

THE ROAD BACK TO REOPENING

Galactic Smiles training
May 6th, 2020



ADA RETURN TO WORK INTERIM GUIDANCE TOOLKIT

Return to Work Interim Guidance Toolkit

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Overview

This toolkit contains interim recommendations from the American Dental Association's (ADA's) Advisory Task Force on Dental Practice Recovery. Since this is interim guidance, it is focused on the short-term management of dental practice during the COVID-19 pandemic as some offices return to providing non-emergent care. Details not specifically addressed in this interim guidance will be left up to the professional judgment of each dentist. The possible integration of additional infection control measures, air purification systems, and any other safety recommendations will be addressed by the Council on Dental Practice as the COVID-19 knowledge base grows.

The ADA Task Force was convened to advise in the development of tools to support dentists who are returning to work after the COVID-19 closures and practice restrictions. It is recognized that different areas will return to a more familiar style of practice at different times, and under different circumstances. Each dentist will need to incorporate their clinical judgment with their knowledge of the incidences of COVID-19 cases in their area, the needs of their patients, and the availability of any necessary supplies to re-engage in the provision of elective dental care.

Due to the evolving understanding of the world's knowledge of SARS-CoV-2, it is expected that more recommendations will be brought forward that might impact how dentists deliver care. The ADA's Council on Dental Practice will carry on the work of the Advisory Task Force. Further information and recommendations will be provided to our members as it becomes available.

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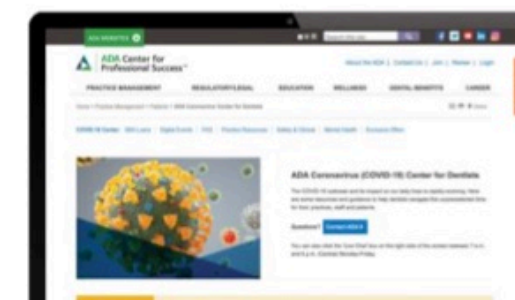
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For COVID-19 resources from the ADA, visit the ADA Coronavirus (COVID-19) Center for Dentists at [ADA.org/virus](https://ada.org/virus).



ADA RETURN TO WORK INTERIM GUIDANCE TOOLKIT

- Welcome back reassurance Letter
- Reassures patients of your office's commitment to maintaining up-to-date infection control procedures

Patient Name
Street Address
City, State Zip

Dear Patient:

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

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

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

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

- Our office will communicate with you beforehand to ask some screening questions. You'll be asked those same questions again when you are in the office.
- We have hand sanitizer that we will ask you to use when you enter the office. You will also find some in the reception area and other places in the office for you to use as needed.
- You may see that our waiting room will no longer offer magazines, children's toys and so forth, since those items are difficult to clean and disinfect.
- Appointments will be managed to allow for social distancing between patients. That might mean that you're offered fewer options for scheduling your appointment.
- We will do our best to allow greater time between patients to reduce waiting times for you, as well as to reduce the number of patients in the reception area at any one time.
- Each Patient and parent should be wearing a face mask
- Only Parent and patient/s of the office will be allowed in the practice
- Our office will have sole disinfectant upon the entrance
- Hospital and FDA approved Air Purifiers will be placed around the office for your family's safety

We look forward to seeing you again and are happy to answer any questions you may have about the steps we take to keep you, and every patient, safe in our practice. To make an appointment, please call our office at 832-225-6925 or visit our website at www.galacticmiles.com

ADA RETURN TO WORK INTERIM GUIDANCE TOOLKIT

- ◆ Pre-appointment screening process
- ◆ explains how to screen patients for symptoms of COVID-19 before the appointment and upon arrival. It also includes a patient screening form



Patient Name:

	PRE-APPOINTMENT	IN-OFFICE
	Date:	Date:
Do you/they have fever or have you/they felt hot or feverish recently (14-21 days)?	Yes No	Yes No
Are you/they having shortness of breath or other difficulties breathing?	Yes No	Yes No
Do you/they have a cough?	Yes No	Yes No
Any other flu-like symptoms, such as gastrointestinal upset, headache or fatigue?	Yes No	Yes No
Have you/they experienced recent loss of taste or smell?	Yes No	Yes No
Are you/they in contact with any confirmed COVID-19 positive patients? <i>Patients who are well but who have a sick family member at home with COVID-19 should consider postponing elective treatment.</i>	Yes No	Yes No
Is your/their age over 60?	Yes No	Yes No
Do you/they have heart disease, lung disease, kidney disease, diabetes or any auto-immune disorders?	Yes No	Yes No
Have you/they traveled in the past 14 days to any regions affected by COVID-19? (as relevant to your location)	Yes No	Yes No

Positive responses to any of these would likely indicate a deeper discussion with the dentist before proceeding with elective dental treatment.

* For testing, see the list of [State and Territorial Health Department Websites](#) for your specific area's information.

ADA RETURN TO WORK INTERIM GUIDANCE TOOLKIT

- ◆ In office patient registration procedures
- ◆ Are for dental teams to implement in the front-desk before reopening the practice

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In-Office Patient Registration Procedures



In this section, dental offices can use the following checklist and resources to help prepare staff for accepting patients before they arrive, when they arrive, during their consultations, and after.

