](#).

It is impossible to assess the hazards being presented in a dental office without reflecting upon the extent of the hazard in the community, as this has bearing on the potential infectivity of the patients coming into the practice. Though this assessment is done with respect to protecting staff, decisions when evaluating or conducting a hazard assessment should take into consideration the regional or local levels of COVID-19 vaccination and community transmission rates.

OSHA mandates that dentists provide:

- staff training,
- repeat an assessment regularly,
- keep a written log of any incidents,
- and in most instances, have a written version of their plan.

More details about each of OSHA's recommended action items are available through the linked "Action item" subtitles that follow.

Considerations	Greatest Potential for Risk Reduction	Moderate Potential for Risk Reduction	Lowest Potential for Risk Reduction
General Assessment Considerations			
1. Check disease incidence rates in your area.	<input type="radio"/> Decreasing	<input type="radio"/> Staying the same	<input type="radio"/> Increasing
2. Check vaccination rates in your area.	<input type="radio"/> Achieved mass vaccination level (as determined by federal/state/local authorities)	<input type="radio"/> Increasing	<input type="radio"/> Stagnant
3. All patients, visitors to the office and employees are screened.	<input type="radio"/> Yes	<input type="radio"/> Mostly	<input type="radio"/> No
Patient/Treatment Specific Considerations			
4. The length of procedure necessary to treat the patient is:	<input type="radio"/> Short	<input type="radio"/> Medium	<input type="radio"/> Long
5. An aerosol generating procedure is needed.	<input type="radio"/> No	<input type="radio"/> Yes, but limited duration	<input type="radio"/> Yes
6. High velocity suction will be used.	<input type="radio"/> Yes	<input type="radio"/> Some of the time	<input type="radio"/> No
7. Rubber dam will be used.	<input type="radio"/> Yes, throughout procedure	<input type="radio"/> Some of the time	<input type="radio"/> No

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Action Item 1: [Collect existing information about COVID-19 hazards](#)

Collect, organize, and review information on COVID-19 hazards which may be available from any number of credible sources, such as your local health department, Centers for Disease Control and Prevention (CDC), Occupational Safety and Health Administration (OSHA) and ADA.

- Investigate the rates of COVID-19 vaccination and infection by state, locality, or ZIP code.
- [COVID-19 vaccination and case rates by county](#): Vaccination, cases, and deaths by county from Centers for Disease Control and Prevention (CDC)
- [COVID-19 cases by ZIP code](#) Johns Hopkins University & Medicine's Coronavirus Resource Center
- [Directory of Local Health Departments](#) National Association of County and City Health Officials (NACCHO)
- Follow trend data available and note increasing or decreasing rates of disease incidence.

These guidelines are intended to help dental practices assess and mitigate (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. Dentists should also be aware of any relevant laws, regulations, or rules adopted in their states.

COVID-19 Hazard Assessment

Action Item 2: [Inspect the workplace for potential safety hazards](#)

Conduct initial and periodic inspections of the workplace to identify new or recurring hazards.

- Measure the type and availability of Personal Protective Equipment (PPE) to ensure there is an adequate supply of the necessary PPE on hand.
- Consider that the spread of the virus is still possible through:
 - Direct contact with any infected person
 - Length of the procedure and amount of aerosol generated may affect infection risk.
- Review general housekeeping protocols for the practice, including touching base with any outside contractor maintenance crews to make sure they are using [approved disinfecting agents](#).
- Masking as per federal, state and local ordinances

Action Item 3: [Identify health hazards](#)

Identifying workers' exposure to health hazards is typically more complex than identifying physical safety hazards. The focus of this particular document is the biological hazard presented by COVID-19.

- The health hazard for this assessment is the biologic threat of infection from COVID-19.
- Potential transmission of COVID-19 is also identified as a potential hazard.
- Identify any individual employee factors present that have potential to increase or decrease risk of infection for that employee, as allowed by federal, state, or local ordinances.
- The Equal Employment Opportunity Commission (EEOC) has issued [Pandemic Preparedness in the Workplace and the Americans with Disabilities Act](#), which includes helpful information on how employers may ask employees questions about any contributory hazard factors. Remember that only appropriate people should have access to an employee's health screening information.

Action Item 4: [Conduct incident investigations](#)

Workplace exposures provide a clear indication of where hazards exist and learning from them will identify hazards that may cause future harm if left unmitigated.

- Develop a plan to investigate incidents of disease transmission. It should include, at a minimum:
- Referral of patients with COVID-19 signs or symptoms
- Evaluation and subsequent action for any employee with COVID-19 signs or symptoms

COVID-19 Hazard Assessment

- Utilize insight from employee screening.
- Maintain a log of any exposure incidents.
- Conduct any reporting for exposure incidents in the office as required by state or local department of public health: NACCHO [Directory of Local Health Departments](#)

Action Item 5: [Identify hazards associated with emergency and nonroutine situations](#)

Plans and procedures need to be developed for responding appropriately and safely to hazards associated with foreseeable emergency scenarios and nonroutine situations.

