HEALTHIER WORKPLACES | A HEALTHIER WORLD

Returning to Work: Dental Settings

Guidance Document

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Overview

The Centers for Disease Control (CDC) has developed interim infection prevention and control guidance for dental settings during the COVID-19 pandemic. SARS-CoV-2, the virus that causes COVID-19, is thought to be spread primarily through aerosolized respiratory droplets at close range. Airborne transmission from exposure to very small droplets over long distances is unlikely. However, there is evidence that this mode of transmission is possible, particularly in crowded, indoor spaces. People may also become infected by touching contaminated surfaces. The virus has been shown to survive in aerosols for hours and on surfaces for days. Infection can be established through eyes, nose, and mouth exposures. There is also strong evidence that people have spread the virus while pre-symptomatic or asymptomatic.

The dentistry practice involves the use of rotary dental and surgical instruments such as handpieces or ultrasonic scalers and air-water syringes. These instruments create a visible spray that contains large particle droplets of water, saliva, blood, microorganisms, and other debris. This spatter travels only a short distance and settles out quickly, landing on the floor, nearby operatory surfaces, dental healthcare personnel, or the patient. The spray also might contain certain aerosols. Surgical masks are fluid resistant and protect the patient from the dental employee's respiratory emissions. They are not considered personal protective equipment (PPE) to protect employees from viruses; however, they are part of standard precautions for patient protection.

There are currently no data available that specifically assesses the risk of SARS-CoV-2 transmission during dental practice or to determine whether standard precautions adequately protect dental healthcare personnel when providing dental treatment. To date, clusters of healthcare workers positive for COVID-19 have been identified in hospital settings and long-term care facilities in the United States, but not in dental facilities. The Occupational Safety and Health Administration's (OSHA) Guidance on Preparing Workplaces for COVID-19 places dental healthcare personnel in the medium to very high exposure risk category, depending on characteristics of the patient and the treatment provided, as their jobs are those with high potential for exposure to known or suspected sources of the virus that causes COVID-19 during specific procedures. OSHA also has guidance for Dentistry Workers and Employers.

When practicing **without** airborne precautions, the risk of SARS-CoV-2 transmission during aerosol-generating dental procedures is very high when treating known or suspected COVID-19 patients. Most dental practices are not set up for providing care to patients requiring airborne precautions. For example, most dental settings do not have airborne infection isolation rooms or single-patient rooms, do not have a respiratory protection program, and do not routinely stock N95 respirators.

What actions should management take?

Employers should continually monitor global (World Health Organization [WHO]), federal (Centers for Disease Control [CDC] and Occupational Safety and Health Administration [OSHA]), state, and local guidelines for changes in recommendations, disinfection strategies, worker protections and other best management practices.

Create a COVID-19 Workplace Health and Safety Plan

- Assign a qualified workplace coordinator to develop a SARS-CoV-2 exposure control plan.
- Determine how you would operate with a reduced workforce and continue essential functions.
- Work closely with occupational health and safety and/or occupational medical professionals when possible.

- If applicable, create and use labor-management health and safety working groups and include representatives of authorized unions.

Conduct worksite assessments to identify COVID-19 risks and prevention strategies.

- Although SARS-CoV-2 is not bloodborne, dental procedures are likely to generate blood. Therefore, it is important to keep a robust and up-to-date written Exposure Control Plan to include the requirements of the OSHA Bloodborne Pathogens Standard.
- In addition to work areas, identify other areas that may lead to close contact among employees and patients. For example, waiting rooms, break rooms, cafeterias, locker rooms, check-in areas, and routes of entry and exit.
- Include employees in all job classifications, for example: dentists, dental assistants, dental hygienists, receptionists, office managers, or laboratory technicians.
- As part of these assessments, dental offices should collaborate with local and/or state public health authorities, and occupational safety and health professionals in considering the appropriate role for testing and workplace contact tracing of COVID-19 positive employees in a worksite risk assessment, following available CDC guidance.

