

Spring | 20

COVID-19 Safety Protocol

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Table of Contents

- Urgent Dental Care Pandemic Protocol.....2
- Screening for COVID-19 Status and Degree of Urgency for Dental Treatment.....4
- Before Dental Care Starts.....5
- During Dental Care.....6
 - Front Office Protocol.....7
 - Back Office Protocol.....11
- Receipt of COVID-19 Safety Protocol.....15
- COVID-19 Pandemic Emergency Dental Treatment Consent Form.....16
- Sources.....17

Urgent Dental Care Pandemic Protocol

Dentists should use their professional judgment in determining a patient's need for urgent or emergency care. Dentist will decide if treatment needed is urgent or emergent.

According to the ADA website updated 3/31/20

Dental emergencies include life threatening concerns and require immediate treatment:

- Uncontrolled Bleeding
- Cellulitis or a diffuse soft tissue bacterial infection with intra-oral or extra-oral swelling that potentially compromises the patient's airway.
- Trauma involving facial bones, potentially compromising the patient's airway.

Urgent Dental care focuses on the management of conditions that require immediate attention to relieve severe pain and or risk of infection to alleviate the burden on hospital emergency departments. These should be treated as minimally invasively as possible:

- Severe dental pain from pulpal inflammation
- Pericoronitis or third molar pain
- Surgical post-operative osteitis, dry socked dressing changes
- Abscess or localized bacterial infection resulting in localized pain and swelling
- Tooth fracture resulting in pain or causing soft tissue trauma
- Dental trauma with avulsion/ luxation
- Dental treatment required prior to critical medical procedures
- Final crown/bridge cementation if the temporary restoration is lost, broken or causing gingival irritation
- Biopsy of abnormal tissue.

Other Urgent Dental Care:

- Extensive dental caries or defective restoration causing pain
 - Manage with interim restorative techniques when possible (silver diamine fluoride, glass ionomers.)
- Suture removal
- Denture adjustments or repairs when function impeded
- Replacing temporary fillings on endo access openings in patients experiencing pain
- Snipping or adjustment of an orthodontic wire or appliances piercing or ulcerating the mucosa

Non- Urgent Dental Care or Routine procedures include but are not limited to:

- Initial or periodic oral examination and recall visits including routine radiographs
- Routine dental cleaning and preventative therapies
- Orthodontic procedures other than those to address acute issues or other issues critically necessary to prevent harm to the patient
- Extraction of asymptomatic teeth
- Restorative dentistry including treatment of asymptomatic carious lesions

- Aesthetic dental procedures

Positive Confirmed Case of COVID 19 should be treated using the Dental Management Protocol used for Active Tuberculosis patient described by ADA and CDC, here is an extract of it from the ADA web Page:

*“Standard precautions are insufficient to prevent transmission of the bacterium. Elective dental treatment should be deferred until the patient has been declared noninfectious by a physician.⁷,
11 Urgent dental care for a person with suspected or active tuberculosis should be provided in a facility that has the capacity for airborne infection isolation and has a respiratory protection program in place. OSHA describes a standard for respiratory protection, which should be consulted if setting up such a program (CFR 1910.134 Respiratory Protection).¹⁴ When treating a patient with active disease, dental health care personnel should use respiratory protection (e.g., fitted, disposable N-95 respirators). Standard surgical face masks are not adequate to protect against tuberculosis transmission.”* Department of Scientific Information, ADA Science Institute (2019, May, 23rd) Tuberculosis, Dental Patient Management Retrieved from <https://www.ada.org/en/member-center/oral-health-topics/tuberculosis-overview-and-dental-treatment-considerations>

Screening for COVID-19 Status and Degrees of Urgency for Dental Treatment

- As of March 16th, it was recommended to post pone elective procedures, and concentrate on dental emergencies.
- Interview the patient over the phone, text monitoring system or video conference prior to coming to the office
- If an emergency dental patient does not have a fever and is not displaying mild symptoms with COVID-19 infection, they can be seen in a dental setting with appropriate protocols and PPE
- If an emergency patient does have a fever which is associated with a dental diagnosis, but no other symptoms of COVID-19 infection, they can be seen in a dental setting with appropriate protocols and PPE.
- If an emergency patient does display symptoms of respiratory illness, the patient should be referred for emergency care where Transmission-Based Precautions are available.
- As the pandemic progresses, those patients who have recovered from the COVID-19 infection should report when they were diagnosed with the disease and the dental provider should determine when they are able to be seen follow home isolation. A two-step approach is recommended by the CDC regarding quarantine abandonment.
 - Time-Since-Illness-Onset and Time-Since-Recovery Strategy (Non-Test-Based Strategy): Person with COVID-19 who experiences symptoms and were directed to care for themselves at home may discontinue home isolation under the following conditions
 - 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,
 - At least 7 days have passed since symptoms first appeared.
 - 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
 - Resolution of fever without the use of fever reducing medications and
 - Improvement in respiratory symptoms (eg., cough shortness of breath and,
 - Negative results of an FDA Emergency Use Authorized molecular assay for COVID-19 from at least two consecutive nasopharyngeal swabs
 - 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 specimens collected less than or equal to 24 hours apart.

