



HEALTHIER WORKPLACES | A HEALTHIER WORLD

Back to Work Safely: Guidance for **Dentist's Offices and Facilities**

Guidance Document, 2nd edition

Version 1 | July 6, 2021



[aiha.org](https://www.aiha.org)

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Overview

The risk of SARS-CoV-2 transmission is very high during aerosol-generating dental procedures treating known or suspected COVID-19 patients. 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 contains large particle droplets of water, saliva, blood, microorganisms, and other debris. Although this spatter may travel only a short distance, it settles out of the air quickly to land on the floor, nearby operatory surfaces, dental healthcare personnel, or the patient. Thus, dental employees may potentially become exposed to SARS-CoV-2, and there is a need for guidance on reducing the risk of transmission for both dental employees and patients. This document is intended to provide guidance and considerations for dental offices and dental teaching institutions to reduce the risk of transmitting COVID-19. While the scope of these guidance documents does not cover workplace testing or vaccination guidance, please refer to state, local, and federal guidance on these topics, such as the Centers for Disease Control and Prevention (CDC)'s COVID-19 [testing](#) and [vaccine](#) webpages.

Dental facilities are often considered “essential” by state governments, but as stay-at-home restrictions and business closures have lifted and continue to be lifted, many uncertainties still remain concerning safe facility operations. Employers and companies in the dental industry are faced with difficult questions that must be addressed as they reopen, resume normal operations, or continue normal operations, such as:

- How can we best protect the health and safety of our employees and patients?
- What communication is needed to keep everyone informed of the preventive steps being taken?
- What steps can we take to minimize the risk of disease transmission?
- What training is needed for our employees?
- What health and safety measures do we need to take regarding new virus variants?
- What do we do if an employee or patient has tested positive for or is suspected to have COVID-19?
- What do we do if an employee or patient is sick or not following guidelines?
- How do we handle high-traffic crowd management through the dental facility, including during peak times?
- How do we deal with cleaning and disinfecting high-contact surfaces, such as check-in desks, computer keyboards, and door handles, regularly during the day?
- What can on-site vendors do to minimize COVID-19 transmission?

In addition to the questions asked by employers and companies in the dental industry, dental employees and patients are also thinking of ways that they can protect themselves.

The current scientific evidence indicates that SARS-CoV-2, the virus that causes COVID-19, is spread primarily by airborne transmission, through exposure to respiratory aerosols or droplets in air that carry the virus. These respiratory aerosols and droplets are generated by the human respiratory system during normal activities, including breathing, speaking, shouting, singing, coughing, and sneezing. Exposure to these respiratory droplets in poorly ventilated or crowded indoor spaces is particularly of concern, and infection can occur through exposure to mucus membranes, such as the eyes, nose, and mouth. In addition, while not the primary route of exposure, people may also become infected from touching surfaces contaminated with the virus. It has also been shown that the virus can survive in aerosols for hours and on surfaces for days, depending on the type of surface. Measures can be taken to reduce the risk



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of spreading COVID-19 from person to person or by contact with potentially contaminated surfaces.

The purpose of this guidance document is to provide clear and actionable steps towards the safe operations of the dental profession through prevention, early detection, and control of COVID-19. This document offers practical guidance for dental practice employers to implement multiple layers of risk mitigation strategies through the hierarchy of controls, a system used to minimize or eliminate exposures to hazards. The hierarchy of controls ranks hazard control approaches in order of most effective to least effective—through the elimination of a hazard, substitution of a hazard, use of engineering controls, use of administrative controls, and correct use of personal protective equipment (PPE). Specifically, to reduce the risk of transmitting COVID-19, the controls we focus on in this document are engineering controls, such as ventilation; administrative controls, such as physical distancing, enhanced cleaning and disinfecting practices, and personal hygiene; and PPE, such as gloves and face coverings. Aside from the hierarchy of controls, we also focus on mitigation strategies to use within restrooms and on contact surfaces, employee wellness, training, waste and laundering, and communication. No single mitigation strategy will be sufficient to address COVID-19 health and safety risks; rather, a multilayered risk management approach using controls, which can include vaccines, is recommended to limit the spread of COVID-19.

