

2022 ANNUAL SESSION

michigan dental ASSOCIATION

Infection Control Update



Marie T. Fluent, DDS

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Infection Control in Dentistry: Updates for the State of Michigan

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Course Description:

- Dental professionals in the State of Michigan are now required to complete at least one hour of required continuing education in the area of infection control for license renewal per the Michigan Department of Licensing and Regulatory Affairs. This session will highlight requirements under this administrative ruling to include CDC infection control guidelines, personal protective equipment requirements, and protocol for sterilization of handpieces.

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Disclaimer

- This presentation is intended to lend clarity and simplification to government regulations
- It is the responsibility of each DDS/employer to understand, implement MIOSHA relating to their own practice
- This presentation may not be substituted for advice of legal counsel

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Course Objectives:

Describe	Describe pertinent CDC Guidance documents to ensure safe dental care
Discuss	Discuss the importance of handpiece sterilization after use
Understand	Understand PPE requirements for safe clinical care and for other tasks within the dental setting

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Simplifying Compliance in Michigan

Provides Guidance	Regulatory
American Dental Association (ADA)	Michigan Licensing and Regulatory Affairs (LARA)
Michigan Dental Association (MDA)	Governor's Executive Orders
Organization for Safety, Asepsis, and Prevention (OSAP)	OSHA/MIOSHA Standards
Centers for Disease Control and Prevention (CDC)	Michigan Department of Health and Human Services (MDHHS) Environmental Protection Agency (EPA), Food and Drug Administration (FDA) NOTE: Michigan Board of Dentistry ENFORCES CDC Guidance

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In other words:

- Since the Michigan Board of Dentistry now recognizes CDC Guidelines as Best Practices and enforces CDC recommendations, these recommendations are now considered "Standard of Care" and are no longer "optional".

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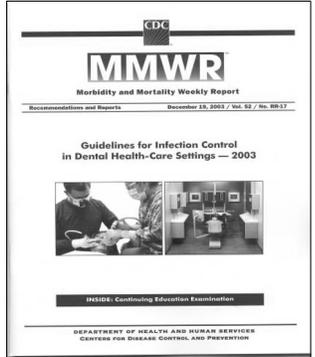
Also Note:

- Where there is a discrepancy between OSHA/MIOSHA Standards and CDC Guidelines, follow the more stringent of the two agencies.

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Principle CDC Documents:


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ARCHIVED WEBPAGE: This web page is available for historical purposes. CDC is no longer updating this web page and it may not reflect CDC's current COVID-19 guidance. For the latest information, visit CDC's COVID-19 home page.

CDC Guidance for COVID-19 In Dentistry:

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

- As of 9-10-21: Infection control for the dental setting IS NOW on Infection control for ALL healthcare settings.

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>

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Tip: See MDA Website for:

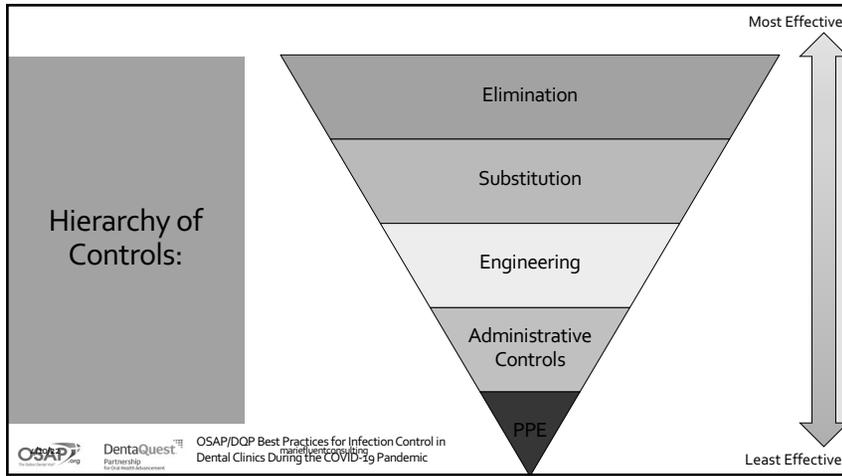
- MIOSHA /OSHA Compliance Updates
- MIOSHA COVID-19 Preparedness Plan
- COVID-19 Vaccine information
- COVID-19 COVID-19 Infection or Exposure Recommendations

<https://www.michigandental.org/practice-management/regulations/osha-miosha/miosha-emergency-rules/>

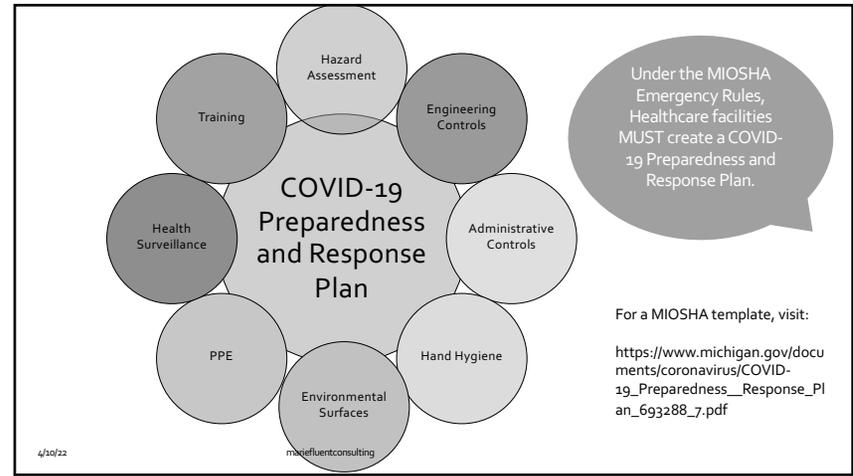


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Hazard Assessment: New COVID-19 Metrics:	Transmission Level	COVID-19 hospitalizations	New COVID-19 Cases	COVID-19 Community Level
	Total new cases per 100,000 persons in past 7 days	Total hospitalizations, admissions, and beds available	Total NEW cases	
0-9 Low 10-49 Moderate 50-99 Substantial ≥100 High				

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What Prevention Steps Should You Take Based on your COVID-19 Community Level?		
Low	Medium	High
<ul style="list-style-type: none"> Stay <u>up to date</u> with COVID-19 vaccines <u>Get tested</u> if you have symptoms 	<ul style="list-style-type: none"> If you are <u>at high risk for severe illness</u>, talk to your healthcare provider about whether you need to wear a mask and take other precautions Stay <u>up to date</u> with COVID-19 vaccines <u>Get tested</u> if you have symptoms 	<ul style="list-style-type: none"> Wear a <u>mask</u> indoors in public Stay <u>up to date</u> with COVID-19 vaccines <u>Get tested</u> if you have symptoms Additional precautions may be needed for people <u>at high risk for severe illness</u>

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Hazard Assessment: Screening Updates:

- Patients, employees, and non-employees must be screened
 - Those with suspected or confirmed COVID-19 are not permitted to enter
- Screening record retention requirement is not longer in place
 - MDA recommends maintaining records for at least 6 months
 - Screening records should be included in patient's health record
- Temperature checks are NOT required as part of the screening process
- Employee Screening:
 - May be conducted by asking employees to self-monitor before reporting to work
 - OR may be conducted in-person by employer

<https://www.michigandental.org/news-you-need/osha-miosha-covid-19-compliance-in-dental-offices/>

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Administrative Controls

- Restrict non-essential visitors
- Encourage Hand hygiene (posters, training)
- Promote remote work (if possible)
- Rotate shifts to reduce number of employees onsite
- Stagger break times and lunch breaks
- Posters, signs, barriers, floor markers to reduce congestion
- Screening of all who enter the facility



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Social Distancing:

Administrative Controls

- No longer social distancing requirements for dental offices

<https://www.michigandental.org/news-you-need/osha-miosha-covid-19-compliance-in-dental-offices/>

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Work Restrictions for HCP With SARS-CoV-2 Infection and Exposures

Up to Date with all recommended COVID-19 vaccine doses is defined in [Stay Up to Date with Your Vaccines | CDC](#)

For more details, including recommendations for healthcare personnel who are immunocompromised, have severe to critical illness, or are 90 days of prior infection, refer to [Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2](#) (conventional standards) and [Strategies to Mitigate Healthcare Personnel Staffing Shortages](#) (contingency and crisis standards).

Health Surveillance

Work Restrictions for HCP With SARS-CoV-2 Infection			
Vaccination Status	Conventional	Contingency	Crisis
Up to Date and Not Up to Date	10 days OR 7 days with negative test ¹ , if asymptomatic or mild to moderate illness (with improving symptoms)	5 days with/without negative test, if asymptomatic or mild to moderate illness (with improving symptoms)	No work restriction, with prioritization considerations (e.g., types of patients they care for)

Work Restrictions for Asymptomatic HCP with SARS-CoV-2 Exposures			
Vaccination Status	Conventional	Contingency	Crisis
Up to Date	No work restrictions, with negative test on days 1 ¹ and 5-7	No work restriction	No work restriction
Not Up to Date	10 days OR 7 days with negative test ¹	No work restriction with negative tests on days 1 ¹ , 2, 3, & 5-7 (if shortage of tests prioritize Day 1 to 2 and 5-7)	No work restrictions (test if possible)

¹Negative test result within 48 hours before returning to work.
²For calculating day of test: 1) for those with infection consider day of symptom onset (or first positive test if asymptomatic) as day 0; 2) for those with exposure consider day of exposure as day 0

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Work Restrictions for HCP With SARS-CoV-2 Infection and Exposures

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Work Restrictions for HCP With SARS-CoV-2 Infection

Vaccination Status	Conventional	Contingency	Crisis
Up to Date and Not Up to Date	10 days OR 7 days with negative test [†] , if asymptomatic or mild to moderate illness (with improving symptoms)	5 days with/without negative test, if asymptomatic or mild to moderate illness (with improving symptoms)	No work restriction, with prioritization considerations (e.g., types of patients they care for)

Work Restrictions for Asymptomatic HCP with SARS-CoV-2 Exposures

Vaccination Status	Conventional	Contingency	Crisis
Up to Date	No work restrictions, with negative test on days 1 [‡] and 5–7	No work restriction	No work restriction
Not Up to Date	10 days OR 7 days with negative test [†]	No work restriction with negative tests on days 1 [‡] , 2, 3, & 5–7 (if shortage of tests prioritize Day 1 to 2 and 5-7)	No work restrictions (test if possible)

[†]Negative test result within 48 hours before returning to work

[‡]For calculating day of test: 1) for those with infection consider day of symptom onset (or first positive test if asymptomatic) as day 0; 2) for those with exposure consider day of exposure as day 0



Training

Transmission Routes:

Direct Contact

Indirect Contact

Large droplet spray
($> 5 \mu\text{m}$ at close range $< 2 \text{m}$)

Aerosols
($< 5 \mu\text{m}$ and happening mainly at long distance $> 2 \text{m}$)

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Aerosols vs. Droplets	Aerosol	Droplet
Training		
	$< 5 \mu\text{m}$	$> 5 \mu\text{m}$
How long can it stay aloft? +	Stays in air minutes to hours	Falls within seconds to minutes
How far can it travel? +	Greater than 6 feet	Less than 6 feet
Efficiency of removal by masks and filters +	Filtering more difficult	Filtered more easily
Where it deposits in respiratory system*	Inhaled deeper into respiratory system	Sprayed onto body in form of contact transmission and/or superficial areas of respiratory system
<small>*Recognition of aerosol transmission of infectious agents: A commentary https://bmcinfectdis.biomedcentral.com/articles/10.1186/s12879-019-3707-y </small>		
<small>+ CDC Centers for Disease Control and Prevention CDC 24/7: Saving Lives, Protecting People®</small>		

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Training

How to Break the Chain of Infection:

STANDARD PRECAUTIONS

- Set of infection control practices that HCW use to **reduce transmission of health-care associated infections.**
- Protects **both** healthcare workers and patients from contact with infectious agents.
- Every person** is considered **potentially infectious & susceptible to infections.**

Note:
Transmission-Based Precautions are used in addition to Standard Precautions to mitigate transmission of COVID-19.

4/10/22 <http://www.cdc.gov/handhygiene/training/interactions/education>

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Training

Components of Standard Precautions

- Hand Hygiene
- Use of personal protective equipment
- Respiratory hygiene/cough etiquette
- Sharps safety
(engineering and work practice controls)
- Safe injection practices
(aseptic technique for parenteral medications)
- Sterile instruments and devices
- Clean and disinfect environmental surfaces

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Standard Precautions vs. Transmission-Based Precautions Training

T B P

STOP CONTACT PRECAUTIONS STOP

EVERYONE MUST:

- Clean their hands, including before entering and when leaving the room.

PROVIDERS AND STAFF MUST ALSO:

- Put on gloves before room entry. Discard gloves before room exit.
- Put on gown before room entry. Discard gown before room exit. Do not wear the same gown and gloves for the care of more than one person.
- Use dedicated or disposable equipment. Clean and disinfect reusable equipment before use on another person.

STOP DROPLET PRECAUTIONS STOP

EVERYONE MUST:

- Clean their hands, including before entering and when leaving the room.

Make sure their eyes, nose and mouth are fully covered before room entry.

Remove face protection before room exit.

STOP AIRBORNE PRECAUTIONS STOP

EVERYONE MUST:

- Clean their hands, including before entering and when leaving the room.
- Put on a fit-tested N-95 or higher level respirator before room entry.
- Remove respirator after exiting the room and closing the door.
- Door to room must remain closed.

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Training

Documented cases of COVID-19 Transmission in Dentistry:

- Study involves 2,810 patients treated over a 6-month period (March 15 to September 15, 2020) in three different dental offices by two dentists and three hygienists during and shortly after the height of the pandemic in New York.
- By utilizing screening questionnaires, performing enhanced infection control, and having appropriate personal protective equipment, **these dental offices were able to record no transmission of COVID-19 to the dental healthcare workers or patients during the study.**
- In addition, 69% of the patients treated in these dental offices were recorded as having one or more high-risk comorbidities related to COVID-19 severity.

4/10/22 Scott H Froum, Stuart J Froum Incidence of COVID-19 Virus Transmission in Three Dental Offices: A 6-Month Retrospective Study Int J Periodontics Restorative Dent., Nov/Dec 2020

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Administrative Controls

The Infection Control Coordinator:

- May have responsibilities within a larger job position
 - Safety director, employing dentist, dental assistant, office manager, etc.
- Should have a basic understanding of:
 - Modes of cross-contamination in dentistry
 - Infection prevention
 - General safety procedures
 - Products and equipment available to maintain employee and patient safety
- Job duties:
 - Overall responsibility of coordinating the written Infection Control Program
 - Has Leadership role
 - Maintain relevant documents, records and logs
 - Provides or coordinates education and training

Remember:
The ENTIRE dental team must be committed and accountable!

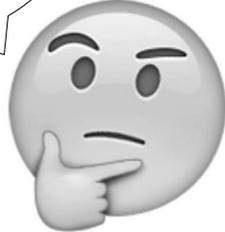
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How does and Infection Control Coordinator acquire such information?

