



DIRECTIVE OF THE HEALTH OFFICER No. 2020-09c

**DIRECTIVE OF THE HEALTH OFFICER OF
THE CITY AND COUNTY OF SAN FRANCISCO REGARDING REQUIRED BEST
PRACTICES FOR DENTAL HEALTH CARE**

(PUBLIC HEALTH DIRECTIVE)
DATE OF DIRECTIVE: June 15, 2020

By this Directive, the Health Officer of the City and County of San Francisco (the “Health Officer”) issues mandatory, context-specific direction permitting the provision of certain kinds of health-related care as part of the local response to the Coronavirus Disease 2019 (“COVID-19”) pandemic. This Directive constitutes context-specific guidance as provided under Sections 1 and 3 of Health Officer Order No. C19-08b issued on May 15, 2020 (the “Medical Care Order”, available online at www.sfdph.org/healthorders) and, unless otherwise defined below, capitalized terms used in this Directive have the same meaning given them in that order. This Directive goes into effect at 11:59 p.m. on June 15, 2020, and no care may be provided of the type covered by this Directive except as permitted by and subject to the restrictions of either the Medical Care Order or this Directive. As soon as the mandatory criteria for provision of care listed in this Directive are met, then a provider, facility, or office may provide the care covered by this Directive, and such care may continue to be provided by the provider, facility, or office only so long as the mandatory criteria are met. This Directive remains in effect until suspended, superseded, or amended by the Health Officer, as further provided below. This Directive has support in the bases and justifications set forth in the Medical Care Order as well as in Health Officer Order No. C19-07e issued on June 12, 2020 (the “Stay-Safe-At-Home Order”) and any updates or amendments to that order. As further provided below, this Directive also automatically incorporates any revisions to the Medical Care Order, the Stay-Safe-At-Home Order, or other future orders issued by the Health Officer that supersede those orders or that reference this Directive. This Directive is intended to promote best practices as to Social Distancing Requirements listed in Section 15.k of the Stay-Safe-At-Home Order, infection control measures, and other best practices, helping reduce the transmission of SARS-CoV-2, the virus that causes COVID-19, in the health care and healing arts setting and helping safeguard the health of workers, patients and clients, and the community. This Directive No. 2020-09c revises and replaces Directive No. 2020-09b, issued May 17, 2020, and updated on May 18, 2020.

**UNDER THE AUTHORITY OF CALIFORNIA HEALTH AND SAFETY CODE
SECTIONS 101040, 101085, AND 120175, THE HEALTH OFFICER DIRECTS AS
FOLLOWS:**

- 1. For any Healthcare Operation that Section 15.b of the Stay-Safe-At-Home Order permits to provide care in the City and County of San Francisco (the “City”) during this pandemic, this Directive applies only to the aspects of that Healthcare Operation that meet all of the following criteria:**
 - a. The aspect of the Healthcare Operation provides or supports the provision of the following types of care: Dental Health Care, as that term is defined in Section 3 below; and**
 - b. The aspect of the Healthcare Operation has appropriate supplies (Personal Protective Equipment (“PPE”), and all other necessary medical and cleaning**



Health Officer Directive No. 2020-09c

supplies) and staffing to safely function in a manner that meets both regulatory requirements for staffing and operation and the community standard for the safe provision of care; and

- c. The aspect of the Healthcare Operation meets all applicable requirements listed in this Directive, including Exhibit A to this Directive, at all times and has completed and posted the two-page Health and Safety Plan checklist attached to this Directive as Exhibit B; and
- d. The aspect of the Healthcare Operation has reviewed and meets all applicable requirements listed in Appendix A of the Stay-Safe-At-Home Order, as revised on June 1, 2020, and has completed and posted the two-page Social Distancing Protocol checklist included in that Appendix A.

Each such aspect of a Healthcare Operation that meets all criteria listed above is referred to by this Directive as a “Dental Care Service.”

