

# Return to Work Interim Guidance Toolkit

## Overview

This toolkit contains interim recommendations from the American Dental Association's (ADA's) Advisory Task Force on Dental Practice Recovery. Since this is interim guidance, it is focused on the short-term management of dental practice during the COVID-19 pandemic as some offices return to providing non-emergent care. Details not specifically addressed in this interim guidance will be left up to the professional judgment of each dentist. The possible integration of additional infection control measures, air purification systems, and any other safety recommendations will be addressed by the Council on Dental Practice as the COVID-19 knowledge base grows.

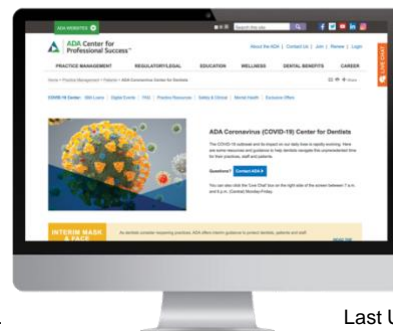
The ADA Task Force was convened to advise in the development of tools to support dentists who are returning to work after the COVID-19 closures and practice restrictions. It is recognized that different areas will return to a more familiar style of practice at different times, and under different circumstances. Each dentist will need to incorporate their clinical judgment with their knowledge of the incidences of COVID-19 cases in their area, the needs of their patients, and the availability of any necessary supplies to re-engage in the provision of elective dental care.

Due to the evolving understanding of the world's knowledge of SARS-CoV-2, it is expected that more recommendations will be brought forward that might impact how dentists deliver care. The ADA's Council on Dental Practice will carry on the work of the Advisory Task Force. Further information and recommendations will be provided to our members as it becomes available.

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For COVID-19 resources from the ADA, visit the ADA Coronavirus (COVID-19) Center for Dentists at [ADA.org/virus](https://ada.org/virus).



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## Welcome Back Reassurance Sample Letter

Reassure patients of your office's commitment to maintaining up-to-date infection control procedures. This customizable letter can be updated with your dental practice's information and sent to patients as you reopen the office.

To customize the template for your dental practice, download a copy of the [Welcome Back Reassurance Letter](#).

4/22/20

Patient Name  
Street Address  
City, State Zip

Dear Patient:

We hope this letter finds you and your family in good health. Our community has been through a lot over the last few months, and all of us are looking forward to resuming our normal habits and routines. While many things have changed, one thing has remained the same: our commitment to your safety.

Infection control has always been a top priority for our practice and you may have seen this during your visits to our office. Our infection control processes are made so that when you receive care, it's both safe and comfortable. We want to tell you about the infection control procedures we follow in our practice to keep patients and staff safe.

Our office follows infection control recommendations made by the American Dental Association (ADA), the U.S. Centers for Disease Control and Prevention (CDC) and the Occupational Safety and Health Administration (OSHA). We follow the activities of these agencies so that we are up-to-date on any new rulings or guidance that may be issued. We do this to make sure that our infection control procedures are current and adhere to each agencies' recommendations.

You may see some changes when it is time for your next appointment. We made these changes to help protect our patients and staff. For example:

- Our office will communicate with you beforehand to ask some screening questions. You'll be asked those same questions again when you are in the office.
- We have hand sanitizer that we will ask you to use when you enter the office. You will also find some in the reception area and other places in the office for you to use as needed.
- You may see that our waiting room will no longer offer magazines, children's toys and so forth, since those items are difficult to clean and disinfect.
- Appointments will be managed to allow for social distancing between patients. That might mean that you're offered fewer options for scheduling your appointment.
- We will do our best to allow greater time between patients to reduce waiting times for you, as well as to reduce the number of patients in the reception area at any one time.

We look forward to seeing you again and are happy to answer any questions you may have about the steps we take to keep you, and every patient, safe in our practice. To make an appointment, please call our office at [office number](#) or visit our website at [web address](#).

