



## **Summary, FAQ, and Additional Guidance for Health Directive 2020-09c: Required Best Practices for Dental Health Care**

**Updated July 24, 2020**

**AUDIENCE:** Dental health care practices, providers and staff

**BACKGROUND:** The document *Required Best Practices for Dental Health Care* [Health Directive 2020-09c](#), was last updated on June 15, 2020 and has not changed since then. The Directive provides context-specific guidance for dental health practices under the Medical Care Order [C19-08b](#) and describes the best practices for providing dental health care, which services can be provided under this order, requirements for [Health and Safety Plan](#) and [Social Distancing Protocol](#) checklists, and strategies to reduce SARS-COV-2 transmission in dental health care settings.

### **Summary of Revisions to this Document since the 06/24/2020 Version**

- The FAQ section has been updated to include recommendations from the [CDPH Interim Protocol for Preventive Dental Care During COVID-19 in Public Health Settings: Reducing Aerosols and Educating Patients](#) issued on July 8, 2020. Information on steps to take if a patient or staff member in a dental practice tests positive for COVID-19 has also been added.

### **Summary of 6/15/2020 Revisions to the Original (5/15/2020) Directive**

- The mandate for testing when performing aerosol-generating procedures (AGPs) was changed to a strong recommendation.
- The directive was revised to clarify that some requirements from the prior version are now part of the [Social Distancing Protocol](#) (Appendix A of the Shelter-In-Place Order [C19-07e](#)). Dental care providers must comply with those requirements, which include daily screening of personnel and basic distance and disinfection protocols.
- The [Health and Safety Plan](#) has been converted to a 2-page checklist to make it easier for dental care providers to complete and post.
- The directive clarifies that any support persons brought by a patient must also be screened and are subject to face covering and other safety precautions.
- The directive harmonizes language with the [ambulatory care directive](#) describing reasons for various protections, requirements for cleaning, and discontinuing use of magazines or other shared items in waiting rooms. It also adds language regarding the higher risk of transmission of COVID-19 during dental procedures, where face coverings cannot be worn.
- The directive also encourages dental care providers to minimize aerosol-generating procedures (AGPs), use engineering controls to minimize risks, and don new PPE when PPE is visibly contaminated.



This document provides a summary of key points in the Directive (labeled **[D]**) and answers to frequently asked questions. It also includes additional guidance from other sources, which are labeled accordingly:

- Centers for Disease Control and Prevention **[CDC]**
- Occupational Health and Safety Administration **[OSHA]**
- California Department of Public Health **[CDPH]**, and
- the San Francisco Department of Public Health **[SFPDH]**

San Francisco dental care providers are advised to thoroughly read and carefully follow the Directive.

## Summary of the Directive

- This refers to [Health Directive 2020-09c: Required Best Practices for Dental Health Care](#), which is posted along with other documents on the [SFPDH Health Directives Page](#)
- Dental Care Providers must:
  - Complete, post onsite, and follow the Social Distancing Protocol found in Appendix A of the [latest Stay-Safe-at-Home Order](#). **[D]**
  - Observe Physical Distancing, Hand Hygiene, and Cleaning requirements as specified in the Directive **[D]**
  - Complete, post onsite, and follow the dental [Health and Safety Plan](#) attached as **Exhibit B** of this Directive. **[D]**
- All staff must be screened daily for COVID-19 symptoms, diagnosis, or close contact exposure prior to work using the [Personnel Screening Handout](#). Those who answer “yes” to any screening question must stay home from work, and the provider is prohibited from taking adverse action against personnel when they call in sick. **[D]**
- All patients and support persons must be screened in advance and before they enter the office at the time of the visit, using the questions in **Exhibit C** of the Directive. When someone answers “yes” to a screening question, they should follow instructions for isolation, quarantine, or testing based on the instructions for that answer. **[D]**
  - If a patient or client or support person has a current COVID-19 (SARS-CoV-2 virus) infection, or has had recent close contact with someone with a current COVID-19 infection, the visit should be postponed unless the provider has adequate training and can deploy all appropriate infection control practices. **[D]**
- For all patients as well support persons accompanying them to an appointment, face coverings are required at all times when in the facility, with certain exceptions for persons who do not require one, or when the provision of care requires removal, as described in the Directive. Dental staff must provide a face covering if needed. **[D]**
- Staff providing dental care services must follow requirements for Personal Protective Equipment (PPE), as described in the Directive, including donning new PPE between patients and whenever PPE is observed to be visibly contaminated. **[D]**
- Aerosol-generating procedures should be minimized whenever possible. Use of rubber dams for



restorative procedures, high volume evacuators and four-handed dentistry for aerosol-generating procedures, and other administrative and engineering controls are strongly recommended to reduce aerosol generation and risk of COVID-19 transmission. [D]