- 2. This Directive permits the provision of Dental Health Care by the Dental Care Service of any Healthcare Operation so long as the owner, operator, manager, supervisor, Chief Executive Officer or Administrator, Chief Medical Officer or Chief of Service or Chief of Staff, or other medical supervisor of a Dental Care Service ensures that all mandatory best practices listed in Exhibit A to this Directive (the “Best Practices”), which is incorporated by this reference, are followed.
- 3. For purposes of this Directive, the term “Dental Health Care” means any care provided by a professional who is licensed and providing care under Chapter 4 of Division 2 of the California Business and Professions Code or by someone who is supervised by such a licensed professional. For purposes of this Directive, Dental Health Care includes but is not limited to any preventative, restorative, maintenance, cosmetic, hygiene, corrective, orthodontic, routine, diagnostic, urgent, or emergency care. Dental Health Care expressly includes any care that is “Essential” as defined by the Medical Care Order or any emergency or urgent care. But this Directive does not apply to care that is provided on an emergency basis at any general acute care hospital or urgent care center, with such care already being authorized and provided under the hospital’s or urgent care center’s standard procedures, which should include airborne precautions (N95 or higher) similar to those listed in this Directive for aerosol generating procedures. Note that care provided at an urgent care center is considered ambulatory care and is subject to Directive No. 2020-20, which is to be issued on or around June 15, 2020.
- 4. This Directive and the attached Best Practices may be revised by the Health Officer, through revision of this Directive or another future directive or order, as conditions relating to COVID-19 require, in the discretion of the Health Officer. Each Healthcare Operation that operates a Dental Care Service under this Directive must stay updated regarding any changes to the Medical Care Order, the Stay-Safe-At-Home Order, and this Directive by checking the Department of Public Health website (www.sfdph.org/directives) frequently.
- 5. Each Healthcare Operation that operates a Dental Care Service under this Directive must, before allowing Dental Health Care and related care to occur as outlined by this Directive, review and implement all applicable requirements of the Best



Health Officer Directive No. 2020-09c

Practices, consider action based on recommendations listed in the Best Practices, and complete and post the two-page checklist attached to this Directive as Appendix B (a “Health and Safety Plan”).

- 6. There are certain people associated with the Dental Care Service who are subject to this Directive. Specifically, people who provide or support the provision of care by the Dental Care Service are collectively referred to by this Directive and the Best Practices as “Personnel”, and those people include all of the following who provide services associated with the Dental Care Services in the City: employees; contractors and sub-contractors (such as those who perform services onsite or who deliver goods to the business); independent contractors; students who are participating in educational programs associated with their professional degree or licensure; volunteers; and other individuals who regularly provide services at the request of the Dental Care Service related to Dental Health Care. This Directive requires the Healthcare Operation that operates a Dental Care Service to ensure that Personnel who perform work associated with the Dental Care Service comply with the requirements of this Directive.**
- 7. Each Healthcare Operation that operates a Dental Care Service subject to this Directive must provide items such as Face Coverings (as provided in Health Order No. C19-12b issued on May 28, 2020), hand sanitizer, sinks for handwashing, PPE, and disinfectant and related supplies to Personnel and to the patients or clients, as required by the Best Practices. If any such Healthcare Operation that operates a Dental Care Service is unable to provide these required items or otherwise fails to comply with required Best Practices or this Directive, then it must cease operating the Dental Care Service under this Directive until it can fully comply and demonstrate its strict compliance.**
- 8. Each Healthcare Operation that operates a Dental Care Service is required to take certain steps in the Health and Safety Plan related to its Personnel, including certain actions listed in Sections 2.1 through 2.4 of the Best Practices if Personnel are sick. Each Healthcare Operation that operates a Dental Care Service is prohibited from taking any adverse action against any Personnel for staying home in the circumstances listed in Sections 2.1 through 2.4 of the Best Practices. Personnel of each Healthcare Operation that operates a Dental Care Service are prohibited from coming to work if they are sick and must comply with the Directive, including the rules for returning to work listed in Sections 2.1 through 2.4 of the Best Practices.**
- 9. Each Healthcare Operation that operates a Dental Care Service must: (a) make the Health and Safety Plan and Social Distancing Protocol checklists available to any patient or client, Personnel, or other member of the public on request, (b) provide a summary of the key aspects of its compliance plan regarding this Directive to all Personnel working onsite in relation to the Dental Care Service (except for people only temporarily on-site), and (c) post a copy of the Health and Safety Plan and Social Distancing Protocol checklists in any reception area of the Dental Care Service and at any key Personnel gathering or break areas related to the Dental Care Service.**
- 10. Implementation of this Directive augments—but does not limit—the obligations of each Healthcare Operation under the Medical Care Order (Order No. C19-08b) and the Stay-Safe-At-Home Order (Order No. C19-07e). The Healthcare Operation**



Health Officer Directive No. 2020-09c

must follow these context-specific Best Practices in relation to each Dental Care Service and update its compliance as necessary for the duration of this Directive, including, without limitation, as this Directive is amended or extended in writing by the Health Officer and consistent with any extension of the Medical Care Order and the Stay-Safe-At-Home Order, any other order that supersedes those orders, and any Health Officer order that references this Directive.

