1. **Why is Listerine not on the list for Pre rinse during this time?**
   a. That information was taken directly from the ADHA’s Interim Guidelines and they only recommended a one minute rinse with one of the following:
      - 1% hydrogen peroxide,
      - 0.05-0.1% cetlypyridinium
      - 0.2 - 1% povidone
   b. Listerine has no studies to show it is effective against any of the corona viruses.
      - Johnson & Johnson has posted information about their product on their website that will hopefully help you find some answers to your question.

2. **What if I only have one handpiece?**
   Please refer to the following link that contains the CDC's statement on reprocessing handpieces. Then try to meet with your employer to discuss the possibility of purchasing at least one additional handpiece so you can sterilize one while using the other. If you are just wiping your handpiece with a disinfectant wipe that is an OSHA infraction and the office can be fined for that practice during an OSHA inspection. [https://www.cdc.gov/oralhealth/infectioncontrol/statement-on-reprocessing-dental-handpieces.htm](https://www.cdc.gov/oralhealth/infectioncontrol/statement-on-reprocessing-dental-handpieces.htm)

   **Summary of that document:**
   a. Clean and heat sterilize handpieces and other intraoral instruments that can be removed from the air lines and waterlines of dental units.
   b. For handpieces that do not attach to air lines and water lines, use FDA-cleared devices and follow the validated manufacturer’s instructions for reprocessing these devices. (This is referring to the cordless handpieces discussed during the webinar.)
   c. If a dental handpiece cannot be heat sterilized and does not have FDA clearance with validated instructions for reprocessing, do not use that device.

4. **How do you know if a N95 is counterfeit?**
   a. Look for the NIOSH approval label on the outside of the package.
   b. Look for the word NIOSH in black, bold letters on the front of the mask
   c. Look for the TC- Approval # on the chin part of the mask.
      For example: TC-84A-XXXX
   d. Look for the filter designation - N95, N99 or N100 which indicates the mask filters at least 95% for N95 (95%), 99%(N99) or 99.97%(N100) of airborne particles
   Visit [http://knowits.NIOSH.gov](http://knowits.NIOSH.gov) for more information
5. **In regards to K95 masks- are they FDA approved masks and safe to be using during procedures? This is the only mask we will be provided with at the practice I currently work. Also, do they need to be fit tested prior to first time use? Any help on this topic would be great.**

As mentioned above, the respirators are cleared by NIOSH. The N95 will provide you with the most effective protection from aerosol contamination from the patient. There is a shortage of N95s so it is great that your employer is able to purchase them for you.

Unlike the surgical masks you do need to be fitted for a N95 before wearing to ensure there is a tight seal between the mask and your face. You can hire a professional group to come in and do this testing or the office can purchase a kit for doing this testing. One person in the office should read and become familiar with the instructions for testing so she/he can test staff members. You also have to fill out a medical questionnaire prior to use. Here is a link to the questionnaire, [https://www.osha.gov/Publications/OSHA3789info.pdf](https://www.osha.gov/Publications/OSHA3789info.pdf).

The clinician needs to perform a “self test” every time the respirator is placed on the face because it will tell you if the respirator is still effective or if it needs to be discarded. You will place the respirator with gloved hands and then put your hands on the mask and blow out to see if any air escapes. If it does, that is an indication that the mask no longer fits properly. Remove those gloves and place new ones before treating the patient. It may be helpful to watch these short videos below.

[https://www.youtube.com/watch?v=OgkuBj_BY7c&feature=youtu.be](https://www.youtube.com/watch?v=OgkuBj_BY7c&feature=youtu.be)
[https://www.youtube.com/watch?v=xl4qX6qEYXU](https://www.youtube.com/watch?v=xl4qX6qEYXU)
6. **Do I use a brown paper bag or a plastic bag for extending the life of an unsoiled respirator?**

If you have worn a face shield over your respirator and it is unsoiled you can put it in a brown paper bag to store it for reuse at a later time. Please refer to the short video by OSAP that is posted at the ADA’s website: [https://www.youtube.com/watch?v=lbkfNaZeL5E&feature=youtu.be](https://www.youtube.com/watch?v=lbkfNaZeL5E&feature=youtu.be)

7. **Can I wear (2) Level 1 masks?**

Level 1 masks have only 95% filtration. While Level 3 surgical masks filter 99%. Level 1 masks have not been shown to provide protection for SARS-CoV-2.