- ☐ Have hand sanitizer available for use.
- ☐ Check patient's temperature (<100.4°F) with thermometer.
 - Touchless forehead scan is convenient and produces less waste, though any thermometer is appropriate as long as cleaned appropriately between uses.
 - Be sure to follow the manufacturer's instructions.
 - If elevated temperature is noted, supply patient with mask and instruct them how to don it; follow through with asking screening questions and alert the dentist.
- ☐ Complete [Patient Screening Form](#) (regardless of presence of fever).
 - Positive responses to any of these would likely indicate a deeper discussion with the dentist before proceeding with elective dental treatment.
 - If referring patients for testing, see the list of [State and Territorial Health Department Websites](#) for your specific area's information.
 - Remember to maintain the confidentiality of the patient.
- ☐ Consider providing pens (with office brand for marketing) for each patient and then giving it to them, rather than reusing. If reusing, remember to wipe down pens between transfers back and forth.
- ☐ Provide wipes or materials to clean pens, clipboard, counter, phone, keyboards, light switches, surfaces, and anything else high touch.
 - If surfaces are dirty, they should be cleaned using a detergent or soap and water prior to disinfection.
 - To disinfect, use [products that meet EPA's criteria for use against SARS-CoV2](#), the cause of COVID-19, and are appropriate for the surface.

Post-Procedural Patient Exit

- ☐ Post-op instructions should include a reminder to report any signs or symptoms of COVID-19 within next 14 days.



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

ADA RETURN TO WORK INTERIM GUIDANCE TOOLKIT

- ~ Reception Area preparation strategies
- ~ explain how to reduce the risk of COVID-19 transmission during patient visits.

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Reception Area Preparation Strategies



Get your dental office ready for COVID-19. Protect your patients and staff with this checklist. Emphasize hand hygiene and cough etiquette for everyone.

Prepare the entrance to the building or office:

- ☐ Provide a hand sanitation station upon entry into facility, with a notice to people to use it before entry into the rest of the office.

Prepare the waiting area, bathrooms and patient consultation rooms:

- ☐ Provide supplies:
 - ☐ Tissues
 - ☐ Alcohol-based hand rub
 - ☐ Soap at sinks
 - ☐ Trash cans
- ☐ Place chairs 6 feet apart, when possible. Use barriers (like screens), if possible.
- ☐ If your office has toys, reading materials, remote controls or other communal objects, remove them or clean them regularly.
- ☐ On a regular schedule, wipe all touchable surface areas with an approved surface cleaner. Remember to include tables, chair arms, doorknobs, light switches, hangers, and anything else with which people come in contact.
 - If surfaces are dirty, they should be cleaned using a detergent or soap and water prior to disinfection.
 - To disinfect, use [products that meet EPA's criteria for use against SARS-CoV](#), the cause of COVID-19, and are appropriate for the surface.



Resource: [CDC's Get Your Clinic Ready for COVID-19](#)

ADA RETURN TO WORK INTERIM GUIDANCE TOOLKIT

~ Chairside Checklist

~ includes procedures for dentists and staff while in the operator rooms and until the patient's room is cleaned and disinfected.

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Chairside Checklist



Dentists and staff can use this checklist as they prepare the procedures for working in the operator rooms during the patient's visit and after.

- ☐ Informed consent: check with your malpractice carrier for any consideration of a revised informed consent form.
- ☐ Limit paperwork in the operator as much as possible.
 - If using paper charting, cover with clear barrier so you may read what is needed for appointment.
 - Place new chart notes into document away from patient contact area when possible.
- ☐ Cover keyboard of computer with disposable, flexible, clear barrier (e.g. plastic wrap) and change between patients.
- ☐ Limit access to the operator to the patient only when possible. Supply a mask and shield to anyone who accompanies the patient.
 - Reminder: In certain circumstances, it may be impracticable to limit others in the operator when their presence is legally required (e.g., translators, service animals).
- ☐ Keep staff level in operator to the minimum required.
- ☐ Mask pre-entry (for chairside staff also) as virus-containing aerosol particles may exist.
- ☐ No hand shaking, or physical contact.
- ☐ Wash hands and glove in room.
- ☐ Review overall health history, confirming that the screening questions were asked during the check-in procedure, and review if necessary.
- ☐ No documented evidence exists at this time to support the pre-procedural rinses to reduce the transmission of the COVID-19 virus.
- ☐ Decide on treatment using clinical judgment and known facts, combining:
 - Patient health/risk factors/geographic incidence of COVID-19.
 - Procedural requirements/clinical risks (production of aerosol, inducement of patient cough during procedure, ability to employ use of rubber dam.)
 - Availability of PPE with relation to risk.

ADA RETURN TO WORK INTERIM GUIDANCE TOOLKIT

~ Chairside Checklist

~ includes procedures for dentists and staff while in the operatory rooms and until the patient's room is cleaned and disinfected.

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- ☐ Use professional judgment to employ the lowest aerosol-generating armamentarium when delivering any type of restorative or hygiene care.
 - As an example, use hand scaling rather than ultrasonic scaling when appropriate.
 - High velocity evacuation should be employed whenever possible.
- ☐ Use of nitrous oxide: use disposable nasal hood; tubing should either be disposable or if reusable, sterilized according to the manufacturer's recommendations.
- ☐ Shock your dental unit water lines if you are returning from an extended break in practice. Consult your manufacturer for proper product recommendations.
- ☐ Use professional judgment on mask removal and replacement between patients.
 - If you are removing your mask, do so outside the treatment room.
 - If the mask is soiled, damaged, or hard to breathe through, it must be replaced.
 - **Resource:** [CDC Strategies for Optimizing the Supply of Facemasks](#)
- ☐ Clean the operatory while wearing gloves, a mask, and face shield or goggles.
 - Dispose of surface barriers after each patient.
 - If surfaces are dirty, they should be cleaned using a detergent or soap and water prior to disinfection.
 - For disinfection, use [products that meet EPA's criteria for use against SARS-CoV-2](#) (the cause of COVID-19) and are appropriate for the surface, following manufacturer's instructions.
 - Replace surface barriers.
 - Limit paperwork in operatory.
 - Include other evacuation systems.