Follow standard types of hazard controls ("the hierarchy of controls") when implementing worker infection prevention practices specific to facilities and include a combination of controls noted below.

Elimination of the Hazard

- Health checks and reporting requirements of individuals infected with COVID-19 should be explained to employees prior to reopening and again once operations have resumed.
- Communicate to employees the importance of being vigilant when monitoring symptoms and staying in touch with their employer or manager if or when they start to feel sick.
- Revisit your leave or sick program to allow for time off and follow all HR Policies and HIPAA/other regulatory requirements.
- Consider implementing a daily health screening check and log for all employees in the workplace (ADA RTW Toolkit) **(NOTE: be sure to comply with OSHA's Access to Employee Exposure Medical Records standard for confidentiality.)** For larger practice settings, screening may require incrementally staggered employee start times.
  - Temperature screening methods can include manual (use non-contact infrared thermometers) or thermal camera meeting FDA recommendations. Additional screening information/guidance can be found on the CDC website.
  - Assign an employee to manage and conduct the temperature screenings while following CDC guidelines in the above link. If this is not possible, employees can self-check their own temperature.
  - Screening should be done in a manner such that the privacy of employees is respected.
  - Perform a visual inspection for other signs of illness (e.g., flushed cheeks, rapid or difficulty breathing without recent physical activity, fatigue, extreme fussiness, cough).
  - Employees who have a fever of 100.4˚ F (38˚ C) or above, or other signs of illness should not be admitted to the facility.
- Employers can consider incorporating a wellness questionnaire with questions such as:
  - Have you, or a person you have been in close contact with, been diagnosed with COVID-19 within the last 14 days? (close contact is 6 feet or less for more than 10 minutes.)
  - Have you experienced any cold or flu-like symptoms in the last 72 hours (to include fever, short-

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ness of breath, cough, sore throat, difficulty breathing, nausea, vomiting and diarrhea)?
  - Have you traveled to an international or domestic "hot spot" in the last 14 days?
  - There are a number of examples available for wellness questionnaires (see Resources below).
- Require employees who have symptoms or signs (i.e., fever, cough, or shortness of breath) or who have a sick family member at home with COVID-19 to notify their supervisor and stay home.
- Sick employees should follow the CDC-recommended steps. Employees should not return to work until the criteria to discontinue home isolation are met in consultation with healthcare providers and state and local health departments. Consider waiving requirements for medical documentation during the pandemic, as CDC has advised people with mild illness NOT to go to the doctor's office or emergency room.
- If employee is sick or receives positive COVID-19 test results, results should be reported to employer. In the case of a positive COVID-19 test result, the employee must stay home until cleared for physical return to the workplace by their medical provider, following the CDC's Discontinuation of Isolation for Persons with COVID -19 Not in Healthcare Settings.
- If an employee tests positive:
  - Follow federal, state, and local recommendations for reporting and communicating cases, while remaining compliant with regulations and guidelines pertaining to protecting private health information such as confidentiality required by the Americans with Disabilities Act (ADA). See OSHA for guidance on reporting workplace exposures to COVID-19.
  - Engage HR immediately and enforce all applicable HR rules and regulations.
  - The employee shall be isolated to the area they are in currently and removed from the work site for a minimum of 14 days.
  - Any individuals having "close contact" (within approximately 6 feet) with the sick employee should also be isolated from the work site for 14 days; and all other employees should continue to follow physical distancing rules. Communicate and reinforce with employees, while maintaining PII and HIPAA requirements, that they may have been exposed and to closely monitor their health, temperature, and current symptoms as identified by the CDC. Contact tracing and sharing of employee information should be done under the guidance of Human Resources due to privacy requirements of HIPAA, ADA, and EEOC. See the CDC's "Coronavirus Disease 2019 (COVID-19) General Business Frequently Asked Questions".
  - Enhanced cleaning and disinfecting should be done immediately by trained personnel, who should wear appropriate face coverings and gloves, dispose of gloves after use, and wash hands and face when complete. Visibly dirty surfaces shall be cleaned using a detergent or soap and water PRIOR to disinfection.
  - For disinfection, use only EPA-registered disinfectants on List-N.
- Employers should educate employees to recognize the symptoms of COVID-19 and provide instructions on what to do if they develop symptoms. At a minimum, any worker should immediately notify their supervisor, their health care provider, and the local health department, who will provide guidance on what actions need to be taken.
- Develop a plan for enhanced routine cleaning and disinfection.
- Select appropriate disinfectants – consider effectiveness and safety.