OSAP.org
The Safest Dental Visit™



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Written Compliance Manuals

Written step-by-step instructions:

- Improve consistency, quality, and efficiency
- May enhance longevity of devices
- Enhances compliance

Administrative Controls

- Written SOP (Standard Operating Procedures)
- Policy Statements
- Exposure Control Plan
- HBV Vaccination Statements
- Hazard Communication Plan
- Waste Management Plan
- Emergency Action Plan
- References
- Recordkeeping

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Engineering Controls in the Era of COVID: Extra-oral Suction Units

Extra-oral suction units may:

- Capture pathogens, contaminants
- Have built-in sterilization and HEPA filtration
- Have ultraviolet germicidal irradiation
- Provide backdraft source capture
- Have adjustable suction arms

Extra-oral Suction Devices

Engineering Controls

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Newer Technologies and Designs in HVE Tips:

These devices may facilitate greater:

- Isolation
- Retraction
- Illumination
- Visualization
- Patient comfort
- Ergonomics
- Moisture-free working field
- And prevent aspiration of foreign body
- Can be used by single operator

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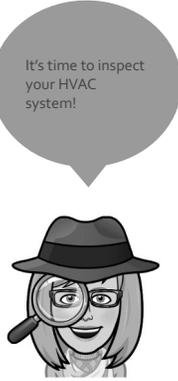
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Engineering Controls High Volume Evacuation (HVE):

- Has been shown to reduce aerosols by more than 90% *
- Must have large opening
 - Usually, 8 mm or more
- Attached to evacuation system that will remove up to 100 cubic feet of air per minute
- HVE lines should have suction rate above 7 standard cubic feet per minute (SCFM)
 - 10 SCFM is ideal
- Note: A saliva ejector does NOT remove a large enough volume of air to be classified as HVE.

*Micik RE et. al
 Studies on dental aerobiology, I: bacterial aerosol generation during dental procedures. *J Dent Res.* 1969; 48: 49-56

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It's time to inspect your HVAC system!

- *Properly maintain ventilation system (moves air from clean area to contaminated area)
- *Consult HVAC specialist to
 - *Increase filtration efficiency
 - *Increase percent of outdoor air supplied
 - *Limit use of demand-controlled ventilation during occupied hours and up to 2 hours post occupancy
- *Consider use of portable HEPA air filtration unit
- *Consider upper-room ultraviolet germicidal irradiation (UVGI) as adjunct to higher ventilation rates.

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

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STANDARD

ANSI/ASHRAE/ASHE Standard 170-2017
Supersedes ANSI/ASHRAE/ASHE Standard 170-2013
 Includes ANSI/ASHRAE/ASHE Standard 170-2013C

Ventilation of Health Care Facilities

See Appendix C for approval data by the ASHRAE Standards Committee, the ASHRAE Board of Directors, the ASHRAE Board of Overseers, and the American National Standards Institute.

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Proper Air Flow:



Contaminated air flows away from the patient and operator, away from common areas in facility.

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Engineering Controls

Air cleaning Devices:

- Tips and considerations BEFORE purchasing portable air scrubbing, cleaning, or purifying device:
 - Understand your own HVAC system (flow rate, air exchanges, ventilation, flow patterns, capabilities for UV light installation) before implementing strategies
 - Know volume of air within operatories (or entire office if open design)
 - Know the relative humidity in your facility
 - Ask informed questions before purchasing air quality control equipment

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Vaccinations:



Hazard Assessment

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The PERFECT Vaccine:

- 100% SAFE, no side effects, non-allergenic
- Immunologic: Stimulates protective host response
 - 100% effective
- Provides lifelong immunity
- Requires only ONE administration
- Does not increase susceptibility to other diseases
- Can be administered to immune competent and immune compromised recipients
- Inexpensive

Key: There is NO perfect vaccine!



Credit: JA Molinari/CDC maniefluentconsulting

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Think of a Vaccine like a "Bulletproof Vest":

- "Bulletproof" implies that it will protect against ANY and ALL threats
- "Bullet Resistant" is preferred!
- "Heavy bullets can deal enough force to cause blunt trauma, some bullets can penetrate the vest, but deal LOW DAMAGE to its wearer"



4/10/22 https://en.wikipedia.org/wiki/Bulletproof_vest

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Why vaccinate?

- To prevent severe disease (PRIMARY GOAL)
- To prevent infection entirely (Ultimate goal, but not always possible)
- To prevent disease entirely
- To protect those at most severe risk of disease (elderly, preexisting conditions, etc.) or exposure (health care workers, first responders)
- Decrease sources for transmission (population immunity)

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Vaccine	Recommendation
Hepatitis B	If no evidence of immunity then: 3-dose series of Recombivax HB or Engerix-B (dose #1 now, #2 in 1 month, #3 in 5 months after dose #2) OR 2-dose series of Heplisav-B with doses separated by 4 weeks. Get anti-HBs serologic test 1-2 months after final dose
Influenza	One dose annually
MMR (measles, mumps, rubella)	If born before 1957 and no immunity, only 1 dose of MMR is recommended. (may receive 2) If born in 1957 or later and have no immunity then 2 doses of MMR
Varicella (Chickenpox)	If no immunity, get 2 doses, 4 weeks apart
Tdap (Tetanus, Diphtheria, Pertussis)	One-time dose of Tdap Get either Td or Tdap booster every 10 years Pregnant healthcare workers get dose of Tdap during pregnancy
Meningococcal	For microbiologists who are exposed to Neisseria meningitidis
COVID-19	For all healthcare personnel

4/10/22 maniefluentconsulting <https://www.cdc.gov/vaccines/adults/rec-vac/hcw.html>

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Hand Hygiene



Image courtesy of M. Fluent

- The single most critical measure for reducing the risk of transmitting organisms to patients and healthcare workers
- Failure to perform appropriate hand hygiene is leading cause of healthcare associated infections
- Every year, an estimated 2 million patients get a hospital-related infection

Molinari J, Harte J, Practical Infection Control In Dentistry, 2010: 125

4/10/22 CDC, MMWR 2003; 52 (No. RR-17): [14] maniefluentconsulting

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Indications:	Protocol
At beginning of workday	Thorough wash for one minute
Before gloving	Wash or ABHR
After glove removal	Wash or ABHR
When hands are visibly soiled or contaminated	Wash only—NO ABHR
Before and after eating	Wash only
After personal functions	Wash only
Before surgical procedures (before donning surgical gloves)	Thorough wash with antimicrobial soap and water OR Plain soap and water followed by alcohol-based hand rub

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Product Selection:

- Select medical-grade products
- Ensures compatibility with gloves and other hand hygiene products
- Contains skin-conditioning agent
- Product effectiveness
- Minimal and pleasing fragrance
- Non-allergenic
- Non-greasy (Lotions)
- Acceptable to staff

The more the dental team LIKES a product, the more they are likely to use it!



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Hand Hygiene awareness: Has it increased in the era of COVID-19?



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Published BEFORE COVID-19

Respiratory Hygiene/ Cough Etiquette

Administrative Controls



CDC Summary of Infection Prevention Practices in Dental Settings: Basic Expectations for Safe Care, 2016

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Respiratory Hygiene and Cough Etiquette in the Era of COVID-19:

- Stay home if sick or if under quarantine
- Implement Tele-dentistry and Triage Protocols
- Essential people ONLY in facility
- All who enter the office will be asked to wear masks
- Hand hygiene upon entry



Return to Work Interim Guidance Toolkit ADA mariefluentconsulting

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Respiratory Hygiene: "Universal Source Control"

Administrative Controls

- Use of facemasks or cloth face coverings
- Recommended for EVERYONE in healthcare facility!
- DHCP should wear at ALL TIMES while in dental setting, including breakroom or other spaces where they might encounter co-workers
- Cloth coverings are NOT PPE
- Ref: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/dental-settings.html>

This is our NEW TERM for dentistry!!



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Messaging from ADA:

<https://www.ada.org/resources/coronavirus/indoor-mask-guidance-for-dental-practice-waiting-areas>

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FAQ:

Are patients and dental professionals required to always wear masks while in the dental facility?

Administrative Controls

According to ADA:

- Follow state mandates
- If no state mandate, then decide whether to align with CDC healthcare settings OR community level guidance in your community.

According to CDC:

- Dentistry IS a healthcare setting, and indoor masking in all areas continues.
- NOTE: Michigan dentists are expected to follow CDC Guidance
- NOTE: Michigan Dept. of Health and Human Services Still Recommends Masks for Dental Offices. (2-28-22)

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PPE

Personal Protective Equipment (PPE):

- Gloves
- Gowns
- Masks
- Eye protection
- Face shields (used WITH mask)

BEFORE COVID

- Major component of Standard Precautions
- Protects skin & mucous membranes from exposure
- Proven effectiveness against microbial pathogens
- Should be removed when leaving treatment areas

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Low community Transmission of COVID-19		Continued Community Transmission of COVID-19		Confirmed (or Suspected) COVID-19	
Non-AGP	AGP	Non-AGP	AGP	Non-AGP	AGP
<ul style="list-style-type: none"> Work clothing, such as scrubs, lab coat, and/or smock, or a gown Gloves Eye protection (e.g., goggles, face shield) Face mask (e.g., surgical mask.) 	<ul style="list-style-type: none"> Gloves Gown Eye protection (e.g., goggles, face shield) At a minimum, face mask (e.g., surgical mask,) with face shield NIOSH-certified, disposable N95 filtering facepiece respirator (or better) <p>offers more protection to workers who may encounter asymptomatic or pre-symptomatic patients who can spread COVID-19 or other aerosolizable pathogens†</p>	<ul style="list-style-type: none"> Work clothing, such as scrubs, lab coat, and/or smock, or a gown Gloves Eye protection (e.g., goggles, face shield) At a minimum, face mask (e.g., surgical mask,)with face shield NIOSH-certified, disposable N95 filtering facepiece respirator (or better) <p>offers more protection to workers who may encounter asymptomatic or pre-symptomatic patients who can spread COVID-19 or other aerosolizable pathogens†</p>	<ul style="list-style-type: none"> Gloves Gown Eye protection (e.g., goggles, face shield) NIOSH-certified, disposable N95 filtering facepiece respirator or better† 	<ul style="list-style-type: none"> Gloves Gown Eye protection (e.g., goggles, face shield) NIOSH-certified, disposable N95 filtering facepiece respirator or better† 	<ul style="list-style-type: none"> Gloves Gown Eye protection (e.g., goggles, face shield) NIOSH-certified, disposable N95 filtering facepiece respirator or better†

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<https://www.osha.gov/coronavirus/control-prevention/dentistry>

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GLOVES:

- Gloves must be worn whenever
 - touching items that will go into a patient's mouth or touching items that have been in a patient's mouth.
- Gloves must be appropriate to the task.

There are three main types of gloves used in dental facilities. Let's talk about when to use:
 Examination gloves
 Sterile surgeon's gloves
 Utility gloves



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Gowns:

- Required for COVID positive (and suspected) patients.
- Required for AGPs.
- Change between patients (or when visibly soiled)
- Clinic jackets OK for non-AGPs for non-COVID pts.

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Shoe and Head Coverings:

- Not mandated by OSHA/MIOSHA
- Tip: include YOUR policy in your facility-specific manual
- Ensure that all personnel follow YOUR policy

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Eye Protection

Personal eyewear ≠ PPE




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Face Shields/Goggles:

- REQUIRED with respirator
- If wearing a surgical mask, a face shield MUST be worn

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How Do YOU Protect YOUR Eyes When Using Light Curing Units:

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Facemasks vs. Respirators

	Cloth or Paper Face Mask	Surgical Face Mask	Filtering Facepiece Respirator (e.g. N95)
Testing & Approval	Not tested or approved, but recommended by the CDC	Cleared by the U.S. Food and Drug Administration per 21 CFR 878.4040	Evaluated, tested and approved by NIOSH per 42 CFR Part 84
Intended Use & Purpose	To prevent transmission of the virus between people in close proximity	A fluid resistant barrier designed to protect the wearer from large droplets, splashes or sprays of bodily or other hazardous fluids.	Reduces the wearer's exposure to small particle aerosols and large droplets

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Levels of Surgical Masks:

MAXIMUM FILTRATION Indicated for use when treating patients with airborne diseases such as TB or influenza. Meets EN 149:2001 FFP2/3	N95 PicSource: CPBSES	Isolator® Plus N95 Particulate Respirator - NIOSH approved N95 Respirator - Heavy pad/membrane for 95% exposure control - Resistance to penetration by synthetic blood splatter - FFE = 95% @ 0.1 micron - Malleable nose and chin pieces - Membrane fluid resistant layer - Chin pocket construction - Not made with natural latex rubber
ASTM LEVEL 3 Ideal for procedures where heavy to moderate amounts of fluid, spray and/or aerosols are produced. Meets EN 14683 Rating - Type III Standard	ASTM 3 PicSource: GCPCOP	Ultra® Sensitive Earloop w/ Secure Fit® Mask Technology - FFE = 95% @ 3 microns - FFE = 95% @ 0.1 micron - Patent pending design with aluminum nose bridge clip for custom fit - Fluid resistant outer layer - White hypoallergenic inner soft-touch layer - Extra long aluminum nose piece - Extra long aluminum nose piece - Not made with natural latex rubber - Made in the USA
ASTM LEVEL 2 Ideal for procedures where moderate to light amounts of fluid, spray and/or aerosols are produced. Meets EN 14683 Rating - Type II Standard	ASTM 2 PicSource: GCPCOP	Procedural Earloop w/ Secure Fit® Mask Technology - FFE = 95% @ 3 microns - FFE = 95% @ 0.1 micron - Patent pending design with aluminum nose bridge clip for custom fit - Fluid resistant outer layer - Fluid resistant outer layer - Fluid resistant outer layer - Extra long aluminum nose piece - Not made with natural latex rubber - Made in the USA
ASTM LEVEL 1 Ideal for procedures where low amounts of fluid, spray and/or aerosols are produced. Meets EN 14683 Rating - Type I Standard	ASTM 1 PicSource: GCPCOP	Earloop® Earloop w/ Secure Fit® Mask Technology - FFE = 95% @ 3 microns - FFE = 95% @ 0.1 micron - Patent pending design with aluminum nose bridge clip for custom fit - Fluid resistant outer layer - White inner inner layer - Extra long aluminum nose piece - Not made with natural latex rubber - Made in the USA
LOW PERFORMANCE Ideal in a controlled situation for earloop face masks, this mask is a simple physical barrier ideal for exams and situations or for dry, short procedures that do not produce fluid, spray or aerosols.	Surgical Mask PicSource: CDC	Surgical Masked - FFE = 95% @ 3 microns - Splash resistant barrier - Patent pending design - Soft, flexible nose piece - Not made with natural latex rubber
MINIMUM PERFORMANCE Ideal as a simple physical barrier for exams, isolation and situations or for dry, short procedures that do not produce fluid.	Earloop PicSource: CDC	Earloop® Earloop - FFE = 95% @ 3 microns - Extra long aluminum nose piece - Not made with natural latex rubber - Made in the USA

https://www.crosstex.com/sites/default/files/public/educational-resources/technical-specifications/masknemics_2.pdf

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Respirators:

- A written respiratory protection program is required in work environments requiring the use of a respirator.
- The program must be updated to reflect changes in workplace conditions that affect respirator use
- There are certain elements that must be considered:
 - Training
 - Medical clearance
 - Fit testing (Initial fit test and annual fit test)
 - Seal check (each time a N95 mask is to be used)
 - Recordkeeping



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The type of PPE used will vary based on the level of precautions required, such as standard and contact, droplet or airborne infection isolation precautions. The procedure for putting on and removing PPE should be tailored to the specific type of PPE.