It is important to continue to monitor the global (World Health Organization or WHO), federal (CDC), state, and local guidelines for changes or updates in recommendations, disinfection strategies, worker protections, and other COVID-19 risk management best practices. It is also important that dental profession employers consistently monitor and evaluate the effectiveness of implemented mitigation strategies and alter their approaches as needed. CDC has

developed interim infection prevention and control guidance for [dental settings](#) during the COVID-19 pandemic.

Any relaxation or modification of the recommendations herein (e.g., based on employee vaccine status) should be based on and comply with federal, state, and local requirements, as well as best practices.

What should an Employer do to reduce risk for themselves, their employees, and their patients?

Employers in the dental profession are encouraged to continually monitor global (WHO), federal (CDC), state, and local guidelines for changes or updates in recommendations, disinfection strategies, worker protections, and other COVID-19 best management practices. Employers should also consider developing a knowledgeable team to monitor, assess, and implement new strategies as they become available and as knowledge evolves regarding SARS-CoV-2 transmission, vaccines, new virus variants, and other aspects of the virus.

Employers are also encouraged to complete a task-based risk assessment or job hazard analysis to best determine, by job task, where engineering or administrative controls can be implemented to reduce or eliminate virus transmission. Refer to the [OSHA Job Hazard Analysis document](#).

Due to the wide variety of types and sizes of buildings and spaces where dental facilities are located, it may not be possible for all employers to implement all of the following guidelines. However, implementing as many as possible through a multi-layered risk management approach can help reduce health risks and risk of transmission.

Ventilation

- Keep heating, ventilation, and air conditioning



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(HVAC) systems operational to maintain thermal comfort and maximize outdoor air based on system design.

- Strive to maintain the relative humidity at 40-60%.
- Refer to [AIHA's Indoor Environmental Quality document](#).
- If you need assistance on HVAC issues, ask an HVAC professional and see the American Society of Heating, Refrigerating, and Air-Conditioning Engineers' (ASHRAE) COVID-19 preparedness resources for more information.
 - AIHA occupational and environmental health and safety (OEHS) science professionals and industrial hygienists are also well-versed in general dilution ventilation. AIHA has a consultants list of such qualified professionals.
- Consider using portable high-efficiency particulate air (HEPA) filtration units with variable flow control or other ventilation-related engineering controls to accommodate differing room sizes and ventilation needs. Refer to [AIHA's Indoor Environmental Quality document](#) for more information. Consider whether the noise of these units when they are turned on is appropriate for the particular application.
- If fans, such as pedestal fans or hard mounted fans, are used, take steps to minimize air blowing from one person directly at another individual. If fans are disabled or removed, it is important to remain aware of and take steps to prevent [heat hazards](#).
 - Be mindful of using portable pedestal or overhead ceiling fans, as these may contribute to the spread of the virus.
- Use natural ventilation by opening windows and doors to increase airflow, if possible.

Enhanced Cleaning and Disinfecting Practices

- Consider developing a standard operating procedure, checklist, or audit system to consistently train
- Provide appropriate signage regarding cleaning and disinfecting measures being taken, if needed.

employees on enhanced cleaning and disinfecting practices or to track when and how cleaning and disinfecting is conducted, including cleaning and disinfection of spaces previously occupied by someone confirmed to have had COVID-19. Refer to [AIHA's guidance document on workplace cleaning for COVID-19](#).

- Make Safety Data Sheets (SDS) for cleaning and disinfection products available and ensure employees are aware of the hazards of use. Incorporate new hazards into the existing OSHA Hazard Communications Program.
- Use disposable wipes or rags when available. Ensure reusable rags are maintained, handled, and cleaned per manufacturers' instructions. For more information, see the "Laundering" section below.
- All items should be allowed to dry thoroughly after cleaning.
- Establish a disinfection routine and ensure disinfection protocols follow product instructions for application and contact time.
- Select appropriate disinfectants.
 - The U.S. Environmental Protection Agency (EPA) has developed a list of products that meet EPA's criteria for use against SARS-CoV-2, [EPA List-N](#).
 - Do not mix different EPA-registered chemicals together. The combination could be toxic by inhalation. Be particularly careful when using any products containing ammonia, sodium hypochlorite (bleach), or hydrogen peroxide.
 - Review product labels and SDS and follow manufacturers' specifications for cleaning and disinfecting.
 - Allow for appropriate ventilation during cleaning and disinfecting.