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- The U.S. Environmental Protection Agency (EPA) has developed a list of products that meet EPA's criteria for use against SARS-CoV-2.
- Do not mix different EPA registered chemicals together. The combination could be toxic by inhalation. Be particularly careful when using any products containing ammonia, sodium hypochlorite (bleach), or hydrogen peroxide.
- Review product labels and Safety Data Sheets (SDS) and follow manufacturer specifications for cleaning/disinfecting.
- Consider consulting an Occupational and Environmental Health and Safety (OEHS) Science Professional or Industrial Hygiene expert if additional advice is needed. AIHA has a consultants list of such qualified professionals.

- Establish a disinfection routine.
  - Ensure disinfection protocols follow product instructions for application and contact time. All items should be allowed to dry thoroughly after cleaning.
  - Use disposable wipes or rags when available. If not available, ensure rags are maintained, handled, and cleaned per product instructions.
- Consider developing a standard operating procedure, a checklist, or audit system to consistently train employees on enhanced cleaning/disinfecting practices or to track when and how cleaning and disinfecting is conducted. Note that this may be a requirement in some states or local jurisdictions.
- Avoid employees congregating in groups. Employees should practice maintaining a 6-foot distance between each other.
- Patient screening
  - Telephone screen all patients for signs or symptoms of respiratory illness (fever [> 100.4°F], cough, shortness of breath, and other symptoms listed by CDC). For patients who report signs or symptoms, when possible, delay dental care until the patient has recovered from the respiratory infection.
  - Consider implementing an in-office patient screening procedure similar to that described in the ADA's return to work toolkit. If a patient arrives at your facility and is suspected or confirmed to have COVID-19, take the following actions:
    - Defer dental treatment.
    - Give the patient a mask to cover his or her nose and mouth.
    - If not acutely sick, send the patient home and instruct the patient to call a medical provider.
    - If acutely sick (for example, has trouble breathing), refer the patient to a medical facility.
    - If emergency dental care is medically necessary for a patient who has or is suspected of having COVID-19, airborne precautions (an isolation room with negative pressure relative to the surrounding area and use of an N95 filtering respirator for all persons entering the room) should be followed. Dental treatment should be provided in a hospital or other facility that can treat the patient using the appropriate precautions.
  - People with COVID-19 who have completed home isolation clearance and have been symptom-free for 72 hours can receive dental care. This is decided using two strategies: a non-test-based strategy, and a test-based-strategy:
    - Non-test-based-strategy: At least three days (72 hours) have passed since recovery (resolution of fever (< 100.4°F) without the use of fever-reducing medications and improvement in respiratory symptoms such as cough or shortness of breath) and at least seven days have passed since symptoms first occurred.

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- Test-based-strategy: People with COVID-19 who have symptoms: Resolution of fever (< 100.4°F) without the use of fever-reducing medications and improvement in respiratory symptoms (e.g., cough, shortness of breath) and negative results of an FDA Emergency Use Authorized molecular assay for COVID-19 from at least two consecutive nasopharyngeal swab specimens collected ≥24 hours apart (total of two negative specimens).

  Persons with laboratory-confirmed COVID-19 who have not had any symptoms: At least seven days have passed since the date of the first positive COVID-19 diagnostic test and have had no subsequent illness.