Resources:

- American Dental Association and Organization for Safety, Asepsis, and Prevention (OSAP) webinar: [COVID-19 Infection Control Protocols and Procedures Webinar](#)
- A second webinar was presented on April 24 by the ADA and OSAP on PPE. Visit [ADA.org COVID-19 Digital Events page](#) to view the on-demand version.

UNDERSTANDING MASKS AND FACESHIELDS




Interim Mask and Face Shield Guidelines

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

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

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




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

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

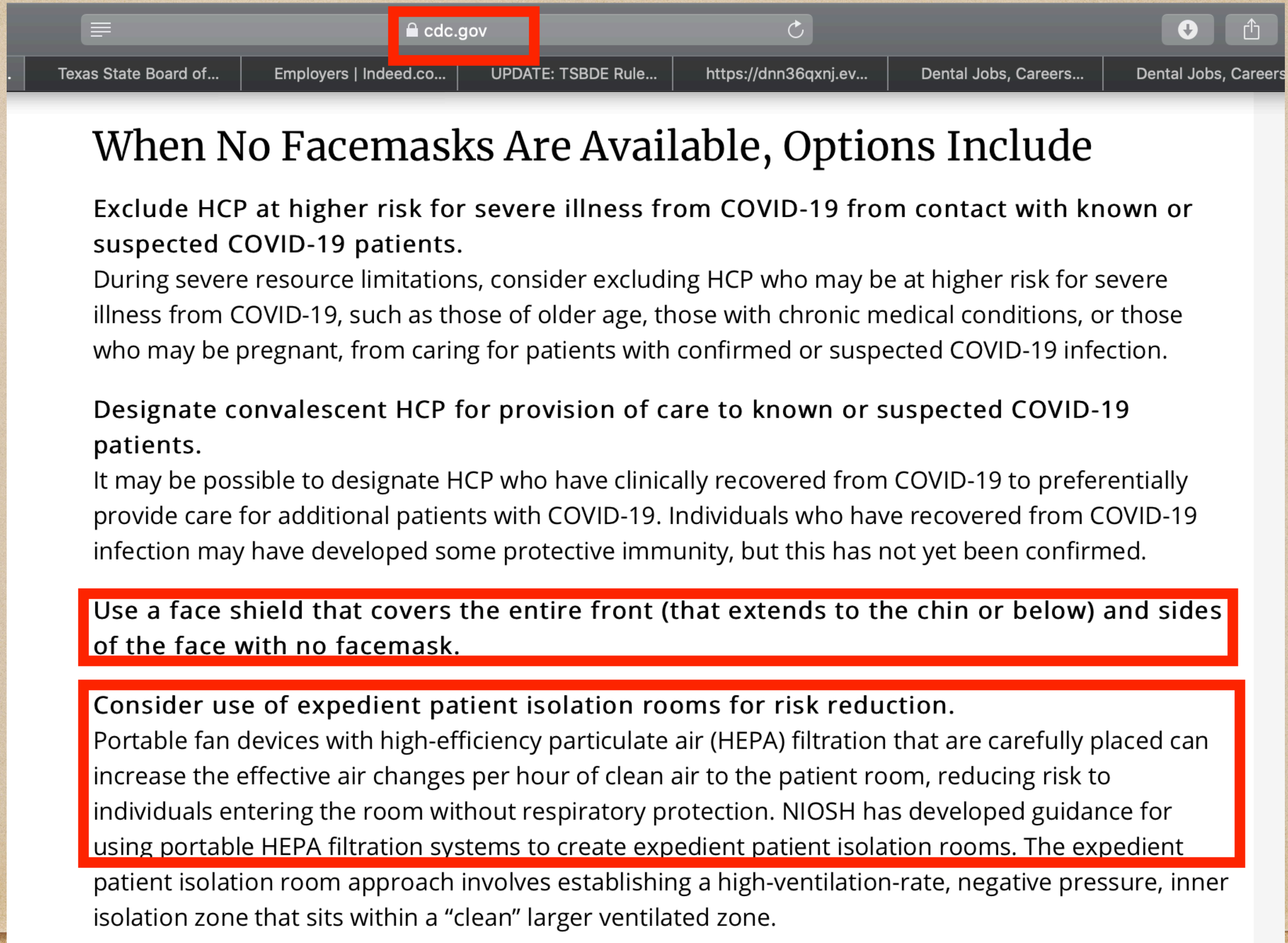
**ASTM has established performance levels for surgical masks based on fluid resistance, bacterial filtration efficiency, particulate filtration efficiency, breathing resistance and flame spread.

