



INTERIM GUIDANCE FOR DENTISTRY DURING THE COVID-19 PUBLIC HEALTH EMERGENCY

When you have read this document, you can affirm at the bottom.

As of June 26, 2020

Purpose

This Interim Guidance for Dentistry during the COVID-19 Public Health Emergency (“Interim COVID-19 Guidance for Dentistry”) was created to provide dental healthcare personnel (DHCP) with precautions to help protect against the spread of COVID-19 as dentistry facilities re-open or continue to operate for elective and emergency procedures. This guidance applies to all dental care, including emergency and non-emergency/elective care.

These guidelines are minimum requirements only and any employer is free to provide additional precautions or increased restrictions. These guidelines are based on the best-known public health practices at the time of Phase II of the State’s reopening, and the documentation upon which these guidelines are based can and does change frequently. The Responsible Parties – as defined below – are accountable for adhering to all local, state and federal requirements relative to operating dentistry facilities and providing emergency and non-emergency dental care to patients. The Responsible Parties are also accountable for staying current with any updates to these requirements, as well as incorporating same into operational and safety plans.

Background

On March 7, 2020, Governor Andrew M. Cuomo issued [Executive Order 202](#), declaring a state of emergency in response to COVID-19. Community transmission of COVID-19 has occurred throughout New York. To minimize further spread, social distancing of at least six feet must be maintained between individuals, where possible.

On March 20, 2020, Governor Cuomo issued [Executive Order 202.6](#), directing all non-essential businesses to close in-office personnel functions. Essential businesses, as defined by Empire State Development Corporation (ESD) [guidance](#), were not subject to the in-person restriction, but were, however, directed to comply with the guidance and directives for maintaining a clean and safe work environment issued by the New York State Department of Health (DOH), and were strongly urged to maintain social distancing measures to the extent possible. Emergency dental was designated as an essential health care operation.

On April 12, 2020, Governor Cuomo issued [Executive Order 202.16](#), directing essential businesses to provide employees, who are present in the workplace, with a face covering, at no-cost, that must be used when in direct contact with customers or members of the public during the course of their work. On April 15, 2020, Governor Cuomo issued [Executive Order 202.17](#), directing that any individual who is over age two and able to medically tolerate a face-covering must cover their nose and mouth with a mask or cloth face-covering when in a public place and unable to maintain, or when not maintaining, social distance. On April 16, 2020, Governor Cuomo issued [Executive Order 202.18](#), directing that everyone using public or private transportation carriers or other for-hire vehicles, who is over age two and able to medically tolerate a face covering, must wear a mask or face covering over the nose and

mouth during any such trip. It also directed any operators or drivers of public or private transport to wear a face covering or mask which covers the nose and mouth while there are any passengers in such a vehicle. On May 29, 2020, Governor Cuomo issued [Executive Order 202.34](#), authorizing business operators/owners with the discretion to deny admittance to individuals who fail to comply with the face covering or mask requirements.

On April 26, 2020, Governor Cuomo [announced](#) a phased approach to reopen industries and businesses in New York in phases based upon a data-driven, regional analysis. On May 4, 2020, the Governor [provided](#) that the regional analysis would consider several public health factors, including new COVID-19 infections, as well as health care system, diagnostic testing, and contact tracing capacity. On May 11, 2020, Governor Cuomo [announced](#) that the first phase of reopening would begin on May 15, 2020 in several regions of New York, based upon available regional metrics and indicators. On May 29, 2020, Governor Cuomo [announced](#) that the second phase of reopening would begin in several regions of the state, and announced the use of a new early warning dashboard that aggregates the state's expansive data collection efforts for New Yorkers, government officials, and experts to monitor and review how the virus is being contained to ensure a safe reopening. On June 11, Governor Cuomo [announced](#) that the third phase of reopening would begin on June 12 in several regions of New York.

