COVID-19 Frequently Asked Questions (FAQs) for Dental Healthcare Professionals/Personnel (DHCP)

Healthcare Sector, COVID-19 Outreach and Education Response, County of San Diego

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For questions and resources, please e-mail MCSDCallCenter.HHSA@sdcounty.ca.gov.

- General COVID-19 FAQs
- Healthcare Sector FAQs

Abbreviations

Cal/OSHA, California Occupational Safety and Health Administration

CAHAN, California Health Alert Network

CDC, Centers for Disease Control and Prevention

CDPH, California Department of Public Health

COVID-19, coronavirus disease 2019

DHCP, dental healthcare provider or personnel

EUA, emergency use authorization

FDA, U.S. Food and Drug Administration

HCP, healthcare provider or healthcare personnel

HOO, Health Officer Order

NIOSH, National Institute for Occupational Safety and Health

PHO, Public Health Officer

SARS-CoV-2, severe acute respiratory syndrome coronavirus 2

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Q: Are dentists allowed to resume deferred and preventive dental care?

A: The California Department of Public Health issued guidance to resume non-emergent care on May 7. On May 9, guidance was reflected in the Public Health Officer Order, in which hospitals and healthcare providers, including dentists shall:

a) Take measures to preserve and prioritize resources; and

b) May authorize and perform non-emergent or elective surgeries or procedures based on their determination of clinical need and supply capacity, and where consistent with State guidance.

Nothing in this Order shall prevent dentists or dental hygienists from conducting routine preventive care provided it conforms to any applicable State guidance.

Dental practitioners should evaluate the necessity of the dental care based on urgency of dental problems.

- Prioritize care that was previously postponed and for those conditions that are likely to lead to dental emergencies if treatment is not provided in a timely manner.
- Provide essential preventive care taking measures to minimize aerosol generation as transmission rates and supplies of PPE and tests dictate.
- Preventive services such as topical fluoride application, sealants, and scaling as well as minimally invasive restorative techniques may be considered.

Additional resources can be found at the California Dental Association's website.

Q: What is the risk of exposure to COVID-19 for DHCP?

A: The practice of dentistry involves the use of rotary dental and surgical instruments, such as handpieces or ultrasonic scalers and air-water syringes. These instruments create a visible spray that can contain particle droplets of water, saliva, blood, microorganisms, and other debris. Surgical masks protect mucous membranes of the mouth and nose from droplet spatter, but they do not provide complete protection against inhalation of infectious agents (Centers for Disease Control and Prevention).

DHCP are in the high-risk category for exposure to SARS-CoV-2 virus that causes COVID-19 when they are performing certain aerosol generating procedures. This risk requires a level of heightened awareness, training, preparation, and adherence to a combination of standard and transmission-based precautions as appropriate to ensure the safe provision of care (California Department of Public Health).

Q: What are the infection control standards in dental settings?

A: At minimum, dental practitioners must follow the Centers for Disease Control and Prevention recommendations for:

- Engineering controls and work practices;
- Infection prevention and control measures including: source control (require facemasks at all times for everyone entering the dental setting); personal protective equipment (PPE) use (including training and demonstration of understanding of PPE use, respirator or surgical mask, face shield, eye protection, gloves, and gowns); hand hygiene; screening

and monitoring of DHCP; and patient management) ([California Department of Public Health](#)).

Q: What personal protective equipment (PPE) practices should be implemented?

A: DHCP working in facilities located in areas with moderate to substantial community transmission are more likely to encounter asymptomatic or pre-symptomatic patients with SARS-CoV-2 infection.

- If infection is not suspected in a patient presenting for care (based on symptom and exposure history), DHCP should follow [Standard Precautions](#) (and [Transmission-Based Precautions](#), if required based on the suspected diagnosis).

- **Use of universal eye protection** and wear eye protection in addition to the surgical mask to ensure the eyes, nose, and mouth are all protected from exposure to respiratory secretions during patient care encounters, including those where splashes and sprays are not anticipated. Protective eyewear (e.g., safety glasses, trauma glasses) with gaps between glasses and the face are unlikely to protect the eyes from splashes and sprays.