Understanding Mask Types

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	 SURGICAL MASK	 N95 MASK*	 N95 EQUIVALENT MASK KN/KP95, PFF2, P2, DS/DL2, KOREAN SPECIAL 1ST*
Testing and Approval	Cleared by the U.S. Food and Drug Administration (FDA)	Evaluated, tested, and approved by NIOSH as per the requirements in 42 CFR Part 84	FDA Emergency Use Authorization (EUA)
Sizing	No	Yes. The sizing differs with each mask model. Some of the sizing options include small, small/medium, medium, medium/large, and large.	Yes. The sizing differs with each mask model. Some of the sizing options include small, small/medium, medium, medium/large, and large.
Intended Use and Purpose	Fluid resistant and provides the wearer protection against large droplets, splashes, or sprays of bodily or other hazardous fluids. Protects the patient from the wearer's mask emissions	Reduces wearer's exposure to particles including small particle aerosols and large droplets (only non-oil aerosols). OSHA recommends certifying the authenticity of masks to insure they provide the expected protection.	Reduces wearer's exposure to particles including small particle aerosols and large droplets (non-oil aerosols). Manufactured in compliance with standards of other countries and considered equivalent to NIOSH approved N95 masks. Authorized manufacturers are listed at: https://www.fda.gov/media/136663/download
Face Seal Fit+	Loose-fitting	Tight-fitting**	Tight-fitting**
Fit Testing+ Requirement	No	Temporary lifting of fit test enforcement requirement.	Temporary lifting of fit test enforcement requirement.
User Seal Check Requirement	No	Yes. Required each time the mask is donned (put on)	Yes. Required each time the mask is donned (put on)
Use Limitations	Disposable. Discard after each patient encounter.	Ideally should be discarded after each aerosol-generating patient encounter. It should also be discarded when it becomes damaged or deformed; no longer forms an effective seal to the face; becomes wet or visibly dirty; breathing becomes difficult; or if it becomes contaminated with blood, respiratory or nasal secretions, or other bodily fluids from patients.	Ideally should be discarded after each aerosol-generating patient encounter. It should also be discarded when it becomes damaged or deformed; no longer forms an effective seal to the face; becomes wet or visibly dirty; breathing becomes difficult; or if it becomes contaminated with blood, respiratory or nasal secretions, or other bodily fluids from patients.

WHAT DOES CDC SAY ABOUT FACESHIELD?



The image is a screenshot of the CDC website, specifically a page titled "When No Facemasks Are Available, Options Include". The browser's address bar shows "cdc.gov" and is highlighted with a red box. The page content includes several paragraphs of text. Two paragraphs are highlighted with red boxes: "Use a face shield that covers the entire front (that extends to the chin or below) and sides of the face with no facemask." and "Consider use of expedient patient isolation rooms for risk reduction. Portable fan devices with high-efficiency particulate air (HEPA) filtration that are carefully placed can increase the effective air changes per hour of clean air to the patient room, reducing risk to individuals entering the room without respiratory protection. NIOSH has developed guidance for using portable HEPA filtration systems to create expedient patient isolation rooms. The expedient patient isolation room approach involves establishing a high-ventilation-rate, negative pressure, inner isolation zone that sits within a 'clean' larger ventilated zone."

When No Facemasks Are Available, Options Include

Exclude HCP at higher risk for severe illness from COVID-19 from contact with known or suspected COVID-19 patients.

During severe resource limitations, consider excluding HCP 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 caring for patients with confirmed or suspected COVID-19 infection.

Designate convalescent HCP for provision of care to known or suspected COVID-19 patients.

It may be possible to designate HCP who have clinically recovered from COVID-19 to preferentially provide care for additional patients with COVID-19. Individuals who have recovered from COVID-19 infection may have developed some protective immunity, but this has not yet been confirmed.

Use a face shield that covers the entire front (that extends to the chin or below) and sides of the face with no facemask.

Consider use of expedient patient isolation rooms for risk reduction.

Portable fan devices with high-efficiency particulate air (HEPA) filtration that are carefully placed can increase the effective air changes per hour of clean air to the patient room, reducing risk to individuals entering the room without respiratory protection. NIOSH has developed guidance for using portable HEPA filtration systems to create expedient patient isolation rooms. The expedient patient isolation room approach involves establishing a high-ventilation-rate, negative pressure, inner isolation zone that sits within a "clean" larger ventilated zone.

ADA RETURN TO WORK INTERIM GUIDANCE TOOLKIT

Staff Protection strategies

- includes recommendations for in-office clothing, pregnant staff, and a daily COVID-19 screening log for office staff and associates to use before entering the practice.

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Staff Protection Strategies

Help protect office staff as you reopen the practice by utilizing the following strategies. Dentists should consider a soft launch where they discuss the new strategies to be implemented and the reasons behind them. Practice these routines with staff before welcoming patients. This should include, among other things, consideration of patient flow into and through the practice, timing for operatory usage and sterilization, staff routines as they don and doff PPE, and how to best time the daily schedules when returning to patient care.



Front Desk

- Front desk staff can wear masks and goggles, or face shields, or offices can install a clear barrier.
- Consider individual phone headsets for each front desk staffer to reduce virus spread through the phone hand piece.



Hand Hygiene

With strict attention to staff hand hygiene, instruct staff to clean hands thoroughly:

- Upon entry into the workplace.
- Before and after any contact with patients.
- After contact with contaminated surfaces or equipment.
- After removing PPE, refer to the [ADA's Hand Hygiene for the Dental Team](#).
- **Resource:** [Introduction to Hand Hygiene for Healthcare Providers](#)



Clothing

- If available, gowns should be considered.
 - Change gown if it becomes soiled.
 - Disposable gowns should be discarded after use. Cloth gowns should be [laundered](#) after each use.
 - **Resource:** [Interim Infection Prevention and Control Guidance for Dental Settings During the COVID-19 Response](#)
- If scrubs are to be worn, change between street clothes and scrubs upon entry and exit, or do the same with other office garb.
 - Provide laundry facilities in the office.
 - Contracting with a laundry service is another option.
 - Long sleeved garments should be worn.
- Professional judgment should be exercised with regard to the use of disposable foot covers or head covers.