Engineering Controls

- Avoid aerosol-generating procedures whenever possible. Avoid the use of dental handpieces and the air-water syringe if possible. The use of ultrasonic scalers is not recommended during this time. Prioritize minimally invasive/atraumatic restorative techniques (hand instruments only).
- If aerosol-generating procedures are necessary, use four-handed dentistry, high evacuation suction, and dental dams to minimize droplet spatter and aerosols. (CDC Dental Settings Guidance).
  - In general, use professional judgment to employ the lowest aerosol-generating procedures when delivering any type of restorative or hygiene care. (ADA RTW Toolkit found in Resources section below).
  - High-velocity evacuation should be employed whenever possible. (ADA RTW Toolkit).
- Use of nitrous oxide: use disposable nasal hood; tubing should either be disposable or if reusable, sterilized. (ADA RTW Toolkit).
- Modify or adjust workstations to minimize close contact (defined as 6 feet) of employees with other employees, patients, or others when possible.
- Use methods to physically separate employees and patients in all areas of the facilities when possible, including areas such as break rooms, and entrance/exit areas.
  - Use visual cues (e.g., floor markings, signs) to encourage physical distancing.
  - Space chairs at least 6 feet apart. Use barriers (like screens), when possible.
- Remove communal objects like magazines, remote controls, and toys from office areas (ADA RTW Toolkit).
- Cover the keyboard of the computer with a disposable, flexible, clear barrier (e.g., plastic wrap) and change between patients if used in a treatment area. (ADA RTW Toolkit).
- Consider providing new pens to patients who need to fill out paperwork, rather than reusing.

Cleaning/Disinfection/Sanitation

- Select appropriate disinfectants – consider effectiveness and safety.
  - The U.S. Environmental Protection Agency (EPA) has developed a list of products that meet EPA's criteria for use against SARS-CoV-2.
  - Do not mix different EPA registered chemicals together. The combination could be toxic by inhalation. Be particularly careful when using any products containing ammonia, sodium hypochlorite (bleach), or hydrogen peroxide.
  - Review product labels and Safety Data Sheets (SDS) and follow manufacturer specifications for cleaning/disinfecting.
  - Consider consulting an Occupational and Environmental Health and Safety (OEHS) Science Professional or Industrial Hygiene expert if additional advice is needed. AIHA has a consultants list of such qualified professionals.
- Establish a disinfection routine.

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- – Ensure disinfection protocols follow product instructions for application and contact time. All items should be allowed to dry thoroughly after cleaning.
- – Use disposable wipes or rags when available. If not available, ensure rags are maintained, handled, and cleaned per product instructions.

- Consider developing a standard operating procedure, a checklist, or audit system to consistently train employees on enhanced cleaning/disinfecting practices or to track when and how cleaning and disinfecting is conducted. Note that this may be a requirement in some states or local jurisdictions.
- Clean and disinfect the room and equipment according to the Guidelines for Infection Control in Dental Health-Care Settings - 2003 and Guidelines for Disinfection and Sterilization in Healthcare Facilities - 2008.
  - – Clean, disinfect, and/or discard instruments, supplies, or equipment in dedicated areas to reduce cross-transmission. If a dedicated processing area is not available, perform processing in a room by a single employee.
  - – Be sure to follow the products' instructions for use (IFUs) carefully to determine the product's compatibility with the surface type and whether additional personal protective equipment (PPE) is needed for those using them.
  - – For high-touch surfaces, it may be useful to use pre-moistened wipes to avoid the use of sprays and mixing chemical components to avoid aeration of chemical hazards.
- Provide Safety Data Sheets (SDS) for cleaning and disinfection products and ensure employees are aware of the hazards of use. Incorporate new hazards into existing OSHA Hazard Communications Program.
- Employees should receive, at minimum, awareness training on cleaning and disinfection products used in the workplace following OSHA Hazard Communication Standards. For employees who will use cleaning and disinfecting products, training should also include proper use, PPE, disposal, and all precautionary measures.
- Single-use items and used disinfection materials can be treated as regular waste, following regular safety guidelines.
- Any reused cloth materials should be washed and dried on the highest temperature setting allowable for the fabric.
- Deeper cleaning and disinfecting protocols should be developed and implemented in cases where confirmed cases of COVID-19 are discovered. Refer to AIHA's Workplace Cleaning for COVID-19.
- If multiple employees use instruments – disinfect or sterilize between shared use.
- If pens are reused, disinfect between each use. Do not share pens between personnel and patients.
- Conduct targeted and more frequent cleaning of high-touch surfaces of shared spaces (e.g., tables, chair arms, doorknobs, light switches, hangers, and anything else with which people come in contact).
- Clean and disinfect chairs between each patient.