- For patients undergoing any routine (non-urgent, non-emergency) AGP, there is a strong recommendation to test the patient for current infection with COVID-19 (SARS-CoV-2 virus) via RT-PCR test, close to the day of the procedure, during the period 0-7 days prior to the visit. [D]
- Viral testing is not required for urgent or emergent care as long as other precautions are taken to prevent transmission. [D]
- Dental providers must report certain COVID-19 (SARS-CoV-2 virus) test results or situations where personnel, patients, clients, or support persons are exposed to or are the source of potential SARS-CoV-2 infections during the care that was provided. [D]
- Providers must report any positive SARS-CoV-2 infection as required by public health [D]

## Frequently Asked Questions and Additional Guidance

### Who is able to provide dental services under this directive?

- All dental health care practices, as long as they meet the criteria and requirements of the directive, including:
  - Having appropriate supplies of personal protective equipment (PPE) [D]
  - Having all necessary medical and cleaning supplies [D]
  - Having adequate staff to safely function and meet all requirements and best practices listed in the Directive [D]
  - Completed and posted a copy at each entrance of both the [Health and Safety Plan](#) and [Social Distancing Protocol](#) checklists [D]
- This directive applies to all employees, contractors, sub-contractors, independent contractors, students, volunteers, and other people who provide or support the provision of dental care. [D]

### What dental services can I provide under this directive?

- This directive allows dental care to return to the pre-COVID scope of services. [D]
- The [California Department of Public Health](#) recommends that as dental offices reopen clinicians should prioritize care that was previously postponed and for those conditions that are likely to lead to dental emergencies if treatment is not provided in a timely manner. [CDPH]
- CDC has developed a [framework for healthcare personnel for delivery of non-emergent care during COVID-19](#). Dental practices should regularly monitor their state dental boards and state or local health departments for current local information, including recognizing the degree of community transmission and impact, and their region-specific recommendations. Revised health directives may be issued as needed based on community level data. [CDC]



**What are the key best practices described in this Directive?**

- Post signage and Education advising staff and patients they must:
  - Avoid entering the clinic if they have any symptoms consistent with COVID-19 **[D]**
  - Maintain a 6-foot distance from others while at the facility **[D]**
  - Wear a face covering or barrier mask at all times **[D]**
  - Sample signs are available at <https://sf.gov/outreach-toolkit-coronavirus-covid-19> **[D]**
- Screen staff daily for COVID-19 symptoms according to the [Personnel Screening Handout](#) in the [Social Distancing Protocol](#) and follow requirements for anyone who screens positive. **[D]**
- Screen patients, clients, and support persons for symptoms or exposure to COVID-19 in advance and at the time of their visit before they enter the facility, using the questions from **Exhibit C** in the Directive. **[D]**
  - The Directive does not require providers to use the form itself, but it does require that they administer the questions and follow the responses provided on the form. For example, the screening could take place by telephone or be integrated into a provider's electronic appointment system. **[D]**
- Provide and require face coverings of all patients (including anyone accompanying them) and staff, except when exceptions are allowed. **[D]**
- Ensure physical distancing of at least 6 feet is maintained by staff and patient as much as possible.
  - Adjust chairs in waiting areas **[D]**
  - For check-in or areas with lines, use floor markings to ensure minimum distancing **[D]**
  - Physical distancing in exam or treatment rooms, when possible **[D]**
  - Stagger appointments as much as possible to avoid crowding **[D]**
  - Conduct virtual visits by phone or video chat when possible **[D]**
- Discontinue the use of magazines or other shared items in the waiting areas. Toys for children should be appropriately cleaned between each patient or client use. **[D]**
- Provide sinks for handwashing and hand sanitizer effective against COVID-19 at entrances and throughout the facility. **[D]**
- Minimize aerosol-generating procedures whenever possible. **[D]**
- In lieu of requiring testing, the Directive strongly recommends testing of patients or clients between 0-7 days prior to undergoing any aerosol-generating procedure (AGP), with the results being reported to the Dental Service before the procedure. The test should be a test of current SARS-CoV-2 infection using reverse transcription polymerase chain reaction (RT-PCR). **[D]**
  - Viral testing is not required for urgent or emergent care as long as other precautions are taken to prevent transmission **[D]**