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Return to Work Interim Guidance Toolkit



Pregnancy

- Pregnant staff members should seek and follow medical guidance from their physician regarding work.
- Information on COVID-19 in pregnancy is very limited; offices may want to consider limiting exposure of pregnant staff to patients, especially during higher risk procedures (e.g., aerosol-generating procedures) if feasible, based on staffing availability. (Source: [Interim U.S. Guidance for Risk Assessment and Public Health Management of Healthcare Personnel with Potential Exposure in a Healthcare Setting to Patients with COVID-19.](#))
- Resource: [American College of Obstetrics and Gynecology](#)



Coronavirus Diagnostic Tests

- At this time, there is not a FDA approved test that is widely available.
- There are a large number of gray market tests being marketed, not all with reliable results.
- Refer to the ADA News article, [ADA advises dentists to follow science-backed guidance regarding COVID-19 testing, avoid 'gray market'](#), that urges dentists to be cautious about using novel coronavirus diagnostic tests before they have been properly evaluated and made available for dentists.
- FDA's [FAQs on Diagnostic Testing for SARS-CoV-2](#)
- For testing, see the list of [State and Territorial Health Department Websites](#) for your specific area's information.



COVID-19 Employee Screening

- Consider implementing a daily health screening check point and log for all employees entering the workplace. (Download the [COVID-19 Daily Screening Log](#))

DATE	NAME	TEMPERATURE <100.4°F	COUGH	NEW SHORTNESS OF BREATH	ASKED TO GO HOME (Note Time Dismissed)
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes, Time: <input type="checkbox"/> No

Example of daily log, available for download.

- Ask all persons (employees/owners/associates) reporting to work the following questions, remembering to respect their confidentiality:

HOW TO WATCH YOUR HANDS PROPERLY IN GALACTIC SMILES



PPE

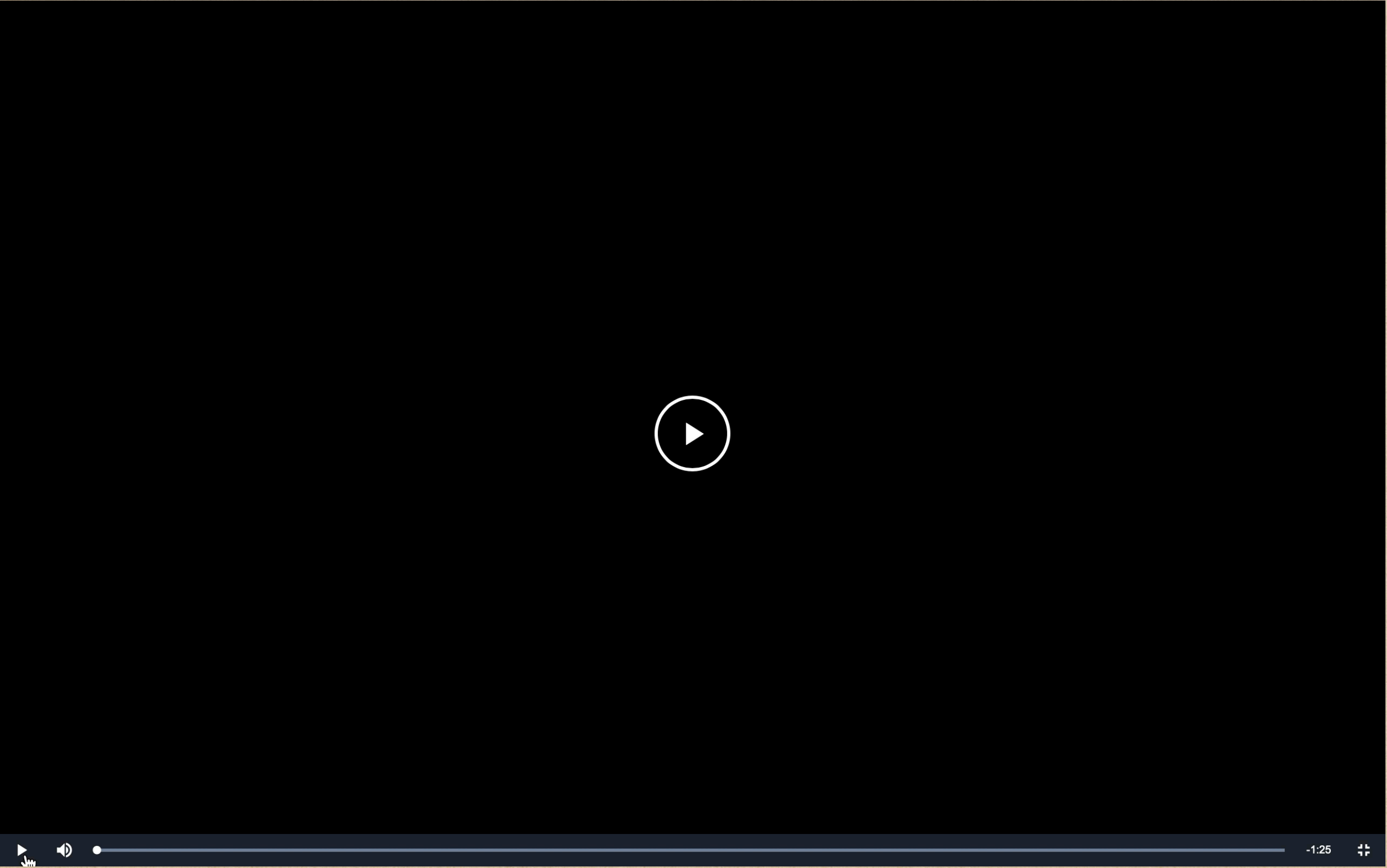
- ◆ Coveralls
- ◆ KN95
- ◆ Face shield
- ◆ Gloves
- ◆ CDC guidelines Don PPE
- ◆ CDC guidelines Doff PPE
- ◆ ADA guidelines