Thank you for being our patient. We value your trust and loyalty and look forward to welcoming back our patients, neighbors and friends.

Sincerely,

Dentist and Team



**TIP:** Customize the document with your patient's and practice's information for use in print mailings or emails.



**TIP:** Review and customize the bulleted list to reflect the changes to expect when your patients come for their next office visit.

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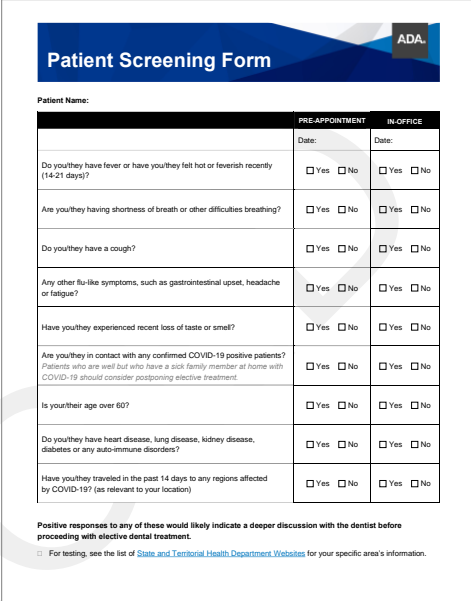
## Pre-Appointment Screening Process

The following questions can be used for screening patients in advance of their office visit. Dentists may need to adapt the following sample transcript to fit their preferred method of communication — phone, video conference, text reminders and secure website — for collecting patient information prior to their office visit.

- Identify yourself, the office/doctor's name and ask to speak with the patient or the patient's parent or legal guardian.
- After explaining the purpose for the call, such as an appointment reminder, proceed with the [Patient Screening Form](#) questions.
- Positive responses to any of these would likely indicate a deeper discussion with the dentist before proceeding with elective dental treatment.
  - For testing, see the list of [State and Territorial Health Department Websites](#) for your specific area's information.
- Inform patients that these questions will be repeated and their temperature will be taken when they arrive at the office in order to ensure nothing has changed since the phone conversation.
- Remind patients/guardians to limit extra companions on their trip to your office to only essential people in order to reduce the number of people in the reception area.
- If patients/parents/guardians seem reluctant in any way, reassure them that although this may seem strange, it is all being done out of an abundance of concern for their health, as well as that of the other patients being seen in the office, the doctor and the staff, and any public with whom they might come in contact.
- If you need to leave a voicemail or are sending a text message, ask the patient to call the office prior to their appointment for preliminary screening. If your website is capable, you may install the questionnaire and instructions on there for them to access pre-appointment.

### Practice Tips:

- If suitable given your office design, you might consider having your patients wait in their car and you can call or text when they should enter the practice. This is not practical for all offices, so use your own judgment. For patients who use other forms of transportation, devise a plan and provide instructions for entering the practice prior to their office visit.
- You might consider asking patients to bring their own pens to use (or supply them with a pen to take with them).
- If they need to cancel due to illness, you might consider waiving any last-minute cancellation fee policies that might exist.



The form is titled "Patient Screening Form" and includes the ADA logo. It is designed for patient information collection and is divided into two main sections: "PRE-APPOINTMENT" and "IN-OFFICE". Each section has a "Date:" field. The form contains ten screening questions, each with "Yes" and "No" checkboxes. The questions are: 1. "Do you/they have fever or have you/they felt hot or feverish recently (14-21 days)?" 2. "Are you/they having shortness of breath or other difficulties breathing?" 3. "Do you/they have a cough?" 4. "Any other flu-like symptoms, such as gastrointestinal upset, headache or fatigue?" 5. "Have you/they experienced recent loss of taste or smell?" 6. "Are you/they in contact with any confirmed COVID-19 positive patients? Patients who are well but who have a sick family member at home with COVID-19 should consider postponing elective treatment." 7. "Is your/their age over 60?" 8. "Do you/they have heart disease, lung disease, kidney disease, diabetes or any auto-immune disorders?" 9. "Have you/they traveled in the past 14 days to any regions affected by COVID-19? (as relevant to your location)" 10. A note at the bottom states: "Positive responses to any of these would likely indicate a deeper discussion with the dentist before proceeding with elective dental treatment. For testing, see the list of State and Territorial Health Department Websites for your specific area's information."