- 11. This Directive becomes effective at 11:59 p.m. on June 15, 2020, and will continue to be in effect until it is extended, rescinded, superseded, or amended in writing by the Health Officer. Effective as of 11:59 p.m. on June 15, 2020, this Directive revises and replaces Directive Number 2020-09b, issued May 17, 2020, and updated May 18, 2020.**

This Directive is issued in furtherance of the purposes of the Medical Care Order and the Stay-Safe-At-Home Order. Where a conflict exists between this Directive and any state, local, or federal public health order related to the COVID-19 pandemic, the most restrictive or health-protective provision controls. Failure to carry out this Directive is a violation of the Medical Care Order and the Stay-Safe-At-Home Order, constitutes an imminent threat and menace to public health, constitutes a public nuisance, and is a misdemeanor punishable by fine, imprisonment, or both.

A handwritten signature in blue ink that reads "Tomás Aragón".

Tomás J. Aragón, MD, DrPH,
Health Officer of the
City and County of San Francisco

Date: June 15, 2020



Best Practices for Dental Health Care

The owner, operator, manager, supervisor, Chief Executive Officer or Administrator, Chief Medical Officer or Chief of Service or Chief of Staff, or other medical supervisor of a Dental Care Service must, as provided in Health Officer Directive No. 2020-09c, ensure that the Dental Care Service addresses each item below before the Dental Care Service is permitted to provide any patient or client care including Routine and Essential Medical Appointments or emergency or urgent health care (except for care that is provided on an emergency or urgent basis at any general acute care hospital or urgent care center). The Dental Care Service must also complete and post the Health and Safety Plan checklist attached to this Directive as Exhibit B as required by the Directive. And at all times the Dental Care Service must comply with the requirements listed below when operating under this Directive.

Directions: Any Healthcare Operation that operates a Dental Care Service under this Directive must implement and comply with each requirement listed below. If the office or facility has written policies applicable to the Dental Care Service that satisfy a listed requirement or are more restrictive than a specific requirement of this Directive, then the office or facility may rely on its written policy to comply with the Directive's specific requirement.

Requirements:

1. Signage and Education

- 1.1. Post signage at each public entrance of the Dental Care Service to inform all Personnel and patients or clients that they must: avoid entering the facility or location if they have any symptoms consistent with COVID-19 or SARS-CoV-2 (unless they have notified the Dental Care Service in advance and precautions have been taken to protect Personnel and other patients or clients); maintain a minimum six-foot distance from others while at the facility to the extent possible; wear a face covering or barrier mask (a "Face Covering") at all times except as authorized by a healthcare provider; and not shake hands or engage in any unnecessary physical contact. Criteria for Face Coverings and the requirements related to their use are set forth in Health Officer Order No. C19-12b, issued on May 28, 2020 (the "Face Covering Order"), including as that order is revised or replaced. Sample signs are available online at <https://sf.gov/outreach-toolkit-coronavirus-covid-19>.
- 1.2. Post a copy of the Social Distancing Protocol and Health and Safety Plan checklists at each public entrance to the Dental Care Service.
- 1.3. Distribute to all Dental Care Service Personnel a summary of the key aspects of its compliance plan regarding this Directive and any educational materials required by the Health and Safety Plan.
- 1.4. Educate all Dental Care Service Personnel of the requirements of the Social Distancing Requirements of the Stay-Safe-At-Home Order and this Directive that apply to them.

2. General Screening of Personnel and Patients or Clients

- 2.1. Instruct all Dental Care Service Personnel orally and in writing not to come to work or the facility if they are sick, ensure that all Personnel are screened daily pursuant to the Social Distancing Protocol (which includes a one-page screening checklist), and follow the Social



Best Practices for Dental Health Care

Distancing Protocol requirements regarding any Personnel who answer yes to any screening question.

