ADHA Interim Guidance on Returning to Work

In order to protect the dental hygienist, the dental team and patients, the American Dental Hygienists' Association (ADHA) continues to support the recommendations from the Centers for Disease Control and Prevention (CDC) that **balance the need to provide necessary services while minimizing risk to patients and dental healthcare personnel (DHCP).**

ADHA has developed this document to provide ongoing interim guidance to dental hygienists on returning to work. The information direct from the CDC's Guidance for Dental Settings is included throughout the document and appears in an orange box. Any additions to CDC's guidance from ADHA are denoted with **.

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

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

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

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

Key considerations for performing non-COVID-19 clinical care during the COVID-19 pandemic, including potential for patient harm if care is deferred and level of community transmission, are summarized in the Framework for Healthcare Systems Providing Non-COVID-19 Clinical Care During the COVID-19 Pandemic. Dental Healthcare Personnel (DHCP) should stay informed and regularly consult with the state or local health department for region-specific information and recommendations. Monitor trends in local case counts and deaths, especially for populations at higher risk for severe illness.

Consult with local public health authority and state officials to determine COVID-19 prevalence and risk level. If there is a surge in incidence of COVID-19, **consider providing emergency services only.**

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

Prior to Opening - COVID-19 Testing

Regardless of the degree of community spread, continue to practice universal source control and actively screen for fever and symptoms of COVID-19 for all people who enter the dental facility. If patients do not exhibit symptoms consistent with COVID-19, provide dental treatment only after you have assessed the patient and considered both the risk to the patient of deferring care and the risk to DHCP of healthcare-associated disease transmission. **Ensure that you have the appropriate amount of personal protective equipment (PPE) and supplies to support your patient volume. If PPE and supplies are limited, prioritize dental care for the highest need, most vulnerable patients first.**

Facilities could consider using a tiered approach to universal PPE based on the level of transmission in the community. In areas where there is moderate to substantial community transmission, this includes consideration for DHCP wearing an N95 or higher-level respirator for patients undergoing procedures that might pose higher risk (e.g., those generating potentially infectious aerosols or involving anatomic regions where viral loads might be higher).

Depending on testing availability and how rapidly results are available, facilities can also consider implementing pre-admission or pre-procedure testing for COVID-19, which might inform implementation of PPE use as described above, especially in the situation of PPE shortages. However, limitations of this approach should be considered, including negative results from patients during their incubation period who could become infectious later, and false negative tests depending on the test method used.

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

If you are unable to acquire appropriate supplies to manage infection control, **prioritize the most emergent cases.**

If there is a surge in incidence of COVID-19, **consider providing emergency services only.** Continually monitor risk level incidence, as there may be times when it will be important to cease nonessential procedures if there is a surge in COVID-19 incidence.

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

Communication within the Dental Team

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

• Current supply of PPE and new supplies needed

• Screening practice for COVID-19

• Methods to reduce/eliminate aerosol production in the office

• Strategies for social distancing among patients and the dental team

• Scheduling changes for providers to allow for appropriate disinfecting between patients

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

Identify one team member who will regularly monitor national resources and update the entire dental team on key recommendations that will impact practice, including ADHA's COVID-19 Resource Center.

Conduct an inventory of PPE and other infection-control supplies.

Equipment Recommendations

• After a period of non-use, dental equipment may require maintenance and/or repair. Review the manufacturer's instructions for use (IFU) for office closure, period of non-use, and reopening for all equipment and devices. Some considerations include:

 - Dental unit waterlines (DUWL):

  - Test water quality to ensure it meets standards for safe drinking water as established by the Environmental Protection Agency (< 500 CFU/mL) prior to expanding dental care practices.

  - Confer with the manufacturer regarding recommendations for need to shock DUWL of any devices and products that deliver water used for dental procedures.

  - Continue standard maintenance and monitoring of DUWL according to the IFUs of the dental operatory unit and the DUWL treatment products.

 - Autoclaves and instrument cleaning equipment

  - Ensure that all routine cleaning and maintenance has been performed according to the schedule recommended per manufacturer's IFU.