**Resource:** CDC's [Phone Advice Line Tool for Possible COVID-19 Tool](#)

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## In-Office Patient Registration Procedures



In this section, dental offices can use the following checklist and resources to help prepare staff for accepting patients before they arrive, when they arrive, during their consultations, and after.

- Have hand sanitizer available for use.
- Check patient's temperature (<100.4°F) with thermometer.
  - Touchless forehead scan is convenient and produces less waste, though any thermometer is appropriate as long as cleaned appropriately between uses.
  - Be sure to follow the manufacturer's instructions.
  - If elevated temperature is noted, supply patient with mask and instruct them how to don it; follow through with asking screening questions and alert the dentist.
- Complete [Patient Screening Form](#) (regardless of presence of fever).
  - Positive responses to any of these would likely indicate a deeper discussion with the dentist before proceeding with elective dental treatment.
  - If referring patients for testing, see the list of [State and Territorial Health Department Websites](#) for your specific area's information.
  - Remember to maintain the confidentiality of the patient.
- Consider providing pens (with office brand for marketing) for each patient and then giving it to them, rather than reusing. If reusing, remember to wipe down pens between transfers back and forth.
- Provide wipes or materials to clean pens, clipboard, counter, phone, keyboards, light switches, surfaces, and anything else high touch.
  - If surfaces are dirty, they should be cleaned using a detergent or soap and water prior to disinfection.
  - To disinfect, use [products that meet EPA's criteria for use against SARS-CoV2](#), the cause of COVID-19, and are appropriate for the surface.

## Post-Procedural Patient Exit

- Post-op instructions should include a reminder to report any signs or symptoms of COVID-19 within next 14 days.



**Resource:** [CDC Interim Infection Prevention and Control Guidance for Dental Settings during the COVID-19 Response](#)

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## Reception Area Preparation Strategies



Get your dental office ready for COVID-19. Protect your patients and staff with this checklist. Emphasize hand hygiene and cough etiquette for everyone.

### Prepare the entrance to the building or office:

- Provide a hand sanitation station upon entry into facility, with a notice to people to use it before entry into the rest of the office.

### Prepare the waiting area, bathrooms and patient consultation rooms:

- Provide supplies:
  - Tissues
  - Alcohol-based hand rub
  - Soap at sinks
  - Trash cans
- Place chairs 6 feet apart, when possible. Use barriers (like screens), if possible.
- If your office has toys, reading materials, remote controls or other communal objects, remove them or clean them regularly.
- On a regular schedule, wipe all touchable surface areas with an approved surface cleaner. Remember to include tables, chair arms, doorknobs, light switches, hangers, and anything else with which people come in contact.
  - If surfaces are dirty, they should be cleaned using a detergent or soap and water prior to disinfection.
  - To disinfect, use [products that meet EPA's criteria for use against SARS-CoV](#), the cause of COVID-19, and are appropriate for the surface.