Administrative Controls

- Minimize employees working in each treatment room throughout the day.
- Limit persons accompanying patients to the minimum necessary. Consider closing waiting areas – patients can remain outside or in their cars until they are called or texted to come inside for their scheduled appointment. When patients do not arrive in personal vehicles, consider separating waiting room chairs as far apart as possible for the anticipated volume.
- Ask employees to consider the following if they commute to work using public transportation:

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- Use other forms of transportation if possible.
- If taking public transportation, maintain physical distancing and wear a cloth or disposable face covering.
- Change commute time to less busy times if possible.
- Wash hands before and as soon as possible after their trip.
- Change into scrubs/work clothes.

- Post signage limiting restroom occupancy to allow for proper physical distancing and to remind employees and visitors to wash hands before and after using the restroom.
- Minimize touchpoints entering and existing restrooms, if possible.
- If the door cannot be opened without touching the handle, provide paper towels and a trash can by the door so a paper towel can be used when touching the handle and then discarded.
  - Consider controlling access to bathrooms with a key so disinfection measures can be better managed. If a key is used, consider disinfecting it after each use.
- Doors to multi-stall restrooms should be able to be opened and closed without touching handles if possible.
- Place signs indicating that toilet lids (if present) should be closed before and after flushing.
- Use no-touch faucets, towel dispensers, soap dispensers, and waste receptacles when possible.
- Hand soap should be readily available for use by occupants.
- Provide paper towels and air dryers in restrooms.1
  - The WHO and CDC currently state that hands can be dried using a paper towel or hand dryer.
  - Due to current uncertainties surrounding the transmission of SARS-CoV-2, care should be taken when using a hand dryer or paper towel.
  - The use of touch or push hand dryers is discouraged due to possible surface contamination. If hand dryers are used, consider touchless devices.
- Businesses and employers should work with HVAC professionals to ensure that bathrooms are well ventilated, and if filtration is used, that proper filtration practices are being followed.
- Increase frequency and efforts to keep bathrooms clean and properly disinfected and maintain a record of sanitary work practices.
- At minimum, employees should wash their hands after they have been in a public place, after touching their face covering, after blowing their nose, coughing, or sneezing, after using the restroom, after touching any common contact surfaces, and before eating. **Avoid touching eyes, nose, or mouth with unwashed hands.** Ensure dental healthcare personnel practice strict adherence to hand hygiene, including:
  - Before and after contact with patients.
  - After contact with contaminated surfaces or equipment.
  - After removing PPE.
- Provide employees adequate time and access to soap, clean water, single-use paper towels for handwashing.
- Employees should wash hands with clean, running water, apply soap, lather and scrub for at least 20 seconds, then rinse. Dry hands using a clean paper towel or air dry. When soap and water can't be used, use an alcohol-based hand sanitizer that contains at least 60% ethanol or 70% isopropyl alcohol. Any use of alcohol-based hand sanitizers should follow local and State guidelines.