Before Dental Care Starts

Dentist and Dental Team Preparation

1. All Dental health care personnel must have received a flu shot.
2. Employees experiencing flu like symptoms should not report to work (flu like symptoms include fever with either cough or sore throat, muscle aches).
3. Elderly staff and those with preexisting medically compromised conditions, etc. should consult with their employer and assess their risk associated with various job tasks. It is suggested that staff who do not fall into those categories are prioritized to provide care to patients.
4. Staff should self-monitor by remaining alert for any respiratory symptoms (cough, shortness of breath, sore throat), and check their temperature twice a day regardless of experiencing any symptoms. Staff should contact Dr Dillon if one develops fever or respiratory symptoms and determine if medical attention is necessary.
5. Providers who have recently contracted and recovered from COVID-19 infection should be the preferred personnel providing care with the assumption that they may have some protective immunity.
6. Take inventory of Personal Protective Equipment (PPE) supplies.
7. Remove magazines, reading materials, and objects that may be touched by others in the waiting room.
8. Display Instructions for patients on standard recommendations for respiratory hygiene, cough etiquette and social distancing.
9. Appointments should be scheduled far enough apart to minimize contact with other patients.
10. Patients are not allowed to bring companions to their appointments except when the patient requires assistance. Companions should also be screened for symptoms of COVID-19.

During Dental Care

Staff Requirements:

- All team members must check temperatures daily before morning meeting. If any team member is feeling sick, they need to stay at home
- Masks should be worn even if not in the room as aerosols can linger in the air for several minutes
- Change lab coat after each procedure that generates aerosols
- No jewelry
- Nails should be trimmed
- It is recommended to bring a change of clothes and shoes and leaving any shoes, scrubs or lab coats in the office for sanitation wash cycle
- Limited Number of staff members should be present during this time
- Staff should be assigned specific duties to maintain cleanliness in the office
- Face shield is to be worn when aerosols are generated.

Front Office Protocol

Staff:

- Two front office staff members should be present. Each should be able to do the following duties when needed:
 - Checking in patients over phone
 - Performing proper sanitation and PPE protocols when allowing patient in/out the office
 - Sanitizing areas after each patient
 - One member should be focused, but not limited to sterilizing waiting room, front desk areas and patient utensils (pens, sanitizer). While the other is performing background duties.

Scheduling:

- All patients should be notified of the changes in safety protocol as confirmation calls are being made.
- Prescreen patients over the phone when creating appointment:

Team: (Patient Name) For your safety and ours I have a few questions to ask prior to confirming this appointment for you.

1. Have you had a fever in the last 48 hours?
2. Have you experienced any COVID like symptoms in the last 14 days? symptoms include: fever, sore throat, cough, difficulty breathing
3. Do you feel that you would qualify as a “High Risk” patient for COVID?
 - a. High risk includes people who:
 - i. Are 65 years and older
 - ii. live in a nursing home or long-term care facility
 - iii. have chronic lung disease or moderate to severe asthma
 - iv. have serious heart conditions
 - v. are immunocompromised
 1. Including cancer treatment, smoking, bone marrows or organ transplantation, immune deficiencies, poorly controlled HIV or AIDS, and prolonged use of corticosteroids and other immune weakening medications
 - vi. have sever obesity (body mass index of 40 or higher)
 - vii. have diabetes
 - viii. have chronic kidney disease and/or are undergoing dialysis
 - ix. have liver disease

- Confirmation, Prescreen and Informing:

***Team:** (Yes to any questions asked please reschedule out 30+ days; if pt is high risk move them to first apt of morning or if pt desires cancel with no fee for patient's safety) We are looking forward to seeing you (Patient Name) on (DD/TT) please call us when you arrive. Your vehicle will be your waiting room for this appointment. We will serve all our patients with the same great service we have always provided! Thank you for working with us.*

