

Frequently Asked Questions Related to Return to Work

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What Do I Need to Know to Return to Work?

Q: What should be in place in order for me to return to work?

A: In alignment with the Centers for Disease Control and Prevention (CDC), ADHA continues to **recommend that nonemergency and elective dental procedures be postponed until further notice.** However, because many states are working to reopen businesses, ADHA recommends that the following be in place prior to dental hygienists returning to work.

- An office plan that includes policies and procedures for before, during and after patient care. Topics may include standard precautions and PPE, office set-up, appointment scheduling and management, pre-appointment screening, clinical care techniques and potential COVID-19 exposure guidelines.
- Ensure sufficient PPE is available to allow for changing as needed.
- Your office should have hospital-grade surface disinfectant from [list N](#) that is effective against SARS-Cov-2, as well as sufficient hand sanitizer for both clinicians and patients as needed.
- Pre-screening of patients, using teledentistry, will reduce the number of in-office patients, as will post-treatment follow-up appointments.

Q: Should I use aerosol-producing equipment (e.g., ultrasonic scaler, handpiece, air powder polisher, air-water syringe) when I return to work?

A:

- Until generalized COVID-19 testing is available, best practice would be to avoid aerosol-generating procedures whenever possible. Avoid the use of handpieces, air-water syringe and ultrasonic scalers. Prioritize the use of hand instruments.
- If aerosol-generating procedures are necessary, use four-handed dentistry, high-evacuation suction, and full-mouth dental dams or isolation systems to minimize droplet spatter and aerosols.

Personal Protective Equipment (PPE)

Q: What PPE should I be wearing when I return to work?

A: The highest level of PPE available should be used.

- Wear gloves, eye protection (i.e., goggles or a face shield that covers the front and sides of the face) and an N95 or higher-level respirator during dental hygiene care. If a respirator is not available, use a combination of a surgical mask and full-face shield.
- **If the minimally acceptable combination of a surgical mask and full face-shield is not available, dental hygiene care should not be performed.**
- Disposable gowns that should be changed after each patient.

- Shoes should be left at the office, and you should change out of scrubs before returning home. Shower immediately upon returning home.
- Read more [here](#).

Q: Does my employer have to provide PPE, and who pays for it?

A: Many Occupational Safety and Health Administration (OSHA) standards require employers to provide PPE when it is necessary to protect employees from job-related injuries, illnesses and fatalities. With few exceptions, OSHA requires employers to pay for personal protective equipment when it is used to comply with OSHA standards. These typically include hard hats, gloves, goggles, safety glasses, welding helmets and goggles, face shields, chemical protective equipment and fall protection equipment. For additional information on PPE, refer to OSHA's [Personal Protective Equipment](#) web page.

Q: What if my employer will not provide proper PPE?

A: According to [OSHA's Guidance on Preparing Workplaces for COVID-19](#), "employers are obligated to provide their workers with PPE needed to keep them safe while performing their jobs. The types of PPE required during a COVID-19 outbreak will be based on the risk of being infected with SARS-CoV-2 while working and job tasks that may lead to exposure. **Workers, including those who work within 6 feet of patients known to be, or suspected of being, infected with SARS-CoV-2 and those performing aerosol-generating procedures, need to use respirators.**

You have a right to a safe workplace. You can file a confidential complaint with OSHA to request an inspection of your workplace if you believe there is a serious hazard or if you believe your employer is not following OSHA standards. Learn more about filing a complaint at [OSHA's website](#).

Q: I am concerned about mask shortages. What can we do?

A: The increased worldwide demand for PPE has resulted in apparent regional areas of shortage in the United States. The U.S. Food and Drug Administration (FDA) regulates and monitors the availability of medical devices, including masks, and continues to closely monitor the supply chain for the components needed to manufacture PPE.