- Identify admissions of any unscreened persons into clinic and plan to mitigate if possible.
- Review the office plans for dealing with any medical emergencies.
- Plan ahead as best as possible for any physical plant concerns, such as power outages, vacuum pump failures, heating or cooling system failures.

Action Item 6: [Characterize the nature of identified hazards, identify interim control measures, and prioritize the hazards for control](#)

- **Nature of Hazard**

Evaluate COVID-19 by considering:

- Local COVID-19 vaccination rates
- Local COVID-19 infection rates
- Susceptibility of individual DHCP

- **Interim Control Measures**

Use interim control measures to protect workers as indicated.

- **Prioritize the Hazards for Control**

As possible hazards have been identified, think through those presenting the greatest risk and plan any mitigation efforts first. Follow through with taking time to do the same planning and procedure identification with remaining hazards, working through them in order of decreasing severity.

Note: "Risk" is the product of hazard and exposure. Thus, risk can be reduced by controlling or eliminating the hazard or by reducing workers' exposure to hazards. An assessment of risk helps employers understand hazards in the context of their own workplace and prioritize hazards for permanent control.

The ADA will continue to update its guidance as more information becomes available about COVID-19. For all COVID-19 resources from the ADA, visit the [ADA Coronavirus \(COVID-19\) Center for Dentists](#).

COVID-19 Hazard Assessment Checklist

This checklist is not intended as a comprehensive Hazard Assessment, as is outlined in the [American Dental Association's \(ADA\) COVID-19 Hazard Assessment](#). This is a supplementary tool to help a dentist make a rough calculation of the hazard level presented to staff during one snap shot in time. Users are encouraged to gauge the level of risk under each of the numbered items, and then assess their current situation by taking stock of the total number of answers in each risk reduction column.

This checklist assumes both staff members and patients have been screened as outlined in the [ADA's Return to Work Interim Toolkit](#), and exhibit no signs, symptoms or positive test results for COVID-19.

Considerations	Greatest Potential for Risk Reduction	Moderate Potential for Risk Reduction	Lowest Potential for Risk Reduction
General Assessment Considerations			
1. Check disease incidence rates in your area.	Decreasing	Staying the same	Increasing
2. Check vaccination rates in your area.	Achieved mass vaccination level (as determined by federal/state/local authorities)	Increasing	Stagnant
3. All patients, visitors to the office and employees are screened.	Yes	Mostly	No
Patient/Treatment Specific Considerations			
4. The length of procedure necessary to treat the patient is:	Short	Medium	Long
5. An aerosol generating procedure is needed.	No	Yes, but limited duration	Yes
6. High velocity suction will be used.	Yes	Some of the time	No
7. Rubber dam will be used.	Yes, throughout procedure	Some of the time	No

COVID-19 Hazard Assessment Checklist

8. Any respiratory factors presented by the patient (instead of present with the patient) that would increase their aerosol production (non-Covid-19 cough, gag reflex, sneezing, etc.)	None	Yes, mild (e.g. an intermittent cough or sneeze)	Yes, significant (e.g. persistent gag reflex, coughing or sneezing due to allergies)
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Physical Plant Assessment

9. Physical barriers between individual treatment areas.	Yes, individual operatories with doors that close	Yes, individual rooms, but no doors	No
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10. Direction of exhaust ventilation airflow.	Airflow is directed from nonclinical areas toward patient care areas.	Unsure of overall flow	Airflow is directed from patient care areas toward other occupied areas.
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11. HEPA filtration is present (MERV 13 or higher).	Yes, adequate filtration for the room size is present.	Present in some, but not all rooms, or inadequate filtration unit capacity for the space	No
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Staff Specific Considerations

12. Awareness of any individual employee factors that increase risk of infection.	Yes	Mostly (in instances where staff may not fully disclose)	No
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13. Awareness of any individual employee factors that decrease risk of infection.	Yes	Mostly (in instances where staff may not fully disclose)	No
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Assessment Overview

Strive for **green** category answers. All green doesn't mean hazards are gone, just that lower levels of risk exist. Plan to mitigate the items in **yellow** or **red**. For example, if you need particular unavailable PPE to safely deliver care, how might you compensate? Perhaps adjust your treatment procedures until the necessary PPE can be sourced. You may not be able to control some factors.

This checklist is intended to help dental practices assess the hazard of coronavirus transmission during the current pandemic. Dental practices should not presume that following the guidelines will insulate them from liability. Dentists should also be aware of any relevant laws, regulations, or rules adopted in their states.