  - Test sterilizers using a biological indicator with a matching control (i.e., biological indicator and control from same lot number) after a period of non-use prior to reopening per manufacturer's IFU.

- Air compressor, vacuum and suction lines, radiography equipment, high-tech equipment, amalgam separators, and other dental equipment: Follow protocol for storage and recommended maintenance per manufacturer IFU.

  - For additional guidance on reopening buildings, see CDC's Guidance for Reopening Buildings After Prolonged Shutdown or Reduced Operation.

Work Environment

Monitor and Manage Dental Health Care Personnel

- Implement sick leave policies for DHCP that are flexible, non-punitive, and consistent with public health guidance.

- As part of routine practice, DHCP should be asked to regularly monitor themselves for fever and symptoms consistent with COVID-19.

  - DHCP should be reminded to stay home when they are ill and should receive no penalties when needing to stay home when ill or under quarantine.

  - If DHCP develop fever (T≥100.0˚F) or symptoms consistent with COVID-19 while at work, they should keep their cloth face covering or facemask on, inform their supervisor, and leave the workplace.

- Screen all DHCP at the beginning of their shift for fever and symptoms consistent with COVID-19*.

  - Actively measure their temperature and document absence of symptoms consistent with COVID-19.

  - Clinical judgement should be used to guide testing of individuals in such situations.

  - Medical evaluation may be warranted for lower temperatures (<100.0˚F) or other symptoms based on assessment by occupational health personnel. Additional information about clinical presentation of patients with COVID-19 is available.

- If DHCP experience a potential work exposure to COVID-19, follow CDC's Healthcare Personnel with Potential Exposure Guidance.

- If DHCP suspect they have COVID-19:

  - Do not come to work.

  - If DHCP are ill at work, have them keep their cloth face covering or facemask on and leave the workplace.

  - Notify their primary healthcare provider to determine whether medical evaluation is necessary.

- DHCP with suspected COVID-19 should be [prioritized for diagnostic testing](#).

- Information about when DHCP with suspected or confirmed COVID-19 may return to work is available in the [Interim Guidance on Criteria for Return to Work for Healthcare Personnel with Confirmed or Suspected COVID-19](#).

• For information on work restrictions for health care personnel with underlying health conditions who may care for COVID-19 patients, see CDC's [FAQ](#).

*For DHCP, fever is either measured temperature ≥100.0°F or subjective fever. Note that fever may be intermittent or may not be present in some individuals, such as those who are elderly, immunosuppressed, or taking certain medications (e.g., NSAIDs).

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

Hygiene

• Take steps to ensure patients and staff adhere to respiratory hygiene and cough etiquette, as well as hand hygiene, and all patients follow triage procedures throughout the duration of the visit.

- Post [visual alerts](#) (e.g., signs, posters) at the entrance and in strategic places (e.g., waiting areas, elevators, break rooms) to provide instructions (in appropriate languages) about hand hygiene and respiratory hygiene and cough etiquette. Instructions should include wearing a cloth face covering or facemask for source control, and how and when to perform hand hygiene.

- Provide supplies for respiratory hygiene and cough etiquette, including alcohol-based hand rub (ABHR) with 60–95% alcohol, tissues, and no-touch receptacles for disposal, at healthcare facility entrances, waiting rooms, and patient check-ins.

- Install physical barriers (e.g., glass or plastic windows) at reception areas to limit close contact between triage personnel and potentially infectious patients.

• Place chairs in the waiting room at least six feet apart.

• Remove toys, magazines, and other frequently touched objects from waiting room that cannot be regularly cleaned and disinfected.

• Minimize the number of persons waiting in the waiting room.

- Patients may opt to wait in a personal vehicle or outside the dental facility where they can be contacted by mobile phone when it is their turn for dental care.

- Minimize overlapping dental appointments.

Office Protocols

- DHCP should limit clinical care to one patient at a time whenever possible.

- Set up operatories so that only the clean or sterile supplies and instruments needed for the dental procedure are readily accessible. All other supplies and instruments should be in covered storage, such as drawers and cabinets, and away from potential contamination. Any supplies and equipment that are exposed but not used during the procedure should be considered contaminated and should be disposed of or reprocessed properly after completion of the procedure.

