



# **City and County of San Francisco**

# **Department of Public Health Health Officer Directive**

## **DIRECTIVE OF THE HEALTH OFFICER No. 2020-09b**

### **DIRECTIVE OF THE HEALTH OFFICER OF THE CITY AND COUNTY OF SAN FRANCISCO REGARDING REQUIRED BEST PRACTICES FOR DENTAL HEALTH CARE**

**(PUBLIC HEALTH DIRECTIVE)**  
**DATE OF DIRECTIVE: May 17, 2020**

By this Directive, the Health Officer of the City and County of San Francisco (the “Health Officer”) issues mandatory, context-specific direction permitting the provision of certain kinds of health-related care as part of the local response to the Coronavirus Disease 2019 (“COVID-19”) pandemic. This Directive constitutes context-specific guidance as provided under Sections 1 and 3 of Health Officer Order No. C19-08b issued on May 15, 2020 (the “Medical Care Order”) and, unless otherwise defined below, capitalized terms used in this Directive have the same meaning given them in that order. This Directive goes into effect at 11:59 p.m. on May 17, 2020, and no care may be provided of the type covered by this Directive except as permitted by and subject to the restrictions of either the Medical Care Order or this Directive. As soon as the mandatory criteria for provision of care listed in this Directive are met, then a provider, facility, or office may provide the care covered by this Directive, and such care may continue to be provided by the provider, facility, or office only so long as the mandatory criteria are met. This Directive remains in effect until suspended, superseded, or amended by the Health Officer, as further provided below. This Directive has support in the bases and justifications set forth in the Medical Care Order as well as in Health Officer Order No. C19-07d issued on May 17, 2020 (the “Stay-Safe-At-Home Order”) and any amendments to that order. As further provided below, this Directive also automatically incorporates any revisions to the Medical Care Order, the Stay-Safe-At-Home Order, or other future orders issued by the Health Officer that supersede those orders or that reference this Directive. This Directive is intended to promote best practices as to Social Distancing Requirements listed in Section 15.k of the Stay-Safe-At-Home Order, infection control measures, and other best practices, helping reduce the transmission of COVID-19 in the health care and healing arts setting and helping safeguard the health of workers, patients and clients, and the community. This Directive No. 2020-09b revises and replaces Directive No. 2020-09, issued May 15, 2020.

**UNDER THE AUTHORITY OF CALIFORNIA HEALTH AND SAFETY CODE  
SECTIONS 101040, 101085, AND 120175, THE HEALTH OFFICER DIRECTS AS  
FOLLOWS:**

- 1. For any Healthcare Operation that Section 15.b of the Stay-Safe-At-Home Order permits to provide care in the City and County of San Francisco (the “City”) during this pandemic, this Directive applies only to the aspects of that Healthcare Operation that meet all of the following criteria:**
  - a. The aspect of the Healthcare Operation provides or supports the provision of the following types of care: Dental Health Care, as that term is defined in Section 3 below; and**
  - b. The aspect of the Healthcare Operation has appropriate supplies (Personal Protective Equipment (“PPE”), and all other necessary medical and cleaning supplies) and staffing to safely function in a manner that meets both regulatory requirements for staffing and operation and the community**



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standard for the safe provision of care; and

- c. The aspect of the Healthcare Operation meets all applicable requirements listed in this Directive, including Exhibit A to this Directive, at all times.

Each such aspect of a Healthcare Operation that meets all criteria listed above is referred to by this Directive as a “Dental Care Service.”

2. This Directive permits the provision of care related to Dental Health Care by the Dental Care Service of any Healthcare Operation so long as the owner, operator, manager, supervisor, Chief Executive Officer or Administrator, Chief Medical Officer or Chief of Service or Chief of Staff, or other medical supervisor of a Dental Care Service ensures that all mandatory best practices listed in Exhibit A to this Directive (the “Best Practices”), which is incorporated by this reference, are followed.
3. For purposes of this Directive, the term “Dental Health Care” means any care provided by a professional who is licensed and providing care under Chapter 4 of Division 2 of the California Business and Professions Code or by someone who is supervised by such a licensed professional. For purposes of this Directive, Dental Health Care includes but is not limited to any preventative, restorative, maintenance, cosmetic, hygiene, corrective, orthodontic, urgent, or emergency care. Dental Health Care expressly includes any care that is “Essential” as defined by the Medical Care Order or any emergency care. But this Directive does not apply to care that is provided on an emergency basis at any general acute care hospital or urgent care center, with such care already being authorized and provided under the hospital’s or urgent care center’s standard procedures, which should include airborne precautions (N95 or higher) similar to those listed in this Directive for aerosolizing procedures.
4. This Directive and the attached Best Practices may be revised by the Health Officer, through revision of this Directive or another future directive or order, as conditions relating to COVID-19 require, in the discretion of the Health Officer. Each Healthcare Operation that operates a Dental Care Service under this Directive must stay updated regarding any changes to the Medical Care Order, the Stay-Safe-At-Home Order, and this Directive by checking the City Administrator’s website ([www.sfgsa.org](http://www.sfgsa.org)) or the Department of Public Health website (<https://www.sfdph.org/dph/alerts/coronavirus-healthorders.asp>) at least weekly.
5. Each Healthcare Operation that operates a Dental Care Service under this Directive must, before allowing Dental Health Care and related care to occur as outlined by this Directive, create, adopt, and implement a written health and safety plan (a “Health and Safety Plan”) addressing all applicable Best Practices attached to this Directive as Exhibit A. The Health and Safety Plan must address each requirement listed in the Best Practices by describing the plan for implementing the requirement or listing the applicable policy or policies of the Healthcare Operation that addresses the listed requirement. The Best Practices attachment is not itself intended to serve as the Health and Safety Plan, such as by having the Healthcare Operation simply check off items that have been or will be done. Rather, the