- 2.2. Patients or clients, as well as anyone accompanying them to an appointment, must be screened for symptoms in advance of and at the time of their in-person visit, including on the calendar day of the visit. Attached to this Directive as Exhibit C is a one-page screening form that may be used for this process. At a minimum, such screening must occur **before** the patient or client, as well as anyone accompanying them, enters the Dental Care Service facility, office, or suite on the day of the visit to protect Personnel and other patients or clients. This screening is in addition to examining any patient or client vital signs as part of the health care being provided. For any patient or client, as well as anyone accompanying them, who has symptoms, has a current confirmed COVID-19 diagnosis, or has a current confirmed SARS-CoV-2 infection, in-person health care may only be provided subject to infection control practices appropriate to ensure that that care can be provided safely for the patient or client and all Personnel.

Such screening must address all of the following:

- 2.2.1. Within the preceding 10 days has the person been diagnosed with COVID-19 or had a test confirming they have the SARS-CoV-2 virus? (If so, they are generally required to self-isolate as outlined at <https://www.sfcddcp.org/Isolation-Quarantine-Packet>.)
- 2.2.2. Does the person live in the same household with or have they had close contact with someone who in the preceding 14 days was diagnosed with COVID-19 or had a test confirming they have the SARS-CoV-2 virus? (If so, they are generally required to self-quarantine as outlined at <https://www.sfcddcp.org/Isolation-Quarantine-Packet>.)
- 2.2.3. Has the person had any one or more of the following symptoms which is new or not explained by a pre-existing condition that day or within the preceding 24 hours? The symptoms include: fever, chills, or repeated shaking/shivering; cough; sore throat; shortness of breath or difficulty breathing; feeling unusually weak or fatigued; loss of taste or smell; muscle pain; headache; runny or congested nose; or diarrhea. If any listed symptom is present, the person might be positive for SARS-CoV-2 and should be referred for testing, and appropriate precautions should be taken or the care delayed.

3. Face Covering and Related PPE

- 3.1. Face Coverings are required of all patients or clients, as well as anyone accompanying them to an appointment, seeking care from a Dental Care Service as outlined in Section 6.e of the Face Covering Order. The Dental Care Service must ensure that each patient or client and any support person wears a Face Covering at all times when onsite at the facility except where the provision of care requires removal of the Face Covering or except to the extent the Face Covering Order does not require one (such as for children 12 and younger and for people with a written excuse from a physician). The Dental Care Service must provide a Face Covering for any patient or client who does not have one. When a Face Covering is not worn by the patient or client, the Dental Care Service must take other steps to minimize risk of transmission of SARS-CoV-2.



Best Practices for Dental Health Care

- 3.2. The Dental Care Service may adopt a policy that some children (such as those age three and older) must wear a Face Covering in most situations, but such a policy must include appropriate supervision of children between 3 and 12 years old to ensure they are safely wearing a Face Covering and must include appropriate exceptions similar to those in the Face Covering Order. It is important that children 12 years old and younger are supervised when wearing a Face Covering.
- 3.3. If Dental Care Service written policies or any local, state, or federal law, regulation, or rule require the use of medical-grade masks or other masks that are more protective than a Face Covering, the more protective item must be used and its use must comply with the policy or law, regulation, or rule. For clarity, this Directive's requirements regarding Face Coverings are meant to ensure that Personnel, patients, clients, and support persons are wearing a Face Covering or mask that is more protective against the transmission of SARS-CoV-2 except where the medical procedure does not permit use of the Face Covering or mask. Appropriate masks must be utilized as directed by the clinical context and type of surgery or procedure being performed.

4. Physical Distancing

- 4.1. Physical distancing of at least 6 feet/2 meters must be maintained by Dental Care Service and patients, clients, and support persons whenever possible. This includes at a minimum the following requirements:
 - 4.1.1. In any waiting area or other area with seating, chairs should be removed or taken out of use to ensure proper distancing in other remaining chairs or seats. If a patient or client is in a waiting area with a support person, those two may sit next to each other in a designated chair or area.
 - 4.1.2. For check-in and other areas with lines, floor markings of some kind should be used, to the extent possible, to create visual reminders of minimum distancing.
 - 4.1.3. If space is available, any patient or client who has an active SARS-CoV-2 infection or who has symptoms should be isolated away from other patients or clients and Personnel. If isolation is not possible, other steps should be taken to prevent transmission. Support persons with an active SARS-CoV-2 infection are not allowed.
 - 4.1.4. The physical distancing requirements include screening of the patient or client, and any support person, on the calendar day of a visit or procedure must be done **before** arrival in the Dental Care Service facility, office, or suite (such as via a call the morning of the visit or a call from outside the building or in the lobby or hallway just before entry).
 - 4.1.5. When a patient or client, as well as any support person, is in an exam or treatment room, physical distancing must be observed whenever possible.
- 4.2. The requirements for physical distancing may be tailored based on the context of a specific patient or client's clinical situation.
- 4.3. Appointments and procedures should be staggered during the day as much as possible to avoid crowding during the day.