**Resource:** [CDC's Get Your Clinic Ready for COVID-19](#)

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## Chairside Checklist



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

- Informed consent: check with your malpractice carrier for any consideration of a revised informed consent form.
- Limit paperwork in the operator as much as possible.
  - If using paper charting, cover with clear barrier so you may read what is needed for appointment.
  - Place new chart notes into document away from patient contact area when possible.
- Cover keyboard of computer with disposable, flexible, clear barrier (e.g. plastic wrap) and change between patients.
- Limit access to the operator to the patient only when possible. Supply a mask and shield to anyone who accompanies the patient.
  - Reminder: In certain circumstances, it may be impracticable to limit others in the operator when their presence is legally required (e.g., translators, service animals).
- Keep staff level in operator to the minimum required.
- Mask pre-entry (for chairside staff also) as virus-containing aerosol particles may exist.
- No hand shaking, or physical contact.
- Wash hands and glove in room.
- Review overall health history, confirming that the screening questions were asked during the check-in procedure, and review if necessary.
- No documented evidence exists at this time to support the pre-procedural rinses to reduce the transmission of the COVID-19 virus.
- Decide on treatment using clinical judgment and known facts, combining:
  - Patient health/risk factors/geographic incidence of COVID-19.
  - Procedural requirements/clinical risks (production of aerosol, inducement of patient cough during procedure, ability to employ use of rubber dam.)
  - Availability of PPE with relation to risk.
    - [ADA Interim Mask and Face Shield Guidelines](#)
    - [Understanding Mask Types](#)

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



## Resources:

- American Dental Association and Organization for Safety, Asepsis, and Prevention (OSAP) webinar: [COVID-19 Infection Control Protocols and Procedures Webinar](#)
- A second webinar was presented on April 24 by the ADA and OSAP on PPE. Visit [ADA.org COVID-19 Digital Events page](#) to view the on-demand version.

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## Staff Protection Strategies

Help protect office staff as you reopen the practice by utilizing the following strategies. Dentists should consider a soft launch where they discuss the new strategies to be implemented and the reasons behind them. Practice these routines with staff before welcoming patients. This should include, among other things, consideration of patient flow into and through the practice, timing for operatory usage and sterilization, staff routines as they don and doff PPE, and how to best time the daily schedules when returning to patient care.



### Front Desk

- Front desk staff can wear masks and goggles, or face shields, or offices can install a clear barrier.
- Consider individual phone headsets for each front desk staffer to reduce virus spread through the phone hand piece.



### Hand Hygiene

With strict attention to staff hand hygiene, instruct staff to clean hands thoroughly:

- Upon entry into the workplace.
- Before and after any contact with patients.
- After contact with contaminated surfaces or equipment.
- After removing PPE, refer to the [ADA's Hand Hygiene for the Dental Team](#).
- **Resource:** [Introduction to Hand Hygiene for Healthcare Providers](#)



### Clothing

- If available, gowns should be considered.
  - Change gown if it becomes soiled.
  - Disposable gowns should be discarded after use. Cloth gowns should be [laundered](#) after each use.
  - **Resource:** [Interim Infection Prevention and Control Guidance for Dental Settings During the COVID-19 Response](#)
- If scrubs are to be worn, change between street clothes and scrubs upon entry and exit, or do the same with other office garb.
  - Provide laundry facilities in the office.
  - Contracting with a laundry service is another option.
  - Long sleeved garments should be worn.
- Professional judgment should be exercised with regard to the use of disposable foot covers or head covers.



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## Pregnancy

- Pregnant staff members should seek and follow medical guidance from their physician regarding work.
- Information on COVID-19 in pregnancy is very limited; offices may want to consider limiting exposure of pregnant staff to patients, especially during higher risk procedures (e.g., aerosol-generating procedures) if feasible, based on staffing availability. (Source: [Interim U.S. Guidance for Risk Assessment and Public Health Management of Healthcare Personnel with Potential Exposure in a Healthcare Setting to Patients with COVID-19.](#))
- **Resource:** [American College of Obstetrics and Gynecology](#)



## Coronavirus Diagnostic Tests

- At this time, there is not a FDA approved test that is widely available.
- There are a large number of gray market tests being marketed, not all with reliable results.
- Refer to the ADA News article, [ADA advises dentists to follow science-backed guidance regarding COVID-19 testing, avoid 'gray market'](#), that urges dentists to be cautious about using novel coronavirus diagnostic tests before they have been properly evaluated and made available for dentists.
- FDA's [FAQs on Diagnostic Testing for SARS-CoV-2](#)
- For testing, see the list of [State and Territorial Health Department Websites](#) for your specific area's information.



