



New Jersey

Dental Hygienists' Association

**NEW JERSEY DENTAL HYGIENISTS'
ASSOCIATION'S**

**RETURN TO WORK RECOMMENDATIONS
FOR
REGISTERED DENTAL HYGIENISTS**

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I. INTRODUCTION

As the New Jersey Dental Hygienists' Association (NJDHA), we have the privilege of representing 7,000 dental hygienists licensed within the State of New Jersey. We hear and feel each concern being expressed by them in these uncertain times. We are their state leaders, as well as practitioners ourselves, and are taking the initiative to express our concerns and recommendations.

While we are in favor of reopening our economy when Governor Murphy and the Restart and Recovery Commission have stated it is safe to do so, we recommend that extra precautions be taken to ensure the safety of not only ourselves as oral health care providers, but our patients as well.

According to OSHA, the dental profession is listed as one of the high-risk categories of health professionals due to the close proximity of patient care¹, and aerosols created during procedures. Dental hygienists, dentists, and dental assistants are in the top 5 in the COVID-19 Risk Score, with dental hygienists being 99.7% and dentists at 92.1% and dental assistants at 92.5%².

With that said, when the economy is reopened, there is a concern about the difficulty in obtaining the proper personal protective equipment (PPE), as well as concern of offices opening without it and trying to "make due" instead. Dental hygienists are all employees and are under the will of their employer with regards to the what PPE will be made available to them, so we are requesting that the following recommendations be made mandatory for when dental hygienists return to work, while in the midst of the COVID-19 pandemic and the times that follow.

While we as a profession are not usually the business owners, we understand there is a need to reopen offices due to the negative financial impact COVID-19 has imposed on all businesses, in particular, the smaller ones. However, with the recommendations we have seen being proposed by the American Dental Association (ADA) as well as the New Jersey Dental Association (NJDA), there is a large gray area of what is required versus what is recommended. It seems that the costs to the dentists have been placed at a higher priority than the risk of infection or possible resurgence of COVID-19 to or through patients. Our concerns as dental hygienists are focused on the safety of all, dental health care providers and their patients, and thus should be taken at full value, as this has been the approach to COVID-19 by the State of New Jersey to date.

¹ <https://www.osha.gov/Publications/OSHA3993.pdf>

² https://www.visualcapitalist.com/the-front-line-visualizing-the-occupations-with-the-highest-covid-19-risk/?fbclid=IwAR00tN-IMtEq1dHANeofHLKltKqBDpJIvcYCqL8FkWuV_fiE0kRybJGNHeE

The subsequent guidelines are based on recommendations from the CDC, ADA, ADHA, OSAP, and OSHA. They address necessary modifications of standard infection control procedures and protocols utilized in the dental setting. This handbook has been devised to assist the New Jersey dental hygienist in navigating the COVID-19 atmosphere within the dental office.

II. DENTAL TEAM PREPARATION

A. EDUCATION

A formal meeting should be scheduled prior to returning to work. This meeting should provide clarity for each team member as to what the new guidelines to be implemented are. If additional training is required, this should be completed prior to the employee seeing patients.

B. EMPLOYEE HEALTH

1. All required PPE shall be provided to all dental hygienists by their employers/offices, without costs being passed on to the dental hygienist.
2. A dental hygienist has the right to refuse to treat patients if proper PPE is not made available to them, without penalty.
3. Any dental hygienist experiencing any illness symptoms should not report to work.
4. If a dental hygienist has clinically recovered from COVID-19, they should be symptom free for 14 days prior to returning to work.
5. If a dental hygienist has been caring for a person or persons with COVID-19, they should remain out of work until the person has been symptom free for 14 days.
6. Dental hygienists must remove all PPE, change their scrubs or clothes, as well as their shoes prior to leaving the office at the end of the day. Secure storage should be provided for personal property.