In addition to the following standards, businesses must continue to comply with the guidance and directives for maintaining clean and safe work environments issued by DOH.

Please note that where guidance in this document differs from other guidance documents issued by New York State, the more recent guidance shall apply.

Standards for Responsible Dentistry Activities in New York State

No dentistry activities can occur without meeting the following minimum State standards, as well as applicable federal requirements, including but not limited to such minimum standards of the Centers for Disease Control and Prevention (CDC), Environmental Protection Agency (EPA), and United States Department of Labor's Occupational Safety and Health Administration (OSHA).

The State standards contained within this guidance apply to all dentistry activities in operation during the COVID-19 public health emergency until rescinded or amended by the State. The dentistry facility owner/manager, or another party as may be designated by the dentistry facility owner/manager (in either case, "the Responsible Parties") shall be responsible for meeting these standards.

References to "DHCP" include all paid and unpaid personnel in the dental health care setting who might be occupationally exposed to infectious materials, including body substances and contaminated supplies, equipment, environmental surfaces, water, or air. DHCP include dentists, dental hygienists, dental assistants, dental laboratory technicians (in-office and commercial), students and trainees, contractual personnel, and other persons not directly involved in patient care but potentially exposed to infectious agents (e.g. administrative, clerical, housekeeping, maintenance, or volunteer personnel), per [CDC's Guidelines for Infection Control in Dental Healthcare Settings](#).

The following guidance is organized around three distinct categories: people, places, and processes.

I. PEOPLE

A. Physical Distancing

- Responsible Parties must ensure that a distance of at least six feet is maintained among patients, accompanying visitors, and staff at all times, unless safety of the core activity requires a shorter distance (e.g. provision of care during dental visits and procedures); and
- Responsible Parties must ensure that patients and accompanying visitors wear face coverings at all times when in the dental facility, except when undergoing dental procedure.
 - Acceptable face coverings for COVID-19 include but are not limited to cloth-based face coverings and disposable masks that cover both the mouth and nose.
 - For more information protective equipment requirements for staff, See Section II "People," Subsection B "Protective Equipment."
- Responsible Parties must modify or restrict access to any waiting area seating, as needed, to allow six feet of distance in all directions (e.g. spacing chairs, instructing people to sit in alternating chairs).
 - Responsible Parties should remove any frequently touched objects that cannot be cleaned and disinfected regularly (e.g. toys, magazines, pens).
 - Responsible Parties should encourage visitors to wait outside or in vehicles until their designated appointment time.
 - When distancing is not feasible within seating areas, Responsible Parties may enact physical barriers (e.g. plastic shielding walls in areas where they would not affect air flow, heating, cooling, or ventilation).
 - If used, physical barriers should be put in place in accordance with [OSHA guidelines](#), especially in reception areas to limit contact between patients and staff.
 - Physical barrier options may include: strip curtains, plexiglass or similar materials, or other impermeable dividers or partitions.
- Responsible Parties should take measures to prevent congregation in elevator waiting areas and limit density in elevators, such as enabling the use of stairs.
- Responsible Parties should put in place measures to reduce bi-directional foot traffic using tape or signs with arrows in narrow aisles, hallways, or spaces, and post signage and distance markers denoting spaces of six feet in all commonly used areas and any areas in which lines are commonly formed or people may congregate (e.g. elevator entrances, escalators, lobbies, patient check-in, reception, health screening stations, etc.).
- Responsible Parties must post signs throughout the dental facility, consistent with DOH COVID-19 signage. Responsible Parties can develop their own customized signage specific to their workplace or setting, provided that such signage is consistent with the Department's signage. Signage should be used to remind DHCP, patients, and visitors to:
 - Cover their nose and mouth with a face-covering.
 - Properly store and, when necessary, discard personal protective equipment (PPE).
 - Adhere to physical distancing instructions.
 - Report symptoms of or exposure to COVID-19, and how they should do so.
 - Follow hand hygiene and cleaning and disinfection guidelines.