- **Use a fit-tested N95 respirator or a respirator that offers an equivalent or higher level of protection such as other disposable filtering facepiece respirators, powered air-purifying respirators (PAPRs), or elastomeric respirators during aerosol generating procedures.**

  - Respirators with exhalation valves are not recommended for source control and should not be used during surgical procedures as unfiltered exhaled breath may compromise the sterile field. If only a respirator with an exhalation valve is available and source control is needed, the exhalation valve should be covered with a facemask that does not interfere with the respirator fit.

Employers should select appropriate PPE and provide it to DHCP in accordance with [OSHA's PPE standards (29 CFR 1910 Subpart I)](#). Dental facilities must ensure that any reusable PPE is properly cleaned, decontaminated, and maintained after and between uses. Dental settings also should have policies and procedures describing a recommended sequence for safely donning and doffing PPE. For more information: [Guidance for Dental Settings Section 1: Recommendations for Routine Care](#).

On August 6, 2020, the California Division of Occupational Safety and Health (Cal/OSHA) updated [Interim Guidance on COVID-19 for Health Care Facilities: Severe Respirator Supply Shortages](#). While supply chains for obtaining respirators are not fully restored, the supply of respirators for hospitals and other employers involved in patient care has improved to a point that prioritization of respirators for high hazard procedures and some other optimization strategies are not currently necessary. The Centers for Disease Control and Prevention has developed a [series of strategies or options to optimize supplies of PPE](#) in healthcare settings when there is limited supply, and a [burn rate calculator](#) that provides information for healthcare facilities to plan and optimize the use of PPE for response to the COVID-19 pandemic.

Q: What are the COVID-19 screening and triaging protocols for persons entering a dental healthcare facility?

A: Take steps to ensure that all persons (patients, DHCP, visitors) adhere to respiratory hygiene and cough etiquette and hand hygiene while inside the facility.

- Post visual alerts (e.g., signs, posters) at the entrance and in strategic places (e.g., waiting areas, elevators, break rooms) to provide instructions (in appropriate languages) about hand hygiene and respiratory hygiene and cough etiquette. Instructions should include wearing a cloth face covering or facemask for source control, and how and when to perform hand hygiene.
- Provide supplies for respiratory hygiene and cough etiquette, including alcohol-based hand rub with at least 60% alcohol, tissues, and no-touch receptacles for disposal, at entrances, waiting rooms, and patient check-ins.
- Install physical barriers (e.g., glass or plastic windows) at reception areas to limit close contact between triage personnel and potentially infectious patients.
- Remove toys, magazines, and other frequently touched objects from waiting room that cannot be regularly cleaned and disinfected.
- Screen all persons entering the facility for fever and symptoms consistent with COVID-19 or exposure to others with SARS-CoV-2 infection.
    - Document absence of symptoms consistent with COVID-19.
    - Actively take the temperature of all persons entering the facility. Fever is defined as either measured temperature ≥100.0°F or subjective fever.
    - Ask all persons entering the facility if they have been advised to self-quarantine because of exposure to someone with SARS-CoV-2 infection.
- Properly manage anyone with symptoms of COVID-19 or who has been advised to self-quarantine.

The Public Health Officer's Order requires that all San Diego County residents wear a face covering whenever they are outside their residence and within 6 feet of someone who is not from their household. Children under the age of 2 are not required to wear a mask. The new order requires individuals to use a face covering in all businesses, including healthcare facilities, and when they are within 6 feet of another person.

Q: How should DHCP be monitored and managed?

A: DHCP should regularly monitor themselves for fever and symptoms consistent with COVID-19 and be reminded to stay home when they are ill. DHCP should receive no penalties when needing to stay home when ill or under quarantine.

- Implement sick leave policies that are flexible, non-punitive, and consistent with public health guidance.
- For information on work restrictions for health care personnel with underlying health conditions who may care for COVID-19 patients, see CDC's Healthcare Workers Clinical Questions about COVID-19: Questions and Answers on COVID-19 Risk.