DONNING PPE

DOFFING PPE

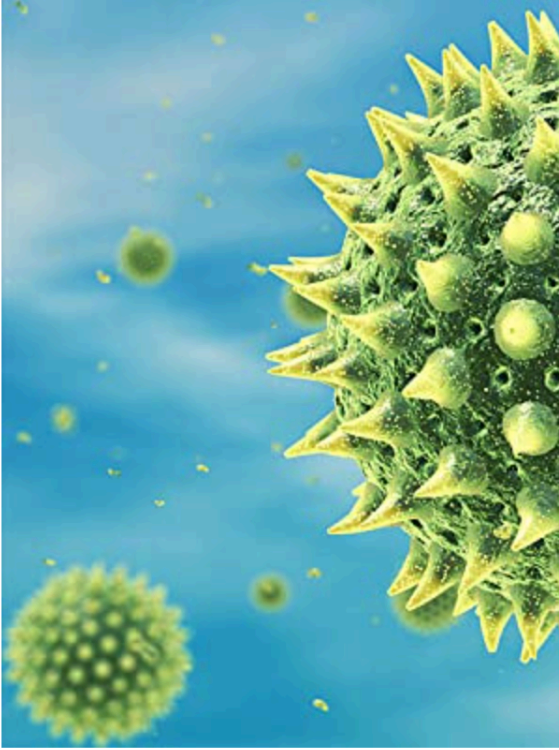
AIR PURIFIER



Not even a virus gets through HyperHEPA

Only IQAir's exclusive HyperHEPA filtration technology can stop ultrafine particles down to 0.003 microns - 10x smaller than a virus!Independent testing verifies that IQAir HyperHEPA filtration stops at least 99.5% of all particles down to 0.003 microns for unequaled protection against fine and ultrafine particles, including bacteria and viruses.

This is why critical environments trust IQAir. No other technology even comes close.



Too small for ordinary HEPA

Only HyperHEPA can stop ultrafines

- Ultrafines are the smallest, most numerous, and most harmful particles in the air. They comprise ~90% of all airborne particles.
- Ultrafines (including viruses) easily penetrate the lung tissue and travel to all vital organs, including the brain.
- Ultrafines have been linked to heart attacks, strokes, asthma and even cancer.
- Why is no other air cleaning manufacturer talking about ultrafines? Because ultrafine particles leave their filters impotent.
- Only IQAir's exclusive HyperHEPA filtration technology can stop ultrafine particles.



Dr. Christina Menten: "Thank you IQAir for giving me my life back."

"At first I tried the typical store-bought air cleaners, with no success," says Dr. Christina Menten. "Nothing seemed to work. To my amazement, I began to feel better within a few days of having the IQAir system in my home! My energy increased and my headaches began to recede, allowing me to engage in activities I had dismissed as impossibilities for the rest of my life," she says. "Thank you IQAir for giving me my life back!"

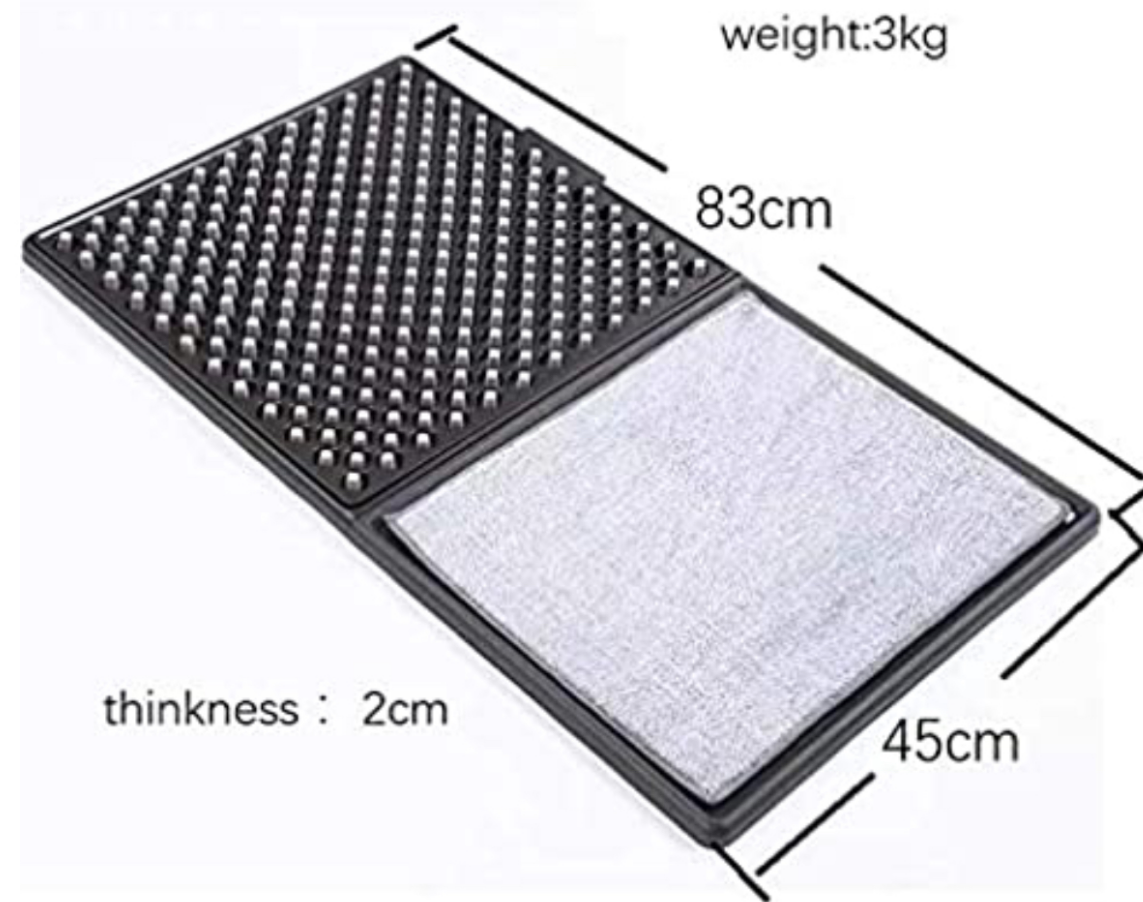
Why particle size matters...

