Riverside University Health System – Public Health Oral Health Program (RUHS-OPH) has updated its COVID-19 dental care recommendations to reflect the most recent guidance from the Centers for Disease Control and Prevention (CDC), Interim Infection Prevention and Control Guidance for Dental Settings During the COVID-19 Response. Dental Healthcare Personnel (DHCP) should continue to follow the California Department of Public Health (CDPH) Guidance for Resuming Deferred and Preventive Dental Care. The current recommendations include the following:

- Patients and staff with suspected or confirmed COVID-19 or close contacts to COVID-19 cases should not enter the dental office.
- Prioritize care that was previously postponed especially for conditions likely to lead to dental emergencies if treatment continues to be deferred.
- Prioritize minimally invasive/traumatic restorative techniques (hand instruments only) before procedures with risk of generating aerosol.
- Avoid aerosol-generating procedures (AGPs) wherever possible. When unavoidable, ensure appropriate infection control measures and precautions are strictly followed to minimize the increased risks associated with its provision.

DHCP should balance the need to provide necessary services while minimizing risk to patients and staff. Before providing any care, it is important to ensure that appropriate personal protective equipment (PPE) and sanitation supplies are available to support patient volume, and that updated engineering controls, work practice protocols, and infection control measures are in place.

**Dental Healthcare Personnel Frequently Asked Questions (FAQs)**

The following FAQs were developed to assist DHCP as they plan to resume deferred healthcare services for patients.

1. **What are aerosol-generating procedures in dentistry?**
   Aerosol-generating procedures involve 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 can contain particle droplets of water, saliva, blood, microorganisms, and other debris.

2. **When a patient is with suspected or confirmed COVID-19 considered recovered?**
   Symptomatic patients are considered recovered after the following conditions have been met:
   - At least 10 days have passed since symptoms first appeared; and,
   - At least 3 days (72 hours) have passed since recovery defined as resolution of fever without the use of fever-reducing medications and improvement in respiratory symptoms (e.g., cough, shortness of breath)
   Asymptomatic patients with lab confirmed COVID-19 are considered recovered after:
   - At least 10 days have passed since the date of their first positive COVID-19 diagnostic test, assuming they have not subsequently developed symptoms since their positive test. Note, because symptoms cannot be used to gauge where these individuals are in the course of their illness, it is possible that the duration of viral shedding could be longer or shorter than 10 days after their first positive test.
   Immunocompromised patients with COVID-19, see CDC guidance on Ending Home Isolation for Immunocompromised Persons with COVID-19.

For more information regarding recovery and discontinuation of isolation, see CDC, Discontinuation of Isolation for Persons with COVID-19 Not in Healthcare Settings.
3. **Who is considered a close contact and when can they resume regular activities including dental care?**

A person is considered to be a close contact of a patient with presumed or confirmed COVID-19 if, within 48 hours before the patient’s symptoms began and until the patient is no longer required to be isolated, they (a) were within 6 feet of the patient for more than 15 minutes or (b) had unprotected contact with the patient’s body fluids and/or secretions (such as being coughed on/sneezed on, shared utensils or saliva, or provided care without wearing protective equipment). Close contacts typically include household members, intimate partners, co-workers, and caregivers.

Close contacts must self-quarantine for 14 days after the last time they were in contact with the case. They may return to regular activities after the 14 days have passed, if they have remained asymptomatic, and have had no further contact with the case. If they continue to live with, have contact with, and/or care for a person with COVID-19, then see additional details in the [Home Quarantine Guidance](#).

4. **Do my front office staff need to wear face coverings? What if they do not see patients?**

Yes. DHCP whose job duties do not require PPE (e.g., clerical personnel) should wear face covering for source control at all times while in the healthcare facility.

*Universal source control* is recommended to prevent asymptomatic transmission between staff, visitors, and patients. Continued community transmission has increased the number of individuals potentially exposed to and infectious with SARS-CoV-2. Fever and symptom screening have proven to be relatively ineffective in identifying all infected individuals, including healthcare providers. Symptom screening also will not identify individuals who are infected but otherwise asymptomatic or pre-symptomatic. Additional interventions are needed to limit the unrecognized introduction of SARS-CoV-2 into dental practices including universal source control.