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contents of the Best Practices must be adapted into a separate Health and Safety Plan that describes compliance with the requirements.

- 6. There are certain people associated with the Dental Care Service who are subject to this Directive. Specifically, people who provide or support the provision of care by the Dental Care Service are collectively referred to by this Directive and the Best Practices as “Personnel”, and those people include all of the following who provide services associated with the Dental Care Services in the City: employees; contractors and sub-contractors (such as those who perform services onsite or who deliver goods to the business); independent contractors; students who are participating in educational programs associated with their professional degree or licensure; volunteers; and other individuals who regularly provide services at the request of the Dental Care Service related to Dental Health Care. This Directive requires the Healthcare Operation that operates a Dental Care Service to ensure that Personnel who perform work associated with the Dental Care Service are addressed by the Health and Safety Plan and comply with those requirements.**
- 7. Each Healthcare Operation that operates a Dental Care Service subject to this Directive must provide items such as Face Coverings (as provided in Health Order No. C19-12 issued on April 17, 2020), hand sanitizer, sinks for handwashing, PPE, and disinfectant and related supplies to Personnel and to the patients or clients, as required by the Best Practices. If any such Healthcare Operation that operates a Dental Care Service is unable to provide these required items or otherwise fails to comply with required Best Practices or fails to abide by its Health and Safety Plan, then it must cease operating the Dental Care Service for Dental Health Care under this Directive until it can fully comply and demonstrate its strict compliance.**
- 8. Each Healthcare Operation that operates a Dental Care Service is required to take certain steps in the Health and Safety Plan related to its Personnel, including certain actions listed in Sections 2.1 through 2.4 of the Best Practices if Personnel are sick. Each Healthcare Operation that operates a Dental Care Service is prohibited from taking any adverse action against any Personnel for staying home in the circumstances listed in Sections 2.1 through 2.4 of the Best Practices. Personnel of each Healthcare Operation that operates a Dental Care Service are prohibited from coming to work if they are sick and must comply with the Directive, including the rules for returning to work listed in Sections 2.1 through 2.4 of the Best Practices.**
- 9. Each Healthcare Operation that operates a Dental Care Service must: (a) make the Health and Safety Plan available to any patient or client, Personnel, or other member of the public on request, (b) provide a summary of the plan to all Personnel working onsite in relation to the Dental Care Service (except for people only temporarily on-site), and (c) post a copy of the plan in any reception area of the Dental Care Service and at any key Personnel gathering or break areas related to the Dental Care Service.**
- 10. Implementation of this Directive augments—but does not limit—the obligations of each Healthcare Operation under the Medical Care Order and the Stay-Safe-At-Home Order. The Healthcare Operation must follow these context-specific Best Practices in relation to each Dental Care Service and update the Health and Safety Plan as necessary for the duration of this Directive, including, without limitation, as**



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this Directive is amended or extended in writing by the Health Officer and consistent with any extension of the Medical Care Order and the Stay-Safe-At-Home Order, any other order that supersedes those orders, and any Health Officer order that references this Directive.

11. This Directive becomes effective at 11:59 p.m. on May 17, 2020, and will continue to be in effect until it is extended, rescinded, superseded, or amended in writing by the Health Officer. Effective as of 11:59 p.m. on May 17, 2020, this Directive revises and replaces Directive Number 2020-09, issued May 15, 2020.

This Directive is issued in furtherance of the purposes of the Medical Care Order and the Stay-Safe-At-Home Order. Where a conflict exists between this Directive and any state, local, or federal public health order related to the COVID-19 pandemic, the most restrictive or health-protective provision controls. Failure to carry out this Directive is a violation of the Medical Care Order and the Stay-Safe-At-Home Order, constitutes an imminent threat and menace to public health, constitutes a public nuisance, and is a misdemeanor punishable by fine, imprisonment, or both.

A handwritten signature in blue ink that reads "Tomás Aragón".