- Follow PPE and infection prevention guidelines from the Centers for Disease Control and Prevention (CDC), California Department of Public Health (CDPH), California Division of Occupational Safety and Health (Cal/OSHA), and the US Department of Labor Occupational Safety and Health Administration (OSHA). Use administrative and engineering controls to reduce aerosol generation and other risks, including rubber dams for restorative procedures, high volume evacuation and four-handed dentistry for aerosol-generating procedures. **[D]**
- Implement routine cleaning and disinfection procedures in all areas where patient care takes place. **[D]**
  - Use cleaners and water to pre-clean surfaces prior to applying an Environmental Protection Agency-registered hospital-grade disinfectant to frequently touched surfaces or objects for appropriate contact times for SARS-CoV-2. **[D]**
  - Implement wait times after procedures to allow particles to settle and/or be captured or removed by ventilation systems before cleaning, according to [CDC recommendations](#). **[D]**
  - Technologies or techniques including but not limited to HEPA filtration, ultraviolet (light) germicidal irradiation (UVGI) systems, photocatalytic oxidation (PCO) purifiers, and extra-oral suction units may be used to supplement general ventilation. If an activity-, equipment-, and facility-specific risk assessment is performed, wait times may be modified. **[D]**
- Follow reporting requirements for COVID-19 cases per local, state, and federal regulations. Note that dental providers must report certain COVID-19 (SARS-CoV-2 virus) test results or situations where personnel, patients, clients, or support persons are exposed to or are the source of potential SARS-CoV-2 infections during the care that was provided. **[D]**

### **How do I screen patients prior to dental treatment?**

- Contact all patients prior to dental treatment
  - Telephone triage all patients in need of dental care. 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. **[CDC]**
  - Screen all patients, clients, and persons accompanying them to the visit using the questions in **Exhibit C** of the Directive. When someone answers "yes" to a screening question, they should follow instructions for isolation, quarantine, or testing based on the instructions for that answer. In-person care may only be provided subject to infection control practices appropriate to ensure that the care can be provided safely for the patient or client and for all Personnel. **[D]**
  - Request that the patient limit the number of visitors accompanying the patient to the dental appointment to only those people who are necessary. **[CDC]**
  - 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 repeat screening upon arrival. **[CDC]**



- Inform patients that some procedures may look and feel different at the dental clinic to limit or reduce aerosols, in an effort to reduce potential COVID-19 transmission and assure the safety of staff and patients. Ask patients to brush and floss their teeth at home before their appointment. **[CDPH]**
- Systematically assess all patients and visitors upon arrival.
  - Ensure that the patient and visitors have put on their own face covering, or provide a surgical mask if supplies are adequate. **[D]**
  - Repeat the screening questions in **Exhibit C** of the Directive. This screening is in addition to examining any patient or client vital signs as part of health care being provided. **[D]**
  - The CDC recommends actively taking the patient's temperature. If the patient is afebrile (temperature < 100°F/37.8°C) 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](#) (described below). **[CDC]**
- Require patient to put on their face covering when they leave the treatment area. **[CDC]**
- CDC recommends that dental providers should request that the patient inform the dental clinic if they develop symptoms or are diagnosed with COVID-19 within 2 days following the dental appointment. **[CDC]**
- Remind patients: **[CDPH]**
  - Routine home care is vital, including:
    - Brushing twice a day for two minutes with fluoride toothpaste.
    - Floss or clean between teeth once a day.
    - Limit food and drinks containing sugar and fermentable carbohydrates.
    - Drink tap water.
  - Wash hands before and after brushing and flossing.
  - Replace toothbrushes when bristles begin to fray, every three months, or after illness.
  - If you have a dental emergency, call your dental office (vs. going to the emergency room).

