

ADA Interim Guidance for Minimizing Risk of COVID-19 Transmission

Table of Contents

Before Dental Care Starts

1. [Dentist and Dental Team Preparation](#)
 - Ensuring safety of staff
 - Office set-up
 - Appointment scheduling
2. [Screening for COVID-19 Status and Triaging for Dental Treatment](#)
 - Phone screening for COVID-19
 - Who can be seen in the dental setting?
 - Referrals
3. [Instructions for Patient Arrival](#)
 - Social distancing and waiting area
 - Infection control etiquette

During Dental Care

4. [Standard and Transmission Precautions and Personal Protective Equipment \(PPE\)](#)
 - Standard precautions
 - Transmission-based precautions
 - Use of masks and respirators
 - Donning and doffing
 - Equipment and supplies to help protect dental health care personnel from infection
5. [Clinical Technique \(Handpieces, Equipment, etc.\)](#)
 - Technical approaches and equipment to help reduce transmission
6. [Steps After Suspected, Unintentional Exposure](#)

After Dental Care is Provided

7. [In Between Patients](#)
 - Cleaning and sanitizing surfaces and equipment
8. [Post-Operative Instructions for Patients](#)
 - Medications as adjuncts to care
9. [When Going Home After a Workday](#)
 - Steps to prevent disease transmission between work and home

ADA Interim Guidance for Minimizing Risk of COVID-19 Transmission

Before Dental Care Starts

Dentist and Dental Team Preparation

1. Ensure that the dental health care personnel (DHCP) have received their seasonal flu vaccine. (<https://www.cdc.gov/vaccines/adults/rec-vac/hcw.html>)
2. DHCP experiencing influenza-like-illness (ILI) (fever with either cough or sore throat, muscle aches) should not report to work. (<https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/steps-to-prepare.html>, <https://www.cdc.gov/coronavirus/2019-ncov/hcp/dental-settings.html>)
3. 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. (<https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/people-at-higher-risk.html>). Dental offices "... should consider and address the level(s) of risk associated with various worksites and job tasks workers perform at those sites." It is suggested that providers who do not fall into these categories (older age; presence of chronic medical conditions, including immunocompromising conditions; pregnancy)." should be prioritized to provide care. (<https://www.osha.gov/Publications/OSHA3990.pdf>)
4. 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. Dental offices should create a plan for whom to contact if an employee develops fever or respiratory symptoms to determine whether medical evaluation is necessary. (<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assessment-hcp.html>)
 - a. To prevent transmission to DHCP or other patients, contact your [local health department](#) immediately if you suspect a patient has COVID-19. You can also contact your [state health department](#). (<https://www.cdc.gov/coronavirus/2019-ncov/php/reporting-pui.html>)
5. "Designate convalescent [DHCP] provision of care to known or suspected COVID-19 patients (those who have clinically recovered from COVID-19 and may have some protective immunity) to preferentially provide care." This means that providers who have recently contracted and recovered from a COVID-19 infection should be the preferred personnel providing care. (<https://www.cdc.gov/coronavirus/2019-ncov/hcp/checklist-n95-strategy.html>)
6. "Conduct an inventory of available personal protective equipment (PPE) supplies [e.g., surgical masks, surgical gowns, surgical gloves, face shields]." (<https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/steps-to-prepare.html>) Assume that supplies may be unavailable in the near future. (<https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/face-masks.html>)
7. Remove magazines, reading materials, toys and other objects that may be touched by others and which are not easily disinfected (<https://www.ncbi.nlm.nih.gov/pubmed/28916372>, <https://www.alabamapublichealth.gov/oralhealth/assets/cov-dental-protocol-031720.pdf>)
8. Print and place signage (<https://www.cdc.gov/coronavirus/2019-ncov/downloads/stop-the-spread-of-germs.pdf>) in the dental office for instructing patients on standard recommendations for respiratory hygiene/cough etiquette and social distancing. (<https://www.cdc.gov/oralhealth/infectioncontrol/pdf/safe-care2.pdf>); (<https://www.cdc.gov/coronavirus/2019-ncov/php/risk-assessment.html>)

ADA Interim Guidance for Minimizing Risk of COVID-19 Transmission

9. Schedule appointments apart enough to minimize possible contact with other patients in the waiting room. (<https://success.ada.org/en/practice-management/patients/coronavirus-frequently-asked-questions>)
10. Prevent patients from bringing companions to their appointment, except for instances where the patient requires assistance (e.g., pediatric patients, people with special needs, elderly patients, etc.). If companions are allowed for patients receiving treatment, they should also be screened for signs and symptoms of COVID-19 during patient check-in and should not be allowed entry into the facility if signs and symptoms are present (e.g., fever, cough, shortness of breath, sore throat). Companions should not be allowed in the dental office if perceived to be at a high risk of contracting COVID-19 (e.g., having a pre-existing medically compromised condition). Any person accompanying a patient should be prohibited in the dental operator. (https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhcp%2Finfection-control.html#manage_access)