1. GOWN

- Fully cover torso from neck to knees, arms to end of wrists, and wrap around the back
- Fasten in back of neck and waist

2. MASK OR RESPIRATOR

- Secure ties or elastic bands at middle of head and neck
- Fit flexible band to nose bridge
- Fit snug to face and below chin
- Fit-check respirator

3. GOGGLES OR FACE SHIELD

- Place over face and eyes and adjust to fit

4. GLOVES

- Extend to cover wrist of isolation gown

USE SAFE WORK PRACTICES TO PROTECT YOURSELF AND LIMIT THE SPREAD OF CONTAMINATION

- Keep hands away from face
- Limit surfaces touched
- Change gloves when torn or heavily contaminated
- Perform hand hygiene

There are a variety of ways to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. Here is one example. Remove all PPE before exiting the patient room except a respirator, if worn. Remove the respirator after leaving the patient room and closing the door. Remove PPE in the following sequence:

1. GLOVES

- Unless gloves are contaminated!
- If your hands get contaminated during glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Using a gloved hand, grasp the palm area of the other gloved hand and peel off the glove
- Hold removed glove in gloved hand
- Slide fingers of ungloved hand under remaining glove at wrist and peel off second glove over first glove
- Discard gloves in a waste container

2. GOGGLES OR FACE SHIELD

- Unless goggles or face shield are contaminated!
- If your hands get contaminated during goggles or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Remove goggles or face shield from the back by lifting head band or ear pieces
- If the item is reusable, place in designated receptacle for disinfecting. Otherwise, discard in a waste container

3. GOWN

- Unless front and sleeves are contaminated!
- If your hands get contaminated during gown removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Unfasten gown ties, taking care that sleeves don't contact your body when reaching for ties
- Roll gown away from neck and shoulders, touching inside of gown only
- Turn gown inside out
- Roll or roll into a bundle and discard in a waste container

4. MASK OR RESPIRATOR

- Front of mask/respirator is contaminated — DO NOT TOUCH!
- If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp bottom ties or straps of the mask/respirator, then the ones at the top, and remove without touching the front
- Discard in a waste container

5. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE

PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS BECOME CONTAMINATED AND IMMEDIATELY AFTER REMOVING ALL PPE



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Environmental Surfaces



Image courtesy of M. Fluent



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Published BEFORE COVID-19

Key Recommendations for ENVIRONMENTAL INFECTION PREVENTION AND CONTROL in Dental Settings

- Establish policies and procedures for routine cleaning and disinfection of environmental surfaces in dental health care settings.
 - Use surface barriers to protect clinical contact surfaces, particularly those that are difficult to clean (e.g., switches on dental chairs, computer equipment) and change surface barriers between patients.
 - Clean and disinfect clinical contact surfaces that are not barrier-protected with an EPA-registered hospital disinfectant after each patient. Use an intermediate-level disinfectant (i.e., tuberculocidal claim) if visibly contaminated with blood.
- Select EPA-registered disinfectants or detergents/disinfectants with label claims for use in health care settings.
- Follow manufacturer instructions for use of cleaners and EPA-registered disinfectants (e.g., amount, dilution, contact time, safe use, disposal).



Summary of Infection Prevention Practices in Dental Settings: Basic Expectations for Safe Care, 2016

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Surface Disinfection in Era of COVID-19:

- Clean the operatory while wearing gloves, mask face shield or goggles
- If surfaces are dirty, they should be cleaned using a detergent or soap and water prior to disinfection
- Dispose of surface barriers after each patient
 - Replace surface barriers (with clean hands)
- Limit paperwork in operatory

Return to Work Interim Guidance Toolkit ADA maniefluentconsulting

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Published BEFORE COVID-19

Environmental Surfaces: Importance of Cleaning

"Cleaning is the necessary first step of any disinfection process." CDC

- Product should have good cleaning properties and remain active in the presence of organic matter
- Proper cleaning methods will physically remove 99 to 99.9% of organisms on a surface



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Environmental Surfaces: Your Product label

- Directions for use:
 - One-step or two?
 - Contact time
 - Hazards identification
- PPE requirements
- Storage/Disposal
- Expiration date
- If product is considered a "cleaner"
 - note some products require a separate cleaner

READ your product label and the instructions for use!



Molteni J, Harte J, Practical Infection Control In Dentistry, 2020 maniefluentconsulting

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Selection of Disinfection Products in Era of COVID-19:

- Use products that meet EPA's criteria for use against SARS-CoV2,
- EPA expects all products on List N to kill SARS-CoV-2 when used according to label directions
- To find a product:
 - Locate EPA Reg. No. on product label.

 United States Environmental Protection Agency <https://www.epa.gov/pesticide-registration/list-n-disinfectants-covid-19>

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Barriers

- Saliva ejector holder
- Light switches
- Light handles
- Air-water syringe handle

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Key Recommendations for STERILIZATION AND DISINFECTION OF PATIENT-CARE DEVICES for Dental Settings

1. Clean and reprocess (disinfect or sterilize) reusable dental equipment appropriately before use on another patient.
2. Clean and reprocess reusable dental equipment according to manufacturer instructions. If the manufacturer does not provide such instructions, the device may not be suitable for multi-patient use.
 - a. Have manufacturer instructions for reprocessing reusable dental instruments/equipment readily available, ideally in or near the reprocessing area.
3. Assign responsibilities for reprocessing of dental equipment to DHCP with appropriate training.
4. Wear appropriate PPE when handling and reprocessing contaminated patient equipment.
5. Use mechanical, chemical, and biological monitors according to manufacturer instructions to ensure the effectiveness of the sterilization process. Maintain sterilization records in accordance with state and local regulations.

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CDC: New Recommendations for Sterilization and Disinfection

Have manufacturer's instructions for reprocessing readily available

Label sterilized items with: sterilizer used, cycle or load number, date of sterilization, and expiration date (if applicable)

Ensure routine maintenance for sterilization equipment (according to manufacturer's instructions) and maintain records.

Let's Chat about this for a moment!

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What about Dental Handpieces?

"Dental handpieces and associated attachments, including low-speed motors and reusable prophylaxis angles, should always be heat sterilized between patients and not high-level or surface disinfected. Although these devices are considered semicritical, studies have shown that their internal surfaces can become contaminated with patient materials during use. If these devices are not properly cleaned and heat sterilized, the next patient may be exposed to potentially infectious materials."

NOT a new Recommendation since 2003 CDC Guidelines

CDC Summary of Infection Prevention Practices in Dental Settings: Basic Expectations for Safe Care p. 12

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Handpiece maintenance compliance:

- For cleaning, maintenance, and sterilizing of handpieces and other items that can be removed from the air or waterlines of dental units, follow:
 - Instructions For Use (IFU)
 - CDC Guidelines
- Applies to:
 - Handpieces (high and low speed)
 - Detachable handpiece motors
 - Integrated ultrasonic scalers
 - Air/water syringes
 - Air abrasion devices
 - And other devices that can be removed from the air or dental unit waterlines

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Do's and Don'ts of handpiece maintenance:

DO:	DO NOT:
Wear appropriate PPE	
Discharge water and air for a minimum of 20-30 seconds after each patient	
Remove bur before disassembling handpiece from unit	DO NOT: Run handpiece without a bur correctly inserted
Remove gross debris with water and wipe (gauze)	DO NOT: Use disinfectants on handpieces (unless indicated by IFU)
Use automated devices for cleaning and lubrication if possible	DO NOT: Immerse device in ultrasonic DO NOT: Use high-level germicidal agents (cold sterile solution)

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Sterile Instruments and Devices : Mechanical and Chemical Monitoring

- Mechanical monitoring measures time, temperature and pressure
- Chemical: changes color when physical parameter is reached
- Mechanical and chemical do not guarantee that sterilization has taken place. They show that various parameters for sterilization have been met.



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Sterile Instruments and Devices : Biological Monitoring

- Biological monitoring assesses the sterilization process directly.
- CDC recommends weekly biological monitoring (and if there are any changes made to your sterilization procedures)
- In case of a positive spore test, remove sterilizer from service
- See CDC Guidelines for more info!

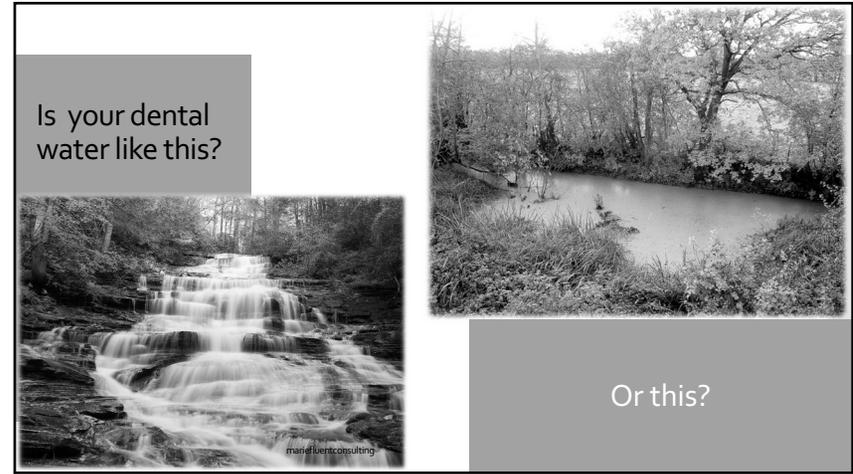


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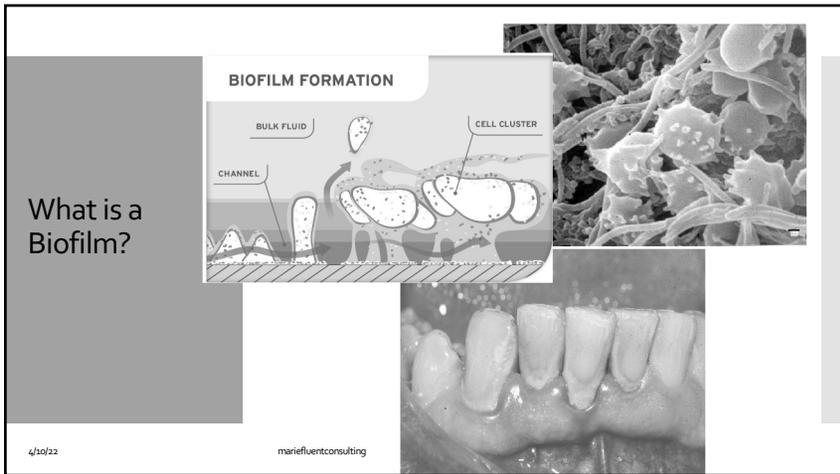
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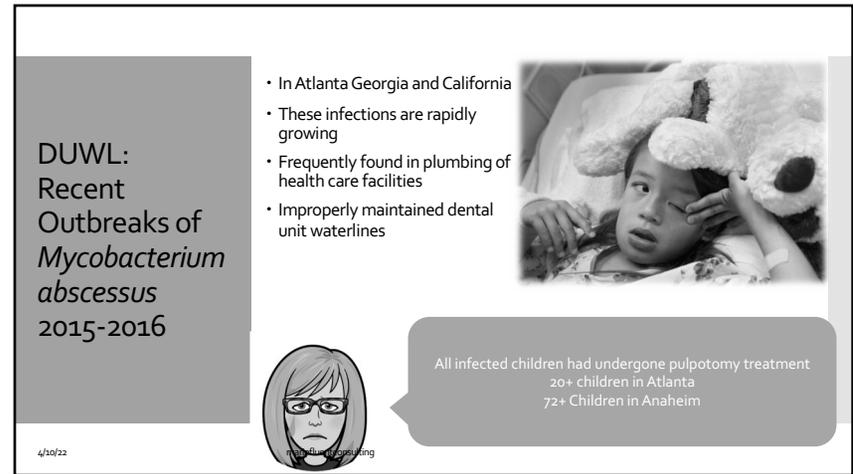
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CDC Guidelines: Dental Unit Waterlines and Water Quality

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- After each patient, discharge water and air for 20-30 seconds from handpieces, ultrasonic scalers, air/water syringe
- Consult with the dental unit manufacturer on the need for maintenance of anti-retraction mechanisms
- Consult with dental unit manufacturer for appropriate methods to maintain dental water quality
- Use sterile saline or sterile water as a coolant/irrigator in surgical procedures:
- **Follow manufacturer recommendations for monitoring water quality**

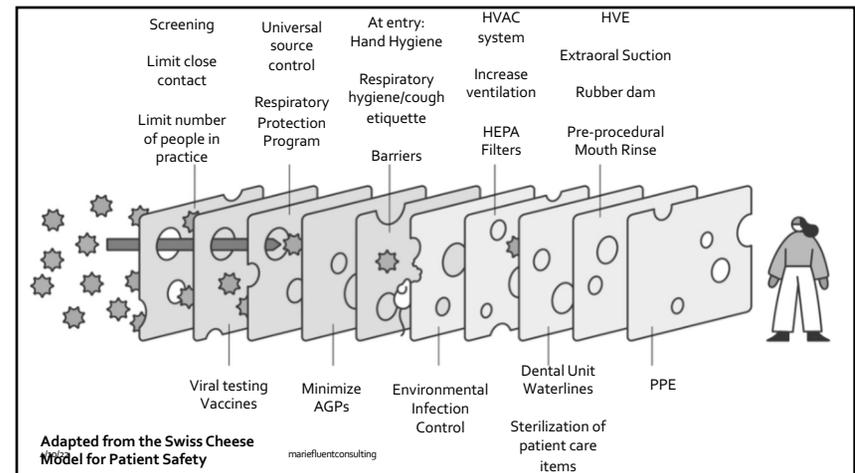
Hmmm....
Not much detail with regard to monitoring!

A cartoon character with a sad face and a speech bubble containing the text above.

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References and Resources:

- CDC *Summary of Infection Prevention Practices in Dental Settings: Basic Expectations for Safe Care*. March 2016. <https://www.cdc.gov/oralhealth/infectioncontrol/pdf/safe-care.pdf>
- Guidelines for Infection Control in Health-Care Facilities (2003) – Education and Training <https://www.cdc.gov/mmwr/pdf/rr/rr5217.pdf>
- From Policy to Practice: OSAP's Interactive Guide to the CDC Guidelines <http://www.osaptraining.org/cws.htm>
- Guidelines for Infection Control in Health-Care Facilities (2003) – Education and Training <https://www.cdc.gov/mmwr/pdf/rr/rr5217.pdf> (Accessed
- Summary of Infection Prevention Practices in Dental Settings (2016)- Education and Training <https://www.cdc.gov/oralhealth/infectioncontrol/pdf/safe-care2.pdf>
- Infection Prevention Checklist for Dental Settings <https://www.cdc.gov/oralhealth/infectioncontrol/pdf/safe-care-checklist-a.pdf>

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THANK YOU!



stay  healthy helpful & calm

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Because of new public indoor masking recommendations, dental practices may be receiving an increased number of questions from team members and patients. Use this resource to help your practice make informed decisions and facilitate conversations around masking in public areas like waiting rooms.