If DHCP experience a potential work exposure to COVID-19, follow CDC's Healthcare Personnel with Potential Exposure Guidance and the San Diego County Public Health Officer Order, Section 16c:

i. Promptly notify the County Department of Public Health that there is an employee diagnosed with COVID-19, together with the name, date of birth, and contact information of the employee.

ii. Cooperate with the County Department of Public Health's COVID-19 response team to identify and provide contact information for any persons exposed by the employee at the workplace.

iii. Provide notice of the exposure to any employees, and contractors (who regularly work at the workplace), who may have been exposed to COVID19, as stated in the State's COVID-19 Employer Playbook for a Safe Reopening, available at https://files.covid19.ca.gov/pdf/employer-playbook-for-safe-reopening--en.pdf

Q: Should patients who are suspected or confirmed to have COVID-19 receive dental care?

A: No. Patients and staff with suspected or confirmed COVID-19 and those with potential COVID-19 exposure should not enter the dental office. If a patient is suspected or confirmed to have COVID-19, defer non-emergent dental treatment. Surgical procedures that might pose higher risk for SARS-CoV-2 transmission if the patient has COVID-19 include those that generate potentially infectious aerosols or involve anatomic regions where viral loads might be higher, such as the nose and throat, oropharynx, respiratory tract (see Surgical FAQ). People with COVID-19 who have ended home isolation can receive dental care following Standard Precautions (Centers for Disease Control and Prevention).

Q: Should patients who are close contacts to suspected or confirmed COVID-19 receive dental care?

A: No. Patients and staff with suspected or confirmed COVID-19 and those with potential COVID-19 exposure should not enter the dental office. If a patient is suspected or confirmed to have COVID-19, defer non-emergent dental treatment. Patients with active COVID-19 infection should not receive dental treatment in a dental office. Dentists and medical providers should work together to determine an appropriate facility for treatment. Procedures on patients with COVID-19 should be carried out in accordance with Cal/OSHA's Aerosol Transmissible Diseases (ATD) Standard.

Q: What is the guidance for patients who are suspected or confirmed to have COVID-19 but need dental care?

A: Patients with active COVID-19 infection should not receive dental treatment in a dental office. Dentists and medical providers should work together to determine an appropriate facility for treatment. Procedures on patients with COVID-19 should be carried out in accordance with Cal/OSHA's Aerosol Transmissible Diseases (ATD) Standard (California Department of Public Health).

If emergency dental care is medically necessary for a patient who has, or is suspected of having, COVID-19, DHCP should follow CDC's Interim Infection Prevention and Control

Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings.

- Provide dental treatment in an individual patient room with a closed door.
- Adhere to Standard Precautions and **use a NIOSH-approved N95 or equivalent or higher-level respirator (or facemask if a respirator is not available), gown, gloves, and eye protection.**
- Avoid aerosol generating procedures (e.g., use of dental handpieces, air/water syringe, ultrasonic scalers) if possible.
- If aerosol generating procedures must be performed:
    - Complete in an airborne infection isolation room.
    - Wear an N95 or equivalent or higher-level respirator as well as eye protection, gloves, and a gown.
    - Limit DHCP present during the procedure to only those essential for patient care and procedure support. Visitors should not be present for the procedure.
    - Clean and disinfect procedure room surfaces promptly as described in the section on environmental infection control.
    - Limit transport and movement of the patient outside of the room to medically essential purposes.
        - Patients should wear a facemask or cloth face covering to contain secretions during transport. If patients cannot tolerate a facemask or cloth face covering or one is not available, they should use tissues to cover their mouth and nose while out of their room or care area.
    - Schedule patient at the end of the day (as possible). Do not schedule any other patients at that time.

Q: What steps should be taken if a patient or DHCP is suspected or confirmed to have COVID-19?