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Tomás J. Aragón, MD, DrPH,  
Health Officer of the  
City and County of San Francisco

Date: May 17, 2020



**Best Practices for Dental Health Care**

**The owner, operator, manager, supervisor, Chief Executive Officer or Administrator, Chief Medical Officer or Chief of Service or Chief of Staff, or other medical supervisor of a Dental Care Service must, as provided in Health Officer Directive No. 2020-09b, create, adopt, and implement a Health and Safety Plan for the Dental Care Service that addresses each item below before the Dental Care Service is permitted to provide any patient or client care including Routine and Essential Medical Appointments or emergency health care (except for care that is provided on an emergency basis at any general acute care hospital or urgent care center). And at all times the Dental Care Service must comply with the requirements listed below when operating under this Directive.**

Directions: Any Healthcare Operation that operates a Dental Care Service under this Directive must create a Health and Safety Plan for the Dental Care Service. The Health and Safety Plan must address each requirement listed below by describing how each requirement is being addressed. The list below is not intended to be used as the Health and Safety Plan by simply checking off items as having been done. Rather, the Health and Safety Plan must be a separate document and must describe ongoing compliance with these requirements.

If the office or facility has written policies applicable to the Dental Care Service that satisfy a listed requirement or are more restrictive than a specific requirement of this Directive, then the office or facility may rely on its written policy to comply with the Directive's specific requirement. In that situation, the office or facility's Health and Safety Plan may refer to the applicable written policy to satisfy the specific requirement or must otherwise describe the written policy.

**Requirements:**

**1. Signage and Education:**

- 1.1.** Post signage at each public entrance of the Dental Care Service to inform all Personnel and patients or clients that they must: avoid entering the facility or location if they have any symptoms consistent with COVID-19 or SARS-CoV-2 (unless they have notified the Dental Care Service in advance and precautions have been taken to protect Personnel and other patients or clients); maintain a minimum six-foot distance from others while at the facility to the extent possible; wear a face covering or barrier mask (a "Face Covering") at all times except as authorized by a healthcare provider; and not shake hands or engage in any unnecessary physical contact. Criteria for Face Coverings and the requirements related to their use are set forth in Health Officer Order No. C19-12, issued on April 17, 2020 (the "Face Covering Order"), including as that order is revised or replaced. Sample signs are available online at <https://sf.gov/outreach-toolkit-coronavirus-covid-19>.
- 1.2.** Post a copy or summary of the Health and Safety Plan at each public entrance to the Dental Care Service.
- 1.3.** Distribute to all Dental Care Service Personnel a summary of the Health and Safety Plan (with information on how copies may be obtained) and any educational materials required by the Health and Safety Plan.



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### **Best Practices for Dental Health Care**

- 1.4. Educate all Dental Care Service Personnel of the requirements of the Social Distancing Requirements of the Stay-Safe-At-Home Order and the Health and Safety Plan that apply to them.
2. **General Screening of Personnel and Patients or Clients:**
  - 2.1. Instruct all Dental Care Service Personnel orally and in writing not to come to work or the facility if they are sick.
  - 2.2. Provide a copy of the attachment to this Exhibit, titled "Information for Personnel (Employees, Contractors, Volunteers) of Essential Business and Other Businesses Permitted To Operate During the Health Emergency" (the "Attachment"), to all Dental Care Service Personnel who perform work at the Dental Care Service on a regular basis (meaning they are regularly on-site) in hardcopy format or electronically. PDF and translated versions of the Attachment can be found online at [www.sfdcp.org/covid19](http://www.sfdcp.org/covid19) (open the "Businesses and Employers" area of the "Information and Guidance for the Public" section). If the Attachment is updated, provide an updated copy to all Personnel.
  - 2.3. Review, whether in person or by phone or email or other technology or method, the criteria listed in Part 1 of the Attachment on a daily basis with all Dental Care Service Personnel who are regularly on-site before each person enters work spaces or begins a shift. Instruct any Dental Care Service Personnel who answered yes to any question in Part 1 of the Attachment to return home or not come to work and follow the directions on the Attachment.
  - 2.4. Instruct Dental Care Service Personnel who stayed home or who went home based on the criteria listed on the Attachment that they must follow the criteria as well as any applicable requirements from the quarantine and isolation directives (available online at [www.sfdph.org/dph/alerts/coronavirus-healthorders.asp](http://www.sfdph.org/dph/alerts/coronavirus-healthorders.asp)) before returning to work. If they are required to self-quarantine or self-isolate, they may only return to work after they have completed self-quarantine or self-isolation. If they test negative for the virus (no virus found), they may only return to work after waiting for the amount of time listed on the Attachment after their symptoms have resolved. Dental Care Service Personnel are not required to provide a medical clearance letter to return to work as long as they have met the requirements outlined on the Attachment, but the Dental Care Service may, at its option and based on the context and the safety needs of patients or clients, require proof of a negative test result in order for Personnel to return to work as outlined in the Attachment.
  - 2.5. In the coming weeks the Department of Public Health may issue guidelines requiring Essential Businesses and other businesses to comply with SARS-CoV-2 testing requirements for employers and businesses. Periodically, check the following website for any testing requirements for employers and businesses: [www.sfdcp.org/covid19](http://www.sfdcp.org/covid19). If requirements are added, ensure that the Health and Safety Plan is updated and that the Dental Care Service and all Dental Care Service Personnel comply with testing requirements.
  - 2.6. Patients or clients must be screened for symptoms in advance of and at the time of their in-person visit, including on the calendar day of the visit. At a minimum, such screening must occur before the patient or client enters the Dental Care Service facility, office, or suite on the day of the visit to protect Personnel and other patients or clients. This screening is in addition