Please note:

- The CDC masking recommendations apply to patients and the general public.
- The Occupational Safety and Health Administration's masking requirement for health care workers is still in effect.
- If your state or local jurisdiction has guidelines, you need to adhere to those guidelines or mandates.

What is the current CDC recommendation for wearing masks indoors?

There are two sets of CDC recommendations that have implications to guide the decision on whether to require masks in dental practice public areas, like waiting areas and team rooms.

Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic

[Healthcare settings](#) should continue to use community transmission rates as a guide and continue to follow CDC's infection prevention and control recommendations. However, the executive order under OSHA with respect to some healthcare settings (e.g. federally-funded programs such as community dental health centers and federally-funded hospitals) remains in effect. In the vast majority of cases, the CDC's new COVID-19 Community Levels recommendations do not apply in other healthcare settings, which include most dental facilities.

COVID-19 Community Levels Recommendations

Revised indoor public guidelines issued February 25, 2022, indicated indoor masks are no longer necessary for most individuals in areas with low COVID-19 community levels.

As opposed to focusing on high COVID-19 transmission levels, the new recommendations take into account three different metrics (new COVID-19 hospitalizations, hospital capacity and new COVID-19 cases) tracked within the new [COVID-19 Community Level](#) tool, which can be used to determine your county's risk level and masking guidance:

- Low COVID-19 Community Level
 - Masks are not required but can be worn based on personal preference or level of risk.
- Medium COVID-19 Community Level
 - If you are immunocompromised or at [high risk for severe illness](#), consult with your healthcare provider about strategies to lower your risk of transmission, including wearing a mask.
 - Consider testing yourself and wearing a mask indoors if you live with or are visiting a loved one at high risk for severe illness.

- High COVID-19 Community Level
 - Wear a well-fitting mask indoors in public settings, regardless of vaccination status or individual risk. Individuals who are immunocompromised or at risk for severe illness should wear a mask or respirator that provides greater protection.

No matter the community risk level, wearing a mask or respirator is still strongly recommended if you are sick with COVID-19 or you are caring for a loved one who has COVID-19. Masks are also still required on public transportation and inside transportation centers like airports or train stations.

What are my options as a practice owner?

If your state or local jurisdiction has guidelines, **you need to adhere to those guidelines or mandates.**

If no state or local guidelines apply, dental practices need to decide whether they are going to align with healthcare setting guidance or community level guidance in their public areas.

- If **healthcare setting guidance** is being followed, indoor masking in all areas continues in dental offices.
- If the **COVID-19 Community Level** guidance is being followed, in low community level U.S. counties, a practice has essentially two choices: require masking in all public areas, or permit staff and patients to choose for themselves whether they will mask in common public areas. In making this decision, a number of factors might be considered, including the practice owner's risk tolerance, sensibilities of the staff and patient base, and business concerns that may be affected by the decision.
 - If a practice chooses to continue masking in all public areas, here are things you may consider:
 - If I continue to require masking in common areas, will my staff or patient base object (or worse, leave the practice or not consider joining)? Know your demographics and understand the potential impact your decision may have on the practice from a financial and staffing perspective.
 - What will the practice do if a patient or staff member refuses to comply? Will you allow any exceptions? Be prepared to address the issue should it arise.
 - If a practice chooses to go mask optional in public areas, here are things you may consider:
 - Will my staff and patient base be comfortable with my decision? Will they feel supported in choosing to continue wearing a mask while others opt not to? If they are not comfortable, might they leave the practice in favor of a practice that still requires masking?

What do I still need to follow if I choose to follow the COVID-19 Community Level guidance?

It is important to distinguish between when masks are *required* versus when community levels are low enough to *permit* patients and staff to forego masking. Whether a practice chooses to continue requiring masking in common areas or to permit patients and staff to choose for themselves, certain requirements and legal obligations remain the same. While treating patients, staff will still be required to wear proper PPE. Likewise, low community levels do not change any obligation the practice has to abide by federal, state or local requirements masks in certain instances (e.g., some healthcare settings). The practice may still need to accommodate disabled staff members and OSHA workplace safety rules continue to apply. Negligence in rolling out a mask-optional policy remains potentially actionable, as does workers' compensation coverage for staff members who can prove they were infected in the workplace.

It's also important to understand that the CDC is not a regulatory body and does not have the power to enforce its recommendations as mandates/rules; however, other government agencies may adopt and enforce CDC recommendations, or your practice, itself, may choose to adhere to the recommendations.

Do front office staff need to wear masks?

This [hazard assessment resource](#) can help dental offices make an informed decision based on several contributing factors. OSHA's ETS is still in place, and if, for example, a team member is asked to check temperatures, there is an increased level of exposure if they are not wearing a mask. The CDC mask guidance is for the public, and practices still have a responsibility to protect healthcare facility employees.

Practices may choose not to require front office staff to wear masks in common areas unless there is a legal requirement otherwise under federal, state or local law. For example, masks are still required for FQHCs and hospitals receiving federal funds.

How should I communicate about masking in public areas to my patients?

Emphasize your concern for their overall health. Communicate that as health professionals, you are following strict COVID-19 protocols during all exams and procedures, regardless of which guidance you decide are applicable to the public areas of your practice. If you choose to follow the COVID-19 Community Level guidance, be clear that you are consistently monitoring levels and will adapt protocols in accordance with the level. You may want to communicate your schedule of monitoring if applicable.

Respect that patient opinions vary, and approach the conversation with empathy. People have various concerns around the virus, infection risk and masking in general, so it is important to listen and respect that it is not a “one-size-fits-all” conversation. As always, showing concern and respect for individual situations is essential.

Use these resources as starting points for conversations with patients. If you choose to continue following healthcare guidance, here are printable signs, sample text messages, phone scripts and email language to weave into your communications.

If following CDC healthcare guidance:

Printable Sign

- [Download PDF](#)

Text message:

Consider adding the following to appointment reminder text messages:

Please remember to bring a mask to your next visit. Masks are required in our waiting area, per CDC guidance for healthcare facilities.

Phone script:

Consider adding the following information when you or your team is speaking with patients about upcoming appointments:

Masks are required in our waiting area, per CDC guidance for healthcare facilities. We'd appreciate if you remember to bring a mask with you to your upcoming visit. Your health is our top priority, and our entire team is following strict safety protocols to reduce the risk of COVID-19 transmission.

Email:

Consider adding the following language to emails sent from your practice:

As we continue to adapt to the changing nature of COVID-19, our office follows the CDC's guidance for healthcare settings. This means masks are required in our waiting area, and we'd appreciate it if you remember to bring one with you to your upcoming appointment.

Your health and safety are our top priorities, and our practice will adhere to strict COVID-19 safety protocols like wearing proper personal protective equipment (including masks) and following enhanced cleaning protocols during your exam or procedure to reduce the risk of COVID-19 transmission.

Please let us know if you have any questions before or during your visit. We look forward to seeing you!

Indoor Masking in Dental Practice Public Spaces



If following CDC public indoor guidance:

Low community level:

Printable Sign:

- [Waiting area LOW level sign \(PDF\)](#)
- [For hallways or areas outside the waiting room where masks need to be worn \(PDF\)](#)

Text message:

Consider adding the following to appointment reminder text messages:

Because our COVID-19 Community Level is LOW, masks are welcome but not required in our waiting area, per CDC public indoor guidance. Dental team masking and other strict COVID-19 safety protocols will continue to be followed during all exams and procedures.

Phone script:

Consider adding the following information when you or your team is speaking with patients about upcoming appointments:

Because our CDC COVID-19 Community Level is LOW, masks are welcome but not required in our waiting area, per CDC public indoor guidance. Our dental team will continue wearing masks and following strict COVID-19 safety protocols during all exams and procedures because your health and safety are our top priorities.

Email:

Consider adding the following language to emails sent from your practice:

As we continue to adapt to the changing nature of COVID-19, our office continues to monitor the COVID-19 Community Level. Currently, our level is LOW, which means masks are welcome but not required in our waiting area, per CDC public indoor guidance. We frequently monitor our local levels and will require indoor masking in our waiting area if our local level is upgraded to HIGH.

One thing that will not change at your upcoming visit is the adherence to strict COVID-19 safety protocols during your exam or procedure. Your health and safety are our top priorities, and the dental team will continue wearing all proper personal protective equipment (including masks), following enhanced cleaning protocols and more.

Please let us know if you have any questions before or at your visit. We look forward to seeing you!

Indoor Masking in Dental Practice Public Spaces



Medium level:

Printable Sign:

- [Waiting area MEDIUM level sign \(PDF\)](#)
- [For hallways or areas outside the waiting room where masks need to be worn \(PDF\)](#)

Text message:

Consider adding the following to appointment reminder text messages:

Because our CDC COVID-19 Community Level is MEDIUM, masks are encouraged in our waiting area if you or a loved one is at high risk for severe illness. Dental team masking and other strict COVID-19 safety protocols will continue to be followed during all exams and procedures.

Phone script:

Consider adding the following information when you or your team is speaking with patients about upcoming appointments:

Because our CDC COVID-19 Community Level is MEDIUM, masks are welcome but not required in our waiting area per CDC public indoor guidance. We do encourage you to wear one if you or a loved one is at risk for severe illness, in accordance with the CDC guidelines. Our dental team will continue wearing masks and following strict COVID-19 safety protocols during all exams and procedures because your health and safety are our top priorities.

Email:

Consider adding the following language to emails sent from your practice:

As we continue to adapt to the changing nature of COVID-19, our office continues to monitor the COVID-19 Community Level as part of CDC public indoor guidance. Currently, our level is MEDIUM, which means masks are welcome but not required in our waiting area. If you or a loved one are at severe risk for illness from COVID-19, we encourage you to wear a mask in all public indoor areas, including ours, per CDC guidelines. We frequently monitor our local levels and will require indoor masking in our waiting area if our local level is upgraded to HIGH.

One thing that will not change at your upcoming visit is our practice's adherence to strict COVID-19 safety protocols during your exam or procedure. Your health and safety are our top priorities, and the dental team will continue wearing all proper personal protective equipment (including masks), following enhanced cleaning protocols, and more.

Please let us know if you have any questions before or at your visit. We look forward to seeing you!

Indoor Masking in Dental Practice Public Spaces



High level:

Printable Sign:

- [Waiting area HIGH level sign \(PDF\)](#)
- [For hallways or areas outside the waiting room where masks need to be worn \(PDF\)](#)

Text message:

Consider adding the following to appointment reminder text messages:

Please remember to bring a mask to your next visit. Because our CDC COVID-19 Community Level is HIGH, masks are required in our waiting area, per CDC public indoor guidance.

Phone script:

Consider adding the following information when you or your team is speaking with patients about upcoming appointments:

Because our COVID-19 Community Level is HIGH, masks are required in our waiting area, per CDC guidance. We'd appreciate it if you remember to bring a mask with you to your upcoming visit. Your health is our top priority, and our entire team is following strict safety protocols to reduce the risk of COVID-19 transmission.

Email:

Consider adding the following language to emails sent from your practice:

As continue to adapt to the changing nature of COVID-19, our office continues to monitor the COVID-19 Community Level as part of CDC public indoor guidance. Currently, our level is HIGH, which means masks are required in our waiting area. We continuously monitor our local levels and will revisit our masking requirements in the waiting area when levels lower.

Regardless of community levels, one thing that has not changed is our practice's adherence to strict COVID-19 safety protocols during your exam or procedure. Your health and safety are our top priorities, and the dental team will continue wearing all proper personal protective equipment (including masks), following enhanced cleaning protocols and more.

Please let us know if you have any questions before or during your visit. We look forward to seeing you!

OSHA COVID-19 Healthcare Emergency Temporary Standard

Key Points:

- Dentistry is largely exempt from the ETS; however, dental practices must continue to follow some key provisions.
- Pre-appointment screenings are still necessary.
- Everyone (patients, non-employees on site, and staff) must be screened prior to entry and those with suspected or confirmed COVID-19 are not permitted to enter.
- Dental practices must have a written COVID-19 plan.
- A state OSHA or other local regulatory body may enact a more stringent standard, including one that does cover dental offices.

Overview of Provisions

On June 10, 2021, the Occupational Safety and Health Administration (OSHA) issued an emergency temporary standard (ETS) for COVID-19 in healthcare settings. For the full document, please see [OSHA ETS Regulatory Text \(29 CFR 1910, Subpart U\)](#).

(Note: Italicized language below comes from the text of the standard. Any bold font included in text of the standard is added by the ADA for emphasis.)

Application

This ETS does not apply to most dental offices by virtue of exemption (iii) below.

- *This section does not apply to the following:*
 - (i) the provision of first aid by an employee who is not a licensed healthcare provider;*
 - (ii) the dispensing of prescriptions by pharmacists in retail settings;*
 - (iii) non-hospital ambulatory care settings where all non-employees are screened prior to entry and people with suspected or confirmed COVID-19 are not permitted to enter those settings;***
 - (iv) well-defined hospital ambulatory care settings where all employees are fully vaccinated and all non-employees are screened prior to entry and people with suspected or confirmed COVID-19 are not permitted to enter those settings*
 - (v) home healthcare settings where all employees are fully vaccinated and all non-employees are screened prior to entry and people with suspected or confirmed COVID-19 are not present;*
 - (vi) healthcare support services not performed in a healthcare setting (e.g., off-site laundry, off-site medical billing); or*
 - (vii) telehealth services performed outside of a setting where direct patient care occurs.*
- Note that to fall under exemption (iii), dentists **need to continue pre-appointment screenings** of patients.
 - This is done in order to attempt to screen out patients with suspected or confirmed COVID-19, reappointing them if possible or referring them as necessary.
 - A sample patient screening form is available in the ADA's [Return to Work Interim Guidance Toolkit](#).

OSHA COVID-19 Healthcare Emergency Temporary Standard

- Dentists should also continue to screen staff and other non-patients entering the practice so suspected or known COVID-19 positive people are not entering the facility.
 - *Screening may be conducted by asking employees to self-monitor before reporting to work or may be conducted in-person by the employer.*
 - The ADA's [Return to Work Interim Guidance Toolkit](#) contains a sample COVID-19 Daily Screening Log for recording staff screenings.
- Dental offices that may fall under this standard would likely be a hospital-based practice (such as an oral surgery or emergency care practice) or any office who chooses to provide care for COVID-19 patients when necessary. While the information below provides a synopsis of the major points required for covered entities, dentists are encouraged to view [OSHA ETS Regulatory Text \(29 CFR 1910, Subpart U\)](#) for a complete version of the standard.

A state OSHA or other local regulatory body may enact a more stringent standard, including one that does cover dental offices.

- *Nothing in this section is intended to limit state or local government mandates or guidance (e.g., executive order, health department order) that go beyond the requirements of and are not inconsistent with this section.*
- [State and local dental societies](#) are excellent resources for what may be happening in your jurisdiction.

Dental offices should have a COVID-19 plan in place.