Screening for COVID-19 Status and Triaging for Dental Treatment

1. A recommendation as of March 16th was for “Dentists nationwide postpone elective procedures for the next three weeks. Concentrating on emergency dental care will allow us to care for our emergency patients and alleviate the burden that dental emergencies would place on hospital emergency departments.” State and local mandates as well as regional variation in infection rates may affect guidance on postponement period going forward (Algorithm 1). (<https://www.ada.org/en/press-room/news-releases/2020-archives/march/ada-calls-upon-dentists-to-postpone-elective-procedures>, <https://www.cdc.gov/coronavirus/2019-ncov/hcp/dental-settings.html>)
2. “Make every effort to interview the patient by telephone, text monitoring system, or video conference before the visit.” (<https://www.cdc.gov/coronavirus/2019-ncov/php/guidance-evaluating-pui.html>, <https://www.cdc.gov/coronavirus/2019-ncov/hcp/dental-settings.html>)
3. If an emergency or urgent dental patient does not have a fever and is otherwise without even mild symptoms consistent with COVID-19 infection (e.g., fever, sore throat, cough, difficulty breathing), they can be seen in dental settings with appropriate protocols and PPE in place. (Algorithm 2 and 3).
4. If an emergency or urgent dental patient has a fever strongly associated with a dental diagnosis (e.g., pulpal and periapical dental pain and intraoral swelling is present), but no other signs/symptoms of COVID-19 infection (e.g., fever, sore throat, cough, difficulty breathing), they can be seen in dental settings with appropriate protocols and PPE in place (Algorithm 2 and 3).
5. If an emergency or urgent dental patient does exhibit signs and symptoms of respiratory illness, the patient should be referred for emergency care where appropriate Transmission-Based Precautions are available. (Algorithm 2). (<https://www.cdc.gov/oralhealth/infectioncontrol/pdf/safe-care2.pdf>; <https://www.cdc.gov/mmwr/PDF/rr/rr5217.pdf>)
6. As the pandemic progresses, some patients will recover from the COVID-19 infection. It is important to determine when a patient who was diagnosed with the disease is ready to discontinue home isolation. CDC suggests two approaches to determine clearance to abandon quarantine:

ADA Interim Guidance for Minimizing Risk of COVID-19 Transmission

- a. **“Time-since-illness-onset and time-since-recovery strategy (non-test-based strategy)*:** Persons with COVID-19 who have symptoms and were directed to care for themselves at home may discontinue home isolation under the following conditions:
 - i. 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); and,
 - ii. At least 7 days have passed since symptoms first appeared.”
(<https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html>,
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/dental-settings.html>)
- b. **“Test-based strategy:** Persons who have COVID-19 who have symptoms and were directed to care for themselves at home may discontinue home isolation under the following conditions:
 - i. Resolution of fever without the use of fever-reducing medications and,
 - ii. Improvement in respiratory symptoms (e.g., cough, shortness of breath) and,
 - iii. Negative results of an FDA Emergency Use Authorized molecular assay for COVID-19 from at least two consecutive nasopharyngeal swab specimens collected ≥ 24 hours apart** (total of two negative specimens).”
(<https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html>)

“Individuals with laboratory-confirmed COVID-19 who have not had any symptoms may discontinue home isolation when at least 7 days have passed since the date of their first positive COVID-19 diagnostic test and have had no subsequent illness.” (<https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html>)

Footnote

1. *This recommendation will prevent most, but may not prevent all instances of secondary spread. The risk of transmission after recovery, is likely very substantially less than that during illness.
2. **All test results should be final before isolation is ended. Testing guidance is based upon limited information and is subject to change as more information becomes available.
(<https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html>)

Upon Patient Arrival

1. If patients wish to, or if the waiting room does not allow for appropriate “social distancing” (situated at least 6 feet or 2 meters apart), they may wait in their personal vehicle or outside the facility where they can be contacted by mobile phone when it is their turn to be seen. This can be communicated to patients at the moment of scheduling the appointment, based on established office procedures (see Dentist and Dental Team Preparation Section). (<https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/dialysis.html>)
(<https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html>)
2. Though we are recommending that only asymptomatic patients, patients who have tested negative for COVID-19 infection, or recovered patients (after 3 days since resolution of signs and symptoms) be seen in dental settings, DHCP should ensure that there are “supplies for [infection control etiquette], (e.g., alcohol-based hand rub with 60-95% alcohol, tissues, and no-touch receptacles for disposal at healthcare facility entrances, waiting rooms, and patient check-ins.” (<https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html>)