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to examining any patient or client vital signs as part of the health care being provided. For any patient or client who has symptoms, has a current confirmed COVID-19 diagnosis, or has a current confirmed SARS-CoV-2 infection, in-person health care may only be provided subject to infection control practices appropriate to ensure that that care can be provided safely for the patient or client and all Personnel. Such screening must address all of the following:

- 2.6.1. Within the preceding 10 days has the patient or client been diagnosed with COVID-19 or had a test confirming they have the SARS-CoV-2 virus? (If so, they are generally required to self-isolate as outlined at <https://www.sfdhcp.org/Isolation-Quarantine-Packet>.)
- 2.6.2. Does the patient or client live in the same household with or have they had close contact with someone who in the preceding 14 days was diagnosed with COVID-19 or had a test confirming they have the SARS-CoV-2 virus? (If so, they are generally required to self-quarantine as outlined at <https://www.sfdhcp.org/Isolation-Quarantine-Packet>.)
- 2.6.3. Has the patient or client had any one or more of the following symptoms which is new or not explained by a pre-existing condition that day or within the preceding 24 hours? The symptoms include: fever, chills, or repeated shaking/shivering; cough; sore throat; shortness of breath or difficulty breathing; feeling unusually weak or fatigued; loss of taste or smell; muscle pain; headache; runny or congested nose; or diarrhea. If any listed symptom is present, the patient or client might be positive for SARS-CoV-2 and should be referred for testing, and appropriate precautions should be taken or the care delayed.

**3. Face Covering and Related PPE:**

- 3.1. Face Coverings are required of all patients or clients seeking care from a Dental Care Service as outlined in Section 3.d of the Face Covering Order. The Dental Care Service must ensure that each patient or client wears a Face Covering at all times when onsite at the facility except where the provision of care requires removal of the Face Covering or except to the extent the Face Covering Order does not require one (such as for children 12 and younger and for people with a written excuse from a physician). The Dental Care Service must provide a Face Covering for any patient or client who does not have one. When a Face Covering is not worn by the patient or client, the Dental Care Service must take other steps to minimize risk of transmission of SARS-CoV-2.
- 3.2. This Directive extends the requirements for Face Coverings to all Dental Care Service Personnel at all times when at the facility. The Dental Care Service must ensure that all Dental Care Service Personnel wear a Face Covering at all times when onsite at the facility except where the provision of care requires removal of the Face Covering or except to the extent the Face Covering Order does not require one (such as people with a written excuse from a physician). The Dental Care Service must provide a Face Covering for all Dental Care Service Personnel. When a Face Covering is not worn by the patient or client, the Dental Care Service must take other steps to minimize risk of transmission of SARS-CoV-2. The Face Covering may be removed when the provision of care to the patient or client requires its removal.





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- 3.3. If Dental Care Service written policies or any local, state, or federal law, regulation, or rule require the use of medical-grade masks or other PPE that is more protective than a Face Covering, the more protective item must be used and its use must comply with the policy or law, regulation, or rule. For clarity, this Directive's requirements regarding Face Coverings are meant to ensure that Personnel and patients or clients are wearing a Face Covering or PPE that is more protective against the transmission of SARS-CoV-2 except where the medical procedure does not permit use of the Face Covering or PPE. Appropriate PPE must be utilized as directed by the clinical context and type of surgery or procedure being performed.

**4. Physical Distancing:**

- 4.1. Physical distancing of at least 6 feet/2 meters must be maintained by Dental Care Service and patients or clients whenever possible. This includes at a minimum the following requirements:
- 4.1.1. In any waiting area or other area with seating, chairs should be removed or taken out of use to ensure proper distancing in other remaining chairs or seats. If a patient or client is in a waiting area with a support person from the same household, those two may sit next to each other in a designated chair or area.
  - 4.1.2. For check-in and other areas with lines, floor markings of some kind should be used to ensure minimum distancing.
  - 4.1.3. If space is available, any patient or client who has an active SARS-CoV-2 infection or who has symptoms should be isolated away from other patients or clients and Personnel. If isolation is not possible, other steps should be taken to prevent transmission.
  - 4.1.4. The patient or client screening required on the calendar day of a visit or procedure must be done **before** arrival in the Dental Care Service facility, office, or suite (such as via a call the morning of the visit or a call from outside the building or in the lobby or hallway just before entry).
  - 4.1.5. When a patient or client is in an exam or treatment room, physical distancing must be observed whenever possible.
- 4.2. The requirements for physical distancing may be tailored based on the context of a specific patient or client's clinical situation.
- 4.3. Appointments and procedures should be staggered during the day as much as possible to avoid crowding during the day.
- 4.4. Patients and clients should be encouraged to conduct visits via telephone or other remote technology like video chat when doing so does not compromise the care being provided.