A: Flowcharts if healthcare personnel or employees are suspected or confirmed to have COVID-19 are available on the Health Professionals website. Persons should:

- Stay home and do not come into work.
- Notify their primary healthcare provider to determine whether medical evaluation is necessary.
- Employer should promptly report when a DHCP is diagnosed with COVID-19 to the County Public Health Services by calling **888-950-9905**

If DHCP experience a potential work exposure to COVID-19, follow CDC's Interim U.S. Guidance for Risk Assessment and Work Restrictions for Healthcare Personnel with Potential Exposure to COVID-19. Information about when DHCP with suspected or confirmed COVID-19 may return to work is also available in the Interim Guidance on Criteria for Return to Work for Healthcare Personnel with Confirmed or Suspected COVID-19.

If patients or DHCP believe they have experienced an exposure to COVID-19 outside of the dental healthcare setting, including during domestic travel, they should follow CDC's Public

Health Guidance for Community-Related Exposure. Separate guidance is available for international travelers.

Q: When should a healthcare worker be placed in *isolation*? If placed in *isolation*, when can he or she return to work?

A: *Isolation* is for symptomatic or otherwise infectious individuals. *Quarantine* is for individuals who are asymptomatic and have been exposed to the virus. Health Professionals may direct questions regarding specific isolation and/or quarantine scenarios to the County Public Health Epidemiology Duty Officer at (619) 692-8499 during business hours or at (858) 565-5255 after hours, on weekends, or holidays. Since there is widespread community transmission, all employees should ensure they are afebrile and asymptomatic before reporting for work. In addition, they should check twice daily for signs and symptoms, exercise social distancing and masking in station/while on duty, and don appropriate PPE for every patient encounter.

Symptomatic personnel must isolate immediately and be tested as soon as possible. Personnel who test positive for COVID-19 must also isolate. Please see the County Public Health flowcharts below for further details on the management of individuals suspected or confirmed to have COVID-19.

- Positive Healthcare Personnel Employee Flowchart (English / Spanish)
- Positive Non-Healthcare Personnel Employee Flowchart (English / Spanish)

For guidance on returning to work following isolation, see the following resources:

- CDC Return to Work Criteria for HCPs with SARS-CoV-2 Infection
- CDC Return to Work Practices and Restrictions

Q: When should a healthcare worker be placed in quarantine? If placed in quarantine, when can he or she return to work? This guidance does not apply asymptomatic individuals who are fully vaccinated (defined as two weeks after completing all required doses) within the last 3 months or who have recovered from COVID-19 infection in the last 3 months.

A: *Quarantine* is for individuals who are asymptomatic and have been exposed to the virus. *Isolation* is for symptomatic or otherwise infectious individuals. Health Professionals may direct questions regarding specific isolation and/or quarantine scenarios to the County Public Health Epidemiology Duty Officer at (619) 692-8499 during business hours or at (858) 565-5255 after hours, on weekends, or holidays.

County Public Health Order (last updated February 12, 2021):

After evaluating CDC and CDPH guidance, the County of San Diego Public Health Officer updated Quarantine and Isolation orders on February 12, 2021 and December 24, 2020, respectively. Fully vaccinated, asymptomatic, exposed individuals **and** those who have recovered from COVID-19 within the last 3 months and remain asymptomatic are not required to quarantine. However, if symptoms develop within 3 months of an individual's infection with COVID-19, he or she may need to be tested again if there is no other cause identified for his or her symptoms. There are four quarantine options in the County, all of which require a total of 14 days of continuous symptom monitoring beginning from the exposure date.

- **Option 1:** 14-day quarantine;
- **Option 2:** 10-day quarantine (with or without testing);[1] **or**
- **Option 3:** 7-day quarantine with a negative PCR test collected on day 5 or later when a "*critical staffing shortage*" exists;[2] **or**
- **Option 4:** no quarantine, i.e., asymptomatic individuals may return to work immediately with symptom monitoring and full PPE protection.[3]

Individuals must continue to adhere to non-pharmaceutical interventions upon returning to work.

As always, if symptoms consistent with COVID-19 develop at any time during the monitoring period, individuals should immediately isolate and follow the symptomatic isolation pathway.

On December 14, 2020, the Governor's Executive Order and CDPH adopted CDC's December 2, 2020 quarantine guidance. Unless your agency is exercising Contingency Capacity Strategies to Mitigate Staffing Shortages, the Governor's December 14, 2020 Order represents a more restrictive change from the March 2020 Governor's Executive Order.