Best Practices for Dental Health Care

4.4. Patients and clients should be encouraged to conduct visits via telephone or other remote technology like video chat when doing so does not compromise the care being provided.

5. Hand Hygiene

5.1. The Dental Care Service (or the building where the office is located) should have bathrooms with sinks, soap, water, and disposable paper towels available for hand washing by Personnel, patients, clients, and support persons. The Dental Care Service must also provide hand sanitizer effective against SARS-CoV-2 at entrances and elsewhere at the facility or location for Personnel and patients or clients and support persons. Sanitizer must also be provided to patients or clients, as well as support persons, in waiting areas. Information on hand sanitizer, including sanitizer effective against SARS-CoV-2 and how to obtain sanitizer, is available online from the Food and Drug Administration here: <https://www.fda.gov/drugs/information-drug-class/qa-consumers-hand-sanitizers-and-covid-19>.

5.2. Encourage patients or clients to wash or sanitize their hands before they touch any Dental Care Service Personnel, and require Dental Care Service Personnel to follow appropriate infection control precautions when they must touch any patients or clients.

6. Risk Categorization, Protective Actions, and Patient or Client Testing for SARS-CoV-2

6.1. To evaluate the transmission risk or SARS-CoV-2 in health care settings, including dentistry, providers must consider the per-patient risk and the cumulative risk. More than half of persons with SARS-CoV-2 infections in the community have no symptoms but are contagious. If the risk of exposure from an asymptomatic or pre-symptomatic patient in the community is between 0.5% to 1% (0.005 to 0.01), then after seeing 60 patients from the community, the cumulative risk of exposure to a contagious patient in the clinical setting is from 26% to 45%. This may constitute the risk faced by a particular clinic or office in the course of a week, or even in the course of a day or two depending on patient volume. Because of the high cumulative risk of a contagious asymptomatic or pre-symptomatic patient in the care setting, the requirements of this Directive must be followed.

6.2. In-person care has different kinds of risks associated with the nature of the care being provided. It is not possible to list each type of Dental Health Care by risk type. But given the realities of Dental Health Care, where the patient usually sits for more than brief periods within six feet of Personnel (sometimes for an hour or longer), where the patient is usually unable to wear any Face Covering or other protective barrier mask during the procedure, and where procedures almost always involve bodily fluids such as saliva and a risk of exposure to blood or the generation of aerosols, Dental Health Care is inherently higher risk than other kinds of ambulatory care. Accordingly, this Directive includes requirements and recommendations for implementation of various Engineering Controls, Administrative Controls, Personal Protective Equipment (PPE), and testing.

6.3. Given the nature of Dental Health Care, the requirements of this Directive listed above for Face Coverings, hand hygiene, and physical distancing are not sufficient to adequately reduce the risk of exposure in most cases. Accordingly, these additional requirements must be followed by the Dental Care Service:

6.3.1. The service should minimize aerosol generating procedures (AGP) whenever possible.



Exhibit A to Health Officer Directive No. 2020-09c (issued 6/15/20)

Best Practices for Dental Health Care

- 6.3.2. For patients or clients undergoing any routine (non-urgent, non-emergency) AGP, it is strongly recommended that the patient or client be tested via reverse transcription polymerase chain reaction (RT-PCR) testing for a current SARS-CoV-2 infection between 0-7 days before the scheduled AGP, with the results being reported to or shared with the Dental Care Service before the procedure if the test is not a rapid test performed in-house by the Dental Care Service. In the future, when and if a rapid test becomes available to the Dental Care Service, the test must be performed during this window. The test should be performed as close to the day of the AGP as possible. This test is in addition to the screening requirements on the day of the scheduled procedure. A test is not required for other pre- or post-procedure care that does not include an AGP. A test is not required for any emergency or urgent care so long as other precautions are taken to protect against the risk of transmission (such as patient screening and use of appropriate PPE), but a rapid test is strongly recommended, if possible, for any AGP.
- 6.3.3. For follow up visits involving the same treatment plan that includes an AGP, repeat RT-PCR testing is at the discretion of the Dental Care Service. The Dental Care Service must provide educational materials to the patient instructing them how to avoid infection between visits.
- 6.3.4. The Dental Care Service must follow PPE and infection prevention guidelines from United States Centers for Disease Control and Prevention, the California Department of Public Health, the California Division of Occupational Safety and Health (known as Cal/OSHA), and the United States Department of Labor Occupational Safety and Health Administration (known as OSHA). When guidelines differ, the more health protective applies (*e.g.*, the one with the higher level of PPE, more protective work practices, and/or stronger Engineering and Administrative Controls).
- 6.3.5. The Dental Care Service is strongly recommended to use a rubber dam for restorative procedures, High Volume Evacuators (HVE) and four handed dentistry for AGPs, and other Engineering and Administrative Controls to reduce aerosol generation and other risks whenever possible.
- 6.3.6. 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 must be disinfected using an approved method and/or disinfectants effective against SARS-CoV-2.
- 6.4. Nothing in this Directive prohibits a Dental Care Service from requiring additional diagnostic or serology testing of a patient or client.