**5. Hand Hygiene:**

- 5.1. Provide hand sanitizer effective against COVID-19 at entrances and elsewhere at the facility or location for Personnel and patients or clients. Sanitizer must also be provided to patients or





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clients in waiting areas. Information on hand sanitizer, including sanitizer effective against COVID-19 and how to obtain sanitizer, is available online from the Food and Drug Administration here: <https://www.fda.gov/drugs/information-drug-class/qa-consumers-hand-sanitizers-and-covid-19>.

- 5.2. Encourage patients or clients to wash or sanitize their hands before they touch any Dental Care Service Personnel, and require Dental Care Service Personnel to follow appropriate infection control precautions when they must touch any patients or clients.

**6. Patient or Client Testing for SARS-CoV-2:**

- 6.1. For patients or clients undergoing any aerosolizing or surgical procedure, the patient or client must be tested for a current SARS-CoV-2 infection between 0-7 days before the scheduled aerosolizing or surgical procedure (which can be a rapid test, if available, the day of the procedure), with the results being reported to or shared with the Dental Care Service before the surgical procedure if the test is not performed by the Dental Care Service. The test should be performed as close to the day of the procedure as possible. This test is in addition to the screening requirements on the day of the scheduled procedure. A test is not required for other pre- or post-procedure care that does not include an aerosolizing procedure.
- 6.2. Nothing in this Directive prohibits a Dental Care Service from requiring additional diagnostic or serology testing of a patient or client.

**7. Reporting and Cooperation Requirements Regarding SARS-CoV-2:**

- 7.1. Each Healthcare Operation must promptly report any confirmed COVID-19 case and any confirmed patient, client, or Personnel SARS-CoV-2 infection as required by local, state, and federal laws, regulations, and rules.
- 7.2. In addition, each Dental Care Service must promptly (within 24 hours) report to DPH Communicable Disease Control (CD Control) at 415-554-2830 all of the following:
  - 7.2.1. Any instance where a patient or client is confirmed to have had an active SARS-CoV-2 infection at the time of any Dental Health Care or related in-person care and the Dental Care Service did not know about the infection at the time of the Dental Health Care or other in-person care;
  - 7.2.2. Any instance where a member of the Dental Health Service Personnel is confirmed to have had an active SARS-CoV-2 infection at the time of an in-person interaction onsite with any patient or client and the Dental Health Service did not know in advance of the in-person interaction about the infection; and
  - 7.2.3. Any instance where there has been likely or confirmed transmission of SARS-CoV-2 onsite between patients, clients, or Personnel, including among Personnel or among patients or clients, associated with in-person care provided onsite by the Dental Health Service.



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- 7.3. The Healthcare Operation is required to provide all information associated with this Directive requested by DPH, the Health Officer, or the Health Officer's designee. Such disclosure includes protected health information or other health information of patients or clients and information, including confidential employment and health information, about Personnel where the disclosure is limited to the minimum amount necessary for public health purposes and where any such information that is confidential must be protected by DPH and the Health Officer as required by law.
- 7.4. Each Healthcare Operation must cooperate with DPH, the Health Officer, or the Health Officer's designee in relation to action required by DPH, the Health Office, or the Health Officer's designee that relates to any information reported under this Directive.

### **8. Other Requirements:**

- 8.1. On May 7, 2020, the California Department of Public Health ("CDPH") issued a document outlining relevant considerations for returning to offering non-emergency care. The document, titled "Guidance for Resuming Deferred and Preventative Dental Health Care", is available online at <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Guidance-for-Resuming-Deferred-and-Preventive-Dental-Care-.aspx>. A copy of that document is attached to the Directive as Exhibit B and is incorporated into the Directive by this reference. The Healthcare Operation must review this document, including as it is amended or supplemented by the California Department of Public Health in the future, and must address each of its considerations and requirements in the Health and Safety Plan. The Health and Safety Plan must ensure that all patients and clients are provided care in a manner that protects the safety and health of patients, clients, and Personnel. If CDPH issues any guidelines or requirements related to Dental Health Care in the future, each Dental Care Service must review such guidelines or requirements and update its Health and Safety Plan accordingly. If CDPH requires processes or protections that are more health-protective than those listed in this Directive, the most health-protective apply and must be followed.
- 8.2. For sake of clarity, each Dental Care Service that performs any aerosolizing procedure, and such procedures are common in Dental Health Care, must implement adequate airborne precautions for each such procedure, which include but are not limited to the use of N95 or higher-grade PPE and all other protections appropriate for the procedure. The Health and Safety Plan must detail these protections.
- 8.3. If the Dental Care Service performs procedures of a type that are the subject of recommendations or guidance of a professional association in the field (such as the American Dental Association (ADA), American Association of Oral and Maxillofacial Surgeons, American Academy of Periodontology, or other similar professional bodies), the Dental Care Service should review and consider implementing appropriate recommendations related to the pandemic and should update its Health and Safety Plan over time based on such recommendations with the focus of protecting patients, clients, and Personnel.
- 8.4. The Health Office may revise this Directive and add additional requirements in the future to ensure that Dental Health Care is provided in the safest possible manner during this pandemic.