- Patient placement

  - Ideally, dental treatment should be provided in individual patient rooms whenever possible.

  - For dental facilities with open floor plans, to prevent the spread of pathogens there should be:

    - At least 6 feet of space between patient chairs.

    - Physical barriers between patient chairs. Easy-to-clean floor-to-ceiling barriers will enhance effectiveness of portable HEPA air filtration systems (check to make sure extending barriers to ceiling will not interfere with fire sprinkler systems).

    - Operatories should be oriented parallel to the direction of airflow if possible.

  - Where feasible, consider patient orientation carefully, placing the patient's head near the return air vents, away from pedestrian corridors, and towards the rear wall when using vestibule-type office layouts.

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

- Patient volume

  - Determine the maximum number of patients who can safely receive care at the same time in the dental facility, based on the number of rooms, the layout of the facility, and the time needed to clean and disinfect patient operatories*.

*To allow time for droplets to sufficiently fall from the air after a dental procedure, DHCP should wait at least 15 minutes after the completion of dental treatment and departure of the patient to begin the room cleaning and disinfection process.

Patient Preparation

Patient Management

- Contact all patients prior to dental treatment.

  - Telephone screen** all patients for symptoms consistent with COVID-19. If the patient reports symptoms of COVID-19, avoid non-emergent dental care. If possible, delay dental care until the patient has recovered.

  - Assess the patient's dental condition and determine whether the patient needs to be seen in the dental setting. Use teledentistry options as alternatives to in-office care.

  - Request that the patient limit the number of visitors accompanying the patient to the dental appointment to only those people who are necessary.

  - Advise patients that they, and anyone accompanying them to the appointment, will be requested to wear a face covering when entering the facility and will undergo screening for fever and symptoms consistent with COVID-19.

- Systematically assess all patients and visitors upon arrival.

  - Ensure that the patient and visitors have donned their own face covering, or provide a surgical mask if supplies are adequate.

  - Ask about the presence of fever or other symptoms consistent with COVID-19.

  - Actively take the patient's temperature.

  - If the patient is afebrile (temperature < 100.4°F)* and otherwise without symptoms consistent with COVID-19, then dental care may be provided using appropriate engineering and administrative controls, work practices, and infection control considerations.

- Ask patient to re-don their face covering at the completion of their clinical dental care when they leave the treatment area.

- Even when DHCP screen patients for respiratory infections, inadvertent treatment of a dental patient who is later confirmed to have COVID-19 may occur. To address this, DHCP should request that the patient inform the dental clinic if they develop symptoms or are diagnosed with COVID-19 within 14 days following the dental appointment.

- Considerations for additional precautions or strategies for treating patients with suspected or confirmed COVID-19 are included below.

*For the general population, fever is measured as a temperature ≥100.4°F. Fever may be subjective or confirmed. If the 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 symptoms consistent with COVID-19 are present, care can be provided with appropriate protocols.

**or teledentistry screen. Note: ADHA has added this amendment to the CDC guidance.

Pre-screening of patients, using teledentistry, will reduce the number of in-office patients, as well as post-treatment follow-up appointments.

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

Special Considerations for Providing Dental Hygiene Care

- **Avoid aerosol-generating procedures whenever possible. Avoid the use of dental handpieces and the air/water syringe. Use of ultrasonic scalers is not recommended. Prioritize minimally invasive/atraumatic restorative techniques (hand instruments only). If aerosol-generating procedures are necessary for dental care, use four-handed dentistry, high evacuation suction and dental dams to minimize droplet spatter and aerosols. The number of DHCP present during the procedure should be limited to only those essential for patient care and procedure support.**

- If emergency dental care is medically necessary for a patient who has, or is suspected of having, COVID-19, DHCP should follow CDC's Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings, including the use of PPE.

  - Dental treatment should be provided in an individual patient room with a closed door.

  - Avoid aerosol-generating procedures (e.g., use of dental handpieces, air/water syringe, ultrasonic scalers) if possible.

  - If aerosol-generating procedures must be performed, take precautions.