III. PRE-VISIT

- A. Forms, including a Covid-19 history survey, should be distributed to patients, completed and returned via mail, email, text, or other digital means prior to their arriving for an appointment.
- B. Instruct patients that a mask should be worn at all times while in the office, unless in a treatment chair. A mask will be provided for patients at the door if they do not have one.

IV. VISIT

- A. Scheduled patients are to remain in their vehicles and call or text the dental office upon arrival. Office staff will instruct patient when to come in if the waiting room does not allow for patients to wait for their appointments while maintaining social distancing of 6 feet.
- B. Once the treatment area is prepared to seat the patient, the patient will be met by the dental hygienist or team member wearing a mask for a screening process as recommended by the CDC³. This process will include taking their temperature (less than 100.4), assessing for cough, asking if there was a previous COVID-19 exposure, or presence of any other infection. If any symptoms are present, the patient should be referred to a physician or to contact the local hospital emergency room to be evaluated ASAP. Only the scheduled patient (or one caregiver if patient is a minor or requires assistance) will be allowed into the office for the appointment.
- C. All patients must stop at a cleaning station where they will sanitize their hands with either soap and water or hand sanitizer before being taken back to the treatment room.
- D. Appointments shall be long enough to allow for proper disinfection between appointments, as determined by the CDC and OSHA.

V. OPERATORY SET-UP

- A. Patient treatment chairs should be at least 6 feet apart. If patient chairs are closer than 6 feet to each other, patients should be scheduled in a manner to stagger them so that two patients are not within 6 feet of each other.
- B. All treatment rooms should be free of any items not easily wiped down (ie. magazine, pictures, models).
- C. Treatment rooms should be completely set up prior to seating a patient.
- D. No reading materials will be provided to patients. Patients may bring in their own reading materials and it must be kept on their persons or with their belongings at all times. Any area in the treatment room that has been touched by the patient's personal belongings must be sanitized and disinfected.

³ <https://www.cdc.gov/coronavirus/2019-ncov/hcp/dental-settings.html>

VI. TREATMENT

- A. Prior to treatment, if the patient is able, have them use a preprocedural rinse for 30 seconds.
- B. Dental hygienists will wear disposable or reusable gowns while working. A level N95/KN95 or level 3 mask will be necessary. Safety glasses must be worn. A face shield is required with the use of an ultrasonic scaler. Head coverings shall be worn.
- C. Gowns should be worn during any procedures that create aerosols and/or splatter. In non-splatter/aerosols producing situations, gowns may be worn more than once.
- D. If a level 3 mask is utilized, the dental hygienist must wear a face shield while treating each patient and the mask must be changed with each patient.
- E. N95 or KN95 masks may be used repeatedly, by using any level surgical mask over it. The surgical mask must be changed with each patient. The N95/KN95 mask can be reused by storing in a paper bag undisturbed with the dental hygienist's name on it for 5 days⁴, which will allow enough time for the virus to die.
- F. Professional judgement is essential in determining if ultrasonic scalers are to be used on a patient and HVE systems be made available for dental hygienists to use if a dental assistant cannot be provided, as per OSHA recommendations⁵.
- G. Techniques for hand held HVE suction should follow the guidelines of angling the suction to capture the spray or aerosol and vacuum it away before it has a chance to escape the oral cavity.

VII. POST TREATMENT

- A. The dental hygienist should remove gloves and gown, perform hand hygiene (CDC guidelines), remove face shield, safety glasses, and mask then perform hand hygiene again. If using N95/KN95 mask, with a surgical covering, be sure not to touch the underlying mask while removing your surgical covering. If using Level 3 mask, the dental hygienist must remove the soiled mask, being sure not to touch their face. A mask must be worn at all times while in the office.
- B. The patient must put back on their mask upon treatment completion. Both the dental hygienist and the patient must wash their hands or use hand sanitizer prior to leaving the treatment room.

⁴ <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/decontamination-reuse-respirators.html>

⁵ <https://www.osha.gov/SLTC/covid-19/dentistry.html>

- C. All equipment, re-usable face shields, and surfaces within 6 feet of the dental chair must be cleaned and sanitized.