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- Post signs and reminders at entrances and in strategic places providing instruction on hand hygiene, respiratory hygiene, and cough etiquette. This should include signs with labels for non-English readers, as needed.
- Provide a hand sanitation area for patients and visitors upon entry into your facility, with appropriate signs posted to remind people to use it before entering the rest of the office. Make hand sanitizer stations available throughout work and public places. Stations should also be placed in convenient locations, such as at entrances, exits, near elevators, and restrooms. Touch-free hand sanitizer dispensers should be installed where possible.
- Use no-touch waste receptacles when possible.
- Remind employees to cover their mouth and nose with a tissue when coughing or sneezing and throw used tissues in the trash. If they don't have a tissue, cough or sneeze into their elbow, not their hands. Immediately wash their hands after blowing their nose, coughing or sneezing. Learn more about coughing and sneezing etiquette.
- Eliminate handshaking.
- Remind employees that people may be able to spread SARS-CoV-2 even if they do not show symptoms. Consider all close interactions (within 6 feet) with employees, patients, vendors, and others as a potential source of exposure.
- When not performing patient care, employees should wear a cloth or disposable face covering to cover their nose and mouth in all areas of the office.
- Depending on local requirements, in alignment with CDC recommendations, employees should wear a cloth or disposable face covering whenever physical distancing cannot be maintained (indoors or outdoors). Ensure the face covering is properly maintained and cleaned. Additional information on cloth face coverings can be found on CDC's website. **(NOTE: Cloth or disposable face coverings primarily protect other people. A cloth or disposable face covering is not a substitute for physical distancing.)**
- With the exception of children less than two, and individuals who have difficulty breathing, are unconscious, or otherwise unable to remove a face covering without assistance, CDC recommends that all people wear a cloth or disposable face covering in public settings and when around people who don't live in their household, especially when other physical distancing measures are difficult to maintain.
- Non-medical cloth or disposable face coverings or cloth or disposable face coverings are NOT PPE, but they do offer some protection to others and should be worn while near other people in common spaces or shared workspaces. They are not a substitute for physical distancing, engineering controls, cleaning and disinfecting, proper hygiene, or staying home while sick.
- Remove cloth or disposable face coverings correctly and wash hands after handling or touching a used face covering.
- Wash cloth face coverings after each use. Cloth face coverings can be included with regular laundry. Use regular laundry detergent and the warmest appropriate water setting for the cloth used to make the face covering. Use the highest heat setting and leave in the dryer until completely dry. If air drying, lay flat and allow to completely dry. If possible, place in direct sunlight.
- Ask all patients to wear a cloth or disposable face-covering except while having dental treatment.
- If an employee tests positive for COVID-19:
  - Stay home and isolate until cleared for physical return to the workplace by your medical provider, following the CDC's Discontinuation of Isolation

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for Persons with COVID -19 Not in Healthcare Settings.

– Contact your supervisor and report your results as soon as possible.

– Notify your supervisor about others in the workplace with whom you came into contact.

Personal Protective Equipment (PPE)

- **Use the highest level of PPE available for suspected or known COVID-19 positive patients:**
  - Wear gloves, a gown, eye protection (i.e., goggles with side shields or a disposable/reusable face shield that covers the front and sides of the face), and an N95 respirator or higher-level respirator during dental care for patients. (Note: for patients that are well, and procedures do not generate aerosols, follow OSHA guidelines for Dentistry Workers and Employers and use a surgical/face mask.)
    - Disposable respirators should be removed and discarded after exiting the patient's room or care area.
    - Reusable eye protection must be cleaned and disinfected according to the manufacturer's reprocessing instructions before reuse. Disposable eye protection should be discarded after use.
    - Change gown if it becomes soiled. Remove and discard the gown in a dedicated container for waste or linen before leaving the patient room or care area. Disposable gowns should be discarded after use. Cloth gowns should be laundered after each use.
    - If a respirator must be used because of your hazard assessment findings, you must comply with regulatory requirements for a complete respiratory protection program in accordance with the OSHA Respiratory Protection standard (29 CFR 1910.134). Healthcare 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.
  - If a disposable N95 respirator is not available, consider using an N99, N100, elastomeric reusable respirator, or a powered air-purifying respirator. See the NIOSH guidelines.
  - If no respirator is available, follow OSHA Enforcement Guidance for Respiratory Protection and the N95 Shortage Due to the COVID-19 Pandemic and/or contact local OSHA Area Office.
  - Face shields can serve as both PPE and source control.
  - If helmets for surgery are being used, use face shields designed to attach to helmets. Face shields can provide additional protection from both potential process-related splashes and potential person-to-person droplet spread.
    - Safety glasses may fog up when used in combination with masks.
    - Face shields are not acceptable substitutes for eye protection (such as safety glasses) that are used for impact protection.
    - Face shields can help minimize the contamination of masks.
    - If used, face shields should be cleaned and decontaminated after each shift and, when not in use, should be kept in a clean location at the dental office.
- If adequate PPE is not available, do not perform any dental care. Refer the patient to a dental facility that has the appropriate PPE.
- Provide appropriate PPE training and education.
  - Use videos and in-person visual demonstrations of proper PPE donning and doffing proce-