    - DHCP in the room should wear an N95 or higher-level respirator, such as disposable filtering facepiece respirator, powered air-purifying respirator (PAPR), or elastomeric respirator, as well as eye protection (goggles or a full-face shield), gloves, and a gown.

    - The number of DHCP present during the procedure should be limited to only those essential for patient care and procedure support. Visitors should not be present for the procedure.

    - Aerosol-generating procedures should ideally take place in an airborne infection isolation room.

  - Consider scheduling the patient at the end of the day.

  - Do not schedule any other patients at that time.

- People with COVID-19 who have ended home isolation can receive dental care following Standard Precautions.

To allow time for droplets to sufficiently fall from the air after a dental procedure, DHCP should wait at least 15 minutes after the completion of dental treatment and departure of the patient to begin the room cleaning and disinfection process.

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

  - Use full-mouth rubber dams for placement of dental sealants and during dental therapy restorative treatment.

- Backflow can occur when using a saliva ejector; therefore, when possible, use four-handed technique and HVE for controlling aerosols and splatter.

- Use hand instrumentation versus ultrasonic instruments for periodontal debridement and scaling procedures.

- Use selective plaque and stain removal versus full-mouth coronal polishing.

- Avoid air-polishing procedures.

- Do not use the air and water functions on the syringe, together, at the same time.

Preprocedural Mouth Rinse

- There is no published evidence regarding the clinical effectiveness of Preprocedural Mouth Rinse (PPMR) to reduce SARS-CoV-2 viral loads or to prevent transmission. Although COVID-19 was not studied, PPMRs with an antimicrobial product (chlorhexidine gluconate, essential oils, povidone-iodine or cetylpyridinium chloride) may reduce the level of oral microorganisms in aerosols and spatter generated during dental procedures.

Personal Protective Equipment (PPE)

DHCP, including dental hygienists, are at very high risk for exposure to COVID-19. Therefore, it is extremely important that they protect themselves using the highest level of PPE available. OSHA Guidance for Dentistry Workers and Employers

Ensure that you have the appropriate amount of PPE and supplies to support your patient volume. If PPE and supplies are limited, prioritize dental care for the highest need, most vulnerable patients first.

DHCP should wear **a surgical mask, eye protection (goggles, protective eyewear with solid side shields, or a full-face shield), and a gown or protective clothing** during procedures likely to generate splashing or spattering of blood or other body fluids.

During **aerosol-generating procedures conducted on patients assumed to be non-contagious**, consider the use of an [N95 respirator*](#) or a respirator that offers a higher level of protection such as other disposable filtering facepiece respirators, PAPRs, or elastomeric respirators, if available. Respirators should be used in the context of a respiratory protection program, which includes medical evaluations, training, and fit testing, in accordance with [OSHA Respiratory Protection standard (29 CFR 1910.134)](#). Of note, it is uncertain if respirators with exhalation valves provide source control. If a respirator is not available for an aerosol-generating procedure, use both a surgical mask and a full-face shield. Ensure that the mask is cleared by the US Food and Drug Administration (FDA) as a [surgical mask](#). Use the [highest level of surgical mask](#) available. **If a surgical mask and a full-face shield are not available, do not perform any aerosol-generating procedures.**

PPE Considerations

The following best practice recommendations are advised using these key terms:

• Critical tasks – all functions that occur during clinical treatment

• Non-critical tasks – procedures such as cleaning the operatory, sterilizing instruments, bringing supplies to/from the operatory

Best practice for respiratory protection involves the use of N95 respirators custom-fitted for critical tasks; training on fit and seal should be provided prior to use. Other masks may be used for non-critical tasks. Remove the respirator after every patient.

Fit-test kits are available commercially. Carefully follow manufacturer instructions. Respiratory fit testing

• can be done by employer or outside party,

• should be done annually thereafter, and

• uses an agent to check whether there is leakage around the respirator.

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

• Remove and discard disposable respirators and surgical masks.

• Perform hand hygiene after removing the respirator or face mask.