**City and County of San Francisco Health Officer Directive - Attachment**  
**Handout for Personnel (Employees, Contractors, Volunteers) of Essential Business and**  
**Other Businesses Permitted to Operate During the Health Emergency (May 18, 2020)**

Any business or entity that is subject to a Health Officer Directive to which this handout is attached (each "Business") must give a copy of this handout to Personnel who work in the City outside their household during this emergency. Go to [www.sfgcdcp.org/covid19](http://www.sfgcdcp.org/covid19) for more info or a copy of this form.

**All Personnel:** If you work outside your household in the City during this local health emergency, you may qualify for a free test for the virus that causes COVID-19, even if you have no symptoms. Contact your healthcare provider or go to **CityTestSF** at <https://sf.gov/get-tested-covid-19-citytests> to sign up for a free test.

**Part 1 – You must answer the following questions before starting your work every day that you work.**

You may be required to provide the answers in person or via phone or other electronic means to the Business before the start of each shift. If any answers change while you are at work, notify the Business by phone and leave the workplace.

1. Within the last 10 days have you been diagnosed with COVID-19 or had a test confirming you have the virus?
2. Do you live in the same household with, or have you had **close contact\*** with someone who in the past 14 days has been in isolation for COVID-19 or had a test confirming they have the virus?

If the answer to either question is "yes", do not go to work and follow the steps listed in **Part 2** below.

3. Have you had any one or more of these symptoms today or within the past 24 hours, which is new or not explained by another reason?

- |  |                           |
|--|---------------------------|
| • Fever, Chills, or Repeated Shaking/Shivering | • Loss of Taste or Smell  |
| • Cough  | • Muscle pain             |
| • Sore Throat                                  | • Headache                |
| • Shortness of Breath, Difficulty Breathing    | • Runny or congested nose |
| • Feeling Unusually Weak or Fatigued           | • Diarrhea                |

If the answer to Question 3 is "yes", do not go to work and follow the steps listed in **Part 3** below.

**Part 2 –**

- If you answered **yes to Question 1**: you are subject to the Health Officer Isolation Directive. Do not go to work. **Follow Isolation Steps** at: <https://www.sfgcdcp.org/Isolation-Quarantine-Packet>
- If you answered **yes to Question 2**: you are subject to the Health Officer Quarantine Directive. Do not go to work. **Follow Quarantine Steps** at: <https://www.sfgcdcp.org/Isolation-Quarantine-Packet>
- Do not return to work until the Isolation or Quarantine Steps tell you it is safe to return!
- The meaning of **\*Close Contact** is explained in this document: <https://www.sfgcdcp.org/Isolation-Quarantine-Packet>

**Part 3 – If you answered yes to Question 3:**

You may have COVID-19 and **must be tested for the virus** before returning to work. Without a test, the Business must treat you as being positive for COVID-19 and require you to stay out of work for at least **10** calendar days. In order to return to work sooner and to protect those around you, you must get tested for the virus. Follow these steps:

1. Contact your usual healthcare provider about getting tested for the virus, or sign up for free testing at CityTestSF <https://sf.gov/get-tested-covid-19-citytests>. If you live outside the City, you can check with the county where you live, get tested by your usual healthcare provider, or use CityTestSF.
2. Wait for your test results at home while minimizing exposure to those you live with. A good resource is <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/steps-when-sick.html>
- If your result is positive (confirms that you have the virus) go to **Part 2** above and follow **Isolation Steps**.
- If your result is negative, do not return to work until you have had at least 3 days in a row without fever and with improvement in your other symptoms. Consult with your healthcare provider to decide.

If you have questions about any part of this Handout, please see FAQs at [www.sfgcdcp.org/covid19](http://www.sfgcdcp.org/covid19) under "Isolation & Quarantine Directives" or call 3-1-1

## **Directive 2020-09b - Exhibit B**



# State of California—Health and Human Services Agency **California Department of Public Health**



May 7, 2020

**TO:** California Dental Health Care Personnel

**SUBJECT:** Guidance for Resuming Deferred and Preventive Dental Care

This guidance is based on what is currently known about the transmission and severity of coronavirus disease 2019 (COVID-19) and the implications for dental practice. The California Department of Public Health (CDPH) will update this guidance as additional information becomes available.

This document aims to provide guidance for resuming deferred and preventive dental care. It builds on the April 27, 2020, State of California Guidance, Resuming California's Deferred and Preventive Health Care regarding prioritization and delivery of dental services. It is important to continue to monitor COVID-19, including case counts and hospitalizations and their impact on the health care delivery system.