**What engineering and administrative controls and safe work practices should I follow?**

- Use teleconferencing or teledentistry options as alternatives to in office care, when available and appropriate for patient care **[CDC]**
- Minimize aerosol generation whenever possible. When aerosol-generating procedures are necessary, employ aerosol management strategies such as the use of four-handed dentistry, high evacuation suction, dental dams, or other appropriate equipment to minimize or capture spatter and aerosols. **[CDC]**
  - Minimize the number of staff present when performing aerosol-generating procedures. **[OSHA]**



- Minimize the use of dental handpieces when appropriate and minimize the use of air/water syringe when possible. Use of ultrasonic scalers is not recommended at this time. Prioritize minimally invasive/atraumatic restorative techniques (hand instruments only). **[OSHA]**
- Cleaning of teeth by hand scalers, toothbrush, and selective tooth polishing is recommended at this time. **[CDPH]**
- Dental Sealants can be placed by cleaning tooth surfaces with a toothbrush to remove plaque and debris. Cotton tips and gauzes can be used instead of air/water syringe. Glass ionomer sealants are preferable because they are moisture tolerant and continue to release fluoride long after applied. **[CDPH]**
- Fluoride varnish can be painted on teeth without performing dental prophylaxis. **[CDPH]**
- Silver Diamide Fluoride (SDF) can be placed with minimal aerosols and may be an alternative to restorations for some patients during this time. This can be accomplished by removing plaque and debris with gauze or oral hygiene aid (e.g. toothbrush, proxy brush) and limiting the use of air and water. **[CDPH]**
- Use engineering controls to shield dental workers and patients from potential exposure to SARS-CoV-2. These include easily decontaminated physical barriers and partitions between patient treatment areas **[OSHA]**
  - If available, use local exhaust ventilation to capture and remove mists or aerosols generated during dental care. **[OSHA]**
  - If possible, use directional airflow, such as from fans, to ensure air moves through staff work areas before patient treatment areas. **[OSHA]**
  - Consider the use of a portable HEPA air filtration unit while the patient is actively undergoing, and immediately following, an aerosol-generating procedure. **[CDC]**
- Dental treatment should be provided in individual patient rooms if possible. For dental facilities with open floor plans, to prevent spread of pathogens, there should be:
  - At least 6 feet of space between patient chairs **[CDC]**
  - Physical barriers between patient chairs **[CDC]**
  - Operatories should be oriented parallel to the direction of airflow if possible. **[CDC]**
  - Perform as many tasks as possible in areas away from patients and individuals accompanying patients. **[OSHA]**
- 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.
  - Limit care to one patient per provider whenever possible. **[CDC/SFDPH]**
  - Consider such strategies as scheduling potential aerosol-generating procedures as the last cases of the day, rotating operatories between procedures that may produce aerosols, or using closed operatories/treatment rooms. **[CDC/SFDPH]**
- Allow for time required to clean and disinfect operatories between patients when calculating



daily patient volume. Set up operatories so that only the clean or sterile supplies and instruments needed for a 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. **[CDC]**

### **What are PPE recommendations for staff in dental practices?**

- CDC recommendations for Personal Protective Equipment (PPE) for dental providers is included in their [Guidance for Dental Settings](#). **[CDC]**
- During non-aerosol-generating procedures, dental providers and staff should wear a surgical mask, eye protection (goggles, protective eyewear with solid side shields, or a full-face shield), a gown or protective clothing, and gloves. **[CDC]**
- During aerosol-generating procedures, dental providers and staff should wear a NIOSH-certified, fit-tested N95 respirator (preferably a surgical N95 which protects against splashes) or a respirator that offers a higher level of protection, a gown or protective clothing, and gloves. Head and shoe covers may also be worn. To extend the service life of the N95 respirator, and/or if a non-surgical N95 is worn, consideration can be given to wearing a surgical or isolation mask over the N95 respirator. Do not use industrial N95s with exhalation valves, as these masks allow droplets to be released from the mask, putting others nearby at risk. **[CDC/SFDPH]**
- Full face shields are preferred when there is potential for spray or spatter or aerosol-generating procedures. **[SFDPH]**
- Dental personnel are required to don new PPE between patients whenever PPE is observed to be visibly contaminated with blood or body fluids. PPE such as face shields or goggles may be disinfected, using an approved method or disinfectants effective against SARS-CoV-2. **[D]**
- See [CDC guidance](#) on recommended sequence for putting on (donning) and taking off (doffing) PPE. **[CDC]**
- Dental staff should avoid touching their faces, including their eyes, noses, and mouths, particularly until after they have thoroughly washed their hands after completing work and/or removing PPE. **[OSHA]**
- It is recommended that dental practices have a minimum 2-week supply of PPE for dentists and staff, including N95 respirators, face shields, goggles, surgical masks, and other infection control equipment. **[CDPH]**
- If PPE and supplies are limited, prioritize dental care for the highest need, most vulnerable patients first. **[CDC]**
- For City and County of San Francisco (CCSF) Employees only: see Interim Framework for PPE Use by City and County of San Francisco (CCSF) Employees and Contractors Working in a CCSF Dental Clinic with Asymptomatic Patients during the COVID-19 Pandemic Given Current PPE Shortages for additional PPE recommendations, at [www.sfcddcp.org/hcpPPE](http://www.sfcddcp.org/hcpPPE). **[SFDPH]**