- Follow appropriate respiratory hygiene and cough etiquette.

B. Gatherings in Enclosed Spaces

- In order to reduce the proximity of individuals, Responsible Parties should advise patients to limit accompanying visitors to dental appointments, to the extent possible.
- As mentioned above, Responsible Parties should attempt to limit the number of persons in waiting areas by considering asking patients and accompanying individuals to wait in personal vehicles or outside the dentistry facility if appropriate, and by attempting to minimize overlapping appointments for dental visits or procedures.
- Responsible Parties must limit in-person employee gatherings (e.g. staff meetings) to the greatest extent possible and use other methods such as video or teleconferencing whenever possible, per CDC guidance "[Interim Guidance for Businesses and Employers to Plan and Respond to Coronavirus Disease 2019 \(COVID-19\)](#)". When videoconferencing or teleconferencing is not possible, Responsible Parties should hold meetings in open, well-ventilated spaces and ensure that individuals maintain six feet of social distance between one another (e.g. if there are chairs, leave space between chairs, have individuals sit in alternating chairs).
- Responsible Parties should consider tele-dentistry options where appropriate for non-emergency consultations to potentially minimize in-office care according to the [CDC guidelines](#) and [OSHA recommendations](#).
- Responsible Parties must put in place practices for adequate social distancing in small areas, such as restrooms and breakrooms, with appropriate signage and systems (e.g. flagging when occupied) to restrict occupancy when social distancing cannot be maintained in such areas.

C. Workplace Activity

- Responsible Parties must take measures to reduce interpersonal contact and congregation, through methods such as:
 - limiting in-person presence to only those staff who are necessary to be on site;
 - adjusting workplace hours;
 - reducing on-site workforce to accommodate social distancing guidelines;
 - shifting design (e.g. A/B teams, staggered arrival/departure times).
- Responsible Parties should consider limiting dental care to as few patients as can safely be treated simultaneously with appropriate distancing whenever possible.
- Responsible Parties must allow adequate time between dental procedures for DHCP to fully and appropriately clean rooms and equipment, replace soiled PPE, and perform appropriate hand hygiene as described below.
- Responsible Parties should practice the following workplace activities in accordance with CDC "[Interim Infection Prevention and Control Guidance for Dental Settings During the COVID-19 Response](#)"
 - Make sure that all unused supplies and dental instruments are appropriately covered and stored (e.g. closets, drawers, cabinets).
 - Set up patient rooms so that only necessary sterile equipment is accessible. Any supplies or equipment that are exposed but not used should be considered contaminated.

- Attempt to limit or avoid aerosol-generating procedures whenever possible (e.g. avoid dental handpieces, air/water syringe, ultrasonic scalers) and prioritize hand instruments and minimally invasive/atraumatic restorative techniques. If aerosol-generating procedures are necessary, take precautions to minimize exposure (e.g. four-handed dentistry, high evacuation suction, dental dams, limited personnel for procedure support).
- Maintain appropriate ventilation systems to provide adequate air movement from clean to contaminated areas, refer to the [CDC guidelines](#) and [OSHA recommendations](#) for additional details on HVAC setup and appropriate air filtration.

D. Movement of Individuals

- Responsible Parties should limit on-site interactions (e.g. designate an egress for individuals leaving their shifts and a separate ingress for individuals starting their shifts) and movements (e.g. employees should remain near their workstations as often as possible).
- Responsible Parties should limit the number of entrances in order to (1) manage the flow of visitors into the building and (2) facilitate health screenings, as described below in Section III "Processes," Subsection A "Screening and Testing," while remaining in compliance with fire safety regulations.
- Develop a plan for people to maintain six feet of social distance while queuing inside or outside of the facility for screening, as applicable.