- Why?
 - If you are covered under this standard, it is mandated in the ETS that the employer must develop and implement a COVID-19 plan that includes “a *workplace-specific hazard assessment to identify potential workplace hazards related to COVID-19.*”
 - Even if a dental office is not covered under the ETS, [OSHA's Recommended Practices for Safety and Health Programs](#) indicates employers should have a plan with a hazard assessment put in place to mitigate risk to employees. An OSHA inspection for any reason will likely begin with a request for your office's plan.
- What should a workplace COVID-19 plan contain?
 - *Must conduct a workplace-specific hazard assessment to identify potential workplace hazards related to COVID-19.*
 - ADA Resources
 - [ADA COVID-19 Hazard Assessment](#)
 - [ADA COVID-19 Hazard Assessment Checklist](#)
 - *Have a written COVID-19 plan if more than 10 employees.*
 - *Designate workplace safety coordinator(s), knowledgeable in infection control principles and practices, with authority to implement, monitor, and ensure compliance with the plan.*
 - *Seek the input and involvement of non-managerial employees and their representatives, if any, in the hazard assessment and the development and implementation of the COVID-19 plan.*
 - *Monitor each workplace to ensure the ongoing effectiveness of the COVID-19 plan and update it as needed.*
 - *Include policies and procedures to minimize the risk of transmission of COVID-19 to employees.*
 - The ADA's [Return to Work Interim Guidance Toolkit](#) has a number of procedures listed to assist in minimizing the risk of transmission.

OSHA COVID-19 Healthcare Emergency Temporary Standard

- Keep in mind this is a living document and as things change in one's locale with respect to changes in disease rates, emerging variants of COVID-19, or vaccination rate changes, one may want to amend their hazard assessment.
- For more information, see [OSHA's Recommended Practices for Safety and Health Programs](#).

Under the COVID-19 ETS, the following points may apply to covered dental offices (not an exclusive list):

- **Personal protective equipment (PPE)**
 - Provide and ensure employees use respirators and other PPE for exposure to people with suspected or confirmed COVID-19 and for aerosol-generating procedures (AGP) on a person with suspected or confirmed COVID-19;
 - AGP definition includes dental procedures involving: ultrasonic scalers; high-speed dental handpieces; air/water syringes; air polishing; and air abrasion.
 - Note that respirators/N95s not mentioned as required when treating patients who are not suspected or confirmed COVID-19+.
 - Again, would stress the use an office hazard assessment in order to understand level of risk.
 - Provide respirators and other PPE in accordance with Standard and Transmission-based Precautions; and
 - Allow voluntary use of respirators instead of facemasks (under the mini respiratory protection program at 1910.504).
- **Training**
 - The employer must ensure that each employee receives training, in a language and at a literacy level the employee understands, and so that the employee comprehends at least the following:
 - How the disease is spread
 - What are the office policies on patient encounters, cleaning routines, etc.
 - What and when the "proper" PPE is to be worn
 - Employer-employee policies on all aspects, including (but not limited to) the use of common areas such as the employee break room.
- **Ventilation**
 - Ensure that **employer-owned or controlled** HVAC system(s) are used in accordance with manufacturer's instructions and the design specifications of the system(s);
 - Air filters are rated Minimum Efficiency Reporting Value (MERV) 13 or higher if the system allows it.

This information is intended to help dental practices assess and mitigate (but not eliminate) the risk of coronavirus transmission during the current pandemic. Dental practices should not presume that following the recommendations will insulate them from liability. Dentists should also be aware of any relevant laws, regulations, or rules adopted in their states.

Disclaimer. These materials are intended to provide helpful information to dentists and dental team members. They are in no way a substitute for actual professional advice based upon your unique facts and circumstances. **This content is not intended or offered, nor should it be taken, as legal or other professional advice.** You should always consult with your own professional advisors (e.g. attorney, accountant, insurance carrier). To the extent ADA has included links to any third party web site(s), ADA intends no endorsement of their content and implies no affiliation with the organizations that provide their content. Further, ADA makes no representations or warranties about the information provided on those sites.

Sample Employee COVID-19 Health Screening Questionnaire



Instructions for Employers

Employers who fall under the scope of the Occupational Safety and Health Administration (OSHA) COVID-19 Emergency Temporary Standard (29 CFR 1910, subpart U) are required to screen employees before each work day and each shift for COVID-19 symptoms. Each employer will determine what type of screening process will be used for their worksite.

There are many ways to communicate and implement an employee screening process. For example:

- Asking employees to self-monitor at home before reporting to work;
- Providing an online screening tool, if feasible;
- Having employees stationed at each entrance asking health screening questions;
- Maintaining an “employee only” entrance to perform screening.

The following sample questions may be used by employers to screen their employees for COVID-19 symptoms or develop screening protocols.

The Healthcare ETS requires employers to remove from the workplace employees who are COVID-19 positive, suspected to have COVID-19 or experiencing certain symptoms (recent loss of taste and/or smell with no other explanation or both fever (≥100.4°F) and new unexplained cough associated with shortness of breath), or have been in close contact with a COVID-19 positive person in the workplace. For more information on what is required by OSHA, please refer to 29 CFR 1910, subpart U available at www.osha.gov/coronavirus/ets.

Sample Questions for Employees

Please read each question carefully and circle the answer that applies. No health information or questionnaire answers will be shared with anyone outside of your organization.

Have you experienced any of the following symptoms of COVID-19 within the last 48 hours?		
• Fever or chills	Yes	No
• Cough	Yes	No
• Shortness of breath or difficulty breathing	Yes	No
• Fatigue	Yes	No
• Muscle or body aches	Yes	No
• Headache	Yes	No
• New loss of taste or smell	Yes	No
• Sore throat	Yes	No
• Congestion or runny nose	Yes	No
• Nausea or vomiting	Yes	No
• Diarrhea	Yes	No

Have you tested positive for COVID-19 in the past 10 days?	Yes	No
Are you currently awaiting results from a COVID-19 test?	Yes	No
Have you been diagnosed with COVID-19 by a licensed healthcare provider (for example, a doctor, nurse, pharmacist, or other) in the past 10 days?	Yes	No
Have you been told that you are suspected to have COVID-19 by a licensed healthcare provider in the past 10 days?	Yes	No

Daily monitoring for potential COVID-19 symptoms is important to track your current health status. If you experience new symptoms, consider seeing your healthcare provider or getting a test for COVID-19, especially where you may have had potential exposures to COVID-19.

You should also monitor your health and consider consulting your primary care physician after testing positive for COVID-19.

You **MUST** inform your supervisor if you:

- Receive a confirmed positive COVID-19 test result;
- Have been diagnosed with COVID-19 by a licensed healthcare provider;
- Have been told you are suspected to have COVID-19 by a licensed healthcare provider;
- Experience new loss of taste and/or smell with no other explanation; or
- Experience both fever ($\geq 100.4^{\circ}$ F) and new unexplained cough associated with shortness of breath

This document is intended to provide information about the COVID-19 Emergency Temporary Standard. The Occupational Safety and Health Act requires employers to comply with safety and health standards promulgated by OSHA or by a state with an OSHA-approved state plan. However, this document is not itself a standard or regulation, and it creates no new legal obligations.

The Biggest Public Health Opportunity of Our Time

Health and safety have been top priority throughout the pandemic, and dentists have played an important role in reducing the risk of COVID-19 and building patient confidence in dental visits. According to the ADA Health Policy Institute, 94% of consumers have recently been to a dental visit or ready to go. Those who have not returned are still looking for reassurance.

Now, we have vaccines that can prevent COVID-19. Just as dentists and their teams built patient confidence around dental visits, they can also play an influential role as trusted health advisors for their patients when discussing COVID-19 vaccines. Research indicates those who are hesitant about receiving the vaccine may become more confident after discussing it with healthcare professionals they know and trust.

The ADA, in collaboration with the Centers for Disease Control and Prevention (CDC) and other national health agencies, is working to help improve vaccine confidence, protect the public's health and end COVID-19. We invite you and your dental teams to join us by using this suite of patient communication tools.

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Looking for additional information? Here are some key resources from the ADA and other health organizations.

Conversation Starters: Ways to Engage Your Patients

As the pandemic continues, people are curious and concerned about COVID-19 vaccines and their value in preventing illness. Here are strategies and tips to help you and your team bridge these conversations with patients.

Starting the conversation

Include vaccination as part of your COVID-19 screening questions, or when you're discussing a patient's health history. These are natural times to uncover concerns or questions your patients may have.

Connect why you and your team are discussing the COVID-19 vaccine during a dental visit.

Here's a sample script to use when starting the conversation:

Throughout the COVID-19 pandemic, our dental team has put your health and safety first by taking extra steps to help prevent the spread of the virus in our office.

We appreciate the way you've helped keep our team healthy by wearing masks to your appointments, answering screening questions and following our new waiting room procedures.

Now, the availability of COVID-19 vaccines gives us one more important tool to keep each other safe. As a health care professional, I'm happy to talk to you about COVID-19 vaccination.

Ask simple questions, and make them open-ended when possible. A few examples include:

"When are you planning to get your COVID-19 vaccination?"

"What have you heard about the vaccine?"

"What questions do you have?"

"Would you be interested in taking home a fact sheet to learn more about the vaccine?"

"Do you know where you can be vaccinated?"

Important Conversation Considerations

Emphasize your concern for their overall health. *"As a dentist, I care for your oral and overall health. COVID-19 is a major concern for all of us, so I wanted to bring it up today."*

Provide facts on vaccine safety and effectiveness. Often times, people are more receptive to information if it is delivered by a trusted messenger, even if they've come across the same information elsewhere. Your patients want to know what you think and may trust the information you share with them because it came from you.

Consider sharing your own vaccination story. Sometimes, what matters more than the message is the messenger. Mention that you've been vaccinated and share any details that seem helpful. If they so choose, your team may do the same.

Respect that patient opinions vary, and approach the conversation with empathy. People from many walks of life have different concerns around the virus and vaccinations in general, so it is important to listen and realize this won't be a "one-size-fits-all" conversation. Some people may have medical considerations, religious beliefs or philosophical beliefs that may be a factor in their decision to get vaccinated. Factors such as a person's age, where they live, their level of education, race, and political affiliation may impact their decision-making process. As always, showing concern and respect for individual situations is essential.

Be prepared to have the vaccine conversation multiple times with the same patient. Your patients who are hesitant about the vaccine may not have completely ruled out getting it. They may be taking a "wait and see" approach as they hear more experiences from others and safety data continues to be collected nationwide. Make a note to check-in with patients during their next visit to gauge how their perceptions may have changed since you last saw them.

Additional Conversation Resources

- The CDC has a five-step guide to having an effective conversation about the COVID-19 vaccine. [Read and share with your team.](#)
- Join the U.S. Department of Health and Human Services' COVID-19 Community Corps. [Download conversation guides, fact sheets and more.](#)
- Watch the ADA's free recorded webinar "[Let's Talk Shots! Effective Patient Conversations About the COVID-19 Vaccine](#)" with your team. *Earn 1 CE credit.*

What to Say When a Patient Asks If Your Team Has Been Vaccinated

ADA strongly advocated for dentists and dental teams to be prioritized as 1a by the CDC when vaccine distribution began in December 2020. Because of this, you and many of your team may be fully vaccinated and boosted, and patients may be asking for a number of different reasons. Use these considerations to help guide the conversation in a way that educates the patient but also protects you and your team:

Protect your team's privacy.

Offices have an obligation to protect everyone's health information — patients and staff. There may be cases where you or a team member cannot receive the vaccine for medical, religious or protected philosophical differences. If asked about your team's vaccination status, a simple response is, *"I can share that everyone on our staff has been very excited about the vaccine roll out."* If asked to provide further information, the dentist should decline, citing privacy reasons.

Sharing is voluntary.

If you have personally received the vaccine and are open to sharing, communicate relevant points that can help educate your patient about the experience, including where you went, what the process was like and how you felt after. This could be an impactful conversation for a patient who is hesitant about the vaccine. Team members who want to share their experiences can, but only if it is their choice. Leave the decision up to them.

Reinforce the importance of infection control.

Remind your patients and team that the vaccine protects the person who got it, and that we still don't know if those who are vaccinated can still spread the virus to others. This is a wonderful opportunity to talk about what really matters for the health and safety of your patients, your team and you is continuing to follow strict infection control protocols. Vaccinations are what will help with the much larger scale effort of stopping the spread of this pandemic.

Foster an office culture of respect.

An employer can have private conversations with employees to learn if they have received the vaccine, but there should not be probing for the "why" behind an employee's reason for not being vaccinated unless the employee chooses to volunteer that information. As the leader of your dental team, foster a culture of respect and step in if you observe any type of pressure between team members about being vaccinated. Remind them that office infection control measures are most important and is something everyone can do to keep one another safe. Read more about legal issues in these [employer vaccination FAQs](#) and [employee vaccination FAQs](#).

Patient Return: Talking with Your Patients About COVID-19 Vaccines



Take-Home Fact Sheets

Download and share these printable sheets with your patients.

COVID-19 Vaccines

Vaccines (shots) are one of the tools we have to fight the COVID-19 pandemic.

To stop this pandemic, we need to use all of our prevention tools. Vaccines are one of the most effective tools to protect your health and prevent disease. Vaccines work with your body's natural defenses to **your body will be ready to fight the virus**. If you are exposed (also called immunity). Other steps, like wearing a mask that covers your nose and mouth and staying at least 6 feet away from other people you don't live with, also help stop the spread of COVID-19.

Studies show that COVID-19 vaccines are very effective at keeping you from getting COVID-19. Experts also think that getting a COVID-19 vaccine may help keep you from getting seriously ill even if you do get COVID-19. These vaccines cannot give you the disease itself.

The vaccines are safe. The U.S. vaccine safety system makes sure that all vaccines are as safe as possible. All the COVID-19 vaccines that are being used have gone through the same safety tests and meet the same standards as any other vaccines produced through the years. A system in place across the entire country that allows CDC to watch for safety issues and make sure the vaccines stay safe.

Different types of COVID-19 vaccines will be available. Most of these vaccines are given in two shots, one at a time and spaced apart. The first shot gets your body ready. The second shot is given at least three weeks later to make sure you have full protection. If you are told you need two shots, make sure that you get both of them. The vaccines may work in slightly different ways, but all types of the vaccines will help protect you.

www.cdc.gov/coronavirus/vaccines

DOWNLOAD:

[CDC COVID-19 Vaccine Fact Sheet \(English\)](#)

[CDC COVID-19 Vaccine Fact Sheet \(Spanish\)](#)

Download this easy-to-read, two-page information sheet from the CDC's website.

Pregnancy and the COVID-19 Vaccine

If you are pregnant, planning to get pregnant or have recently had a baby, you may wonder whether you should get the COVID-19 vaccine. We care about your family's oral and overall health and have received some questions about the vaccine and pregnancy.

Research is still underway around pregnancy and the vaccine. Review this fact sheet of information from recognized health organizations, and discuss what's right for you with your physician or OB/GYN.

If you are pregnant

The American College of Obstetricians and Gynecologists (ACOG) and the Centers for Disease Control and Prevention (CDC) include pregnant people among those eligible for COVID-19 vaccination. Based on real-world data collected during the vaccine rollout, the CDC recommends getting the vaccine during pregnancy.

There is no evidence that COVID-19 vaccines pose risks for pregnant patients, according to the Centers for Disease Control and Prevention (CDC). While this is a positive sign, experts look forward to having more data. The first data found among pregnant women born in February 2021. Experts are closely monitoring patients who become pregnant while they are part of the rollout for COVID-19 vaccine safety.