While FDA acknowledged that it has heard reports of increased market demand and supply challenges for certain PPE, the agency has said that it is not aware of specific widespread shortages of medical devices. CDC and other U.S. partners report having seen increased ordering of some medical products through distributors as some health care facilities in the U.S. prepare for anticipated needs in the event of a more severe outbreak. FDA also reported that the agency has taken proactive steps to establish and remain in contact with medical device manufacturers and others in the supply chain.

FDA encourages manufacturers and health care facilities to report supply disruptions to the device shortages mailbox: deviceshortages@fda.hhs.gov. The agency reports that the mailbox is closely monitored and is an important surveillance resource to augment FDA efforts to detect and mitigate potential supply chain disruption.

Q: Should surgical masks be only single use? Should N95 masks be only single use?

A: CDC's guidance for single-use disposable face masks has not changed. These masks are tested and regulated by FDA to be single-use. CDC's position is that a new face mask should be used for each patient. CDC's specific guidance for face masks includes these directives:

- 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 of blood or other body fluids; and
- Change masks between patients, or during patient treatment if the mask becomes wet.
- An N95 should be discarded after each patient encounter and after aerosol-generating procedures. It should also be discarded when it becomes damaged or deformed; no longer forms an effective seal to the face; becomes wet or visibly dirty; breathing becomes difficult; or if it becomes contaminated with blood, respiratory or nasal secretions, or other bodily fluids from patients.

Q: What's the difference among ASTM Level 1, Level 2, Level 3 masks and respirators?

A: ASTM International, formerly known as the American Society for Testing and Materials, has established performance levels for masks based on fluid resistance, bacterial filtration efficiency, particulate filtration efficiency, breathing resistance and flame spread.

Level 1 masks have the **least** fluid resistance, bacterial filtration efficiency, particulate filtration efficiency and breathing resistance. These can be worn for procedures where low amounts of fluid, spray or aerosols are produced, such as patient evaluations, orthodontic visits or operatory cleaning.

Level 2 masks provide a **moderate** barrier for fluid resistance, bacterial and particulate filtration efficiencies and breathing resistance. These can be used for procedures producing moderate to light amounts of fluid, spray or aerosols. Some examples of procedures are sealant placement, simple restorative or composite procedures or endodontics.

Level 3 masks provide the **maximum** level of fluid resistance and are designed for procedures with moderate or heavy amounts of blood, fluid spray or aerosol exposure such as crown or bridge preparations, complex oral surgery, implant placement or use of ultrasonic scalers.

Newly released guidance from the U.S. Department of Labor, OSHA states, “Workers, including those who work within 6 feet of patients known to be, or suspected of being, infected with SARS-CoV-2 and those performing aerosol-generating procedures, need to use respirators.”

CDC has more information on the differences between N95 respirators and surgical masks. If the decision is made to use respirators in your facility, OSHA does maintain requirements for medical evaluation and fit-testing in their toolkit for health care use of respirators.

Q: What’s the difference between a mask and a respirator?

A: A surgical mask, commonly called face mask, is intended to protect the mucous membranes of the wearer from contact with patient body fluids. It may also be worn by a person with a respiratory illness to reduce the droplets released into the air when they cough or sneeze. An N95 filtering facepiece respirator (FFR), commonly called a medical N95 respirator, filters particles to prevent them reaching the respiratory tract of the wearer. Different N95 respirators are used for different purposes, but during this COVID-19 PPE shortage OSHA, the CDC and FDA agree that health care workers treating active COVID-19 patients may use N95 respirators that are not labeled for medical use.

N95 Respirators and Fit Testing

Q: What are the OSHA regulations regarding Fit Testing for N95 respirators during the COVID-19 Pandemic?

A: The Respiratory Protection standard has specific requirements, including a written program, medical evaluation, fit-testing and training, that employers must follow to ensure workers are provided and are properly using appropriate respiratory protection when necessary to protect their health. Pursuant to a presidential executive order, OSHA has issued temporary enforcement guidance regarding the Respiratory Protection Program.

