



Texas Society of Oral and Maxillofacial Surgeons

Guidelines for Safely Reopening OMS Practices in the Post-COVID-19 Environment

As dental offices prepare to reopen and serve patients with dental emergencies and emerging serious conditions, we offer the following guidelines to assist oral and maxillofacial surgeons, general dentists and other dental specialists in offering safe, efficacious care that complies with Executive Orders GA-09, GA-15, the rules promulgated by the Texas State Board of Dental Examiners and other helpful guidelines, including, but not limited to:

- American Dental Association's Guidelines on [What Constitutes a Dental Emergency](#);
- [Centers for Disease Control and Prevention \(CDC\) Guidelines for Infection Control in Dental Health-Care Settings 2003](#) (MMWR Vol. 52, No. RR-17); and
- [Summary of Infection Prevention Practices in Dental Setting: Basic Expectation for Safe Care](#).

Personal Protective Equipment

In addition to gloves, masks and protective eyewear, dentists and their staff should utilize:

- Face masks – to be used by dentists and staff when in contact with a patient. Masks should be worn and reused according to manufacturer guidelines.
- Face shields should be worn by the dentists and staff in all procedures.

Patient Appointments and Social Distancing

Patient Information:

- Information regarding new protocols should be posted on the practice website and included in all patient correspondence, whether via email or letter.
- Staff should be prepared to inform patients about the protocols and answer questions when patients call the office.

Pre-Arrival:

- Limit amount of high touch activities, including a "No Handshake Policy."
- Encourage patients to register online in advance of their appointment. A dedicated team member should be available via phone to complete the registration process if necessary. Routine office forms and signatures for release of information and accepting assignment of benefits should be electronic without the need for pen or paper.

Special Appointment Hours:

- Consideration should be given to offering special hours for patients over 65 years of age and those who have co-morbidities or are considered high-risk for COVID-19.

Patient Arrival:

- Patients call the office upon arrival and are given instructions prior to entering the building.
- Patients will be met at their car by staff wearing a facemask and gloves for a screening process that will include assessment of fever, cough, previous COVID -19 exposure, and presence of any other infection.

- Patients should wait in their vehicle until they are escorted to a private area when it is time for their treatment. If this is not possible due to structural or parking lot configurations, limit seating in the waiting room and have patients spaced appropriately.
- Provide markings on the floor to ensure appropriate social distancing during the check-in and check-out processes. This is particularly important in offices that have a single check-in/check-out station.
- Limit access to the exam rooms to patients only. If the patient is a minor or otherwise has a separate POA, allow one caregiver/parent/guardian.
- For surgical patients – the designated driver must wait outside of the office and be readily available via text/phone messaging.
- Patient flow options should be reviewed to determine whether a different configuration of the office’s entrance/exit could aid with social distancing.
- As much as possible, limit the movement of patients throughout the office to minimize contact with staff and other patients.
- For surgical patients, the designated driver must wait outside of the office and be readily available via text/phone messaging.
- All seating in “waiting” areas should be spaced at least 6 feet apart.
- Provide markings on the floor to indicate appropriate social distancing.
- Offices with a single check-in/out station should offer 2 separate check-in areas to enable social distancing.
- Most surgical offices have more than one entrance. Patient flow options should be reviewed to determine whether a different configuration of entrances/exits could aid with social distancing.

Infection Control & Sterilization

Offices should follow the infection control guidelines outlined in:

- CDC’s [Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 \(COVID-19\) in Healthcare Settings](#)
- CDC’s [Interim Infection Prevention and Control Guidance for Dental Settings During the COVID-19 Response](#).
- [OSHA’s Guidance on Preparing Workplaces for COVID-19](#)
- All equipment, including dental chairs will be cleaned and sanitized before and after each patient encounter.

Clinical Procedures

- Dental practices should consider altering the dentist’s hours, rotating between offices, and/or rotating the surgeons’ schedules (days, hours, locations) in order to accommodate fewer patients in the office at any one time.
- Some patients can be scheduled for a consultation/exam and surgery in one appointment, provided there is appropriate screening via telephone for potential medical issues that would require an advance review of the health history.