II. PLACES

A. Protective Equipment

- As mentioned above, Responsible Parties must ensure that patients and visitors wear face coverings at all times, except when undergoing dental procedure. Acceptable coverings include at minimum cloth face coverings or surgical masks that securely cover the nose and mouth.
 - Responsible Parties should advise patients and all accompanying individuals to wear appropriate face coverings. If patients arrive at dental facilities without appropriate face coverings, consider providing face coverings if supplies are adequate or asking patient to reschedule and return with an appropriate face covering.
 - Responsible Parties can turn visitors away if visitors are not wearing face coverings or refuse to wear provided face coverings, per [Executive Order 202.34](#).
- Responsible Parties must ensure that DHCP wear appropriate PPE when providing care to patients in accordance with appropriate [OSHA standards](#), including surgical masks, eye protection, gloves, and protective clothing when performing any dental procedures that do not generate aerosols. For aerosol generating procedures, providers should wear a properly fit-tested, NIOSH-certified, disposable N95 or higher-rated respirator, eye protection (e.g. goggles, face shield) gloves, and gowns.
- Responsible Parties must establish policies for DHCP PPE removal and replacement before and after seeing patients. Responsible Parties must ensure DHCP follow CDC recommendations for and are properly trained in donning and doffing PPE.
- Responsible Parties must ensure that staff with duties unrelated to patient care such as clerical staff also wear appropriate face coverings at all times.

- Responsible Parties must procure, fashion, or otherwise obtain acceptable face coverings and PPE, and provide such coverings to their employees while at work at no cost to the employee. An adequate supply of face coverings, gloves, masks and other required PPE should be on hand in the event an employee needs a replacement, or a patient is in need.
- Responsible Parties must ensure that DHCP follow detailed instructions per [CDC guidance](#) on suggested sequences for donning and doffing PPE.
 - Face coverings must be cleaned or replaced after use and may not be shared. Please consult the [CDC guidance](#) for additional information regarding PPE instructions and best practices.
 - Note that cloth face coverings or disposable masks shall not be considered acceptable face coverings for workplace activities that impose a higher degree of protection for face covering requirements. For example, if N95 respirators are required for specific aerosol-generating dental procedures, a cloth face mask would not suffice. Responsible Parties must adhere to OSHA standards for such safety equipment.
 - Responsible Parties must allow DHCP to use their own acceptable face coverings but cannot require staff to supply their own face coverings. Further, this guidance shall not prevent staff from wearing their personally owned additional protective coverings (e.g. surgical masks, N95 respirators, or face shields), or if the Responsible Parties otherwise requires staff to wear more protective PPE due to the nature of their work. Employers should comply with all applicable OSHA standards.
- Responsible Parties should also remind patients to wear appropriate-face coverings in shared spaces before entering/exiting the facility (e.g. lobby, corridors, elevators).
- Responsible Parties must put in place measures to limit contamination from high-touch areas, such as installing touchless appliances such as contactless payments, contactless soap/towel dispensers, and contactless trash cans.

B. Hygiene, Cleaning, and Disinfection

- Responsible Parties must ensure adherence to hygiene and cleaning and disinfection requirements following each patient visit or procedure as advised by the CDC and DOH, including "[CDC Guidelines for Infection Control in Dental Health Care Settings](#)", "[Guidance for Cleaning and Disinfection of Public and Private Facilities for COVID-19](#)," and the "[STOP THE SPREAD](#)" poster, as applicable. Responsible Parties must maintain logs that include the date, time, and scope of cleaning and disinfection.
- Responsible Parties must ensure that DHCP wait at least 15 minutes after completion of dental visit or procedure to allow potential contagious droplets to sufficiently fall from the air before beginning cleaning and disinfection of surfaces in the dental operatory per [CDC Guidance on Generation and Behavior of Airborne Particles](#).
- Responsible Parties must ensure that DHCP clean operatory while wearing at minimum gloves, surgical mask, and eye protection such as goggles or face shield.
 - Responsible Parties must provide and maintain hand hygiene stations on site, as follows:
 - For handwashing: soap, running warm water, and disposable paper towels.
 - For hand sanitizing: an alcohol-based hand sanitizer containing at least 60% alcohol for areas where handwashing facilities may not be available or practical.