GALACTIC SMILES



SOLE DISINFECTION

kanglifan Shoe Soles disinfecting Floor Mat, Household Disinfectant Foot Pads, Hotel Restaurant Hospital Enterprise Indoor Outdoor Scrape wash Shoe Sole Disinfection Doormat



Hypochlorite Acid



HOSPITAL GRADE & EPA APPROVED

Clean Republic's Disinfectant+Sanitizer Obtains EPA Approval for Emerging Pathogens Labeling for use Against SARS-CoV-2, the novel coronavirus that causes the disease COVID-19.

Our Disinfectant+Sanitizer is proven to kill Norovirus, Rhinovirus, and HIV, as well superbugs like MRSA and C.Diff., a condition that has plagued hospitals for years.

[LEARN MORE HERE](#)

The TDA issues [a release](#) as well.

TSBDE Adopts Emergency Rule to Reopen Dental Practices

A short time ago after round-the-clock work from TDA fueled by your input, Governor Abbott approved the Texas State Board of Dental Examiners (TSBDE) emergency rule that dentists—that choose to open—must follow to safely reopen their dental practices tomorrow, **May 1, 2020, at 12:01 AM**. The rule may be read [HERE](#).

We are grateful that TDA advocacy efforts resulted in a direct impact on the Governor's decision to permit certain hygiene procedures to be performed in your practices while achieving the safety goals both the Governor and the TDA remain focused upon. Your membership and input were invaluable in this process.

Dentists must now conduct their practices according to the modified emergency rule that dictates the minimum standards for safely practices dentistry during the COVID-19 pandemic. TDA will be working to provide community and patient-facing messaging to provide both clarity and confidence in the measures. Now more than ever, our solidarity is key to our ability to serve Texans.

ESSENTIAL SERVICES

IDENTIFYING ESSENTIAL CRITICAL INFRASTRUCTURE WORKERS

The following list of identified essential critical infrastructure workers is intended to be overly inclusive reflecting the diversity of industries across the United States.



HEALTHCARE / PUBLIC HEALTH

- Workers, including laboratory personnel, that perform critical clinical, biomedical and other research, development, and testing needed for COVID-19 or other diseases.
- Healthcare providers including, but not limited to, physicians; dentists; psychologists; mid-level practitioners; nurses; assistants and aids; infection control and quality assurance personnel; pharmacists; physical, respiratory, speech and occupational therapists and assistants; social workers; optometrists; speech pathologists; chiropractors; diagnostic and therapeutic technicians; and radiology technologists.
- Workers required for effective clinical, command, infrastructure, support service, administrative, security, and intelligence operations across the direct patient care and full healthcare and public health spectrum. Personnel examples may include, but are not limited, to accounting, administrative, admitting and discharge, engineering, accrediting, certification, licensing, credentialing, epidemiological, source plasma and blood donation, food service, environmental services, housekeeping, medical records, information technology and operational technology, nutritionists, sanitarians, respiratory therapists, etc.
 - Emergency medical services workers.
 - Prehospital workers included but not limited to urgent care workers.
 - Inpatient & hospital workers (e.g. hospitals, critical access hospitals, long-term acute care

EXTENSION FOR STAY AT HOME IS ONLY FOR NON-ESSENTIAL

 WATCH LOG IN

 **Lina Hidalgo** 
@LinaHidalgoTX

I've signed a NEW stay-home work-safe order. Non-essential Harris County businesses and others that were not "reopened" by the Governor's order need to stay closed through May 20th. We need to remain vigilant for a phased reopening to work.



 2,702 10:41 AM - May 2, 2020 

 1,525 people are talking about this 

TSBDE RULES AND REGULATIONS FOR REOPENING

Each dentist shall:

- (1) conduct his/her practice in a manner consistent with that of a reasonable and prudent dentist under the same or similar circumstances;
- (2) maintain patient records that meet the requirements set forth in §108.8 of this title (relating to Records of the Dentist);
- (3) maintain and review an initial medical history and perform a limited physical evaluation for all dental patients;

(A) The medical history shall include, but shall not necessarily be limited to, **known allergies to drugs, serious illness, current medications, previous hospitalizations and significant surgery, and a review of the physiologic systems obtained by patient history.** A "check list," for consistency, may be utilized in obtaining initial information. The dentist shall review the medical history with the patient at any time a reasonable and prudent dentist would do so under the same or similar circumstances.