“Dental healthcare personnel (DHCP) including dental hygienists are at very high risk for exposure to COVID-19. Therefore, it is extremely important that they protect themselves using the highest level of PPE available. The following best practice recommendations are advised using these key terms:

- **Critical tasks** – all functions that occur during clinical treatment
- **Noncritical tasks** – procedures such as cleaning the operatory, sterilizing instruments, bringing supplies to/from the operatory

Best practice for respiratory protection involves the use of N95 respirators custom-fitted for critical tasks; training on fit and seal should be provided prior to use. Other masks may be used for non-critical tasks. Remove the respirator after every patient. In the event that neither an N95 nor a U.S. Food and Drug Administration (FDA) -approved full face shield with a surgical mask is available, it is not safe for you to provide care.”

This is directly from ADHA Taskforce Report: [https://www.adha.org/resources-docs/ADHA_TaskForceReport.pdf](https://www.adha.org/resources-docs/ADHA_TaskForceReport.pdf).

8. **What are your thoughts on an air purifier or air filtration system in hygiene rooms?**

You will definitely see more updated information on this subject moving forward. There has been a great deal of discussion on this topic but we are not quite there yet. You want air purifier or air filtration systems in place not just for hygiene rooms but for any treatment room where aerosols are generated.

Negative pressure rooms or using a mobile negative pressure system are possibilities. Air moves into a room with a negative pressure system but will not leave the room —although this is a very expensive endeavor. There are overhead air purification systems, chairside aerosol extraction units, “air scrubbers” with HEPA filters. No purification can provide complete protection from viruses but HEPA filters in addition to negative air machines can help ventilate. Fans and air conditioners just move the contaminants to other areas. OSAP does discuss this in some of the videos they did with Schein so you might find that a helpful resource. [https://www.youtube.com/watch?v=QZhvknay4Gg](https://www.youtube.com/watch?v=QZhvknay4Gg)

9. **How often do we flush the water lines?**
First thing in the morning, you should flush the air/water syringe and ultrasonic scaler for 2 minutes to remove some of the planktonic or free floating bacteria from the lines since the unit has sat unused overnight. This is especially important on Monday mornings after the unit has sat for the entire weekend.

Between patients flush those two things for 30 seconds.

If you have an independent water reservoir on your unit, as most do these days, you can add a waterline germicide or maintenance product to the bottle every time you fill that reservoir to keep a safe level of water flowing. They come in tablet form or a liquid. EPA states the water should contain \(<500\) cfu/mL (the level set for potable city water). Remove and replace the bottle with gloved hands because studies have commonly found that contamination can be transferred from the clinician’s hands when the uptake tube is touched when placing and removing the reservoir bottle.

Read the directions for the product you purchase. Some products require monthly testing of water and some say annual is adequate.

However, if the office has been shut down for an extended period of time like a vacation, an extended holiday or in this case a pandemic, the lines should be shocked. This should be done one week prior to opening. There are a number of products that can be utilized to do this. Again, you want to look to the manufacturer’s direction for your dental unit for their recommendation. Ask your dental supplier for some ideas. Once you have shocked the water lines wait a couple of days and then test the water. You can choose to do the testing in-house or you can send the samples out for testing. It is very easy to do the testing. Ask your rep about ordering water testing kits. They look like a small petri dish that you put a sample of water on and watch it for a couple of days to see if anything grows. If you see more than 500 cfu/mL, you must retreat the water at that specific unit again and then retest. It is really a very simple process. We performed the in-house testing and we had to test units in 17 different rooms!

You should also be logging information about your testing in the office's Quality Assurance Log so you have written documentation that it was done. Use only sterile water for surgery including endo. See ADA’s dedicated page to waterline testing: ada.org/en/member-center/oral-health-topics/dental-unit-waterlines

Water maintenance is so important. There have been 2 reported cases of young children getting very ill from contaminated water in dental offices down south.

10. **If the CDC does not recommend opening does our malpractice insurance cover us if someone contracts COVID?**

The ADHA’s Interim Guidelines does recommend that you ensure your malpractice policy is current prior to returning to work. We strongly encourage you to contact your insurance company to discuss this. None of us can speak for an insurance agency.

11. **What do I do if my employer is not planning to follow the recommended protocols?**
You always want to have a calm, professional conversation with your employer to express your concerns. Hygienists have an ethical responsibility to themselves, their employer and their patients. Do your homework and bring documentation with you to that meeting with the appropriate information highlighted to show why you are concerned. (OSHA or CDC Interim Guidelines) This way your employer will understand your concerns and the two of you will hopefully be able to work things out. But as a last resort, if you are unable to rectify the situation you can call OSHA at 800-321-6742 to report emergencies, unsafe working conditions, safety and health violations, to file a complaint, or to ask safety and health questions.

Please refer to the ADHA website for additional information on how to handle the situation. Others have posed this question and if you click the + sign next to the question you will be able to view ADHA’s response.