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- Ensure any commonly used items and high-touch surfaces (e.g., pens, desks, instruments, pieces of equipment, tables, and chairs) are cleaned and disinfected on a frequent or regular basis and after each use.
- Cover the keyboard of any computer with a disposable, flexible, clear barrier, such as one made of plastic wrap, and change it between patients if used in a treatment area.
- Consider consulting an occupational and environmental health and safety (OEHS) science professional or industrial hygiene expert if additional advice is needed. AIHA has a consultants list of such qualified professionals.
- The employer should evaluate the workplace to determine the most appropriate application method for disinfection. Please refer to [EPA's guidance](#) on the use of different methods for applying disinfectants to learn more.
 - Currently, CDC does not recommend fogging, fumigation, or wide-area or electrostatic spraying as a primary method for surface disinfection for most cases. Refer to [CDC's COVID-19 webpage](#) on cleaning and disinfecting facilities.

Personal Hygiene

- Establish a “before and after work” handwashing or sanitizing protocol for all employees.
- Provide handwashing stations or, if not feasible, touch-free automated hand sanitizer dispensers at high-traffic locations (e.g., at the entrance to the office, at exits, near elevators, and outside restrooms). These should contain hand sanitizer with at least 60% ethanol or 70% isopropyl alcohol.
 - If providing neither a station nor a dispenser is feasible, then at a minimum, consider providing hand sanitizer at high-traffic locations. This sanitizer should contain at least 60% ethanol or 70% isopropyl alcohol.

- Post signs at each hand sanitizer station to encourage proper use and illustrate proper hand sanitizing techniques.

Physical Distancing

- Physical distancing can help limit transmission. Employers should follow all local, state, or federal physical distancing requirements.
- Modify or adjust workstations to minimize close contact (e.g., within six feet or less for a cumulative 15 minutes over a 24-hour period) of employees with other employees, patients, or others when possible.
- Use methods to physically separate employees and patients in the facility (e.g., break rooms, waiting rooms, check-in areas, and entrance and exit areas), when possible.
 - Use visual cues, such as floor markings and signs to encourage physical distancing.
 - Space chairs at least six feet apart. Use barriers, like screens, where possible.
 - Be mindful that barriers can disrupt ventilation and airflow.
 - Consider closing waiting areas—patients can remain outside or in their cars until they are called or texted to come inside for their scheduled appointment.
- Minimize the number of employees working in each treatment room throughout the day.
- Post signs around the facility as reminders to maintain physical distancing at all times.

Face Coverings

- Face coverings can help limit transmission. Employers should follow all local, state, or federal face covering requirements.
- Cloth or disposable non-medical face coverings are NOT PPE but do offer some protection to wearers and others. The use of face coverings is not



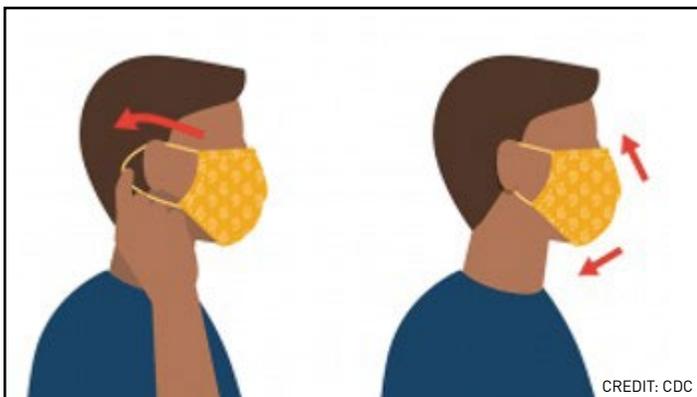
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a substitute for physical distancing, engineering controls, cleaning and disinfecting, proper hygiene, or staying home while sick.