(B) The limited physical examination shall include, but shall not necessarily be limited to, **measurement of blood pressure and pulse/heart rate. Blood pressure and pulse/heart rate measurements are not required to be taken on any patient twelve (12) years of age or younger, unless the patient's medical condition or history indicate such a need.**

- (4) obtain and review an updated medical history and limited physical evaluation when a reasonable and prudent dentist would do so under the same or similar circumstances. At a minimum, a medical history and limited physical evaluation should be obtained and reviewed at the initial appointment and updated annually;

TSBDE RULES AND REGULATIONS FOR REOPENING

(5) for office emergencies:

(A) maintain a positive pressure breathing apparatus including oxygen which shall be in working order;

(B) maintain other emergency equipment and/or currently dated drugs as a reasonable and prudent dentist with the same or similar training and experience under the same or similar circumstances would maintain;

(C) provide training to dental office personnel in emergency procedures which shall include, but not necessarily be limited to, basic cardiac life support, inspection and utilization of emergency equipment in the dental office, and office procedures to be followed in the event of an emergency as determined by a reasonable and prudent dentist under the same or similar circumstances; and

(D) shall adhere to generally accepted protocols and/or standards of care for management of complications and emergencies;

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- (6) successfully complete a current course in basic cardiopulmonary resuscitation given or approved by either the American Heart Association or the American Red Cross;
- (7) maintain a written informed consent signed by the patient, or a parent or legal guardian of the patient, if the patient is a minor, or the patient has been adjudicated incompetent to manage the patient's personal affairs. A signed, written informed consent is required for all treatment plans and procedures where a reasonable possibility of complications from the treatment planned or a procedure exists, or the treatment plans and procedures involve risks or hazards that could influence a reasonable person in making a decision to give or withhold consent. Such consents must disclose any and all complications, risks and hazards;
- (8) safeguard patients against avoidable infections as required by this chapter;**
- (9) not be negligent in the provision of dental services;**
- (10) use proper diligence in the dentist's practice;
- (11) maintain a centralized inventory of drugs;
- (12) report patient death or hospitalization as required by this chapter;
- (13) abide by sanitation requirements as required by this chapter;
- (14) abide by patient abandonment requirements as required by this chapter;
- (15) abide by requirements concerning notification of discontinuance of practice as required by this chapter; and

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(16) conduct his/her practice according to the minimum standards for safe practice during the COVID-19 disaster pursuant to the Centers for Disease Control Guidelines and the following guidelines:

(A) Before dental treatment begins:

(i) **each dental office shall create COVID-19 procedures and provide dental health care personnel (DHCP) training regarding the COVID-19 office procedures. These procedures must include the pre-schedule screening protocol, in office screening protocol for patients and DHCP, office's transmission-based infection control precautions, as well as protocol to be implemented if DHCP suspects an exposure to COVID-19;**

(ii) **DHCP experiencing influenza-like-illness (ILI) (fever with either cough or sore throat, muscle aches) should not report to work;**

(iii) DHCP who are of older age, have a pre-existing, medically compromised condition, pregnant, etc., are perceived to be at a higher risk of contracting COVID-19 from contact with known or suspected COVID-19 patients. Providers who do not fall into these categories (older age; presence of chronic medical conditions, including immunocompromising conditions; pregnancy) may be prioritized to provide care;

(iv) all DHCP should self-monitor by remaining alert to any respiratory symptoms (e.g., cough, shortness of breath, sore throat) and **check their temperature twice a day**, regardless of the presence of other symptoms consistent with a COVID-19 infection;

(v) contact your local health department immediately if you suspect a patient has COVID-19, to prevent transmission to DHCP or other patients;

(vi) **remove magazines, reading materials, toys and other objects that may be touched by others and which are not easily disinfected;**

(vii) **place signage in the dental office for instructing staff and patients on standard recommendations for respiratory hygiene/cough etiquette and social distancing;**

(viii) develop and utilize an office protocol to screen all patients by phone before scheduling and during patient confirmation prior to appointment;

(ix) schedule appointments apart enough to minimize possible contact with other patients in the waiting room;

(x) notify patients that they may not bring a companion to their appointment, unless the patient requires assistance (e.g., pediatric patients, special needs patients, elderly patients, etc.). Patient companions should also be screened for signs and symptoms of COVID- 19 during patient check-in.

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(B) During dental care:

- (i) perform in office screening protocol which must include a temperature check, upon patient arrival;
- (ii) DHCP shall adhere to standard precautions, which include but are not limited to: hand hygiene, use of personal protective equipment (PPE), respiratory hygiene/etiquette, sharps safety, safe injection practices, sterile instruments and devices, clean and disinfected environmental surfaces;
- (iii) DHCP shall implement Transmission-Based Precautions, including N-95 respirator masks, KN-95 masks, or their substantial equivalent for all DHCP who will be within six (6) feet of any and all procedures likely to involve aerosols;
- (iv) DHCP shall adhere to the standard sequence of donning and doffing of PPE;
- (v) DHCP shall complete the full treatment of one patient before leaving the treatment area and on to another patient;
- (vi) DHCP shall use only hand instruments and low speed polishing tools for hygiene services.

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(C) Clinical technique:

- (i) Patients should perform a pre procedure rinse, if medically safe;**
- (ii) Reduce aerosol production as much as possible, as the transmission of COVID-19 seems to occur via droplets or aerosols, DHCP may prioritize the use of hand instrumentation;**
- (iii) DHCP should use dental isolation if an aerosol-producing procedure is being performed to help minimize aerosol or spatter.**

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(D) After dental care is provided:

(i) instruct patients to contact the office if they experience COVID-19 symptoms within 14 days after the dental appointment;

(ii) DHCPs should change from scrubs and PPE to personal clothing before returning home.



THANK YOU AND WELCOME BACK TO WORK HOME!

For God has not given us a spirit of fear, but one of power, love, and sound judgment.

2 Timothy 1:7