- Stagger rooms between treatment and limited appointments
 - Treatment rooms must be alternated. If first doctor patient is seen in room 1, then next is seen in room 2. This allows aerosols to fall.
 - Lengthen appointment time by 20 minutes to allow extra cleaning, social distancing and to help settle any aerosols that were created.
 - Hygiene: if one hygienist, then alternate rooms. If 2 hygienists please use 90 min appointments, this will be followed strictly unless it's a child under 8 years old then use 60 min apt.
- Extend all treatment times by 20 to 30 minutes to allow for proper disinfection between patients.
 - Airing out ops between use to allow recommended time for disinfection and for air purification systems.
- Only 5 hygiene patients per day (1 patient every 90 minutes) for hygiene
- **Reschedule High-Risk Patients or Patients with High Risk Families:** Reschedule high-risk patients seeking ELECTIVE procedures for a time where the PATIENT is comfortable, and their risk can be mitigated. High risk includes older adults and people of any age who have serious underlying medical conditions
 - High risk includes people who:
 - Are 65 years and older
 - live in a nursing home or long-term care facility
 - have chronic lung disease or moderate to severe asthma
 - have serious heart conditions
 - are immunocompromised
 - Including cancer treatment, smoking, bone marrows or organ transplantation, immune deficiencies, poorly controlled HIV or AIDS, and prolonged use of corticosteroids and other immune weakening medications
 - have sever obesity (body mass index of 40 or higher)
 - have diabetes
 - have chronic kidney disease and/or are undergoing dialysis
 - have liver disease

Hands-Free Check-ins

- Patients will call the office once they have arrived to initiate their check in process.
- All forms of paperwork should be filled out online prior to arriving to the office.

- In the event a patient is unable to access a computer, they are to fill out paperwork in their car with a clip board.
- The patient will receive paperwork in their car from the staff member and will stay in their vehicle to complete forms. Once they are finished, they will call the office again to return paperwork and be seen.
- Forms include: COVID-19 Consent for **every** patient, New patient paperwork, Updated paperwork forms, Extraction consent forms and Treatment plan forms. (Forms must be completed up front as NO paper of any kind can be allowed in treatment room)
- Sanitation of clip board and pen is to be completed once receiving paperwork. If concerned, patient can keep the pen.

Entering the Practice – Patient MUST be cleared by Properly Trained Staff Members

- Front door should remain locked during business hours
- The **patient** is the only person allowed in the office:
 - Minors may be escorted to the door, parents/ guardians may ask or answer questions at the door but must return to their vehicle until the front desk notifies the minor is finished.
 - If a patient needs a companion, this must be approved by the office staff or Drs.
- Upon entrance of the building, staff, patients, and escorts must perform the following:
 - Temperature check
 - Use hand sanitizer
 - COVID questionnaire
 - Require patient to swish with hydrogen peroxide solution for two 30 second swishes for a total of 60 seconds.
 - Staff should do a visual evaluation of patient for flu like symptoms (runny nose, sneezing, coughing, raspy voice)
- **NO** patient with symptoms, no matter how mild they are should be seen for elective treatment.

Waiting Room – Patients Should NOT be Loitering in Waiting Room

- Reduce items being touched; remove printed materials from waiting room including brochures and magazines.
- Subtle but ongoing disinfection activities such as cleaning all doorknobs, chairs, tables and restroom
- “Wait-less” waiting room - patients are asked to remain in their vehicles before their appointment. The front office will notify the patient via phone call or text when they can enter the office.

Patient Check Out

- Follow up appointments should be scheduled before patient exits or should be done over the phone.

- If patient requires an escort, parent or guardian, they will be contacted once the procedure has been completed to retrieve the patient.
 - If escort, parent or guardian is needs to enter the practice to retrieve the patient or pay in person, the following should be done prior to accepting payment:
 - Offer hand sanitizer
- When patient pays then follow sanitation protocols immediately: use alcohol or disinfectant wipes to wipe down check out area, pen, and credit card machine, staff needs to disinfect hands.
- Once patient is ready to leave, the front desk will unlock the door to allow the patient out, and then immediately lock the door again prior to the next patient arriving to allow for completion of sanitation protocol. (this is something we will implement once we see more volume of patients, more than 2 patients per hour)

Sanitation of Waiting Room and Front Desk

- Sanitation is required after each patient leaves and prior to the next patient entering. This includes but is not limited to:
 - Wipe doorknobs
 - Wipe the counter space where patient interacted as well as any pens or electronics that were used such as the signing screen or credit card reader.
 - If patient entered the restroom, all items should be disinfected (sink, counter, soap container, toilet, light switch, door handle)
 - Personal desk should be sanitized including phones, counter space, and computer keyboard.