- Train employees on the proper way to maintain, wear (covering both the nose and mouth), handle, and clean face coverings, as discussed by CDC. Refer to the graphic below and to [CDC's guidance on how to wear masks](#).
- Encourage employees to wear cloth or disposable face coverings at all times, particularly when physical distancing cannot be maintained.
- Encourage employees to wear cloth or disposable face coverings if using public transportation to get to work. Refer to [CDC's guidance on safe use of public transportation](#) during COVID-19.
- Additional information on cloth face coverings can be found in [CDC's guidance for using masks](#) to slow the spread of COVID-19.

Restrooms

- Post signage limiting restroom occupancy, to allow for proper physical distancing, and to remind patients and employees to wash their hands before and after using the restroom.
- Minimize touchpoints when entering and exiting restrooms, if possible.



- If the door cannot be opened without touching the handle, provide paper towels and a trash can by the door so that a paper towel can be used when touching the handle and then discarded.
- Consider controlling access to bathrooms with a key so that disinfection measures can be better managed. If a key is used, consider disinfecting it after each use.
- If possible, allow doors to multi-stall restrooms to be opened and closed without touching handles.
- Place signs as reminders to close toilet lids (if present) before and after flushing.
- Use no-touch faucets, towel dispensers, soap dispensers, and waste receptacles when possible.
- Hand soap should be readily available for use by occupants.
- Provide paper towels in restrooms.
 - Refer to [AIHA's guidance document on using hand air dryers](#) during COVID-19 for more information.
- If feasible, work with HVAC professionals to ensure that bathrooms are well ventilated and, if filtration is used, that proper filtration practices are being followed.
- Increase frequency and efforts to keep bathrooms clean and properly disinfected and maintain a record of sanitary work practices.
 - Take precautions when cleaning or maintaining sinks and toilets (i.e., avoid creating aerosols, close toilet lids before flushing, and use disposable gloves).

Waste and Laundering

- Single-use items and used disinfection materials can be treated as regular waste, following regular safety guidelines.
- Any reusable cloth materials should be washed and dried on the highest temperature setting allowable for the fabric.



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- When handling dirty laundry, wear gloves and a mask and do not shake.
- Clothes hampers or laundry baskets, if used, should be cleaned according to manufacturers' instructions.
- Wash hands after handling dirty laundry.

Training

- Provide awareness training to employees on cleaning and disinfection products used in the workplace following [OSHA's Hazard Communication Standards](#).
 - For employees who will use cleaning and disinfecting products, training should also include proper use, PPE, disposal, and relevant precautionary measures.
- Provide instruction and training to employees on how to correctly maintain, handle, wear, clean, and dispose of cloth or disposable face coverings.
- Provide appropriate training and education for all PPE, including reusable and disposable gloves.
 - **NOTE: If an employer chooses to provide or the employee supplies their own N95 respirator, please fully consider all the potential OSHA requirements.**
 - Use videos and in-person visual demonstrations of proper PPE donning and doffing procedures, while maintaining physical distancing during these demonstrations.
 - Emphasize that care must be taken when putting on and taking off PPE, to ensure that the worker or the item does not become contaminated.
 - PPE should be: (1) disposed of; or (2) properly disinfected and stored in a clean location when not in use.
 - Stress hand hygiene before and after handling all PPE.
- Correct maintenance on handling, wearing, cleaning, and disposing of PPE.
- Make SDS for cleaning and disinfection products available and ensure employees are aware of the hazards of use. Incorporate new hazards into your existing [OSHA Hazard Communication Program](#).
- Implement and inform employees of supportive workplace policies, as applicable.
 - Provide flexible sick leave policies consistent with public health guidance. Providing paid sick leave is important to encourage employees to stay home when sick.
 - Refer to [CDC's guidance for businesses and employers](#) regarding COVID-19 test results from employees.
 - Offer employees the flexibility to stay home to care for sick family members.
 - Implement human resources policies consistent with public health guidance and state and federal workplace laws. For more information on employer responsibilities, visit the [Department of Labor](#) and [Equal Employment Opportunity Commission](#) websites.
 - Provide employee assistance programs and community resources to help employees manage stress and receive support.
 - Offer special accommodations upon request for employees at increased risk for severe illness, to allow them to perform their job duties safely, while also protecting sensitive employee health information.
- Post signs and reminders at entrances and in strategic places to provide instructions on hand hygiene, respiratory hygiene, and cough etiquette. Include signs with images for non-English readers, as needed.
- Train employees on new or modified working schedules, how they can stay up to date on new



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scheduling requirements, and how to make requests for schedule changes if a need arises.