To track trends in prevalent COVID-19 cases, deaths, new cases, hospitalization, and testing results, please visit the new data portal at COVID-19 Statewide Update. Many local health departments are also publishing community level data that may be helpful to your practice for assessing pandemic conditions in your community.

### **1. Background**

According to the Occupational Safety and Health Administration's (OSHA) Guidance on Preparing Workplaces for COVID-19, dental health care personnel (DHCP) are in the very 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. Employers of DHCP are also responsible for following applicable OSHA requirements, which in California include Cal/OSHA's Bloodborne Pathogens, Personal Protective Equipment, and Respiratory Protection standards. To address asymptomatic and pre-symptomatic transmission, dental offices should implement source control (i.e., require facemasks or cloth face coverings) for everyone entering the dental setting (dental healthcare personnel and patients), regardless of whether they have COVID-19 symptoms.

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.

The following guidelines were developed to assist dental practitioners to resume clinically necessary dental care for previously scheduled procedures or for those non-COVID patients who are likely to develop dental emergencies with the following considerations:

## 2. General considerations

### Local Geographic Orders

- Depending on the conditions in a community, a local health officer may issue or update current “stay-at-home” orders; orders that are more stringent than the state’s public health orders must be followed.
- All practitioners should continually evaluate whether their region remains at a low risk of incidence and should be prepared to cease all but emergency procedures if there is a surge. The California COVID-19 Statewide Case Statistics dashboard has case information by county and should be accessed regularly by providers to stay current.

### Supplies

- Dentists must ensure they have adequate supplies including personal protective equipment (PPE) and sanitation supplies.
- It is strongly recommended that dental practices have a minimum 2-week supply of PPE for dentists and staff. This includes N95 respirators, face shields, goggles, surgical masks, and other infection control equipment.
- Dental offices should require the use of facemasks or cloth face coverings by all patients prior to entering the dental office and while they wait to be seen; this will minimize emissions of infectious particles by patients who are infected but asymptomatic. Dental offices should consider having a supply of facemasks or cloth face coverings to provide to patients who arrive without their own.

### Screening & Testing

- All patients and dental practice staff must be screened for symptoms of COVID-19 prior to entering the dental facility.
- Screen all patients for COVID-19 symptoms or contact with a COVID-19 patient before the dental appointment using a telehealth platform to confirm non-COVID status. If necessary, consult the patient’s medical provider for the COVID-19 status and, for COVID-19 positive patients, coordinate with medical provider for appropriate treatment.

According to CDC, multiple symptoms may appear 2-14 days after exposure to the virus. Therefore, the screening should include an assessment of:

- Exposure to someone diagnosed with COVID-19 in the past 14 days; or,
- Cough, shortness of breath, unexplained fever ( $\geq 100.4^{\circ}\text{F}$ ), chills, repeated shaking with chills, muscle pain, headache, sore throat, and/or new loss of taste or smell within the prior two weeks.
- When necessary, consult the patient’s medical provider for obtaining COVID-19 infection test results for symptomatic patients when adequate testing capability is established; if available, patient testing should occur prior to care and this information should be combined with patient’s symptoms, clinical findings, and contact history to assess COVID-19 status. This combination of information is to be used to determine whether to proceed with treatment or postpone until symptoms resolve. This is especially important when a patient receives a negative result but shows symptoms consistent with COVID-19.
- Patients and staff with suspected or confirmed COVID-19 and those with potential COVID-19 exposure should not enter the dental office.
- For persons with suspected or confirmed COVID-19, dental providers should wait until after symptoms have resolved (72 hours since last fever without anti-fever medications, and improved cough or other respiratory symptoms) AND at least 10 days have elapsed since symptom onset.
- Staff with signs or symptoms of COVID-19 upon arriving for work or developed during the work shift should be sent home immediately and asked to self-isolate pending testing confirmation.

### Visual signs

- Place visual alerts such as signs and posters at entrances and in strategic places providing instruction on hand hygiene, respiratory hygiene, and cough etiquette.

### 3. Dental specific considerations

The CDC Interim Infection Prevention and Control Guidance for Dental Settings During the COVID-19 Response provides essential guidance for resuming selected dental services and developing a protocol for dental treatment during the pandemic. The American Dental Association (ADA) recently published the Return to Work Interim Guidance Toolkit that contains many useful resources and the California Dental Association has established “Back-to-Practice” resources for California, including checklists for reopening dental offices and communicating with patients on resuming dental care, COVID-19 screening tools for both employees and patients, and checklists for needed protocols, supplies and equipment. These resources may be useful when implementing these recommendations. The following recommendations are provided to supplement the CDC Interim Guidance:

- Evaluate the necessity of the dental care based on urgency of dental problems. Clinicians should 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. As low community transmission rates and ample supplies of PPE and tests dictate, dentists can also begin to provide essential preventive care taking measures to minimize aerosol generation. Preventive services such as topical fluoride application, sealants, and scaling as well as minimally invasive restorative techniques may be considered.
- Have patient scheduling and flow protocols and infection control precautions in place to minimize exposure to and spread of COVID-19. Limit the number of patients in the office or clinic at any one time to maintain physical distancing of a minimum of six feet between patients. If physical distancing is not possible inside the waiting room, consider having patients wait outside.
- Ensure that all patients are wearing a face covering while in the office.
- Comply with the Cal/OSHA requirements under its Airborne Transmissible Diseases (ATD) standard which requires:
  - Not performing dental procedures on patients identified as having COVID-19 or suspected COVID-19 cases. For suspected cases, proceed with care if patient has physician confirmation ruling out COVID-19 infection.
  - Updating the office Injury and Illness Prevention Program including a written procedure for screening patients for COVID-19 that is consistent with current guidelines issued by the Centers for Disease Control and Prevention (CDC) for infection control in dental settings. For more information visit the Guidance from CDC for infection control practices in dental settings. Patients must be actively screened on the spot for fever and symptoms of COVID-19 before they enter the dental setting in addition to screening when an appointment is set up.
  - Developing a Respiratory Protection Program as required by Cal/OSHA Section 5144; see CDA practice support webpage.
  - Ensuring that employees have been trained in the screening procedure in accordance with Section 3203 Injury and Illness Prevention Program. For a template, see CDA practice support webpage.

### 4. Provision of dental care to patients without COVID-19 during the COVID-19 pandemic

The CDC Interim Infection Prevention and Control Guidance for Dental Settings During the COVID-19 Response describes the elements for developing a protocol for providing dental care during this time. A critical aspect of this is to avoid aerosol generating procedures whenever possible. If aerosol generating procedures are necessary, employ aerosol management tools that may consist of the use of four-handed dentistry techniques, high evacuation suction, dental dams, or other appropriate equipment to minimize or capture spatter and aerosols. Respiratory protection should be worn to protect against infectious aerosols emitted during procedures on asymptomatic patients, since most dental procedures have the potential to generate aerosols. A fit-tested surgical

N95 respirator offers respiratory protection with fluid resistance and should be worn under a full-face shield for eye and face protection. If surgical N95 respirators are not available due to supply shortages, an FDA-cleared surgical mask should be worn under a full-face shield. Because a surgical mask is not tightly fitted to the face, it will not provide protection against inhalation of small potentially infectious aerosols although it will block spatter from reaching the nose and mouth of the wearer. Information on implementing a respiratory protection program.

At a minimum, dental practitioners must follow the CDC recommendations for:

- Engineering controls and work practices;
- Infection control measures including;
  - Source control: DHCP should wear a facemask at all times while they are in the dental setting;
  - PPE use during clinical care 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.

For details regarding the above mentioned topics, see the CDC Interim Infection Prevention and Control Guidance for Dental Settings During the COVID-19 Response.

## **5. Clean and disinfect office spaces, patient treatment rooms and equipment according to the Guidelines for Infection Control in Dental Health-Care Settings —2003. Follow the CDC recommendations:**

- Clean and disinfect room surfaces promptly after completion of clinical care.
- Ensure that environmental cleaning and disinfection procedures are followed consistently and correctly.
- Routine cleaning and disinfection procedures (e.g., using cleaners and water to clean surfaces before 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.
- Refer to List N on the EPA website for EPA-registered disinfectants that have qualified under EPA's emerging viral pathogens program for use against SARS-CoV-2.
- Manage laundry and medical waste in accordance with routine procedures.

## **6. Other considerations**

During the pandemic, dental providers should regularly check their local health department website for information and important updates about COVID-19. Additionally, the California COVID-19 Statewide Case Statistics dashboard has case information by county, and dental providers should access this information regularly so they are aware early on should transmissions start to rise in their community.

During disruptions of the supply chain, please request supplies through your local Medical and Health Operational Area Coordinator (MHOAC). Please keep in mind that requests for supplies will need to be granted on a priority basis.

MHOAC Contact List

MHOAC Program Manual

## **7. Additional Resources**



ADA Coronavirus Center for Dentists

ADA: What Constitutes a Dental Emergency

ADA Return to Work Interim Guidance Toolkit

ADHA COVID-19 Resource Center for Dental Hygienists

ADHA Interim Guidance on Returning to Work

CDA: COVID-19 (Coronavirus) Updates

CDA Practice Support News

CDC Interim Infection Prevention and Control Guidance for Dental Settings During the COVID-19 Response

CDC Recommendation: Postpone Non-Urgent Dental Procedures, Surgeries, and Visits

CDC Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings

CDC Checklist for Healthcare Facilities: Strategies for Optimizing the Supply of N95 Respirators during the COVID-19 Response

CDC COVID-19 Information for Healthcare Professionals

OSHA Workers and Employers

OSHA COVID-19 General Guidance for All Workers and Employers

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