7. Reporting and Cooperation Requirements Regarding SARS-CoV-2

- 7.1. Each Healthcare Operation must promptly report any COVID-19 case and any patient, client, or Personnel SARS-CoV-2 infection as required by local, state, and federal laws, regulations, and rules.
- 7.2. In addition, each Dental Care Service must promptly (within 24 hours, and preferably during daytime hours) report to DPH Communicable Disease Control (CD Control) at 415-554-2830 each of the following except as excused by Section 7.3:



Exhibit A to Health Officer Directive No. 2020-09c (issued 6/15/20)

Best Practices for Dental Health Care

- 7.2.1. Any instance where a patient, client, or support person is confirmed to have had an active SARS-CoV-2 infection at the time of any Dental Health Care or related in-person care and the Dental Care Service did not know about the infection at the time of the Dental Health Care or other in-person care;
- 7.2.2. Any instance where any member of the Dental Health Service Personnel is confirmed to have had an active SARS-CoV-2 infection at the time of an in-person interaction onsite with any patient, client, or support person and the Dental Health Service did not know in advance of the in-person interaction about the infection; and
- 7.2.3. Any instance where there has been likely or confirmed transmission of SARS-CoV-2 onsite between Personnel, patients, clients, or support persons, including among Personnel or among patients, clients, or support persons associated with in-person care provided onsite by the Dental Health Service.
- 7.3. A hospital with quality management and/or infection prevention and control programs that are overseen by the hospital's Medical Staff does not need to report occurrences listed in subsections 7.2.1 and 7.2.2 above to DPH so long as the incident is reported and reviewed by its quality control or infection control program.
- 7.4. The Healthcare Operation is required to provide all information associated with this Directive requested by DPH, the Health Officer, or the Health Officer's designee. Such disclosure includes protected health information or other health information of patients or clients and information, including confidential employment and health information, about Personnel where the disclosure is limited to the minimum amount necessary for public health purposes and where any such information that is confidential must be protected by DPH and the Health Officer as required by law.
- 7.5. Each Healthcare Operation must cooperate with DPH, the Health Officer, or the Health Officer's designee in relation to action required by DPH, the Health Officer, or the Health Officer's designee that relates to any information reported under this Directive.

8. Cleaning

- 8.1. The Dental Care Service must implement routine cleaning and disinfection procedures, including using 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 the appropriate contact times for SARS-CoV-2 in healthcare settings, including those patient-care areas in which aerosol generating procedures are performed. This includes use of disinfecting liquid, wipe, or spray products that are effective against SARS-CoV-2 when disinfecting high touch surfaces. A list of products approved by the United States Environmental Protection Agency as meeting criteria for use against SARS-CoV-2 can be found online at <https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>. Products must be used in strict accordance with the product label and manufacturer's instructions, including but not limited to the manufacturer's specified dwell (wet contact time) for SARS-CoV-2, which can be obtained from the product manufacturer or found on the EPA list linked above.



Best Practices for Dental Health Care

- 8.2. Providers must stay up to date with practice-related recommendations issued by the United States Centers for Disease Control and Prevention (CDC), the California Department of Public Health, other governmental or regulatory agencies, and professional organizations. The cleaning and disinfection procedures of the Dental Care Service must include appropriate cleaning and environmental controls as outlined by these sources. One resource for cleaning information is the CDC page “Guidance for Dental Settings,” available online at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/dental-settings.html>, including the sections on “Environmental Infection Control” and “Sterilization and Disinfection of Patient-Care Items.”