- Make hand sanitizer available throughout common areas (e.g. lobbies). It should be placed in convenient locations, such as at entrances, exits, waiting areas. Touch-free hand sanitizer dispensers should be installed where possible.
- Responsible Parties should place signage near hand sanitizer stations indicating that visibly soiled hands should be washed with soap and water; hand sanitizer is not effective on visibly soiled hands.
- Responsible Parties should place receptacles around the dental facility for disposal of soiled items, including PPE.
- Responsible Parties must provide appropriate cleaning and disinfection supplies for shared and frequently touched surfaces and encourage staff to use these supplies, following manufacturers' instructions, before and after use of these surfaces, followed by hand hygiene.
- Responsible Parties must conduct regular cleaning and disinfection of the facility and more frequent cleaning and disinfection for high risk areas used by many individuals and for frequently touched surfaces. Cleaning and disinfection must be rigorous and ongoing and should occur at least after each shift, daily, or more frequently as needed. Please refer to DOH's "[Interim Guidance for Cleaning and Disinfection of Public and Private Facilities for COVID-19](#)" for detailed instructions on how to clean and disinfect facilities.
 - Responsible Parties must ensure regular cleaning and disinfection of restrooms. Restrooms should be cleaned and disinfected more often depending on frequency of use.
 - Responsible Parties must ensure distancing rules are adhered to by using signage, occupied markers, or other methods to reduce restroom capacity where feasible.
 - Responsible Parties must ensure that equipment and tools are regularly cleaned and disinfected using hospital grade disinfectant. Refer to the [OSHA recommendations](#), and the Department of Environmental Conservation (DEC) [list of products](#) registered in New York State and identified by the EPA as effective against COVID-19.
 - Responsible Parties should follow routine cleaning and disinfection procedures in accordance with standard practices for disinfection and sterilization of dental devices contaminated with SARS-CoV-2 as describes in the [CDC Guideline for Disinfection and Sterilization in Healthcare Facilities](#), and the [Guideline for Infection Control in Dental Health Care Settings](#).
 - Responsible Parties must provide for the cleaning and disinfection of exposed areas in the event an individual is confirmed to have COVID-19, with such cleaning and disinfection to include, at a minimum, all heavy transit areas and high-touch surfaces (e.g. elevators, waiting areas, entrances, badge scanners, restrooms handrails, door handles).
- CDC guidelines on "[Cleaning and Disinfecting Your Facility](#)" if someone is suspected or confirmed to have COVID-19 are as follows:
 - Close off areas used by the person suspected or confirmed to have COVID-19.
 - Affected areas need to be closed off and cleaned and disinfected.
 - Shared building spaces used by the individual must also be shut down, cleaned and disinfected (e.g. elevators, waiting areas, restrooms).
 - Responsible Parties must immediately communicate information about individuals suspected or confirmed to have COVID-19 to all impacted entities occupying space in the building and inform them of which spaces are shut down and once they are re-opened.
 - Open outside doors and windows to increase air circulation in the area.
 - Wait 24 hours before you clean and disinfect. If 24 hours is not feasible, wait as long as possible.

- Clean and disinfect all areas used by the person suspected or confirmed to have COVID-19, such as offices, bathrooms, common areas, and shared equipment.
- Once the area has been appropriately cleaned and disinfected, it can be re-opened for use.
 - Employees and visitors without close or proximate contact with the person suspected or confirmed to have COVID-19 can return to the work area immediately after cleaning and disinfection.
 - Refer to DOH’s [“Interim Guidance for Public and Private Employees Returning to Work Following COVID-19 Infection or Exposure”](#) for information on “close or proximate” contacts.
- If more than seven days have passed since the person who is suspected or confirmed to have COVID-19 visited or used the facility, additional cleaning and disinfection is not necessary, but routine cleaning and disinfection should continue.
- Responsible Parties must prohibit shared food and beverages among employees (e.g. self-serve meals and beverages), encourage employees to bring lunch from home, and reserve adequate space for employees to observe social distancing while eating meals.