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dures. (Maintain physical distancing during these demonstrations).

- Emphasize that care must be taken when putting on and taking off PPE to ensure that the worker or the item does not become contaminated.
- PPE should be: (1) disposed; or (2) correctly disinfected and stored in a clean location when not in use.
- PPE worn at the facility should not be taken home.

- Stress hand hygiene before and after handling all PPE.
- Scrub uniforms and lab coats should not be worn home after a shift. Encourage personnel to change into street clothes after a shift, if possible.

Contingency and Crisis Planning

- Major distributors in the United States have reported shortages of PPE, especially surgical masks and respirators. The anticipated timeline for return to routine levels of PPE is not yet known. CDC has developed a series of strategies or options to optimize PPE supplies in healthcare settings when there is a limited supply and a burn rate calculator that provides information for healthcare facilities to plan and optimize PPE's use for the response to the COVID-19 pandemic. These policies are only intended to remain in effect during the time of the COVID-19 pandemic.
- During severe resource limitations, consider excluding dental healthcare personnel who may be at higher risk for severe illness from COVID-19, such as those of older age, those with chronic medical conditions, or those who may be pregnant, from performing dental care.

Potential Exposure Guidance

- Even when dental healthcare personnel screen patients for respiratory infections, they may treat a dental patient who is later confirmed to have COVID-19.
- Dental healthcare personnel should institute a policy to contact all patients who received dental care in the dental setting 48 hours after receiving care. Dental healthcare personnel should ask patients if they are exhibiting any signs or symptoms of COVID-19. If a patient reports signs or symptoms of COVID-19, refer the patient to their medical provider for assessment and follow CDC's Healthcare Personnel with Potential Exposure Guidance.

Provide worker infection prevention information and training for all employees and supervisors

- Communication/training should be easy to understand, in languages appropriate to preferred language(s) spoken or read by the employees and include accurate and timely information.
  - Emphasize the use of images (infographics) that account for language differences.
- Topics including, but not limited to: signs and symptoms of infection, staying home when ill, physical distancing, PPE, hand hygiene practices, use of face coverings, and potential routes of transmission (and how to minimize them) at work, at home, and in community.
- Training should be reinforced by the use of signage (preferably infographics) placed in strategic locations that direct employees how and when to use face coverings, how to report signs and symptoms of infection, and remind them how to wash their hands properly.

Worker Rights

AIHA believes that basic protections are worker rights, as well as an essential ingredient of occupational health and safety systems, and that employers must provide a safe and healthful work environment.