ADA Interim Guidance for Minimizing Risk of COVID-19 Transmission

During Dental Care

Standard and Transmission-based Precautions and Personal Protective Equipment (PPE)

1. DHCP should adhere to Standard Precautions, which “are the minimum infection prevention practices that apply to all patient care, regardless of suspected or confirmed infection status of the patient, in any setting where healthcare is delivered.”
 - a. Standard Precautions include: Hand hygiene, use of PPE, respiratory hygiene/etiquette, sharps safety, safe injection practices, sterile instruments and devices, clean and disinfected environmental surfaces. (<https://www.cdc.gov/oralhealth/infectioncontrol/pdf/safe-care2.pdf>)
2. If available, DHCP should implement Transmission-Based Precautions. “Necessary transmission-based precautions might include patient placement (e.g., isolation), adequate room ventilation, respiratory protection (e.g., N-95 masks) for DHCP, or postponement of nonemergency dental procedures.” (<https://www.cdc.gov/oralhealth/infectioncontrol/pdf/safe-care2.pdf>, <https://www.cdc.gov/mmwr/PDF/rr/rr5217.pdf>, <https://www.cdc.gov/infectioncontrol/basics/transmission-based-precautions.html>)
3. “Wear a surgical mask and eye protection with solid side shields or a face shield to protect mucous membranes of the eyes, nose, and mouth during procedures likely to generate splashing or spattering [(large droplets)] of blood or other body fluids.” (<https://www.cdc.gov/mmwr/PDF/rr/rr5217.pdf>)
4. Surgical masks are one use only, and one mask should be used per patient. (<https://www.fda.gov/medical-devices/personal-protective-equipment-infection-control/n95-respirators-and-surgical-masks-face-masks>)
5. “If your mask is damaged or soiled, or if breathing through the mask becomes difficult, you should remove the face mask, discard it safely, and replace it with a new one.” (<https://www.fda.gov/medical-devices/personal-protective-equipment-infection-control/n95-respirators-and-surgical-masks-face-masks>)
 - a. Additional information on surgical masks from the FDA is available [here](#).
 - b. Use a fit-tested (instructions on how to use and fit a N95 respirator [here](#)) National Institute for Occupational Safety and Health (NIOSH)-approved N95 or higher level respirator in combination with other Transmission-Based Precautions available when treating symptomatic patients with COVID-19 in hospital settings. (<https://www.osha.gov/Publications/OSHA3990.pdf>)
 - i. “National Institute for Occupational Safety and Health (NIOSH)-approved, N95 filtering facepiece respirators or better must be used in the context of a comprehensive, written respiratory protection program that includes fit-testing, training, and medical exams. See OSHA’s Respiratory Protection standard, 29 CFR 1910.134 at www.osha.gov/laws-regs/regulations/standard_number/1910/1910.134.” (<https://www.osha.gov/Publications/OSHA3990.pdf>)
 - c. “For information on PPE shortages, see CDC information on healthcare supply of PPE.” (<https://www.cdc.gov/coronavirus/2019-ncov/hcp/healthcare-supply-ppe.html>)
6. DHCP should adhere to the standard sequence of donning and doffing of PPE. (<https://www.cdc.gov/hai/pdfs/ppe/ppe-sequence.pdf>).

ADA Interim Guidance for Minimizing Risk of COVID-19 Transmission

Clinical Technique (Handpieces, Equipment, etc.)

1. Since SARS-CoV-2 may be vulnerable to oxidation, use 1.5% hydrogen peroxide (commercially available in the US) or 0.2% povidone as a preprocedural mouthrinse. [\(32127517\)](#) There are no clinical studies supporting the virucidal effects of any preprocedural mouthrinse against SARS-CoV-2.
2. DHCP may use “extraoral dental radiographs, such as panoramic radiographs or cone beam CT, [and] are appropriate alternatives” [\(32162995\)](#) to intraoral dental radiographs during the outbreak of COVID-19, as the latter can stimulate saliva secretion and coughing. [\(15311240\)](#).
3. Reduce aerosol production as much as possible, as the transmission of COVID-19 seems to occur via droplets or aerosols [\(32182409\)](#), and DHCP should prioritize the use of hand instrumentation. [\(32127517\)](#)
4. DHCP should use rubber dams if an aerosol-producing procedure is being performed to help minimize aerosol or spatter. [\(2681303, 15493394\)](#)
5. DHCP may use a 4-handed technique for controlling infection. [\(32162995\)](#)
6. Anti-retraction functions of handpieces may provide additional protection against cross-contamination. [\(32127517\)](#)
7. DHCP should prefer the use of high-volume evacuators. DHCP “should be aware that in certain situations, backflow could occur when using a saliva ejector,” and “this backflow can be a potential source of cross-contamination” (<https://www.cdc.gov/mmwr/preview/mmwrhtml/rr5217a1.htm>, [15127864](#))
8. DHCP should use resorbable sutures (i.e. sutures that last 3 to 5 days in the oral cavity) to eliminate the need for a follow up appointment. https://www.aaoms.org/docs/education_research/dental_students/joms_guide_to_suturing.pdf
9. DHCP should “[minimize] the use of a 3-in-1 syringe as this may create droplets due to forcible ejection of water/air.” [\(15311240\)](#)
10. “Disinfectants (hypochlorite, ethanol) in the handpiece and 3-in-1 syringe water supplies have been reported to reduce viral contaminants in splatter, but its action on human coronavirus is unknown.” [\(15311240, 7860888\)](#)