The guidance still requires employers to perform initial fit tests because it is essential to determine if the respirator properly fits the worker and is capable of providing the expected level of protection.

Respiratory Protection Program (RPP)

- Employers must first institute engineering and work practice controls before resorting to PPE as a measure to protect workers.
- Establish a respiratory protection program and assign an administrator for the program.
- Before an employee can use a N95 respirator, they must complete a health questionnaire to be reviewed by a qualified medical provider who will determine the need for a medical examination; receive initial fit-testing; and receive training, including training on COVID-19.
- OSHA has modified some of the requirements, so consult their website before implementing a new program, and frequently check for updates.

- [OSHA Temporary Enforcement Guidelines \(March 14, 2020\)](#)
- All employers whose employees are required to use or are permitted voluntary use of respiratory protection must continue to manage their respiratory protection programs (RPPs) in accordance with the OSHA respirator standard.
- Employers must address in their written RPPs the circumstances under which a disposable respirator will be considered contaminated and not available for extended use or reuse.
- [OSHA Memo: Enforcement Guidance for Respiratory Protection and the N95 Shortage Due to the Coronavirus Disease 2019 \(COVID-19\) Pandemic \(April 3, 2020\)](#)
- [OSHA Memo: Enforcement Guidance on Decontamination of Filtering Facepiece Respirators in Healthcare During the Coronavirus Disease 2019 \(COVID-19\) Pandemic \(April 24, 2020\)](#)
- [OSHA Memo: Discretion in Enforcement when Considering an Employer's Good Faith Efforts During the Coronavirus Disease 2019 \(COVID-19\) Pandemic \(April 16, 2020\)](#)
- [Other OSHA Enforcement Memoranda](#)
- [OSHA Standards that may apply to worker exposure to COVID-19](#)

Respiratory fit testing

- can be done by employer or outside party
- should be done annually thereafter
- uses an agent to check whether there is leakage around the respirator

Fit test kits are available commercially. Carefully follow manufacturer instructions

RESOURCE: [Hospital Respiratory Protection Program Toolkit](#): Though designed for hospitals, the information in this resource from the Occupational Safety and Health Administration (OSHA) can be customized for your practice.

FDA Emergency Use Authorization – COVID-19

- Temporarily allows use of some respirators that have not been tested and authorized by NIOSH
- For the duration of the public health emergency related to COVID-19 declared by the Department of Health and Human Services (HHS)
- Specific authorized respirators are listed by FDA
- [FDA List of Authorized Respirators](#)

Teledentistry

Q: How can my office use teledentistry during these times?

A: Two types of telehealth modalities are used in dentistry at this point: synchronous (live) or asynchronous (store and forward). Examples of how these can be beneficially used during our daily routine follow.

1. Pre-screening or emergency triage tool for patients
This technique can reduce the number of in-office patients and facilitates appropriate social distancing, reduced patient/employee exposure and conservation of inaccessible PPEs. Pre-screening or emergency triage can be in the form of still images sent to the office through a connection such as a HIPAA-secure email or a live video. A teledentistry-specific program, separate from an existing practice management program, is required for a live interaction.
2. Using a virtual evaluation to replace an in-person evaluation during a dental hygiene appointment. This technique allows a supervising dentist to preserve another set of PPEs for each dental hygiene patient per day.
 - a. The dental hygienist can collect the required data according to the defined ADA procedure codes (radiographs, intraoral photographs, probing depths, etc.) during the appointment, which can be saved into the current practice management program for the dentist's review at a later time. The results of the evaluation, diagnosis and treatment plan can be delivered to the patient through a subsequent teledentistry interaction at a later date. This is a realistic scenario if a specific time is allotted in the dentist's daily schedule with no interruptions, perhaps at the end of the day.
 - b. If the dentist is available during the time of the hygiene appointment and has a device with an internet connection, a live interaction can occur using an intraoral camera. A teledentistry-specific program, separate from an existing practice management program, is required for this live interaction. This is a feasible scenario if restorative and preventive procedures are scheduled on alternative days.