### **How do my staff get fit tested for N95 respirators?**

- San Francisco Dental Society (SFDS) - will schedule periodic fit testing as demand warrants. To



inquire about SFDS fit-testing schedules, call (415) 928-7337 (M-F 8:30 AM – 5 PM) or email [info@sdfs.org](mailto:info@sdfs.org). Only dental staff aligned with a licensed San Francisco practicing dentist, including dental hygienists and chair-side assistants that are part of a dental practice, will be eligible for fit-testing with the San Francisco Dental Society.

- San Francisco Dental Hygiene Society (SFDHS) will also schedule periodic fit testing as demand warrants. To inquire about SFDHS fit testing, please email [sfdentalhygienesociety@yahoo.com](mailto:sfdentalhygienesociety@yahoo.com) or [visit our Facebook page](#) for updates. All licensed dental staff (RDHs, RDHAPs, DDSs, and RDAs) are eligible for fit testing with the San Francisco Dental Hygiene Society and temp RDHs and RDHAPs that may work in multiple locations are encouraged to be fit tested for their own safety.
- Fit testing services include:
  - Medical evaluation for approval to wear a respirator
  - Training on proper fit and storage, limitations of use, and protection factors of respirators
  - Fit testing
  - Report documenting results of fit test
- Fit testing will need to be repeated whenever any new or different brands and models of respirators are going to be used.
- Other local resources available for N95 fit testing can be found here: [www.sfcdcp.org/hcpPPE](http://www.sfcdcp.org/hcpPPE)

#### **What procedures are considered aerosol-generating procedures?**

- Use of dental turbines, micro-motor handpieces, ultrasonic scalers, and air-water syringes are examples of aerosol-generating procedures according to the [Occupational Safety and Health Administration \(OSHA\)](#). **This list is not exhaustive; other procedures also may generate aerosols. [OSHA]**

#### **What are requirements for COVID-19 testing of patients before aerosol-generating procedures?**

- Given ongoing community transmission of COVID-19 in San Francisco and the risk of both asymptomatic and pre-symptomatic infection, testing for current SARS-CoV-2 infection via a reverse transcriptase-polymerase chain reaction (RT-PCR) test is strongly recommended 0-7 days before conducting an aerosol-generating procedure. The test should be performed as close to the day of the procedure as possible. *Testing is not required for urgent or emergent dental care as long as other precautions are taken to prevent transmission. [D]*
- A negative test result performed within the last 7 days should be confirmed (e.g. paper copy/email/fax of test result, or review of result within electronic medical record) prior to proceeding with an aerosol-generating procedure. Alternatively, a rapid SARS-CoV-2 RT-PCR test may be performed in-house by the dental provider. **[D]**
- Aerosol-generating procedures should be deferred in patients with a positive RT-PCR test result, and these patients should be isolated and referred to their primary care provider for additional follow-up. **[SFDPH]**
- A reverse transcriptase-polymerase chain reaction (RT-PCR test) is the preferred test for diagnosing COVID-19 in patients. No serologic tests are currently approved by the FDA for



diagnosing COVID-19. False negatives have been reported in patients with asymptomatic and pre-symptomatic infection. Therefore, *a negative test does not rule out COVID-19 infection*, and appropriate PPE and other risk reduction precautions should always be taken while performing aerosol-generating procedures. **[SFDPH]**

**What if my patient has several visits in a row requiring aerosol-generating procedures?**

- Testing is strongly recommended prior to the first visit with an aerosol-generating procedure. For follow-up visits involving the same treatment plan that includes an aerosol-generating procedure, patients should be screened for symptoms, and repeat RT-PCR testing is at the discretion of the dental provider. **[SFDPH]**
- In between visits, patients should be provided educational materials on preventing infection between visits. Several good handouts are available in English and multiple other languages at [this CDC page](#). **[D]**

**Where can patients and dental office staff get tested for COVID-19 infection?**

- Many providers offer testing through the patient's health plan.
- <https://sf.gov/find-out-how-get-tested-coronavirus> lists a number of test centers in SF along with times, eligibility, and online appointment scheduling.
- As health care workers, it is recommended that dental office staff periodically test themselves for COVID-19. **[SFDPH]**