Steps After Suspected Unintentional Exposure

1. Follow CDC recommendations in the event of suspected unintentional exposure (e.g., unprotected direct contact with secretions or excretions from the patient). (<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>)
 - a. Aerosol-generating procedures should be scheduled as the last appointment of the day. For an aerosol-generating procedure performed without N95 masks and only surgical facemasks, regardless of disinfection procedures being effectively executed, subsequent patients and DHCP are at moderate risk for COVID-19 infection and transmission. Given that asymptomatic patients may carry the virus, CDC suggests a 14-day quarantine. Alternatively, take all precautions to prevent transmission and require that the patient is tested for COVID-19 immediately after dental treatment; if positive, DHCP should quarantine for 14 days.
 - b. Patients referred for COVID-19 testing should be given detailed instructions on when/where to go for testing, how to justify the need for testing to the testing facility visited, and how to contact the dental

ADA Interim Guidance for Minimizing Risk of COVID-19 Transmission

clinic to report test results (Algorithm 3). If a test is positive, the clinic needs to report the exposure to all patients treated after the infected patient.

After Dental Care Is Provided

In Between Patients

1. "Clean [PPE] with soap and water, or if visibly soiled, clean and disinfect reusable facial protective equipment (e.g., clinician and patient protective eyewear or face shields) between patients."
(<https://www.cdc.gov/mmwr/PDF/rr/rr5217.pdf>)
2. Non-dedicated and non-disposable equipment (e.g., handpieces, dental x-ray equipment, dental chair and light) should be disinfected according to manufacturer's instructions. Handpieces should be cleaned to remove debris, followed by heat-sterilization after each patient.
<https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html>,
<https://www.cdc.gov/oralhealth/infectioncontrol/faqs/dental-handpieces.html>
<https://www.cdc.gov/oralhealth/infectioncontrol/faqs/cleaning.html>
3. "Routine cleaning and disinfection procedures (e.g., using cleaners and water to pre-clean surfaces prior to 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 healthcare settings, including those patient-care areas in which aerosol-generating procedures are performed."
<https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html>
<https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>
 - a. Surfaces such as door handles, chairs, desks, elevators, and bathrooms should be cleaned and disinfected frequently. ([32127517](#))

Post-operative Instructions for Patients

1. In light of the controversy regarding whether ibuprofen should be used for patients with a COVID-19 infection, it is recommended to use ibuprofen as normally indicated when managing any type of pain. For example, for the management of pulpal- and periapical-related dental pain and intraoral swelling in immunocompetent adults, it is recommended that NSAIDs in combination with acetaminophen (i.e. 400-600 milligrams ibuprofen plus 1,000 mg acetaminophen) can still be used.
(https://twitter.com/WHO/status/1240409217997189128?ref_src=twsrc%5Etfw%7Ctwcamp%5Etweetembed%7Ctwtterm%5E1240409217997189128&ref_url=https%3A%2F%2Fwww.sciencealert.com%2Fwho-recommends-to-avoid-taking-ibuprofen-for-covid-19-symptoms) ([31668170](#))
2. When treating patients with dental pain and intraoral swelling, dentists should determine whether definitive, conservative dental treatment (i.e. pulpotomy, pulpectomy, nonsurgical root canal treatment, or incision for drainage of abscess ([31668170](#))) is available. The 2019 ADA clinical practice recommendations regarding the use of antibiotics are still applicable for immunocompetent adult patients with symptomatic irreversible pulpitis with or without symptomatic apical periodontitis, pulp necrosis and symptomatic apical periodontitis, or pulp necrosis and localized acute abscess, and should be referred to a dental specialist when determining the recommended course of action. ([31668170](#))

ADA Interim Guidance for Minimizing Risk of COVID-19 Transmission

When Going Home After a Workday

1. DHCPs should change from scrubs to personal clothing before returning home. Upon arriving home, DHCPs should take off shoes, remove and wash clothing [separately from other household residents], and immediately shower. ([32163102](#))