5. **When do I need to wear a facemask or respirator in the dental office?**

As part of *source control* efforts, dental healthcare professionals should wear a facemask or face covering at all times when they are in the dental setting. Masks or respirators are preferred, but non-medical face coverings can be used for non-patient care activities. Extended use and reuse of masks and respirators should be based on principles set forth in prior CDC PPE optimization guidance. For more information, see the [CDC Interim Infection Prevention and Control Guidance for Dental Settings During the COVID-19 Response](#).

6. **Do I need to use foot and head covers?**

Professional judgement should be exercised with regard to the use of disposable foot covers or head covers. See ADA for more information on [guidance in regard to clothing](#).

7. **Has OSHA waived the N95 fit test?**

*OSHA* has waived the N95 annual test during the COVID-19 pandemic but DHCP still need an initial fit test to ensure the N95 fits properly.

For more information on N95 fit testing click [here](#).

8. **Can I reuse my respirator?**

The [CDC](#) and ADA provides guidance on extended use and reuse of N95 respirators during the COVID-19 pandemic.

The CDC developed a series of [strategies or options to optimize supplies of PPE](#) in healthcare settings during periods of limited supply, along with a [burn rate calculator](#). Optimization strategies are provided for gloves, gowns, facemasks, eye protection, and respirators.
9. I need help obtaining adequate personal protective equipment (PPE).
California licensed dentists can now order limited quantities of critical personal protective equipment that is in short supply through traditional, commercial distribution channels. For details on ordering and distribution, check the California Dental Association website here.

10. Can I use reusable gowns?
Yes. As a contingency, reusable (i.e., washable) gowns that can be used are typically made of polyester or polyester-cotton fabrics. Gowns made of these fabrics can be safely laundered according to routine procedures and reused. Care should be taken to ensure that providers do not touch outer surfaces of the gown during care.
- Laundry operations and personnel may need to be augmented to facilitate additional washing loads and cycles
- Systems should be established to routinely inspect, maintain (e.g., mend a small hole in a gown, replace missing fastening ties), and replace reusable gowns when needed (e.g., when they are thin or ripped)

Any reusable gown that becomes visibly soiled during patient care should be removed and cleaned. Gowns should cover personal clothing and skin (e.g., forearms) likely to be soiled with blood, saliva, or other potentially infectious materials.

11. Should I use a HEPA Air Filter in treatment rooms?
CDC recommends DHCP consider using a portable HEPA Air Filtration Unit as an adjunct engineering control in the treatment room while the patient is actively undergoing, and immediately following, an aerosol-generating procedure. OSHA also provides guidance on the Engineering Control of Dental Care Settings: If possible, use directional airflow, such as from fans, to ensure that air moves through staff work areas before patient treatment areas—not the reverse. A qualified industrial hygienist, ventilation engineer, or other professional can help ensure that ventilation removes, rather than creates, workplace hazards.

12. How long do I have to wait after a patient leaves to disinfect the room?
Per the CDC, 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 without suspected or confirmed COVID-19 to begin the room cleaning and disinfection process.

13. Where can I refer my symptomatic patients for COVID testing?
All patients should be telephone screened for symptoms prior to the visit. If they report a fever or other symptoms of COVID-19 (cough, shortness of breath or difficulty breathing, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell), they should contact their healthcare provider and should have their dental visit deferred.

If a patient arrives at your facility and has fever or other symptoms of COVID-19, give them a mask (if not already wearing one). If not acutely sick, send the patient home and have them contact their healthcare provider. Refer them to “Home Care Instructions” which includes information about how to get testing if they do not have a primary care provider. If the patient is acutely sick refer the patient immediately to a medical facility or call 9-1-1 if you notice emergency warning signs. For the latest information on testing, please visit the RUHS-PH testing webpage for providers.

14. Where can I find current information regarding RUHS-PH COVID-19 data and metrics?
RUHS-PH COVID-19 Surveillance Dashboard includes an array of data and metrics, such as data on testing, hospitalizations, cases and deaths by city/community, an interactive map, etc.
15. Are there any additional resources that can help prepare me to return to work?

Make sure all safety measures and updated protocols are in place and you have at least a two-week supply of PPE on hand. Communicate with your staff the office workflow and procedures to ensure social distancing of patients and staff. The ADA Return to Work, CDA Back to Practice, and CDC Releases Interim Reopening Guidance for Dental Settings have resources available on returning to work. In addition, refer to the CDC Monitoring Healthcare Personnel Guidance for information regarding the routine monitoring of staff, return to work recommendations, and management of high risk exposures.