Such controls should include implementing wait times after procedures to both allow particles to settle and/or be captured or removed by ventilation systems before cleaning; see the CDC recommendations available online at <https://www.cdc.gov/infectioncontrol/guidelines/environmental/appendix/air.html#tableb1>. 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.

- 8.3. All areas where patient or client care takes place must, at a minimum, undergo standard cleaning between each patient or client use. This includes any toys or other materials used by children in clinical or waiting areas. This also includes any tools that are used by Personnel when providing care.

9. Other Requirements

- 9.1. Discontinue the use of magazines and other shared items in waiting areas. Toys may be provided for use by children so long as they are appropriately cleaned as required by Section 8.3 above.
- 9.2. The Health and Safety Plan must ensure that all patients and clients are provided care in a manner that protects the safety and health of patients, clients, and Personnel. If the California Department of Public Health (“CDPH”) issues any pandemic-related guidelines or requirements regarding Dental Health Care in the future, each Dental Care Service must review such guidelines or requirements and update its provision of care under this Directive accordingly. If CDPH requires pandemic-related processes or protections that are more health-protective than those listed in this Directive, the most health-protective apply and must be followed.
- 9.3. If the Dental Care Service performs procedures or offers care of a type that are the subject of recommendations or guidance of a professional association in the field (such as the American Dental Association (ADA), American Association of Oral and Maxillofacial Surgeons, American Academy of Periodontology, or other similar professional bodies) or a government agency including but not limited to the United States Centers for Disease Control and Prevention, the California Division of Occupational Safety and Health (known as Cal/OSHA), and the United States Department of Labor Occupational Safety and Health Administration (known as OSHA), the Dental Care Service should review and consider implementing appropriate recommendations related to the pandemic and should update its compliance with this Directive over time based on such recommendations with the focus of protecting patients, clients, and Personnel.



Best Practices for Dental Health Care

- 9.4. The Health Officer may revise this Directive and add additional requirements in the future to ensure that Dental Health Care is provided in the safest possible manner during this pandemic.

Health Officer Directive No. 2020-09c (Exhibit B)

Health and Safety Plan (issued 6/15/2020)

Each Dental Care Service (the “Provider” or “Business/Entity”) must complete, post onsite, and follow this Health and Safety Plan.

Check off all items below that apply and list other required information.

Business/Entity name:

Contact name:

Facility Address:

Email / telephone:

(You may contact the person listed above with any questions or comments about this plan.)

- Provider has posted a checklist and complies with all requirements set forth in the Social Distancing Protocol included in Health Officer Order No. C19-07e, available at www.sfdph.org/healthorders, including any amendments to that order.
- Provider is familiar with and complies with all requirements set forth in Health Officer Directive No. 2020-09c, available at www.sfdph.org/directives.
- If any procedure or type of encounter is not allowed by the State of California, it is not allowed under this Directive.
- Provider is offering remote services to patients to the extent possible.
- Provider is ensuring that all Personnel are screened daily as required by the Social Distancing Protocol and instructing those who respond “yes” to any question to stay home for the appropriate amount of time and to get tested for the SARS-CoV-2 virus.
- Provider is screening each patient and any support person before and at the time of each appointment before the patient and any support person enters the building or waiting room area, and Provider is taking all required and appropriate precautions to protect patients, support persons, and Personnel. This includes appropriately isolating any patient with an active SARS-CoV-2 infection from other patients and Personnel or postponing care. Support persons with active SARS-CoV-2 infections are not allowed.
- Provider is familiar with and complies with all Face Covering requirements for patients, support persons, and Personnel set forth in Health Officer Order No. C19-12b, available at www.sfdph.org/healthorders, including any amendments to that order, as well as any additional requirements for Personal Protective Equipment discussed in this Directive.
- Provider is ensuring that the six foot physical distancing requirements are followed where feasible, including by reducing the number of chairs available in waiting rooms.
- Provider is following all required cleaning and disinfection/sanitizing requirements in compliance with this Directive and state and federal laws and regulations.