Back Office Protocol

Personal Protective Equipment – PPE required for all staff working on patients

- PPE use should be divided in to critical and non-critical tasks. Critical to be used for clinical treatment for the dentist and assistant, Non-critical for cleaning.

Item	Critical	Non-Critical
Masks	N95 Respirators custom fitted when performing ay treatment where aerosols are created when seeing a COVID-19 symptomatic patient. One mask per patient. Level 3 surgical masks may be used for any aerosol producing or surgical procedure.	Level one masks may be used for non-aerosol producing procedures.
Gloves	Single glove and single use only. (do not double up)	Single glove and single use only.
Eye/Face Protection	Face shield AND protective glasses should be the standard in any procedure where aerosols are produced	Protective glasses can only be used when cleaning the operatory or greeting the patient.
Head Covers	Should be used while treating patients and should be removed before going to front office or breakroom.	Should be used while treating patients and should be removed before leaving the operating areas.
Gown	New lab coat for each patient. Remove lab coat before exiting room and put in dirty bin.	While cleaning room, keep same lab coat on as aerosols stay in air for several minutes. Before leaving room remove lab coat.

Type of PPE available in the office:

Masks- Level 1,2,3, KN95
Face Shields
Gowns
Protective eye wear
Head Covers
Gloves

Order of PPE

Order of Applying PPE	Order of Removing PPE
<ol style="list-style-type: none">1. Apply gown2. Apply head covers3. Apply mask4. Apply safety glasses and (ear pieces, for future applications).5. Apply face shield6. Perform hand hygiene7. Apply gloves	<ol style="list-style-type: none">1. Remove gloves2. Remove glasses and face shield3. Remove gown4. Remove head covers5. Remove mask6. Perform hand hygiene

- **Proper removal of masks:** Only touch mask ear loops with ungloved hands. Never wear masks under chin. If mask becomes damaged, soiled, or breathing through the mask becomes difficult, safely remove the mask and apply a new one. When saving a mask and storing it, do not touch outside with hand. New gloves should be put on, remove mask and fold so that the outside layer is completely covered by inside layer. Remove gloves nad store in labeled paper bag. Inside layer is only thing your bare hands touch.
- **Proper removal of gloves:** Hold one of your wrists so that your thumb points up. Pinch that glove and lift at the wrist, then roll it down until the glove is completely off your hand in a ball in the palm of the other hand. Then, slide a finger down and inside the outer glove on the other hand and pull it off until it's balled around the first glove. Dispose of the gloves.

Perform Hand Hygiene with Antiseptic hand wash and/or antiseptic hand rub:

- When hands are visibly soiled
- Before and after treating each patient
- After bare-handed touching of inanimate objects which are likely to be contaminated by blood or saliva
- Before leaving the dental operatory, the dental laboratory or the dental office.

In the Operatory and Reduction/Elimination of Aerosol/Transmission

- Mandatory Pre rinse of hydrogen peroxide solution with hydrogen peroxide solution of 1.5%. Peroxide is 3% therefore dilute ½ ounce water, ½ ounce peroxide and have patient swish for 60 seconds
- No documents or paper materials of any kind that may need to be given to another area of the office such as front desk should be in the operatory to avoid contamination by aerosol spray.
- Use of Dry shield along with High volume suction for aerosol producing procedures.
- Amount of water should be reduced as much as possible while still having a coolant effect.
- Every staff member or provider should be wearing all PPE once entering the room and should remove soiled PPE before exiting the operatory. NO GLOVES IN HALLWAY, unless carrying instruments to sterilization.
- Once the patient is seated, it is not recommended for the patient, assistant or doctor to leave the operatory, if it is necessary to leave, all PPE must be discarded before leaving.
- Preference of High-Volume Evacuators (HVE) should be used as saliva ejectors have the potential of back flow which may cause cross contamination.
- Pamphlets and Display Models need to be put away and sanitized after each use.
- An assistant should be assigned to hygiene schedule to suction with HVE during appointments which use piezo.
- Use of ultra-sonic instruments during hygiene visits is per HYG discretion.