Many teledentistry restrictive regulations have currently been relaxed for a limited time. Prior to implementing this technology into your practice, consultation with an attorney may be prudent. It is imperative that you consult your state practice acts, rules and regulations with regards to supervision and reimbursement protocol for specific mandates and recommendations.

Pregnancy

Q: Are there any specific guidelines for pregnant dental hygienists?

A: First and foremost, Medical advice should be provided by your doctor or other health care professional. According to the CDC, "We do not currently know if pregnant people have a greater chance of getting sick from COVID-19 than the general public nor whether they are more likely to have serious illness as a result. Based on available information, **pregnant people seem to have the same risk as adults who are not pregnant.**"

However, we do know that

- Pregnant people have changes in their bodies that may increase their risk of some infections.
- Pregnant people have had a higher risk of severe illness when infected with viruses from the same family as COVID-19 and other viral respiratory infections, such as influenza.”

[CDC Information on Pregnancy and COVID-19](#)

[FAQ from The American College of Obstetricians and Gynecologists](#)

[World Health Organization information on Pregnancy and COVID-19](#)

Rights to Safe Workplace

Q: What are my rights to safe working conditions, and how are they enforced?

A: Under federal law, you are entitled to a safe workplace. Your employer is obligated to provide you with PPE needed to keep you safe while performing your job.

According to OSHA, types of PPE required during a COVID-19 outbreak will be based on the risk of being infected with coronavirus while working and job tasks that may lead to exposure. Workers, including those who work within 6 feet of patients known to be, or suspected of being, infected with COVID-19 and those performing aerosol-generating procedures, need to use respirators.

Right to File a Safety and Health Complaint

If you believe working conditions are unsafe or unhealthful, you may file a confidential complaint with OSHA and ask for an inspection. If possible, bring the conditions to your employer’s attention. Learn more about filing a complaint here: https://www.osha.gov/workers/file_complaint.html

It is illegal for an employer to fire, demote, transfer or otherwise retaliate against a worker for using their rights under the law. If you believe you have been retaliated against in any way, file a whistleblower complaint within 30 days of the alleged retaliation.

Right to Refuse Work

If the condition clearly presents a risk of death or serious physical harm; there is not sufficient time for OSHA to inspect; and, where possible, a worker has brought the condition to the attention of the employer, the worker may have a legal right to refuse to work in a situation in which he or she would be exposed to the hazard.

Your right to refuse to do a task is protected if all the following conditions are met:

- Where possible, you have asked the employer to eliminate the danger, and the employer failed to do so; and
- You refused to work in “good faith.” This means that you must genuinely believe that an imminent danger exists; and
- A reasonable person would agree that there is a real danger of death or serious injury; and
- There isn’t enough time, due to the urgency of the hazard, to get it corrected through regular enforcement channels, such as requesting an OSHA inspection.

You should take the following steps:

- Ask your employer to correct the hazard, or to assign other work;
- Tell your employer that you won't perform the work unless and until the hazard is corrected; and
- Remain at the worksite until ordered to leave by your employer.

If your employer retaliates against you for refusing to perform the dangerous work, contact OSHA immediately. Complaints of retaliation must be made to OSHA within 30 days of the alleged reprisal. To contact OSHA, call 1-800-321-OSHA (6742) and ask to be connected to your closest area office. No form is required to file a discrimination complaint, but you must call OSHA. More information available here: <https://www.osha.gov/right-to-refuse.html>

Q: Am I eligible for unemployment if I choose to quit over safety concerns?

A: In general, states provide unemployment benefits to employees who are out of work through no fault of their own. Some states allow employees who quit for "good cause" to be eligible for unemployment. Find your state's unemployment office here: <https://www.careeronestop.org/LocalHelp/UnemploymentBenefits/find-unemployment-benefits.aspx>