Pregnant patients who develop COVID-19 may experience more severe symptoms. According to the CDC, observational data suggest that pregnant patients who get infected with the virus will get sicker than non-pregnant patients of reproductive age.

Pregnant patients may also face other negative outcomes. The risks for premature birth and other adverse outcomes may be higher for pregnant patients who get COVID-19.

If you are planning to get pregnant

The CDC confirms there is no evidence that fertility issues are a side effect of the COVID-19 vaccine, or any other vaccine.

If you are breastfeeding

According to the CDC, anyone who is breastfeeding can choose to get the vaccine. Limited data exists right now about the vaccine's effect on milk production and breastfed infants, but this vaccine is not thought to pass the baby at all.

Still unsure about the vaccine?

Take the time you need to make an informed decision, and talk with your OB/GYN or primary care physician. They can answer additional questions, address concerns and continue to share new research as it comes out in future appointments.

- Continue wearing a mask, washing your hands and watching your distance.

DOWNLOAD:

[Pregnancy and the COVID-19 Vaccine \(English\)](#)

[Pregnancy and the COVID-19 Vaccine \(Spanish\)](#)

Share this information with patients who are pregnant or considering pregnancy.

The COVID-19 Vaccine: Fact vs. Fiction

Throughout the COVID-19 pandemic, our dental team has put your health and safety first by taking extra steps to help prevent the spread of the virus in our office. Now, the availability of COVID-19 vaccines gives us one more important tool to keep each other safe. We encourage you to receive the vaccination when it is available to you, but recognize there is a lot of information available about the vaccine that may not be trustworthy. Use the quick guide based on guidance from the Centers for Disease Control and Prevention (CDC) to help separate fact from fiction.

MYTH	FACT
You can get COVID-19 from the vaccine.	You cannot get COVID-19 from the COVID-19 vaccine. No one has experienced any side effects similar to COVID-19 symptoms, but this means the vaccine is teaching your body how to fight the virus.
The vaccine was rushed so it's unsafe.	While these vaccines were developed in a shorter time frame, they completed every step required for a clinical trial. These vaccines were tested by thousands of people. Plus, they were thoroughly reviewed by the Food and Drug Administration to make sure they are safe.
You don't need the vaccine if you already had COVID-19.	You may be protected against getting sick again, though some people have gotten it a second time. The CDC recommends that people who've had COVID-19 still get the vaccine so that their protection against getting sick is as good as others who have been vaccinated.
Getting the vaccine means you won't get COVID-19.	The vaccine greatly reduces your chance of getting COVID-19, but there is still a chance you could get the virus. What the vaccine does do is prevent you from getting seriously ill or having severe complications from the virus.
Getting the COVID-19 vaccine means you can go back to living like normal.	Vaccines can help you resume the activities you enjoyed doing most before the pandemic. And once you're fully vaccinated, you may be able to do many activities as usual. However, you will still need a mask when in a healthcare setting (like your dental visit), on public transportation or in transportation centers or where required by local businesses, workplaces or state and local regulations.
Pregnant people cannot get the vaccine.	If you are pregnant or planning to become pregnant, you can get the vaccine if it is available to you. The CDC states there is no evidence that the COVID-19 vaccines cause problems with a pregnancy or fertility.

More questions? Talk with your OB/GYN or physician.

Ready to make a plan for your vaccine? Contact your local health department to learn more about your eligibility and how to make an appointment.

[Local Health Department] Contact Information

DOWNLOAD & CUSTOMIZE:

[COVID-19 Vaccine: Fact vs. Fiction \(English\)](#)

[COVID-19 Vaccine: Fact vs. Fiction \(Spanish\)](#)

Help correct misconceptions and customize with information about where patients can access the vaccine in your area.

Frequently Asked Questions

Use these sample responses to help answer common questions you and your team may receive from patients during a conversation. Feel free also to use these in additional communications, such as phone conversations, emails or social media responses.

Preguntas frecuentes

Utilice estos ejemplos de respuestas para ayudar a responder preguntas comunes que usted y su equipo pueden recibir de los pacientes durante una conversación. No dude en utilizarlos también en comunicaciones adicionales, como conversaciones telefónicas, correos electrónicos o respuestas en redes sociales.

How was this vaccine developed and how does it work?

 Three main factors enabled this vaccine to safely be developed and ready for use in less than one year:

- **The type of vaccine being used**

mRNA Vaccines (Pfizer and Moderna)

- The genetic sequence of the virus was widely available in January 2020, allowing scientists to rapidly develop vaccines. The vaccines began early stage clinical trials even before the virus reached pandemic levels.
- Another advantage of mRNA vaccines is there is no possibility that they can contain any live virus.
- Here's how mRNA vaccines work: When injected, the mRNA tells your body how to make a spike protein found on the outside of the virus. Your body responds to that protein as an enemy and defends itself by producing antibodies. (Antibodies are proteins that attach to proteins on the outside of viruses. They coordinate the effort to eliminate the virus from your body.) Then, cells in your body remember that enemy and can produce those antibodies in the future if you need them.
- The technology to produce mRNA vaccines has been around more than 10 years.

Viral Vector Vaccines (Johnson & Johnson)

- The way the Johnson & Johnson's vaccine teaches your body how to fight the virus is similar to the mRNA vaccine but has a different starting point. Instead of injecting already-produced mRNA, this vaccine prompts your body to make the mRNA on its own.
- This type of vaccine adds DNA for COVID-19's spike protein to the double-stranded DNA of the virus. It is a weakened virus that won't make you sick.
- The weakened virus — which includes DNA from the spike protein — enters the center of the cell, called the nucleus. The cell responds by making mRNA for the spike protein.
- From there, like the other COVID-19 vaccines, the spike protein exits the cell and stimulates the immune response.

- **How fast COVID-19 spreads**
- Initial clinical trials finished much more quickly than normal due to the quick spread of the virus and high infection rates. Usually in other vaccine trials, there are so few infections it takes longer to see if the vaccine works.
- **Fast FDA review and vaccine production**
 - The FDA review process for vaccine safety and efficacy was thorough and transparent. All of the data was available online for the public.
 - Typically, vaccine manufacturing does not begin until receipt of FDA approval. However, because of the urgent need, the U.S. government ordered and paid for hundreds of millions of doses in advance. This meant that the drug companies could ship doses of vaccine as soon as authorized by the FDA.

¿Cómo se desarrolló esta vacuna y cómo funciona?

Tres factores principales permitieron que esta vacuna se desarrollara de manera segura y estuviera lista para su uso en menos de un año:

- **El tipo de vacuna que se está usando**

Las vacunas de ARNm (Pfizer y Moderna)

- La secuencia genética del virus estuvo ampliamente disponible en enero de 2020, lo que permitió a los científicos desarrollar vacunas rápidamente. Se iniciaron los ensayos clínicos de las vacunas en etapa temprana incluso antes de que el virus alcanzara niveles pandémicos.
- Otra ventaja de las vacunas de ARNm es que no existe la posibilidad de que puedan contener virus vivos.
- Así funcionan las vacunas de ARNm: Cuando se inyecta, el ARNm le dice al cuerpo cómo producir una proteína de pico que se encuentra en el exterior del virus. El cuerpo responde a esa proteína como un enemigo y se defiende produciendo anticuerpos. (Los anticuerpos son proteínas que se adhieren a proteínas en el exterior de los virus. Coordinan el esfuerzo para eliminar el virus del cuerpo). Entonces, las células del cuerpo recuerdan a ese enemigo y pueden producir esos anticuerpos en el futuro si los necesita.
- La tecnología para producir vacunas de ARNm existe desde hace más de 10 años.

Las vacunas de vectores virales (Johnson & Johnson)

- La forma en que la vacuna de Johnson & Johnson le enseña al cuerpo cómo combatir el virus es similar a la vacuna de ARNm, pero tiene un punto de partida diferente. En lugar de inyectar ARNm ya producido, esta vacuna hace que el cuerpo produzca el ARNm por sí solo.
- Este tipo de vacuna agrega ADN de la proteína de pico de COVID-19 al ADN de doble hebra del virus. Es un virus debilitado que no causará la enfermedad a quien reciba la vacuna.

- El virus debilitado, que incluye el ADN de la proteína de pico, ingresa al centro de la célula, llamado núcleo. La célula responde produciendo ARNm para la proteína de pico.
- A partir de ahí, al igual que las otras vacunas COVID-19, la proteína de pico sale de la célula y estimula la respuesta inmune.
- **¿Qué tan rápido se propaga el COVID-19?**
- Los ensayos clínicos iniciales terminaron mucho más rápido de lo normal debido a la rápida propagación del virus y las altas tasas de infección. Por lo general, en otros ensayos de vacunas, hay tan pocas infecciones que se necesita más tiempo para ver si la vacuna funciona.
- **Revisión rápida de la FDA y producción de vacunas**
 - El proceso de revisión de la FDA para la seguridad y eficacia de las vacunas fue completo y transparente. Todos los datos estaban disponibles en línea para el público.
 - Por lo general, la fabricación de vacunas no comienza hasta que se recibe la aprobación de la FDA. Sin embargo, debido a la urgente necesidad, el gobierno de los Estados Unidos ordenó y pagó cientos de millones de dosis por adelantado. Esto significó que las compañías farmacéuticas podrían enviar dosis de vacuna tan pronto como lo autorizara la FDA.

Are these vaccines approved by the FDA?



The FDA has fully approved the Pfizer vaccine (also known as Comirnaty) for prevention of COVID-19 in people 16 years and older and the Moderna vaccine (also known as Spikevax) for prevention of COVID-19 in people 18 years and older.

Pfizer has emergency use authorization for children and adolescents 5-15 years old. The FDA requires more data before considering full approval for the vaccine for these age groups.

Johnson & Johnson is also being administered under emergency use authorization for people 18 and older.

¿Estas vacunas están aprobadas por la FDA?

La FDA ha aprobado completamente la vacuna Pfizer (también conocida como Comirnaty) para la prevención de COVID-19 en personas de 16 años o más y la vacuna Moderna (también conocida como Spikevax) para la prevención de COVID-19 en personas de 18 años o más.

Pfizer tiene autorización de uso de emergencia para niños y adolescentes de 5 a 15 años. La FDA requiere más datos antes de considerar la aprobación total de la vacuna para ese grupo de edad.

Johnson & Johnson también se administra bajo autorización de uso de emergencia para personas mayores de 18 años.

Is the vaccine safe and effective?

 A

As a doctor of oral health, I look for reliable, research-based information when recommending treatments for my patients. While these vaccines were developed in a condensed time frame, the science behind them was not rushed. They were tested in thousands of people and the results have demonstrated that they are safe for you and your family. The Food and Drug Administration (FDA) reviewed the data from the clinical trials, determined they were safe and effective and granted Emergency Use Authorization for their use.

For continuing assurance of safety, the CDC has set up a safety monitoring system, the [V-Safe smartphone tool](#), to receive information from people who have gotten the vaccines in real time. These systems have shown that serious side effects are rare.

¿La vacuna es segura y eficaz?

Como doctor en salud bucal, busco información confiable basada en investigaciones cuando recomiendo tratamientos para mis pacientes. Si bien estas vacunas se desarrollaron en un periodo condensado, la ciencia detrás de ellas no se apresuró. Se probaron en miles de personas y los resultados han demostrado que son seguras para usted y su familia. La Administración de Alimentos y Medicamentos (FDA) revisó los datos de los ensayos clínicos, determinó que eran seguros y efectivos y otorgó la Autorización de uso de emergencia para su uso.

Para garantizar la seguridad continua, el CDC ha establecido un sistema de monitoreo de seguridad, la [herramienta para smartphone V-Safe](#), para recibir información de las personas que se han vacunado en tiempo real. Estos sistemas han demostrado que los efectos secundarios graves son poco frecuentes.

Is one vaccine better than another?

 A

There is no “good” COVID-19 vaccine or “bad” COVID-19 vaccine. While there are differences in levels of effectiveness, all authorized vaccines will greatly reduce your risk of severe illness. If you are able to receive a vaccine, please take what is available to you. The longer you wait, the higher your risk of getting sick.

¿Es una vacuna mejor que otra?

No existe una vacuna contra el COVID-19 “buena” ni una vacuna contra el COVID-19 “mala”. Si bien existen diferencias en los niveles de efectividad, todas las vacunas autorizadas reducirán en gran medida su riesgo de enfermedad grave. Si puede recibir una vacuna, por favor acepte la que esté disponible. Cuanto más espere, mayor será su riesgo de enfermarse.

Can I stop wearing a mask after I'm vaccinated?

 Vaccines can help you resume the activities you enjoyed doing most before the pandemic. However, with the rise of the more infectious Delta and now the Omicron variant, the CDC has updated its guidance to recommend that everyone – regardless of vaccination status – wear masks in public indoor settings and even outside in areas with crowds. This is because these variants are very effective at infecting people who aren't vaccinated, including those too young to be vaccinated. These variants can even infect some people who have been vaccinated and, even though the vaccine prevents them from getting seriously ill, they can spread the virus to others.

¿Necesito usar cubre bocas si estoy completamente vacunado?

Las vacunas pueden ayudarlo a reanudar las actividades que más disfrutaba antes de la pandemia. Estar vacunado es la mejor protección para prevenir un caso grave de COVID-19.

Sin embargo, con el aumento de la variante Delta, que es más contagiosa, y ahora la variante Ómicron, los CDC han actualizado su guía para recomendar que todos, independientemente del estado de vacunación, usen cubrebocas en entornos públicos interiores e incluso al aire libre en áreas con multitudes. Esto se debe a que estas variantes son muy efectivas para contagiar a las personas que no están vacunadas, incluidas las que son demasiado jóvenes para vacunarse. Estas variantes pueden incluso contagiar a algunas personas que ya están vacunadas y, aunque la vacuna evita que se enfermen gravemente, pueden transmitir el virus a otras personas.

Will the vaccine give me COVID-19?

What other side effects should I be prepared for?

 No. None of the COVID-19 vaccines with Emergency Use Authorization from FDA can give you COVID-19. However, after receiving the vaccine, you might experience side effects such as fever, achiness or fatigue for a short time. This is because your body is learning how to fight off the virus. While this is not pleasant, it's actually a sign the vaccine is doing what it is supposed to do.

There are very few (and extremely rare), harmful events associated with the vaccine, but people who have COVID-19 itself may experience severe disease and increased risk of death. In addition, some people referred to as “long haulers” have debilitating symptoms that can last months or may even be permanent.

¿Al recibir la vacuna me enfermaré de COVID-19?

¿Para qué otros efectos secundarios debo estar preparado?

No. Ninguna de las vacunas COVID-19 con autorización de uso de emergencia de la FDA pueden provocar que se enferme de COVID-19.

Sin embargo, después de recibir la vacuna, es posible que experimente efectos secundarios como fiebre, dolor o fatiga durante un breve período. Esto se debe a que su cuerpo está aprendiendo a combatir el virus. Si bien esto no es agradable, en realidad es una señal de que la vacuna está haciendo su trabajo.

Existe muy pocos eventos/datos donde el paciente ha sufrido efectos extremos asociados a la vacuna, pero las personas que tienen COVID-19 pueden experimentar de enfermedades sistémicas y tener un mayor riesgo de muerte. Además, algunas personas a las que se hace referencia como "enfermos prolongados" tienen síntomas debilitantes que pueden durar meses o incluso ser permanentes.