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Take action to create a healthy office for employees and your patients

- Follow CDC Guidance for Building Water Systems to ensure the safety of the building water system and devices after a prolonged shutdown.
- Understand that some employees may be at higher risk for serious illness, such as older adults and those with severe underlying medical conditions. Consider minimizing face-to-face contact for these employees if possible. This could include those with administrative duties like billing, benefits, scheduling, etc.
- Implement and inform employees of supportive workplace policies as applicable:
  - Flexible sick leave policies consistent with public health guidance. Providing paid sick leave is an important way to encourage employees to stay home when sick.
  - Consider not requiring a COVID-19 test result or a healthcare provider's note for employees who are sick to validate their illness in order to qualify for sick leave. If you do require a doctor's note from your employees to verify that they are healthy and able to return to work, be aware that healthcare provider offices and medical facilities may be extremely busy and not able to provide such documentation in a timely manner. Get more information related to the Americans with Disabilities Act during the COVID-19 pandemic.
  - Flexibility to stay home to care for a sick family member.
  - Human resources policies consistent with public health guidance, and state and federal workplace laws. For more information on employer responsibilities, visit the Department of Labor's and the Equal Employment Opportunity Commission's websites
  - Employee assistance program and community resources to help employees manage stress and receive support.
  - Encourage employees at increased risk for severe illness to request special accommodations to allow them to perform their job duties safely while also protecting sensitive employee health information.
- Provide natural ventilation by opening windows and doors whenever possible to increase air flow. If windows and doors cannot remain open, provide good indoor air quality by:
  - Keeping HVAC system operational to maintain thermal comfort and maximize outdoor air based on system design.
  - Maintaining the relative humidity at 40-60%.
  - Limiting the use of portable pedestal or overhead ceiling fans.
- If you need assistance on HVAC issues, ask an HVAC professional and see the American Society of Heating, Refrigerating, and Air-Conditioning Engineers' (ASHRAE) COVID-19 (Coronavirus) Preparedness Resources updates for more information.
  - AIHA Occupational and Environmental Health and Safety (OEHS) Science Professionals and industrial hygienists are also well versed in general dilution ventilation. AIHA has a consultants list of such qualified professionals.

Resources

- American Dental Association Return to Work Guidance Tool Kit
- AADOM (Association for Dental Office Management)
- CDC Health Screening "Should we be screening employees for COVID-19 symptoms?" section of General Business Frequently Asked Questions.

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- Numerous wellness questionnaire examples are available online (e.g., South Dakota Department of Health's COVID-19: Employee Screening Questions and Guidelines)
- The EPA has developed a list of disinfectants for use against SARS-CoV-2.
- AIHA's Indoor Environmental Quality Committee developed these guidance documents about re-opening and cleaning buildings after closures due to COVID-19: Recovering from COVID-19 Building Closures and Workplace Cleaning for COVID-19.
- AIHA's Considerations on the Safe Use of UVC Radiation
- AIHA's Focus on Construction Health: COVID-19
- AIHA's Effective and Safe Practices: Guidance for Custodians, Cleaning and Maintenance Staff
- AIHA's Employers Guide to COVID-19 Cleaning & Disinfection in Non-Healthcare Workplaces
- AIHA's Reducing Risk of COVID-19 Using Engineering Controls
- AIHA's PPE for SARS-CoV-2
- AIHA's Use of Real Time Detection Systems
- AIHA's Proper Use of Respirators for Healthcare Workers & First Responders
- AIHA's Workers Rights White Paper

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These guidance documents were primarily developed for those smaller business that don't have readily available occupational health and safety resources, and designed to help business owners, employers, employees and consumers implement science-backed procedures for limiting the spread of the coronavirus. They are subject to any local, state, or federal directives, laws, or orders about operating a business and should only be used if they do not conflict with any such orders. These documents are subject to revision and shall be updated accordingly.

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About Occupational and Environmental Health and Safety Professionals

Occupational and environmental health and safety (OEHS) professionals (also known as industrial hygienists) practice the science of anticipating, recognizing, evaluating, controlling and confirming workplace conditions that may cause workers' injury or illness. Through a continuous improvement cycle of planning, doing, checking and acting, OEHS professionals make sure workplaces are healthy and safe.

- Get additional resources at AIHA's Coronavirus Outbreak Resource Center.
- Find a qualified industrial hygiene and OEHS professionals near you in our Consultants Listing.

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AIHA | 3141 Fairview Park Dr., Suite 777 | Falls Church, VA 22042 | aiha.org

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