## COVID-19 Employee Screening

- Consider implementing a daily health screening check point and log for all employees entering the workplace. (Download the [COVID-19 Daily Screening Log](#))

DATE	NAME	TEMPERATURE <100.4°F	COUGH	NEW SHORTNESS OF BREATH	ASKED TO GO HOME (Note Time Dismissed)
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes, Time: <input type="checkbox"/> No

*Example of daily log, available for download.*

- Ask all persons (employees/owners/associates) reporting to work the following questions, remembering to respect their confidentiality:

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Do you have any of the following?

- Fever or feeling feverish (chills, sweating). Not necessary if temperature taken, though ask about fever-reducing or symptom altering medications.
- Employees who have symptoms of acute respiratory illness are recommended to notify their supervisor and stay home until they are free of fever (100.4° F [38.0° C] or greater using an oral thermometer), have signs of a fever, and any other symptoms for at least 24 hours, without the use of fever-reducing or other symptom-altering medicines (e.g. cough suppressants).
- Shortness of breath (not severe)
- Cough

The screenshot shows a 'COVID-19 Daily Screening Log' form with columns for DATE, NAME, TEMPERATURE (100.4°F), COUGH, NEW SHORTNESS OF BREATH, and ASKED TO GO HOME (Note Time Dismissed). Each row contains checkboxes for 'Yes' and 'No' for each symptom category.

Are you ill, or caring for someone who is ill?

- Persons who are well but who have a sick family member at home with COVID-19 should notify their supervisor.
- Address coming to work in your office policies, addressing sick leave absences as is appropriate for your office situation and size, following any federal and state employment law provisions.
- If an employee is confirmed to have COVID-19, the employer should inform fellow employees of their possible exposure to COVID-19 in the workplace but maintain confidentiality as required by the Americans with Disabilities Act (AwDA).
- **Resources:**
  - [What To Do If Someone on Your Staff Tests Positive for COVID-19](#)
  - [COVID-19 Employment Law FAQs](#)

In the two weeks before you felt sick, did you:

- Have contact with someone diagnosed with COVID-19?
- Live in or visit a place where COVID-19 is spreading?



**Resource:** You may send home an employee exhibiting influenza-type symptoms. For more information, see the CDC’s [Interim U.S. Guidance for Risk Assessment and Public Health Management of Healthcare Personnel with Potential Exposure in a Healthcare Setting to Patients with COVID-19.](#)

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## Shopping List



Think broadly for securing products and supplies. Consider janitorial supply companies, restaurant supply houses, local hardware stores and other places as resources for some materials. Be sure to add yourself to wait lists for products/supplies. It is unclear when supply chains will return to normal, but if you are not on a list you may miss out. Be cautious of the 'gray market' products when shopping.

- Front desk barrier
- Hand sanitizer
- Hand sanitizer stations for entry/exit of practice
- Tissues: available throughout practice for cough/sneeze etiquette
- Wastebaskets: near tissues
- Thermometer(s): for entrance/registration stations
- Soap
- Paper goods
- Disposable pens: May want to order customized pens to give each patient their own or suggest in screening call that patients bring their own.
- PPE: [Interim Mask and Face Shield Guidelines](#)

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

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## Appendix

1. [Welcome Back Reassurance Letter](#) (Use link to download Word document)
2. [Patient Screening Form](#) (Use link to download Word form)
3. [Interim Mask and Face Shield Guidelines](#)
4. [Understanding Mask Types](#)
5. [COVID-19 Daily Screening Log](#) (Use link to download Word form)

4/22/20

Patient Name  
Street Address  
City, State Zip

Dear Patient:

We hope this letter finds you and your family in good health. Our community has been through a lot over the last few months, and all of us are looking forward to resuming our normal habits and routines. While many things have changed, one thing has remained the same: our commitment to your safety.

Infection control has always been a top priority for our practice and you may have seen this during your visits to our office. Our infection control processes are made so that when you receive care, it's both safe and comfortable. We want to tell you about the infection control procedures we follow in our practice to keep patients and staff safe.