Other Control Measures

- Consider implementing an in-office patient screening procedure similar to that described in the American Dental Association's [return to work toolkit](#).
- Employees and patients should be encouraged to stay home if they are symptomatic.
- Employers are encouraged to explore work-from-home options, staggered work shifts and hours, and other flexible approaches for employees, if feasible.
- If employees commute to work using public transportation, consider asking them to:
 - Use other forms of transportation, if possible.
 - Maintain physical distancing and wear cloth or disposable face coverings.
 - Commute at off-peak times, if possible.
 - Wash their hands before the trip and as soon as possible after arriving.
- Educate employees to recognize the symptoms of COVID-19 and provide instructions on what to do if they develop symptoms.
- Although perhaps not necessary if handwashing protocols are rigorously followed, consider providing disposable gloves to employees, especially for cleaning and disinfecting, removing waste materials, and cleaning the restrooms.
 - If gloves are worn, change them regularly; wearing gloves is not a substitute for handwashing.
 - If worn, inspect gloves frequently. Remove or replace any gloves that are torn, damaged, or contaminated.
- Plan for employee absences by developing flexible attendance and sick leave policies, plan for alternative coverage, and monitor and track employee absences related to COVID-19.

- Stay informed of local and state COVID-19 information and updates in your geographic area.
- Scrub uniforms and lab coats should not be worn home after a shift. Encourage personnel to change into street clothes after a shift, if possible.
- Remove communal objects (e.g., magazines and remote controls) from waiting areas.

Communication

- Communication and training should be easy to understand, in languages preferred to be spoken or read by employees, and include accurate and timely information.
 - Methods for communicating with employees could include emails, texts, automated phone calls, websites, and signage.
- Adopt a communication strategy that is customized to your office and emphasizes transparency.
 - Communicate to employees what is being done to mitigate the spread of COVID-19 (e.g., disinfection routines, health policies for staff, and health and safety measures in place).
 - Establish formal and informal routes of communication for employees to express concerns, questions, comments, and feedback.
- If the dental office is located in a multi-tenant location, consider establishing a communication pathway with other tenants to inform each other of confirmed COVID-19 cases present in the building.
 - Communicate ventilation concerns and response with other tenants (e.g., HVAC systems can be shared by multiple tenants and therefore adjusting the system in one area may have negative effects in another area).

Employee Wellness

- Communicate to employees the importance of being vigilant when monitoring personal health symptoms and contacting their employers or man-



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- agers if or when they start to feel sick.
- Revisit your sick leave program to allow for time off and follow all HR policies and HIPAA or other regulatory requirements.
 - Conduct employee temperature screenings and wellness checks before each shift. **(NOTE: Comply with [OSHA's Access to Employee Medical and Exposure Records Standard](#) for confidentiality.)**
 - Temperature screening methods can include a manual thermometer (use non-contact infrared thermometers) or thermal camera meeting [FDA's recommendations](#). Additional screening information and guidance can be found on [CDC's website](#).
 - Assign an employee to manage and conduct temperature screenings while following CDC guidelines. If this is not possible, employees can self-check their own temperatures.
 - Screening should be done in a manner such that the privacy of employees is respected.
 - Perform visual inspections for other signs of illness (e.g., flushed cheeks, rapid or difficult breathing without recent physical activity, fatigue, or coughing).
 - Employees or patients who have fevers of 100.4 degrees Fahrenheit (38 degrees Celsius) or above or other signs of illness should not be admitted into the facility.
 - Employers can consider incorporating a wellness questionnaire similar to [CDC's general screening survey](#). However, we encourage checking your regional health department websites. For example, there is a [personnel screening form](#) available on the San Francisco Department of Health's website.
 - Refer to [CDC's guidance for businesses and employers](#) regarding employees who have symptoms or signs of COVID-19 (i.e., fever, cough, or shortness of breath) or who have had close contact with someone who has COVID-19.
 - If an employee tests positive for COVID-19:
 - Follow federal, state, and local recommendations for reporting and communicating cases, while remaining compliant with regulations and guidelines pertaining to protecting private health information, such as confidentiality required by the Americans with Disabilities Act (ADA). See [OSHA for guidance on reporting workplace exposures to COVID-19](#).
 - Engage HR immediately and enforce all applicable HR rules and regulations.
 - Follow federal, state, and local recommendations for any individuals that had close contact with the employee.
 - Use trained personnel to perform enhanced cleaning and disinfecting of any surfaces that the employee may have come into contact with.
 - Encourage the trained personnel to wear face coverings and gloves, dispose of their gloves after use, and wash their hands and faces when complete. Visibly dirty surfaces should be cleaned using a detergent or soap and water PRIOR to disinfection.
 - For disinfection, use only EPA-registered disinfectants on [List N](#).
 - Encourage employees and patients who are sick to stay home. This includes:
 - People with flu-like symptoms or who live with someone with these clinical symptoms.
 - People with COVID-19, people who live with someone with COVID-19, or people who have been exposed to someone with COVID-19.
 - Employers are encouraged to educate employees on recognizing the symptoms of COVID-19 and provide instructions on what to do if they develop symptoms.