Sterilization Area/ Room Sterilization - Should be done in between patients and the end of the day

- When working in sterilization area a mask and usage of proper gloves are required
- There must always be a lid on ultrasonic, **do not** add instruments to already running cycle.
- When sterilizing the room any item a patient touched should be disinfected
 - Any area the doctor or dental team touched should be disinfected
 - Any area where aerosol spray might have reached should be disinfected
 - Possible addition of disinfectant fogger in future, waiting on quote.
- Reusable PPE should be cleaned with soap and water or disinfectant, examples:
 - Loupes
 - Protective eye wear for patient and staff
 - Face shields
- Non disposable dental equipment should be disinfected according to manufactures instructions (handpieces, x ray equipment, dental chair and etc)

- Rooms should be wiped down after each patient (counters, cabinets, doors, sinks, xray, etc.) with minimal of 0.5% peroxide. 1% is an easy dilution and meets this criteria. Dilution is 3 parts water to 1 part peroxide. Example: 3 cups water to 1 cup peroxide. Can use spray bottle to spray, wait 1 minute, the wipe with caviwipes.

Post-Operative Instructions for Patients

- Although there has been controversy regarding Ibuprofen and COVID-19, it is recommended to use ibuprofen as normally indicated when managing any type of pain. NSAIDS in combination with acetaminophen can still be used.
- When treating patients with dental pain and intraoral swelling, dentists should determine whether definitive, conservative dental treatment is available. 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.

Clinical note

- Document regarding prescreening questions should be added in Clinical note each time we are in contact with the patient. This can be an Auto-note.

Practice Management Note Template Example:

Pre-screening questions:

- *EXPERIENCING COVID LIKE SYMPTIOMS WITHIN 14 DAYS:*
- *FEVER WITHIN 48 HRS:*
- *HIGH RISK FOR COVID:*

Receipt of COVID-19 Safety Protocol

This is to acknowledge that I have received a copy of the COVID-19 Safety Protocol and I understand that it contains information about the safety policies and practices of the practice. I agree to read and comply with this COVID-19 Safety Protocol. I understand that the policies outlined in this COVID-19 Safety Protocol are safety and protection guidelines, which in time may require changes as the COVID-19 pandemic progresses or declines. I understand that this COVID-19 Safety Protocol supersedes and replaces any and all prior Safety Protocols and any inconsistent verbal or written policy statements.

I understand that the practice reserves the right to revise, delete and add to the provisions of this COVID-19 Safety Protocol at any time without further notice. All revisions, deletions, or additions to the COVID-19 Safety Protocol will be in writing and will be signed by the owner of the practice. I understand that no oral statements or representations can change the provisions of this COVID-19 Safety Protocol.

If I have questions regarding the content or interpretation of this COVID-19 Safety Protocol, I will ask Dr Dillon.

I, _____, knowingly and willingly read and understand the Safety Protocol for emergency dental treatment completed during the COVID-19 pandemic.

Signature: _____

Date: _____

COVID-19 Pandemic Emergency Dental Treatment Consent Form

I understand the COVID-19 virus has a long incubation period during which carriers of the virus may not show symptoms and still be highly contagious. It is impossible to determine who has it and who does not give the current limits in virus testing. Dental procedures create water spray which is how the disease is spread. The ultra-fine nature of the spray can linger in the air for minutes to sometimes hours, which can transmit the COVID-19 virus.

- I understand that due to the frequency of visits of other dental patients, the characteristics of the virus, and the characteristics of dental procedures, that I have an elevated risk of contracting the virus simply by being in a dental office.
_____ (Initial)
- I have been made aware of the CDC, ADA and the state board guidelines that under the current pandemic all non-urgent dental care is not recommended. Dental visits should be limited to the treatment of pain, infection, conditions that significantly inhibit normal operation of teeth and mouth, and issues that may cause anything listed above within the next 3-6 months. _____ (Initial)
- I confirm I am seeking treatment for a condition that meets these criteria.
_____ (Initial)
- I confirm that I am not presenting any of the following symptoms of COVID-19 listed below:
 - Fever
 - Shortness of breath
 - Dry cough
 - Runny nose
 - Sore throat_____ (Initial)
- I understand that air travel significantly increases my risk of contracting and transmitting the COVID-19 virus. The CDC recommends social distancing of at least 6 feet for a period of 14 days to anyone who has, and this is not possible with dentistry.
_____ (Initial)
- I verify that I have not traveled outside the United States in the past 14 days to countries that have been affected by COVID-19.
_____ (Initial)
- I verify that I have not traveled domestically within the United States by commercial airline, bus, or train within the past 14 days.
_____ (Initial)

{Print Name}

{Signature}

{Date}

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