Will the COVID-19 vaccine change or enter my DNA?

 mRNA vaccines, like Pfizer and Moderna, do not alter your DNA. The mRNA enters the cell but not the nucleus, where DNA is located. The machinery of the cell that normally produces proteins uses the mRNA from the vaccine to produce the spike protein of the virus before the mRNA itself is destroyed. The cells have no use for this protein and spit it out, allowing it to be taken up by cells in the immune system. These cells develop your body's response to the protein on the spot and also develop the memory so that your body can respond in the future.

Johnson & Johnson's vaccine does enter the nucleus of your cells, but it does not alter your DNA. It instead helps your body produce mRNA, which travels to other cells and initiates your body's immune response.

¿La vacuna COVID-19 cambiará mi ADN o entrará en él?

Las vacunas de ARNm, como Pfizer y Moderna, no alteran su ADN. El ARNm ingresa a la célula pero no al núcleo, donde se encuentra el ADN. La maquinaria de la célula que normalmente produce proteínas utiliza el ARNm de la vacuna para producir la proteína de pico del virus antes de que se destruya el ARNm mismo. A las células no les sirve esta proteína y la expulsan, lo que permite que las células del sistema inmunológico la absorban. Estas células desarrollan la respuesta del cuerpo a la proteína en el momento y también desarrollan la memoria para que el cuerpo pueda responder en el futuro.

La vacuna de Johnson & Johnson ingresa al núcleo de las células, pero no altera el ADN. En cambio, ayuda al cuerpo a producir ARNm, que viaja a otras células e inicia la respuesta inmune del cuerpo.

I'm pretty healthy, so I doubt I'll get very sick if I do get COVID-19. Can I skip the vaccine?

 While many people only have mild cases of COVID-19, it is very likely they will infect others because the virus is highly contagious. In addition, it is not possible to predict who will develop serious, or even lethal, COVID-19 disease. In addition, some people with COVID-19 experience long-lasting symptoms that can be quite debilitating. And again, it is not possible to predict who will do so. The best way to protect your health and the health of those around you is to take all possible precautions, which includes being vaccinated.

Estoy bastante sano, así que dudo que me enferme mucho si contraigo COVID-19. ¿Puedo omitir la vacuna?

Si bien muchas personas solo tienen casos leves de COVID-19, es muy probable que infecten a otros porque el virus es altamente contagioso. Además, no es posible predecir quién desarrollará la enfermedad COVID-19 grave o incluso letal. Adicionalmente, algunas personas con COVID-19 experimentan síntomas

duraderos que pueden ser bastante debilitantes. Y, como ya dijimos, no es posible predecir quién se verá afectado. La mejor manera de proteger su salud y la salud de quienes lo rodean es tomar todas las precauciones posibles, lo que incluye vacunarse.

Should I still get vaccinated if I've had COVID-19?

 People who have recovered from the virus have some natural immunity that may protect them from getting sick again, though some have been re-infected. We don't know how long natural immunity to COVID-19 lasts, and it can vary from person to person. So, the CDC recommends that people who've had the virus still get the vaccine.

¿Debo vacunarme si ya tuve COVID-19?

Las personas que se han recuperado del virus tienen cierta inmunidad natural que puede protegerlos de enfermarse nuevamente, aunque algunas personas se han vuelto a infectar. No se sabe cuánto dura la inmunidad natural al COVID-19 y puede variar de persona a persona. Por este motivo, los CDC recomiendan que las personas que han tenido el virus también reciban la vacuna.

Some people have gotten the vaccine but still gotten sick. Why should I bother getting the vaccine?

 When fully vaccinated people catch COVID-19, we call this a “breakthrough” infection. While breakthrough infections do happen, they are rare. One [study](#) found that between 0.01 and 0.29% of fully vaccinated people still get infected, far less than 1%. In addition, breakthrough infections tend to be much less severe than infections in unvaccinated people. Getting vaccinated – even if you still get sick – can help keep you from getting seriously ill, being hospitalized or dying from COVID-19.

Algunas personas se han vacunado pero aún así se enferman. ¿Por qué debería molestarme en ponerme la vacuna?

Cuando las personas completamente vacunadas contraen COVID-19, lo llamamos una contagio “posvacunación”. Si bien los contagios posvacunación ocurren, son raros. Un [estudio](#) encontró que entre el 0.01 y el 0.29% de las personas completamente vacunadas se contagian, mucho menos del 1%. Además, los contagios posvacunación tienden a ser mucho menos graves que los contagios en personas no vacunadas. Vacunarse, incluso si se enferma después, puede ayudar a impedir que se enferme gravemente, sea hospitalizado o muera de COVID-19.

I'll have natural immunity if I get COVID-19. Isn't that more effective?

 COVID-19 can pose serious health risks for you and your loved ones. Being vaccinated poses no serious health risks to you or your loved ones.

Natural immunity happens when you get sick and your body builds up protection against that virus so you don't get sick again – or as sick as you did the first time. With COVID-19, we don't know how long natural immunity will last. And essentially, immunity after COVID-19 vaccination *is* natural immunity because it

involves the exact same body response, without you first having to be sick. Also, if you've had COVID-19, there's no guarantee you won't get it again. If you've had COVID-19, get a vaccine 90 days after infection. Clinical studies have demonstrated that people who had COVID-19 and got vaccinated had a higher immune response against the virus than those who were not vaccinated.

Tendré inmunidad natural si contraigo COVID-19. ¿No es eso más efectivo?

El COVID-19 puede representar graves riesgos de salud para usted y sus seres queridos. Estar vacunado no representa riesgos graves para la salud de usted ni de sus seres queridos.

La inmunidad natural ocurre cuando usted se enferma y su cuerpo acumula protección contra ese virus para que no vuelva a enfermarse, o que no se enferme tanto como la primera vez. Con el COVID-19, no sabemos cuánto durará la inmunidad natural. Y esencialmente, la inmunidad después de la vacunación contra COVID-19 es inmunidad natural porque implica exactamente la misma respuesta corporal, sin que primero tenga que estar enfermo. Además, si ha tenido COVID-19, no hay garantía de que no la volverá a tener. Si ha tenido COVID-19, vacúnese 90 días después del contagio. Los estudios clínicos han demostrado que las personas que tenían COVID-19 y se vacunaron tuvieron una respuesta inmune más alta contra el virus que aquellas que no fueron vacunadas.



How many doses do I need?



If you are receiving the Pfizer or Moderna mRNA vaccines, you need two doses to get the same level of efficacy seen in the clinical trials, which was 94-95%. For the Pfizer vaccine, the second dose is recommended three weeks after the first. For the Moderna vaccine, the second dose is recommended four weeks after the first. The Johnson & Johnson vaccine only requires one dose.

Everyone 11 and older can get a booster shot. If you received Moderna or Pfizer, you can get a booster five months after your second dose. If you received Johnson & Johnson, you are eligible for a booster two months after their first dose. Visit the [CDC's website](#) for the most up-to-date guidance around boosters or talk to your healthcare provider.

¿Cuántas dosis necesito?

Si va a recibir las vacunas de ARNm de Pfizer o Moderna, necesita dos dosis para obtener el mismo nivel de eficacia observado en los ensayos clínicos, que fue del 94-95%. Para la vacuna de Pfizer, se recomienda la segunda dosis tres semanas después de la primera. Para la vacuna de Moderna, se recomienda la segunda dosis cuatro semanas después de la primera. La vacuna de Johnson & Johnson solo requiere una dosis.

Todas las personas mayores de 12 años pueden ponerse una dosis de refuerzo. Si recibió Moderna o Pfizer, puede recibir un refuerzo cinco meses después de su segunda dosis. Si recibió Johnson & Johnson, es elegible para un refuerzo dos meses después de su primera dosis. Visite el [Sitio web de los CDC](#) para obtener la orientación más actualizada en relación con los refuerzos, o hable con su proveedor de atención médica.

I'm pregnant (or planning to be). Is it safe to get vaccinated?

 A

Whether you are pregnant now or planning to get pregnant in the future, you should get the vaccine when you can. The American College of Obstetrics and Gynecology (ACOG) recommends vaccination for those who are pregnant. The CDC states there is no evidence that the COVID-19 vaccines will cause any problems with pregnancy. There is also no evidence that fertility issues will result from this vaccine (or any other vaccine.) Ask us for a copy of the special fact sheet that offers more information on COVID-19 vaccines, pregnancy and breastfeeding. If you still have questions or uncertainties please talk with your OB/GYN about your concerns.

Estoy embarazada (o planeo estarlo). ¿Es seguro vacunarme?

Si está embarazada ahora o planea quedar embarazada en el futuro, debe vacunarse cuando pueda. El Colegio Americano de Obstetricia y Ginecología (ACOG) recomienda la vacunación para las mujeres embarazadas. Los CDC afirman que no hay evidencia de que las vacunas contra COVID-19 causen algún problema con el embarazo. Tampoco hay evidencia de que esta vacuna (o cualquier otra vacuna) produzca problemas de fertilidad. Pídanos una copia de la hoja de datos especial que ofrece más información sobre las vacunas COVID-19, el embarazo y la lactancia. Si aún tiene preguntas o dudas, hable con su obstetra / ginecólogo sobre sus inquietudes.

Should I worry about reactions to the COVID-19 vaccine?

 A

Serious reactions to the COVID-19 vaccines are exceedingly rare. One that has caused some concern is anaphylaxis (allergic reactions). There have been a very small number of allergic reactions reported, but again, these are very rare cases. The CDC recommends anyone with a history of severe allergic reactions when being vaccinated in the past — or to any of the ingredients in the vaccine — talk with healthcare providers before being vaccinated. The ingredients for the vaccine are listed on FDA fact sheets:

- [Pfizer](#)
- [Moderna](#)
- [Johnson & Johnson](#)

To guard against unexpected serious allergic reactions, you will be asked about any allergies before you receive your vaccine and asked to stay for an additional 15-30 minutes after receiving the vaccine.

Another side effect that has caused some concern is the risk of blood clots. Out of an abundance of caution, the FDA put the J&J on a pause in April 2021 while it investigated reports. After looking at all the information, the FDA and CDC found it safe to resume using the vaccine.

While no medical treatment is completely risk-free, the information we have suggests the risk of developing this side effect is less than one in a million. You can learn more on the [Johnson & Johnson vaccine fact sheet](#), and please talk with your healthcare provider if you have additional questions.

¿Debo preocuparme por las reacciones alérgicas a la vacuna contra COVID-19?

Las reacciones graves a las vacunas contra el COVID-19 son extremadamente inusuales. Una reacción que ocasionó cierta inquietud es la anafilaxis (reacciones alérgicas). Ha habido una pequeña cantidad de reacciones alérgicas que se han informado, pero, como se dijo anteriormente, se trata de casos muy inusuales. Los CDC recomiendan que toda persona que haya tenido reacciones alérgicas graves a cualquiera de los ingredientes de la vacuna al vacunarse anteriormente hable con los proveedores de atención médica antes de vacunarse. Los ingredientes de la vacuna se indican en las hojas de datos de la FDA:

- [Pfizer](#)
- [Moderna](#)
- [Johnson & Johnson](#)

Para protegerse contra las reacciones alérgicas graves e inesperadas es muy importante contestar a la pregunta que se le hará referente a sus alergias existentes antes de recibir la vacuna y se le pedirá que se quede de 15 a 30 minutos después de la aplicación asegurar se encuentre bien.

Otro efecto secundario que ha ocasionado inquietud es el riesgo de coágulos sanguíneos. Por precaución, la FDA puso en pausa la vacuna de J&J en abril de 2021 mientras investigaba los reportes. Después de analizar toda la información, la FDA y los CDC determinaron que es seguro continuar usando la vacuna.

Aunque ningún tratamiento médico es completamente libre de riesgos, la información que tenemos sugiere que el riesgo de desarrollar este efecto secundario es de menos de uno en un millón. Puede obtener más información en la [hoja de datos de la vacuna Johnson & Johnson](#). Hable con su proveedor de atención médica si tiene más preguntas.

Can my child be vaccinated?



Helping family members get the COVID-19 vaccine protects your loved ones and helps us all start to return to normal. When it comes to children, vaccination eligibility varies by age:

- If your child is 18 or older, they can receive any of the currently available vaccines.
- If your child is 5-17, they can receive the Pfizer vaccine.
- If your child is younger than 5, they are not currently eligible to be vaccinated. However, clinical trials are underway for younger children.

¿Se puede vacunar mi hijo?

Ayudar a los miembros de la familia a recibir la vacuna contra el COVID-19 es importante para así proteger a nuestros seres queridos y contribuir para regresar a la normalidad.

La elegibilidad para la vacunación varía según la edad:

- Si su hijo tiene 18 años o más, puede recibir cualquiera de las vacunas disponibles actualmente.
- Si su hijo tiene entre 5 y 17 años, puede recibir la vacuna de Pfizer.
- Si su hijo es menor de 5 años, actualmente no es elegible para vacunarse. Sin embargo, se están realizando ensayos clínicos para niños más pequeños.



Is the vaccine safe and effective for children?



The Pfizer vaccine is the only COVID-19 vaccine currently authorized for use in Americans 12 to 18 years of age. Pfizer clinical trial data shows the vaccine is 100% effective in adolescents and that vaccine side effects in children are similar to those experienced by adults. Children and adults receive the same dosage of the Pfizer vaccine, administered as a series of two doses, three weeks apart.

For children 5-11, Pfizer clinical data shows the vaccine is 90.7% effective in children 5-11, with the most common side effects being pain at injection site, fatigue and headache. Children receive a smaller dose – only one-third of the adolescent and adult dose – in a two-dose series, three weeks apart.

Talk to your healthcare provider or pediatrician if you have questions about the COVID-19 vaccine and your child.

¿La vacuna es segura y eficaz para los niños?

La vacuna Pfizer es la única vacuna contra el COVID-19 actualmente autorizada para su uso en los estados unidos de 12 a 18 años de edad. Los datos de los ensayos clínicos de Pfizer muestran que la vacuna es 100% efectiva en adolescentes y que los efectos secundarios de la vacuna en los niños son similares a los que experimentan los adultos. Los niños y los adultos reciben la misma dosis de la vacuna Pfizer, administrada en una serie de dos dosis, con tres semanas de diferencia.

Para niños de 5 a 11 años, los datos clínicos de Pfizer muestran que la vacuna tiene una efectividad de 90.7% en niños de 5 a 11 años, y los efectos secundarios más comunes son dolor en el lugar de la inyección, fatiga y dolor de cabeza. Los niños reciben una dosis menor, solo un tercio de la dosis para adolescentes y adultos, en una serie de dos dosis, con tres semanas de diferencia.

Hable con su proveedores de atención médica o pediatra si tiene preguntas sobre la vacuna contra el COVID-19 y su hijo.

I want to get vaccinated, but I don't know where to go.



The CDC created easy-to-use tools to help you find a vaccine nearby:

- Visit [Vaccines.gov](https://www.vaccines.gov) to search by vaccine type and zip code.
- Text GETVAX (438829) for English or VACUNA (822862) for Spanish to receive vaccine sites on your phone.
- Call the National COVID-19 Vaccination Assistance Hotline at 800.232.0233.