CDC Quarantine Guidance (updated December 2, 2020):

CDC continues to recommend a 14-day quarantine period after exposure; however, the local health jurisdiction may adopt two new options for individuals who remain asymptomatic throughout the quarantine period:

- 7-day quarantine with a negative COVID-19 PCR or antigen test collected on day 5 or later (quarantine may not end sooner than 7 days) **or**
- 10-day quarantine without testing.

Individuals must continue to adhere to non-pharmaceutical interventions upon returning to work.

As always, if symptoms consistent with COVID-19 develop at any time during the monitoring period, individuals should immediately isolate and follow the symptomatic isolation pathway.

Symptomatic personnel must isolate immediately and be tested as soon as possible. Personnel who test positive for COVID-19 must also isolate. See *COVID-19-Positive or Exposed Employees* above for more information on isolation. Since there is widespread community transmission, *all* employees should ensure they are afebrile and asymptomatic before reporting for work. In addition, employees should check twice daily for signs and symptoms, exercise social distancing and masking in station/while on duty, and don appropriate PPE for every patient encounter. In addition, prolonged, unprotected exposure to family members, roommates,

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[1] Quarantine at home (or other appropriate location) for at least 10 days, with continuous symptom monitoring for days 11-14. If an individual in quarantine develops systems or tests positive, they should immediately isolate and follow the isolation pathway.

[2] Quarantined individuals employed by agencies having "critical staffing shortages [without] enough staff to provide safe patient care" may return to work after 7 days if there is a negative PCR COVID-19 test on or after day 5 of quarantine. Staff shall continue to monitor for symptoms and wear a surgical mask/respirator for a total of 14 days after returning to work.

[3] Under CDC Contingency Capacity Strategies, healthcare employers, including EMS/fire agencies, may allow asymptomatic, exposed healthcare personnel to return to work. Throughout the 14-day post-exposure period, employees must wear a surgical mask/respirator, monitor for symptoms, and perform daily temperature checks (at a minimum).

or coworkers represents a significant risk of becoming infected with COVID-19, and employers are urged to take this factor into consideration with the below options.

Q: Do vaccinated individuals still need to quarantine if they were exposed to a COVID-positive person? This guidance does not apply to patients or residents living in inpatient or healthcare settings.

A: As of February 13, 2021, asymptomatic, fully vaccinated individuals are not required to quarantine after an exposure. *Fully vaccinated* is defined by CDC as:

- Have received the full dose schedule ≥2 weeks prior to the exposure (i.e., ≥2 weeks following receipt of the second dose in a 2-dose series, or ≥2 weeks following receipt of one dose of a single-dose vaccine)
- Are within 3 months following receipt of the last dose in the series.

In addition, individuals who have recovered from COVID-19 within 90 days of first symptom onset **or** within 90 days for positive COVID-19 test for asymptomatic individuals who do not develop symptoms do **not** need to quarantine. See CDC's Interim Guidance on Duration of Isolation and Precautions for Adults with COVID-19 webpage for more information. As with all quarantine decisions, the fully vaccinated individual **must remain asymptomatic** following exposure to COVID-19. Those who do not meet the definition of "fully vaccinated," must follow the quarantine guidance in *COVID-19-Positive or Exposed Employees* question above.

Q: What resources are available if DHCP or patients need to be tested but do not have a primary care provider?

A: If DHCP or patients have any health-related questions or concerns, advise them to contact their healthcare provider. If they do not have health coverage, have other general questions about COVID-19, or would like information about community resources, advise them to call 2-1-1.

Q: Who may be contacted if a business of healthcare facility/provider is not complying with the County PHO Orders or CDC guidance, such as refusing to wear a face covering or practice social distancing?

A: If you would like to report an employee of a business, such as a grocery store, pharmacy/drug store, restaurant or food establishment, convenience store, or gas station who is not wearing a face covering as required by the County PHO, please report it by filing a report with the San Diego Healthy Compliance Call Center:

- Call (858) 694-2900 **or**
- E-mail SafeReopeningComplianceTeam@sdcounty.ca.gov (Safe Reopening Compliance Team)

If you would like to file a complaint regarding a healthcare facility or provider, you may do so through the CDPH.

