

PREPARING YOUR PRACTICE





Opening California Dental Facilities After Closure - Checklist

The following checklist is designed to help you navigate the challenges of opening your practice after emergency closures. The tasks below are adapted from Hu-Friedy's Opening & Closing Dental Facilities Checklist. In addition to these steps, dental practices should follow individual state agency guidance when reopening.

Check the tasks applicable to your practice's administrative and clinical needs.

Administrative Tasks

Notify patients that you anticipate reopening and when routine care is expected to resume.
Establish and implement procedure, aerosol risk and COVID risk (i.e elderly, immunocompromised) -based scheduling protocols
Establish patient screening protocols for patient arrival, including non-contact body temperature, and scripts to guide initial phone or telehealth communications.
Post CDC hand hygiene posters in the reception area.
Turn on office equipment that has been off or unplugged and check to see if it appears to be operating normally.
Place pop-up tissue boxes and covered, foot-operated trash receptacles with liners in the reception area as well as in treatment rooms.
Consider changes to non-treatment areas of the office to improve infection control, including: procedures to clean common-use areas, barriers for keyboards or pens patients use for checking in, and/or simply asking for verbal confirmation rather than using a check-in sheet or screen.
Conduct a team meeting and review all infection prevention and control protocols prior to reopening and seeing the first patients.

Clinical Tasks

Carefully review new recommendations or standards that may be forthcoming for dental practices.
Prior to reopening, confirm adequate supplies of personal protective equipment are available (masks, eye protection, gloves, gowns). Also confirm adequate supplies of sterility assurance monitoring supplies are available (chemical indicators, biological indicators or mail-in spore strips, sterilization pouches in multiple sizes, CSR wraps).
Run a biological indicator in all sterilizers and send for analysis or process in the office, depending on the system used.
Do mail-in testing several days before reopening. Be sure to factor in the time required to obtain test results. In-office monitoring kits can provide test results within as few as 10 hours. However, mail-in system results will not be available immediately, so plan accordingly
Run a chemical type 5 integrator strip in a sterilization pouch in each sterilizer as an immediate assessment of sterilizer function.
Follow equipment manufacturers' instructions to ensure your equipment and systems are ready for regular use.
Turn on dental equipment that has been off or unplugged and check to see if the equipment appears to be operating normally. Assess signs of wear or needed repair.
Test the dental unit waterlines for microbial contamination. The CDC recommends ≤ 500 CFU/mL of heterotrophic water bacteria for routine dental treatment output water. Water test kits are available online from dental suppliers. Review manufacturers' instructions for use and plan for time to obtain test results in advance of resuming patient treatment.
Refer to the dental unit waterline treatment product instructions to determine what is needed to get the dental unit up and running. If shocking is needed, note the time required, as some products require up to three days for a complete protocol.
Keep instruments/cassettes in sterilization pouches or wraps until patients are seated in the treatment room. Present the sterile, wrapped instruments/cassettes and inform patients of the cleaning and sterilization that are part of your safety protocols.
Prepare patient communications with an intent to share your processes for ensuring patient safety, including: sterile instrument sand devices, hand hygiene, cleaning and disinfecting surfaces, personal protective equipment and water quality. Consider updating your practice's website, emails and social media platforms.
Be prepared to answer questions from patients and refer them to your Infection Prevention and Control Coordinator (IPCC), as available.