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What should an Employee do to reduce risk to themselves and patients?

- Employees should evaluate their health continuously; if they are sick, have a fever or symptoms, or have someone sick at home, then they should remain home.
 - **NOTE: Employer HR policies, HIPAA guidelines, and other laws should be followed at all times.**
- Disinfect shared equipment and high-touch surfaces frequently, after each use at least.
- Maintain a clean cloth or disposable face covering. Replace frequently, if needed, and replace after contamination.
 - When wearing a face covering, ensure both your nose and mouth are covered.
 - Change your face covering if it becomes wet, damaged, or contaminated.
 - Wash your hands before touching your face covering.
 - Wear a cloth or disposable face covering while using public transportation.
 - Additional information on cloth face coverings can be found on [CDC's website](#). (**NOTE:** Cloth or disposable non-valved face coverings primarily protect other people but can also protect wearers. When wearing a face covering, ensure both your nose and mouth are covered. The use of a cloth or disposable face covering is not a substitute for physical distancing.)
 - Have extra face coverings on hand.
- Maintain good hygiene practices by washing your hands with soap and water for at least 20 seconds or using a hand sanitizer with at least 60% ethanol or 70% isopropyl alcohol. For more information, refer to [CDC's handwashing guidelines](#).
- If you are an employee who tests positive for COVID-19, or who has come in close contact with someone who has COVID-19, follow [CDC's guidelines](#).
- At minimum, wash your hands after interacting with each patient; after being in a public place; after touching your face covering; after blowing your nose, coughing, or sneezing; after using the restroom; after touching any common contact surfaces; and before eating. Avoid touching your eyes, nose, or mouth with unwashed hands.
- Wash your hands when you arrive at work, throughout the day during various activities (e.g., before and after preparing food, before and after administering medication, after handling garbage, and after using the bathroom), after touching your face covering, when you leave work, and when you arrive home.
- Cover your mouth and nose with a tissue when you cough or sneeze and throw used tissues in the trash. If you do not have a tissue, cough or sneeze into your elbow, not your hands. Immediately wash your hands after blowing your nose, coughing, or sneezing. Learn more about [coughing and sneezing etiquette](#).
- Let your employer know if you have concerns about PPE or face coverings that may be provided to you and ensure that you are properly instructed on how to use them. CDC has recommended sequences for donning and doffing PPE.
 - **NOTE: If an employer chooses to provide an N95 respirator, please fully consider all the potential OSHA requirements.**

Worker Rights

This document presents and supports workplace protections that are essential components of occupational health and safety systems and programs. These basic protections are worker rights, as well as essential ingredients of occupational health and safety systems.



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What can a Patient do to reduce the risk of transmission of COVID-19?