Q: What should DHCP do if a patient is not complying with the County PHO's Orders or CDC guidance, such as refusing to wear a face covering or practice social distancing?

A: You may provide healthcare workers with N95 masks for additional protection if the patient is not following infection mitigation practices. Notify the patient that compliance with the County PHO's orders is required by the State of California in healthcare settings and that non-compliance may result in future appointments being conducted remotely. If a patient refuses to be compliant, consider accommodating as much as possible by conducting a virtual visit, conducting an outdoor visit in a private area, scheduling in an well-ventilated room at end of the day or room with negative pressure, or minimizing the time of the in-person part of the visit. Non-compliance may be grounds for refusal of patient admission by healthcare facilities. If considering to refuse service, please consult your internal protocols first.

Q: Where can employees updated information on vaccine availability and eligibility?

A: Please visit the County's COVID-19 Vaccine webpage for updated information pertaining to vaccines, eligibility, and scheduling. The CDPH also maintains a COVID-19 Vaccines webpage with information at the state level.

Q: Do employees still need to wear a mask and practice social distancing after getting vaccinated?

A: Yes, individuals who receive a COVID-19 vaccine must continue to adhere to social distancing and masking practices until advised otherwise by health officials. These practices, regardless of vaccination status, will continue to aid in reducing the virus' spread among the general population. It is unclear whether the vaccine will prevent transmission of the virus to others. Herd immunity may be achieved eventually but is not possible until a majority of the population is vaccinated or develops natural immunity.

Q: If an employee tested positive for COVID-19 and has since recovered, does he or she still need to get the vaccine?

A: Yes, recovered persons should still get a COVID-19 vaccination. While there is likely some degree of immunity lasting for weeks after an infection resolves, this natural immunity duration and the degree to which someone is protected after recovery are unclear. A history of confirmed SARS-CoV-2 infection – symptomatic or asymptomatic – is not a contraindication for vaccination. In addition, serologic testing for antibodies is not recommended before vaccination. HCWs with a documented SARS-CoV-2 infection who have recovered may choose to defer vaccination to allow individuals at higher risk to be vaccinated first per CDC Interim Considerations. Recovered persons will have some natural immunity; however, the duration and extent are currently unknown. Individuals who received monoclonal antibodies should defer vaccination until 90 days after treatment.

Q: Can individuals who get vaccinated for COVID-19 infect others?
A: Current data suggest that COVID-19 vaccines are effective at preventing individuals from *becoming ill*. While these results are encouraging, they do not necessarily mean that vaccination will prevent people from becoming *infected* and subsequently *transmitting* SARS-CoV-2 to others. Until more is known about post-vaccination infection and transmissibility, it is recommended that vaccinated individuals continue to adhere to non-pharmaceutical interventions, including masking and social distancing, and continue to avoid contact with higher-risk individuals.

Q: Where can DHCP find additional information on COVID-19 vaccination, including how to explain vaccination to patients?
A: Providers can consult the following resources:
- County of San Diego: COVID-19 Vaccine Frequently Asked Questions (for distribution)
- CDC: What Every Clinician Should Know About COVID-19 Safety (Video/Slides),
- CDC: Frequently Asked Questions About the COVID-19 Vaccine
- *New England Journal of Medicine*: COVID-19 Vaccine – Frequently Asked Questions
- CDC: Post Vaccine Considerations for Healthcare Personnel,
- CDC: What to Expect After Getting a COVID-19 Vaccine (for distribution to patients),
- CDC: COVID-19 Vaccination and Communication Toolkit (for distribution to providers), and
- CDC: Healthcare Professionals: Preparing for COVID-19 Vaccination.
- County of San Diego: COVID-19 Community Conversations Toolbox (educational resource to present to patients)
- Vital Talk: Communication Skills for the COVID Vaccine

For additional FAQs, including questions COVID-19 testing and reporting, vaccination, monoclonal antibodies, and resources for providers, please visit Healthcare Sector FAQs.