C. Phased Reopening

- Responsible Parties are encouraged to phase-in reopening activities so as to allow for operational issues to be resolved before production or work activities return to normal levels. Responsible Parties should consider limiting the number of staff, hours, and number of patient appointments available when first reopening so as to provide operations with the ability to adjust to the changes.

D. Communications Plan

- Responsible Parties must affirm that they have reviewed and understand the state-issued industry guidelines, and that they will implement them.
- Responsible Parties should develop a communications plan that includes applicable instructions, training, signage, and a consistent means to provide individuals with information. Responsible Parties may consider developing webpages, text and email groups, and social media.
- Responsible Parties should institute a training plan for all DHCP to educate staff on new practices and responsibilities before re-opening or expanding operations
- Responsible Parties should encourage individuals to adhere to CDC and DOH guidance regarding the use of PPE, specifically face coverings, when a social distance of six feet cannot be maintained, through verbal communication and signage.
- Responsible Parties should post signage inside and outside of the facility to remind individuals to adhere to proper hygiene, social distancing rules, appropriate use of PPE, and cleaning and disinfection protocols.

III. PROCESSES

A. Screening and Testing

- Responsible Parties must implement mandatory health screening practices of DHCP, patients, and visitors.

- Screening practices may be performed remotely (e.g. by telephone or electronic survey), before the employee or patient reports to the facility, to the extent possible; or may be performed on site.
- Screening should be coordinated to prevent individuals from intermingling in close or proximate contact with each other prior to completion of the screening.
- At a minimum, screening must be required for all DHCP, patients, and visitors and completed using a questionnaire that determines whether the individual has:
 - (a) knowingly been in close or proximate contact in the past 14 days with anyone who has tested positive for COVID-19 or who has or had symptoms of COVID-19;
 - (b) tested positive for COVID-19 in the past 14 days; and/or
 - (c) has experienced any symptoms of COVID-19 in the past 14 days.
- Refer to CDC guidance on "[Symptoms of Coronavirus](#)" for the most up to date information on symptoms associated with COVID-19.
- Responsible Parties must require DHCP to immediately disclose if and when their responses to any of the aforementioned questions changes, such as if they begin to experience symptoms, including during or outside of work hours.
- In addition to the screening questionnaire, temperature checks may also be conducted per U.S. Equal Employment Opportunity Commission or DOH guidelines. Responsible Parties are prohibited from keeping records of employee health data (e.g. the specific temperature data of an individual), but are permitted to maintain records that confirm individuals were screened and the result of such screening (e.g. pass/fail, cleared/not cleared).
- Responsible Parties must ensure that any personnel performing screening activities, including temperature checks, are appropriately protected from exposure to potentially infectious individuals. Personnel performing screening activities should be trained by employer-identified individuals who are familiar with CDC, DOH, and OSHA protocols.
- Screeners should be provided and use PPE, including at a minimum, a face mask.
- Dental treatment for an individual who screens positive for COVID-19 symptoms should be deferred if possible and patient is not in need of urgent dental care. If emergency dental care is necessary, conform to [CDC's Interim Infection Prevention and Control Recommendations](#) or refer to a facility that has appropriate engineering controls in place to take care of the patient.
- A DHCP who screens positive for COVID-19 symptoms must not be allowed to enter the worksite and must be sent home with instructions to contact their healthcare provider for assessment and testing.
 - Responsible Parties should provide such individuals with information on healthcare and testing resources.
 - Responsible Parties must immediately notify the state and local health department about the case if test results are positive for COVID-19.
- Responsible Parties must immediately notify the state and local health department of any positive cases. Responsible Parties should provide the individual with information on healthcare and testing resources.