Quiero vacunarme, pero no sé adónde ir.

El CDC han creado herramientas fáciles de usar para ayudarle a encontrar una vacuna cerca:

- Visite [Vacunas.gov](https://www.vacunas.gov) para buscar por tipo de vacuna y código postal.
- Envíe un mensaje de texto a GETVAX (438829) para inglés o VACUNA (822862) para español para recibir sitios de vacunas en su teléfono.
- Llame a la Línea Directa Nacional de Asistencia para la Vacunación contra el COVID-19 al 800.232.0233.

Can I get the COVID-19 vaccine while I'm getting other vaccines I need?



Yes, you can get a dose of the COVID-19 vaccine and other vaccines in the same visit or without a “waiting period” between vaccines of different types. Talk with your healthcare provider if you have any questions about your vaccine schedule.

¿Puedo recibir la vacuna COVID-19 mientras recibo otras vacunas que necesito?

Sí, puede recibir una dosis de la vacuna COVID-19 y otras vacunas en la misma visita o sin un “periodo de espera” entre vacunas de diferentes tipos. Hable con su proveedor de atención médica si tiene alguna pregunta sobre su programa de vacunación.

Email #1: Your Own Vaccination Experience

Subject: Why I Decided to Get the COVID-19 Vaccine

Pre-header: Reasons I encourage you to think about getting vaccinated, too

Dear [Patient Name]:

What have you heard about vaccination for COVID-19? I know there's been plenty of talk about the benefits and possible risks, and many people aren't sure whether they will get the vaccine just yet.

Since I care a great deal about your oral *and* overall health, I wanted to share my own personal experiences with you. We're all in this together, and I feel an open dialogue is helpful to everyone.

I received my first vaccine shot recently, and I'm happy to say it went well. *[Include a few details, such as how you booked your appointment, the hospital or clinic you visited, a word or two about the efficiency or friendliness of the medical staff, and whether or not you felt any mild side effects afterward].*

In truth, it was easy for me to say "yes" to the vaccine. This is because I've studied the current science, which shows these vaccines are safe and effective nearly everyone. Of course, if you have medical concerns, please consult your physician.

All of us at [Practice Name] are committed to your good health. That's why we're wearing special protective equipment, are even more scrupulous about keeping our office and exam rooms spotlessly clean and disinfected and are requiring masks for all patients and visitors.

In my view, getting vaccinated is just one more way we can protect ourselves and each other.

I realize you may want to know more about COVID-19 vaccines and your health. I will be happy to address any questions you have. We also have fact sheets that may be helpful to you. Pick one up when you come in, or ask our staff to email a copy to you.

Looking forward to seeing you in our office soon!

[Your Name]

[Practice Name]

Correo electrónico N.º 1: Su propia experiencia de vacunación

Asunto: Por qué decidí ponerme la vacuna contra COVID-19

Pre encabezado: Razones por las que le invito a que piense en vacunarse también

Estimado/a [nombre del paciente]:

¿Qué ha escuchado sobre la vacunación contra el COVID-19? Sé que se ha hablado mucho sobre los beneficios y los posibles riesgos, y muchas personas no están seguras de si recibirán la vacuna todavía.

Dado que me interesa mucho su salud oral y su salud en general, quise compartir mis propias experiencias personales con usted. Todos estamos juntos en esto y creo que un diálogo abierto es útil para todos.

Recibí mi primera vacuna recientemente y me complace decir que salió bien. *[Incluya algunos detalles, como la manera en que hizo su cita, el hospital o la clínica que visitó, un breve mensaje sobre la eficiencia o amabilidad del personal médico y si tuvo o no algún efecto secundario leve después].*

En verdad, fue fácil para mí decidirme a vacunarme. Esto se debe a que he estudiado la ciencia actual, que muestra que estas vacunas son seguras y efectivas para casi todo el mundo. Por supuesto, si tiene inquietudes médicas, consulte a su médico.

Todos nosotros en [nombre del consultorio] estamos comprometidos con su buena salud. Es por eso que llevamos equipo de protección especial, somos aún más escrupulosos en mantener nuestro consultorio y salas de exploración impecablemente limpios y desinfectados y exigimos cubrebocas para todos los pacientes y visitantes.

En mi opinión, vacunarnos es solo una forma más de protegernos a nosotros mismos y a los demás.

Sé que es posible que desee saber más sobre las vacunas contra el COVID-19 y su salud. Con gusto responderé a cualquier duda que tenga. También tenemos hojas informativas que pueden resultarle útiles. Tome una cuando llegue o pídale a nuestro personal que le envíe una copia por correo electrónico.

¡Esperamos verle en nuestro consultorio próximamente!

[Su nombre]

[Nombre del consultorio]

Email #2: Opening the Vaccine Conversation

Subject: Talking About the COVID-19 Vaccine at Your Next Dental Visit

Pre-header: We're here to help you make an informed decision about getting vaccinated

Dear [Patient Name]:

As a doctor of oral health, I care about much more than your smile. My goal is to support your total well-being, and that includes helping you consider what steps to take in protecting yourself from COVID-19.

This is why I plan to ask you what you've heard about the COVID-19 vaccine and if you've received it at your next dental visit. The pandemic has affected all of us. Prevention is crucial if we're going to stop the virus from spreading here at home and across the country.

[If you have received the vaccine, consider adding the following paragraph] I've already gotten the vaccine because I believe it is a wise and effective step. My decision is based on the scientific studies I've read and the guidance coming from the U.S. Centers for Disease Control and Prevention (CDC) and others.

Still, I realize you may have many concerns. So I'll be asking for your thoughts when I see you and offering to answer any questions about vaccination that you may have. My staff will also be happy to email you fact sheets to help inform your decision.

I look forward to your next dental visit. As always, you can continue to expect our strict health and safety protocols to be in place, including keeping our office and exam rooms spotlessly clean and disinfected, continued use of enhanced personal protective equipment (like masks, face shields and gowns) and screening questions before your visit begins.

[Your Name]

[Practice Name]

Correo electrónico N.º 2: Iniciar la conversación sobre las vacunas

Asunto: Hablar sobre la vacuna contra el COVID-19 en su próxima visita dental

Pre encabezado: Estamos aquí para ayudarle a tomar una decisión informada sobre la vacunación.

Estimado/a [nombre del paciente]:

Como médico de salud bucal, me interesa mucho más que su sonrisa. Mi objetivo es apoyar su bienestar total, y eso incluye ayudarlo a considerar qué pasos tomar para protegerse del COVID-19.

Es por eso que en su próxima consulta dental planeo preguntarle qué ha escuchado sobre la vacuna contra el COVID-19 y si la ha recibido. La pandemia nos ha afectado a todos. La prevención es crucial para evitar que el virus se propague aquí en casa y en todo el país.

[Si usted ya recibió la vacuna, considere agregar el siguiente párrafo] Yo ya me puse la vacuna porque creo que es un paso sensato y eficaz.. Mi decisión se basa en los estudios científicos que he leído y en la orientación de los Centros para el Control y la Prevención de Enfermedades (CDC) de EE. UU. y otras fuentes.

Aún así, sé que puede tener muchas inquietudes. Así que le preguntaré qué piensa cuando lo vea y me ofreceré a responder cualquier pregunta que pueda tener sobre la vacunación. Mi personal también puede enviarle hojas informativas por correo electrónico para ayudarle a informar su decisión.

Le espero en su próxima consulta dental. Como siempre, puede seguir esperando que se implementen nuestros estrictos protocolos de salud y seguridad, que incluyen mantener nuestro consultorio y salas de exploración impecablemente limpios y desinfectados, el uso continuo de equipo de protección personal mejorado (como cubrebocas, protectores faciales y batas) y preguntas filtro antes de que comience su consulta.

[Su nombre]

[Nombre del consultorio]

Email #3: Opening Where to Find the COVID-19 Vaccine

Subject: Wondering Where to Get Vaccinated for COVID-19?

Pre-header: Here's where you can find the vaccine in our area

Dear [Patient Name]:

We've had many conversations in recent days about getting vaccinated for COVID-19. In case you're wondering how and where to find the vaccine, I wanted to share some helpful information with you.

In our area, COVID-19 vaccines are being given at:

- List hospitals, clinics or pharmacies offering vaccines.
- Big box businesses (such as grocery stores)
- Larger venues set up specifically for this purpose such as football stadiums
- Include address, phone, and hours of operation wherever possible.
- If there are local hotlines or services helping people get appointments, include them too.

If you're still uncertain about vaccination, we are happy to answer any questions you may have. My dental team can email you helpful fact sheets that cover the latest research on vaccine safety and effectiveness.

We know that the pandemic has caused a great deal of stress for everyone. Please know that we are concerned about your health and committed to doing all we can to protect you and your family, now and in the future.

Hope to see you in person soon!

[Your Name]

[Practice Name]

Correo electrónico N.º 3: Inicio para dónde encontrar la vacuna contra el COVID-19

Asunto: ¿Se pregunta dónde vacunarse contra el COVID-19?

Pre encabezado: Estos son los lugares donde puede encontrar la vacuna en nuestra área.

Estimado/a [nombre del paciente]:

Hemos tenido muchas conversaciones en los últimos días sobre la vacunación contra el COVID-19. En caso de que se esté preguntando cómo y dónde encontrar la vacuna, quise compartir información útil con usted.

En nuestra área, las vacunas contra el COVID-19 se administran en:

- Enumere los hospitales, clínicas o farmacias que ofrecen vacunas.
- Grandes empresas (como supermercados)
- Lugares más grandes adaptados específicamente para este propósito, como estadios de fútbol.
- Incluya la dirección, el teléfono y el horario de atención siempre que sea posible.
- Si hay líneas directas o servicios locales que ayuden a las personas a obtener citas, inclúyalas también.

Si aún no está seguro acerca de la vacunación, con gusto responderemos cualquier pregunta que pueda tener. Mi equipo dental puede enviarle por correo electrónico hojas informativas útiles que cubren las últimas investigaciones sobre la seguridad y eficacia de las vacunas.

Sabemos que la pandemia ha causado mucho estrés a todos. Tenga en cuenta que nos preocupa su salud y estamos comprometidos a hacer todo lo posible para protegerlo a usted y a su familia, ahora y en el futuro.

¡Esperamos verle en persona pronto!

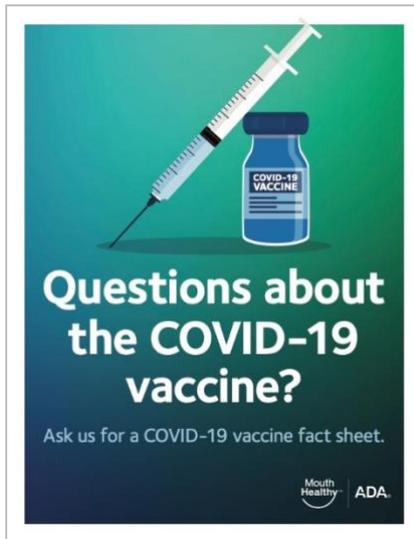
[Su nombre]

[Nombre del consultorio]

Patient Return: Talking with Your Patients About COVID-19 Vaccines

In-Office Signs

Here are five signs with helpful tips about COVID-19 vaccines. Complete customizable fields (on signs where customization is available), print and display them in waiting areas, exam rooms and other areas.



DOWNLOAD:

[ADA Vaccine Questions \(English\)](#)
[ADA Vaccine Questions \(Spanish\)](#)



DOWNLOAD & CUSTOMIZE:

[ADA Ready for Vaccine \(English\)](#)
[ADA Ready for Vaccine \(Spanish\)](#)



DOWNLOAD & CUSTOMIZE:

[ADA I Got Vaccinated \(English\)](#)
[ADA I Got Vaccinated \(Spanish\)](#)



DOWNLOAD:

[ADA Vaccination Thank You \(English\)](#)
[ADA Vaccination Thank You \(Spanish\)](#)



DOWNLOAD:

[ADA Vaccine Did You Know \(English\)](#)
[ADA Vaccine Did You Know \(Spanish\)](#)



Suggestions for Social Media

Here are tips you can use to create simple messages for sharing on Facebook and other platforms.

DO:

- Share resources from trusted health organizations. The ADA social channels will have posts about the vaccine. The [CDC's website](#) also has social media text and images you can use.
- Use your personal vaccination experience to educate, not advertise. Share why you decided to get the COVID-19 vaccine and consider sharing any information including the vaccine process or side effects you think would help support this teachable moment.
- Emphasize that vaccines are another layer of protection against the virus, one that supports the safety protocols you and your dental team are already following.
- Continue to discuss the ways your entire team are working to keep them safe with the enhanced protocols that have been in place since offices reopened.
- Be positive and empathetic. Acknowledge that people may have doubts about vaccination, and everyone should have access to the facts about safety and effectiveness.
- If you believe a user has shared what you believe to be harmful content, false information or spam, each platform has options for hiding or deleting comments that are posted to your page. You can also report the comment to the platform for review.
- Share links and contact information for your nearest public health department to provide more information and help connect people with vaccination opportunities.

DON'T:

- Share information from questionable sources or other people's personal posts.
- Post a copy of your vaccination card. The Better Business Bureau cautions this may inadvertently share personal data.
- Criticize those who feel hesitant about vaccines. Some people have medical conditions or religious or philosophical beliefs that might prevent them from taking this step. Others may simply have questions they need answered before making their decision.
- Disclose your team's overall vaccination status or rate, or share a team member's vaccination stories unless you have express permission to do so.

Additional COVID-19 Vaccine Resources

Use the links below to help continue educating your patients about COVID-19 vaccines.

Ad Council

- [COVID-19 Vaccine Education Campaign: "It's Up to You"](#)

American College of Obstetricians and Gynecologists

- [Vaccinating Pregnant and Lactating Patients Against COVID-19 Practice Advisory](#)

American College of Allergy, Asthma and Immunology

- [ACAAI Updates to Guidance on Risk of Allergic Reactions to COVID-19 Vaccines](#)

American Dental Association

- Patient resource: ["COVID-19 Vaccines: 7 Things Your Dentist Wants You to Know"](#)
- Professional resources: [COVID-19 Vaccine Information and Resources](#)
- Recorded webinar: ["Let's Talk Shots! Effective Patient Conversations About the COVID-19 Vaccine"](#)
- Recorded webinar: ["Oh Baby! COVID-19 Facts on Pregnancy and Fertility" with OB-GYN Dr. Geeta K. Swamy](#)
- White Paper: [The Ethics of Vaccination](#)

Centers for Disease Control and Prevention

- [CDC COVID-19 Vaccination](#)
- [COVID-19 Vaccination Communication Toolkit](#)
- [Talking to Recipients about COVID-19 Vaccines](#)
- [Understanding and Explaining mRNA COVID-19 Vaccines](#)
- [Answering Patients' Questions](#)
- [Continuing the Journey of a COVID-19 Vaccine](#)
- [COVID-19 Advisory Committee on Immunization Practices \(ACIP\) Vaccine Recommendations](#)

National Institutes of Health

- [NIH COVID-19 Vaccine Resources](#)
- [A Communicator's Tip Sheet for COVID-19 Vaccination](#)

U.S. Department of Health and Human Services

- [COVID-19 Community Corps public awareness campaign materials for individuals and health care providers](#)