Our office follows infection control recommendations made by the American Dental Association (ADA), the U.S. Centers for Disease Control and Prevention (CDC) and the Occupational Safety and Health Administration (OSHA). We follow the activities of these agencies so that we are up-to-date on any new rulings or guidance that may be issued. We do this to make sure that our infection control procedures are current and adhere to each agencies' recommendations.

You may see some changes when it is time for your next appointment. We made these changes to help protect our patients and staff. For example:

- Our office will communicate with you beforehand to ask some screening questions. You'll be asked those same questions again when you are in the office.
- We have hand sanitizer that we will ask you to use when you enter the office. You will also find some in the reception area and other places in the office for you to use as needed.
- You may see that our waiting room will no longer offer magazines, children's toys and so forth, since those items are difficult to clean and disinfect.
- Appointments will be managed to allow for social distancing between patients. That might mean that you're offered fewer options for scheduling your appointment.
- We will do our best to allow greater time between patients to reduce waiting times for you, as well as to reduce the number of patients in the reception area at any one time.

We look forward to seeing you again and are happy to answer any questions you may have about the steps we take to keep you, and every patient, safe in our practice. To make an appointment, please call our office at [office number](#) or visit our website at [web address](#).

Thank you for being our patient. We value your trust and loyalty and look forward to welcoming back our patients, neighbors and friends.

Sincerely,

Dentist and Team

# Patient Screening Form

**Patient Name:**

	PRE-APPOINTMENT	IN-OFFICE
	Date:	Date:
Do you/they have fever or have you/they felt hot or feverish recently (14-21 days)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you/they having shortness of breath or other difficulties breathing?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you/they have a cough?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any other flu-like symptoms, such as gastrointestinal upset, headache or fatigue?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you/they experienced recent loss of taste or smell?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you/they in contact with any confirmed COVID-19 positive patients? <i>Patients who are well but who have a sick family member at home with COVID-19 should consider postponing elective treatment.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your/their age over 60?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you/they have heart disease, lung disease, kidney disease, diabetes or any auto-immune disorders?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you/they traveled in the past 14 days to any regions affected by COVID-19? (as relevant to your location)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Positive responses to any of these would likely indicate a deeper discussion with the dentist before proceeding with elective dental treatment.**



- For testing, see the list of [State and Territorial Health Department Websites](#) for your specific area's information.

# Interim Mask and Face Shield Guidelines

**These recommendations align with existing CDC recommendations for patients without signs/symptoms of COVID-19.**

Use the highest level of PPE available when treating patients to reduce the risk of exposure. Some risk is inherent in all scenarios. If masks with either goggles or face shields are not available, please understand there is a higher risk for infection; therefore, use your professional judgment related to treatment provided and the patient's risk factors.

Considering that patients who are asymptomatic may still be COVID-19 infectious, it should be assumed that all patients can transmit disease.

Mask Type – With Goggles or Face Shield ( <a href="#">Understanding Mask Types</a> )	Level of Risk*** to DHCP
 <span data-bbox="535 850 592 892">N95</span>	Low
 <span data-bbox="535 955 917 1060"><b>N95 EQUIVALENT MASK*</b> KN/KP95, PFF2, P2, DS/DL2, KOREAN SPECIAL 1ST</span>	Low
 <span data-bbox="535 1123 755 1165"><b>Surgical Mask**</b></span>	Moderate

\*The FDA has authorized the use of masks equivalent to the N95 during the pandemic period. Manufacturers approved can be found here: <https://www.fda.gov/media/136663/download>

\*\*ASTM has established performance levels for surgical masks based on fluid resistance, bacterial filtration efficiency, particulate filtration efficiency, breathing resistance and flame spread.

- Level 1 masks have the least fluid resistance, bacterial filtration efficiency, particulate filtration efficiency, and breathing resistance.
- Level 2 masks provide a moderate barrier for fluid resistance, bacterial and particulate filtration efficiencies and breathing resistance.
- Level 3 masks provide the maximum level of fluid resistance recognized by ASTM and are designed for procedures with moderate or heavy amounts of blood, fluid spray or aerosol exposure.