- Responsible Parties should refer to DOH’s [“Interim Guidance for Public and Private Employees Returning to Work Following COVID-19 Infection or Exposure”](#) regarding protocols and policies for DHCP seeking to return to work after a suspected or confirmed case of COVID-19 or after the DHCP had close or proximate contact with a person with COVID-19.
- Responsible Parties must designate a central point of contact, which may vary by activity, location, shift or day, responsible for receiving and attesting to having reviewed all questionnaires, with such contact also identified as the party for individuals to inform if they later are experiencing COVID-19-related symptoms, as noted on the questionnaire.
- Responsible Parties must designate a site safety monitor whose responsibilities include continuous compliance with all aspects of the site safety plan.
- To the extent possible, Responsible Parties should maintain a daily log of all DHCPs and visitors who may have had close or proximate contact with other individuals in the in the facility; excluding deliveries that are performed with appropriate PPE or through contactless means. Logs should contain contact information, such that all contacts may be identified, traced, and notified in the event an individual is diagnosed with COVID-19. Responsible Parties shall encourage but not require patient and visitor information as part of this log. Responsible Parties must cooperate with state and local health department contact tracing efforts.
- Responsible Parties must designate a central point of contact, which may vary by activity, location, shift or day, responsible for receiving and attesting to having reviewed all questionnaires, with such contact also identified as the party for individuals to inform if they later are experiencing COVID-19-related symptoms, as noted on the questionnaire.
 - Identified point of contact for the facility should be prepared to receive notifications from individuals of positive cases and initiate the respective cleaning and disinfection procedures.

B. Tracing and Tracking

- Responsible Parties must notify the state and local health department immediately upon being informed of any positive COVID-19 test result by an DHCP at their facility. Responsible Parties must be prepared to receive reports of positive cases from DHCP, patients, or visitors, and notify as follows.
- In the case of a DHCP, patient, or visitor testing positive, the Responsible Parties must cooperate with the state and local health department as required to trace all contacts in the workplace, and the state and local health department where the facility is located must be notified of all individuals who entered the site dating back 48 hours before the individual first experienced COVID-19 symptoms or tested positive, whichever is earlier. Confidentiality must be maintained as required by federal and state law and regulations.
- State and local health departments may, under their legal authority, implement monitoring and movement restrictions of infected or exposed persons including home isolation or quarantine.
- Individuals who are alerted that they have come into close or proximate contact with a person with COVID-19, and have been alerted via tracing, tracking or other mechanism, are required to self-report to their employer at the time of alert and shall follow the protocol referenced above.

IV. EMPLOYER PLANS

Responsible Parties must conspicuously post completed safety plans on the premises of the workplace. The State has made available a business reopening safety plan template to guide business owners and operators in developing plans to protect against the spread of COVID-19, and such plans are adaptable for dentistry facilities to use.

Additional safety information, guidelines, and resources are available at:

New York State Department of Health Novel Coronavirus (COVID-19) Website
<https://coronavirus.health.ny.gov/>

Centers for Disease Control and Prevention Coronavirus (COVID-19) Website
<https://www.cdc.gov/coronavirus/2019-ncov/index.html>

Occupational Safety and Health Administration COVID-19 Website
<https://www.osha.gov/SLTC/covid-19/>

Occupational Safety and Health Administration Recommendations for Dental Workers and Employees
<https://www.osha.gov/SLTC/covid-19/dentistry.html>

American Dental Association: Return to Work – Interim Guidance Toolkit
https://success.ada.org/~media/CPS/Files/Open%20Files/ADA_Return_to_Work_Toolkit.pdf

At the link below, affirm that you have read and understand your obligation to operate in accordance with this guidance:

<https://forms.ny.gov/s3/ny-forward-affirmation>