- Comply with instructions regarding COVID-19 precautions set forth by the dentists' office, including but not limited to physical distancing requirements and use of face coverings.
- Evaluate your own health and your family's health continuously. If you are sick, stay home. If you have an elevated temperature, stay home. If someone in your house is sick, stay home. If you have allergies and uncontrollable sneezing, stay home.
- Check with the dentists' office, prior to going, regarding any current requirements for patients to follow specific to COVID-19.
- Use online and electronic services in place of in-person services, if feasible.
 - If you anticipate needing to complete paperwork, consider filling this out at home prior to your visit or bringing your own pen.
- Wear a cloth or disposable face covering as you enter and leave the building and while indoors.
- Wash your hands before and after you leave the building, if possible, especially if touching common high-touch surfaces. If not feasible, use hand sanitizer that contains at least 60% ethanol or 70% isopropyl alcohol when you enter and before you leave the building.
- If using public transportation to get to and from the dentist's office, wash your hands when you enter and before you leave the building. If not feasible, use hand sanitizer that contains at least 60% ethanol or 70% isopropyl alcohol.
- Maintain a distance of at least six feet from other patients and employees when walking through the dentists' office, whenever possible.
- Cover your mouth and nose with a tissue when you cough or sneeze and throw used tissues in the trash. If you do not have a tissue, cough or sneeze

into your elbow, not your hands. Immediately wash your hands after blowing your nose, coughing, or sneezing. Learn more about [coughing and sneezing etiquette](#).

Resources

[ADA: Return to Work Toolkit](#)

[AIHA: Effective and Safe Practices, Guidance for Custodians, Cleaning, and Maintenance Staff Guidance Document](#)

[AIHA: Employers' Guide to COVID-19 Cleaning and Disinfection in Non-Healthcare Workplaces Guidance Document](#)

[AIHA: Joint Consensus Statement on Addressing the Aerosol Transmission of SARS-CoV-2 and Recommendations for Preventing Occupational Exposures](#)

[AIHA: Reducing the Risk of COVID-19 Using Engineering Controls Guidance Document](#)

[AIHA: Worker Rights White Paper](#)

[AIHA: Workplace Cleaning for COVID-19](#)

[American Association of Dental Office Managers: COVID](#)

[ASHRAE: Coronavirus \(COVID-19\) Response Resources from ASHRAE and Others](#)

[CDC: COVID-19 – Cleaning and Disinfecting Your Facility](#)

[CDC: COVID-19 – COVID-19 Testing Overview](#)

[CDC: COVID-19 – General Business Frequently Asked Questions](#)

[CDC: COVID-19 – Guidance for Businesses and Employers Responding to Coronavirus Disease 2019 \(COVID-19\)](#)



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[CDC: COVID-19 – Guidance for Dental Settings](#)

[CDC: COVID-19 – Guidance for Reopening Buildings After Prolonged Shutdown or Reduced Operation](#)

[CDC: COVID-19 – How to Wear Masks](#)

[CDC: COVID-19 – Protect Yourself When Using Transportation](#)

[CDC: COVID-19 – Use Masks to Slow the Spread of COVID-19](#)

[CDC: COVID-19 – Vaccines for COVID-19](#)

[CDC: Facilities COVID-19 Screening](#)

[Department of Labor: Coronavirus Resources](#)

[EPA: Can I Use Fogging, Fumigation, or Electrostatic Spraying or Drones to Help Control COVID-19?](#)

[EPA: List N](#)

[FDA: Non-Contact Temperature Assessment Devices During the COVID-19 Pandemic](#)

[OSHA: Access to Employee Medical and Exposure Records](#)

[OSHA: Hazard Communication Standards](#)

[OSHA: Heat](#)

[OSHA: Job Hazard Analysis](#)

[OSHA: Recording Workplace Exposures to COVID-19](#)

[San Francisco Department of Public Health: Attachment A-1 – Personnel Screening Form](#)

[U.S. Equal Employment Opportunity Commission: Coronavirus and COVID-19](#)

[U.S. Equal Employment Opportunity Commission: What You Should Know About COVID-19 and the ADA, the Rehabilitation Act, and Other EEO Laws](#)



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These guidance documents were primarily developed for those smaller business that don't have readily available occupational health and safety resources, and designed to help business owners, employers, employees and consumers implement science-backed procedures for limiting the spread of the coronavirus. They are subject to any local, state, or federal directives, laws, or orders about operating a business and should only be used if they do not conflict with any such orders.

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