Resources:

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

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

Donning and Doffing PPE

There are multiple sequences recommended for donning and doffing PPE.
One suggested sequence for DHCP includes:

• Before entering a patient room or care area:

1. Perform hand hygiene.

2. Put on a clean gown or protective clothing that covers personal clothing and skin (e.g., forearms) likely to be soiled with blood, saliva, or other potentially infectious materials.

   - Gowns and protective clothing should be changed if they become soiled.

3. Put on a surgical mask or respirator.

   - Mask ties should be secured on the crown of the head (top tie) and the base of the neck (bottom tie). If mask has loops, hook them appropriately around your ears.

   - Respirator straps should be placed on the crown of the head (top strap) and the base of the neck (bottom strap). Perform a user seal check each time you put on the respirator.

4. Put on eye protection.

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

5. Perform hand hygiene.

6. Put on clean non-sterile gloves.

   - Gloves should be changed if they become torn or heavily contaminated.

7. Enter the patient room.

• After completion of dental care:

1. Remove gloves.

2. Remove gown or protective clothing and discard the gown in a dedicated container for waste or linen.

   - Discard disposable gowns after each use.

   - Launder cloth gowns or protective clothing after each use.

3. Exit the patient room or care area.

4. Perform hand hygiene.

5. Remove eye protection.

- Carefully remove eye protection by grabbing the strap and pulling upwards and away from head. Do not touch the front of the eye protection.

- Clean and disinfect reusable eye protection according to manufacturer's reprocessing instructions prior to reuse.

- Discard disposable eye protection after use.

6. Remove and discard surgical mask or respirator.

- Do not touch the front of the respirator or mask.

- Surgical mask: Carefully untie the mask (or unhook from the ears) and pull it away from the face without touching the front.

- Respirator: Remove the bottom strap by touching only the strap and bring it carefully over the head. Grasp the top strap and bring it carefully over the head, and then pull the respirator away from the face without touching the front of the respirator.

7. Perform hand hygiene.

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

Extended Use of Facemasks and Respirators

Extended use of facemasks and respirators should only be undertaken when the facility is at contingency or crisis capacity and has reasonably implemented all applicable administrative and engineering controls. Such controls include selectively canceling elective and non-urgent procedures and appointments for which PPE is typically used by DHCP. Extended use of PPE is not intended to encourage dental facilities to practice at a normal patient volume during a PPE shortage, but only to be implemented in the short term when other controls have been exhausted. Once the supply of PPE has increased, facilities should return to standard procedures.

Disinfection

Appropriate PPE should be worn for all activities involving potential exposure to patient body fluids, contaminated surfaces and equipment, and hazardous chemicals (e.g. disinfectants).

Puncture resistant/utility gloves, masks, eye protection and gowns should be worn while handling contaminated instruments.

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

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

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

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

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

• DHCP should ensure that environmental cleaning and disinfection procedures are followed consistently and correctly after each patient (however, it is not necessary that DHCP should attempt to sterilize a dental operatory between patients).

- Clean and disinfect the room and equipment according to the Guidelines for Infection Control in Dental Health-Care Settings—2003.

• To clean and disinfect the dental operatory after a patient **without suspected or confirmed COVID-19**, wait 15 minutes after completion of clinical care and exit of each patient to begin to clean and disinfect room surfaces. This time will allow for droplets to sufficiently fall from the air after a dental procedure, and then be disinfected properly.[3]

- To clean and disinfect the dental operatory after a patient with COVID-19, DHCP should delay entry into the operatory until a sufficient time has elapsed for enough air changes to remove potentially infectious particles.

• Routine cleaning and disinfection procedures (e.g., using cleaners and water to clean surfaces before applying an Environmental Protection Agency-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.

- Refer to List N on the EPA website for EPA-registered disinfectants that have qualified under EPA's emerging viral pathogens program for use against SARS-CoV-2.

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

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

OSHA Guidance for Dentistry Workers and Employers

American Dental Hygienists' Association

ADHA COVID-19 PATIENT SCREENING QUESTIONNAIRE

*Indicate Yes or No and provide relevant comments.

Patient Name: _____   Date: _____

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

American Dental Hygienists' Association

DENTAL HYGIENE READINESS TO RETURN TO WORK

After completing chart, use your professional judgment.

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