Checklist

- Provider will report any positive SARS-CoV-2 infection as required in Section 7:
 - To the state and DPH as required by federal, state, and local laws and regulations; and
 - To DPH Communicable Disease Control at 415-554-2830 when a patient, support person, or Personnel either (1) is exposed to SARS-CoV-2 at the Provider's location without knowing in advance that the person had an active infection; or (2) is believed to have contracted SARS-CoV-2 at the Provider's location in relation to the provision of services by the Provider. (Subject to the exception in Section 7.3)
- Provider is complying with all applicable pandemic-related requirements of state, federal, and local governments and regulatory entities and is reviewing other guidance from those governments and entities.
- Provider is reviewing applicable pandemic-related guidance from other professional associations related to the care provided.
- Provider is regularly checking for updates to Health Officer orders and directives in order to stay current with pandemic-related requirements. Orders are available at www.sfdph.org/healthorders and directives are available at www.sfdph.org/directives.
- Given the nature of Dental Health Care, the Dental Care Service is:
 - Minimizing aerosol generating procedures (AGP) whenever possible;
 - For patients undergoing any routine (non-urgent, non-emergency) AGP, aware of the strong recommendation that the patient be tested for a current SARS-CoV-2 infection between 0-7 days before the scheduled AGP;
 - For follow up visits involving the same treatment plan that includes an AGP, considering repeat testing and providing educational materials to the patient instructing them how to avoid infection between visits;
 - Following PPE and infection prevention guidelines from CDC, CDPH, Cal/OSHA, and OSHA;
 - Strongly considering using a rubber dam for restorative procedures, High Volume Evacuators (HVE) and four handed dentistry for AGPs, and other Engineering and Administrative Controls to reduce aerosol generation and other risks whenever possible; and
 - Requiring Personnel to don new PPE between patients whenever PPE is observed to be visibly contaminated with blood or body fluids and requiring disinfection of PPE such as face shields or goggles using an approved method and/or disinfectants effective against SARS-CoV-2.



Health Officer Directive No. 2020-09c

Exhibit C: Patient, Client, and Support Person Screening Questions

Patients, clients, and support persons must answer the following questions before or at the start of any in-person appointment or procedure. For any answer that is “yes,” the requirements of the Directive must be followed and the in-person care should be postponed unless it can occur safely. Support persons who answer “yes” to any question are not allowed to participate in person.

Part 1 (screening questions to be answered by the patient, client, and support person):

1. Within the last 10 days have you been diagnosed with COVID-19 or had a test confirming you have the SARS-CoV-2 virus?
2. Do you live in the same household with or have you had **close contact*** with someone who in the past 14 days was diagnosed with COVID-19, was in isolation or quarantine, or had a test confirming they have the SARS-CoV-2 virus?

If the answer to either question is “yes”, follow the steps listed in Part 2 below.

3. Have you had any one or more of these symptoms today or within the past 24 hours which is new or not explained by a pre-existing condition?

- Fever, chills, or repeated shaking/shivering
- Cough
- Sore throat
- Shortness of breath, difficulty breathing
- Feeling unusually weak or fatigued
- Loss of your sense of taste or smell
- Muscle pain
- Headache
- Runny or congested nose
- Diarrhea

If the answer to Question 3 is “yes”, follow the steps listed in Part 3 below.

Part 2 – If you answered “yes” to Questions 1 or 2:

- If you answered **yes to Question 1:** you are subject to the Health Officer Isolation Directive. **Follow Isolation Steps** in the Guidance Packet. Your care may need to be postponed.
- If you answered **yes to Question 2:** you are subject to the Health Officer Quarantine Directive. **Follow Quarantine Steps** in the Guidance Packet. Your care may need to be postponed.
- The meaning of the term ***close contact** is explained in the Guidance Packet. The Guidance Packet is available at: <https://www.sfcddcp.org/Isolation-Quarantine-Packet>

Part 3 – If you answered “yes” to Question 3:

You may have the SARS-CoV-2 virus and **should be tested for the virus**. Your care may need to be postponed, depending on the ability of your provider to safely provide care. You should not go to work for at least **10 calendar days**. In order to return to work sooner and to protect those around you, you should take these steps:

1. Contact your usual healthcare provider about getting tested for the virus, or sign up for free testing from CityTestSF at <https://sf.gov/citytestsf>. If you live outside the City, you can check with the county where you live, get tested by your usual healthcare provider, or use CityTestSF.
2. Wait for your test results at home while minimizing exposure to those you live with. A good resource is <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/steps-when-sick.html>.
3. If your result is positive (confirms that you have the virus), go to **Part 2** above and follow **Isolation Steps**.
4. If your result is negative, do not return to work until you have had at least **3 days** in a row without fever and with improvements in your other symptoms. Consult your healthcare provider to decide.