\*\*\*[https://www.ada.org/~media/CPS/Files/COVID/ADA\\_COVID\\_Int\\_Guidance\\_Treat\\_Pts.pdf?utm\\_source=adaorg&utm\\_medium=co vi d-resources-lp&utm\\_content=cv-pm-ebd-interim-response&utm\\_campaign=covid-19](https://www.ada.org/~media/CPS/Files/COVID/ADA_COVID_Int_Guidance_Treat_Pts.pdf?utm_source=adaorg&utm_medium=co vi d-resources-lp&utm_content=cv-pm-ebd-interim-response&utm_campaign=covid-19)

Professional judgment should be exercised when considering the use of gowns, foot covers and head covers.

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# Understanding Mask Types



**SURGICAL MASK**



**N95 MASK\***



**N95 EQUIVALENT MASK  
KN/KP95, PFF2, P2, DS/DL2,  
KOREAN SPECIAL 1ST\***

<b>Testing and Approval</b>	Cleared by the U.S. Food and Drug Administration (FDA)	Evaluated, tested, and approved by NIOSH as per the requirements in 42 CFR Part 84	FDA Emergency Use Authorization (EUA)
<b>Sizing</b>	No	Yes. The sizing differs with each mask model. Some of the sizing options include small, small/medium, medium, medium/large, and large.	Yes. The sizing differs with each mask model. Some of the sizing options include small, small/medium, medium, medium/large, and large.
<b>Intended Use and Purpose</b>	Fluid resistant and provides the wearer protection against large droplets, splashes, or sprays of bodily or other hazardous fluids. Protects the patient from the wearer's mask emissions	Reduces wearer's exposure to particles including small particle aerosols and large droplets (only non-oil aerosols).  OSHA recommends certifying the authenticity of masks to insure they provide the expected protection.	Reduces wearer's exposure to particles including small particle aerosols and large droplets (non-oil aerosols).  Manufactured in compliance with standards of other countries and considered equivalent to NIOSH approved N95 masks.  Authorized manufacturers are listed at: <a href="https://www.fda.gov/media/136663/download">https://www.fda.gov/media/136663/download</a>
<b>Face Seal Fit+</b>	Loose-fitting	Tight-fitting**	Tight-fitting**
<b>Fit Testing+ Requirement</b>	No	Temporary lifting of fit test enforcement requirement.	Temporary lifting of fit test enforcement requirement.
<b>User Seal Check Requirement</b>	No	Yes. Required each time the mask is donned (put on)	Yes. Required each time the mask is donned (put on)
<b>Use Limitations</b>	Disposable. Discard after each patient encounter.	Ideally should be discarded after each aerosol-generating patient encounter.  It should also be discarded when it becomes damaged or deformed; no longer forms an effective seal to the face; becomes wet or visibly dirty; breathing becomes difficult; or if it becomes contaminated with blood, respiratory or nasal secretions, or other bodily fluids from patients.	Ideally should be discarded after each aerosol-generating patient encounter.  It should also be discarded when it becomes damaged or deformed; no longer forms an effective seal to the face; becomes wet or visibly dirty; breathing becomes difficult; or if it becomes contaminated with blood, respiratory or nasal secretions, or other bodily fluids from patients.

\*OSHA video on mask seal check: <https://www.youtube.com/watch?v=pGXiUyAoEd8>.

Facial hair may affect the fit of the mask: <https://www.cdc.gov/niosh/npptl/pdfs/FacialHairWmask11282017-508.pdf>

+Note: A seal test is a user test performed by the wearer every time the mask is put on to insure that the mask is properly seated to the face. If not, it needs to be adjusted. A fit test is used to determine appropriate mask size for the individual.

\*\*A mask that does not fit does not protect you, meaning that you should not rely on it to protect you from infection.