**How do I get my patient's COVID-19 test results if they are tested elsewhere?**

- It will vary by test location. Patients should be instructed to provide a copy of their RT-PCR test result to the dental clinic prior to or at the time of the aerosol-generating procedure. If a copy of the result is not available, obtain a release of information from the patient and contact the testing site for results. **[SFDPH]**

**What do I do if a patient arrives at the dental clinic and is suspected to have COVID-19 (positive response to appointment day screen)?**

- Defer dental treatment if possible and do the following:
  - If not already wearing a mask, give the patient a mask to cover his or her nose and mouth. **[CDC]**
  - If acutely sick (for example, has trouble breathing), refer the patient to a medical facility, or call 911 as needed and inform them that the patient may have COVID-19. **[CDC]**
  - If not acutely sick, send the patient home, and instruct the patient to call their primary care provider for further evaluation and testing. **[CDC]**
  - See [CDC additional precautions](#) **[CDC]**
- Based on all the clinical information and test results, the provider can decide whether or not to proceed with treatment. Dental emergencies for COVID-19 patients should take place in a



facility with appropriate controls in place and in accordance with [CDC guidance](#) and the [Cal-OSHA Aerosol Transmissible Diseases \(ATD\) Standard](#). [SFPDH]

**What do I do if a dental staff member or patient seen in our practice has tested positive for COVID-19?**

- Call the **SFPDH COVID-19 Clinician Consultation Line at (415) 554-2830** (available 24/7, seven days a week). A clinician will advise on next steps, including testing of dental staff, determining whether staff need to isolate, notification of patients, recommendations for cleaning, and other measures to prevent further transmission. [SFPDH]

**What is the appropriate approach for decontamination of dental operatories?**

- Ensure that environmental cleaning and disinfection procedures are followed consistently and correctly. Providers must stay up to date with practice-related recommendations issued by the US Centers for Disease Control and Prevention (see [Environmental Infection Control section of Guidance for Dental Settings](#) and [Guidelines for Infection Control in Dental Health Care Settings – 2003](#)), the California Department of Public Health, and other governmental or regulatory agencies and professional organizations. [D]
- Routine cleaning and disinfection procedures (e.g. using cleaners and water to clean surfaces **before** applying an EPA-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 dental practices. [CDC]
- 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. [CDC]
- Implement wait times after procedures to allow particles to settle and/or be captured or removed by ventilation systems before cleaning, according to [CDC recommendations](#).
- Technologies or techniques including but not limited to HEPA filtration, ultraviolet (light) germicidal irradiation (UVGI) systems, photocatalytic oxidation (PCO) purifiers, and extra-oral suction units may be used to supplement general ventilation. If an activity-, equipment-, and facility-specific risk assessment is performed, wait times may be modified.
- Manage medical waste and trash according to routine procedures. [CDC]
- Wear gloves when handling laundry. See SF DPH Guidance "[Using Shared Laundry Facilities During the COVID-19 Pandemic](#)" for additional guidance and tips. [SFPDH]
- Workers who perform cleaning and disinfection in dental practices will require PPE and/or other controls for protection. See the CDC's [Interim Infection Prevention and Control Guidance for Dental Settings During the COVID-19 Response for additional guidance](#). [CDC]
- Clean and disinfect office spaces, patient treatment rooms, and equipment according to the [CDC Guideline for Disinfection and Sterilization in Healthcare Facilities 2008](#), the [Guidelines for Infection Control in Dental Health Care Settings – 2003](#), and the [Interim Infection Prevention and Control Guidance for Dental Settings During the COVID-19 Response](#). [CDC]



## Additional Resources

- California Occupational Health and Safety Administration (Cal/OSHA) <https://www.dir.ca.gov/dosh/coronavirus/General-Industry.html>
- Centers for Disease Control and Prevention (CDC) Guidance <https://www.cdc.gov/coronavirus/2019-ncov/hcp/dental-settings.html>
- Occupational Health and Safety Administration (OSHA) Guidance for Dentistry Workers and Employers - <https://www.osha.gov/SLTC/covid-19/dentistry.html>
- CA Dept Public Health – [Interim Protocol for Preventive Dental Care During COVID-19 in Public Health Settings: Reducing Aerosols and Educating Patients](#); [Guidance for Resuming Deferred and Preventive Dental Care](#)
- American Dental Association (ADA) - [Return to Work Interim Guidance Toolkit](#)
- California Dental Association (CDA) - <https://www.cda.org/Home/Practice/Back-to-Practice>