Chairside Checklist

Dentists and staff can use this checklist as they prepare the procedures for working in the operatory rooms during the patient’s visit and after.

- Informed consent: check with your malpractice carrier for any consideration of a revised informed consent form.

- Limit paperwork in the operatory as much as possible.
  - If using paper charting, cover with clear barrier so you may read what is needed for appointment.
  - Place new chart notes into document away from patient contact area when possible.

- Cover keyboard of computer with disposable, flexible, clear barrier (e.g. plastic wrap) and change between patients.

- Limit access to the operatory to the patient only when possible. Supply a mask and shield to anyone who accompanies the patient.
  - Reminder: In certain circumstances, it may be impracticable to limit others in the operatory when their presence is legally required (e.g., translators, service animals).

- Keep staff level in operatory to the minimum required.

- Mask pre-entry (for chairside staff also) as virus-containing aerosol particles may exist.

- No hand shaking, or physical contact.

- Wash hands and glove in room.

- Review overall health history, confirming that the screening questions were asked during the check-in procedure, and review if necessary.

- No documented evidence exists at this time to support the pre-procedural rinses to reduce the transmission of the COVID-19 virus.

- Decide on treatment using clinical judgment and known facts, combining:
    - [COVID-19 cases by county (CDC data)]
    - [COVID-19 cases by zip code (Johns Hopkins data)]
  - Procedural requirements/clinical risks (production of aerosol, inducement of patient cough during procedure, ability to employ use of rubber dam.)
  - Availability of PPE with relation to risk.
    - [ADA Interim Mask and Face Shield Guidelines]
    - [Understanding Mask Types]
    - [Tips to Avoid Counterfeit Masks]
Return to Work Interim Guidance Toolkit

- Use professional judgment to employ the lowest aerosol-generating armamentarium when delivering any type of restorative or hygiene care.
  - As an example, use hand scaling rather than ultrasonic scaling when appropriate.
  - High velocity evacuation should be employed whenever possible.
- Use of nitrous oxide: use disposable nasal hood; tubing should either be disposable or if reusable, sterilized according to the manufacturer’s recommendations.
- Shock your dental unit water lines if you are returning from an extended break in practice. Consult your manufacturer for proper product recommendations.
- Use professional judgment on mask removal and replacement between patients.
  - If you are removing your mask, do so outside the treatment room.
  - If the mask is soiled, damaged, or hard to breathe through, it must be replaced.
  - Resource: CDC Strategies for Optimizing the Supply of Facemasks
- Clean the operatory while wearing gloves, a mask, and face shield or goggles.
  - Dispose of surface barriers after each patient.
  - If surfaces are dirty, they should be cleaned using a detergent or soap and water prior to disinfection.
  - For disinfection, use products that meet EPA’s criteria for use against SARS-CoV-2 (the cause of COVID-19) and are appropriate for the surface, following manufacturer’s instructions.
  - Replace surface barriers.
  - Limit paperwork in operatory.
  - Include other evacuation systems.

Resources:
- A second webinar was presented on April 24 by the ADA and OSAP on PPE. Visit ADA.org COVID-19 Digital Events page to view the on-demand version.