**American Association of Orthodontists**

**04/28/2020**

**WHEN YOUR OFFICE REOPENS**

The COVID-19 pandemic has affected AAO members in numerous ways. We remain confident that you will be returning to your practices in the near future but in the meanwhile, you are presented with a series of challenges. Among those challenges are the decisions about:

* When to reopen
* In what order and in what capacity to schedule patients
* How to develop a scheduling plan that is in the best interest of the patient and their family.

As important as the preparation of your physical office and your staff, it is equally important to prepare your patients for their upcoming visits.

**When to Reopen**

Before deciding to reopen your office, check with any federal, state, and local regulations, as well as applicable dental boards. For your reference, the ADA has developed and is maintaining a database of [State Mandates and Recommendations](https://success.ada.org/en/practice-management/patients/covid-19-state-mandates-and-recommendations).

**Supplies and Resources**

In preparation of opening, assess your practice resources and supplies. On April 18, 2020, to aid dentists who may be reopening their practices when state mandates are lifted, the ADA has developed interim guidance on the PPE recommended in order to practice during this pandemic and minimize the risk of virus transmission. Additional guidance documents will be issued regarding protocols for office and treatment procedures.

Things to consider include the following:

**Procedures**

[ADA Interim Guidelines for Minimizing Risk of Covid Transmission](https://www.ada.org/~/media/CPS/Files/COVID/ADA_COVID_Int_Guidance_Treat_Pts.pdf?utm_source=cpsorg&utm_medium=cpsalertbar&utm_content=cv-pm-ebd-interim-response&utm_campaign=covid-19)

[Information on PPE, How to Handle Covid Patients, and Clinical Care Guidelines](https://success.ada.org/en/practice-management/patients/digital-events/covid-19-transmission-and-emergency-care-q-and-a?utm_source=successadaorg&utm_medium=covid-resources-lp&utm_content=cv-pn-guidance-qa&utm_campaign=covid-19&_ga=2.183810274.577719821.1587062616-1485743611.1571939937)

[Interim Mask and Face Shield Guidelines](https://assets-prod-www1.aaoinfo.org/assets-prod-www1/2020/04/ADA_Interim_Mask_and_Face_Shield_Guidelines.pdf)

[Understanding Mask Types](https://assets-prod-www1.aaoinfo.org/assets-prod-www1/2020/04/ADA_COVID19_UnderstandingMasks.pdf)

**Scripting**

Prior to scheduling the patient’s first visit back in your office, it is recommended that you develop scripting that suit both the orthodontist and the team, to best communicate your new scheduling plan. Scripting goals should revolve around helping the patient realize that they remain important to you and your team.

**Scheduling Process**

Consider keeping all patients first post-quarantine appointments as short as possible so that all patients may be seen in the office within a reasonable amount of time. Patients that had been previously scheduled with lengthy visits, such as debond appointments, should be advised that, prior to rescheduling their long visit, a cursory brief evaluation is necessary and in their best interest.

Seeing all of your patients without too long of a delay will allow them to recognize that they are important to you and will be cared for in a timely manner.

**Consider the following procedures that have been implemented by some AAO members:**

* ***Communicate explicitly with patients:***  Don’t assume that patients and parents know the substantial efforts put forth by your team to prevent the spread of infections – both routinely and with any added processes since the coronavirus emerged. Provide reassurance by including a brief overview of your sterilization and sanitation procedures.
  + Many AAO members are using social media posts and emails to let patients and parents know that their offices are open as well as to outline any changes in procedures, if applicable (see below).
* ***Stagger the scheduling of patients*** so that it will be possible to keep them six feet apart.  Adjacent dental chairs should be assessed for the six-foot minimum when seating patients as well. Ask patients to brush their teeth before coming to their appointments so as to minimize contamination via the toothbrushing station.
* ***Pre-screen patients for symptoms and exposure.***  This may best be done by contacting patients and parents the evening before their scheduled appointments, via phone or email, asking them the following questions and indicating that a response is required in order to secure their appointment time
  + Have you recently participated in any large gatherings (of more than 50 attendees) or gatherings of people you didn’t know?
  + Have you or a member of your household traveled outside the United States within the last 14 days?
  + Have you or an immediate family member been sick or had a fever within the last 14 days? Patients answering “yes” to any of these questions should be re-scheduled. One exception may be elementary and high school students whose schools are not closed and who have attended classes.
* **C*onsider adjusting the patient check-in process so as to keep your waiting room traffic to an absolute minimum.*** Approaches to consider:
  + Patients check-in via text from their cars, or staff could visit their vehicles to check them in.  Patients are then called into the office via text when the team is ready for them.
* ***Restrict who can enter your office.***  Regardless of the check-in system utilized, establish that adult patients and teens are to enter the office alone; only children are to be accompanied by one adult.
* ***Put away items that may be accessed in your waiting area and potentially contaminated,*** such as magazines, pens, coffee/tea stations or toys.
* ***Don’t overlook delivery personnel.***  Consider using signage directing delivery personnel to call and inform your office of their arrival; further consider that they leave shipments outside for you and your team to collect. Ask key shippers if any required signatures can be collected electronically.
* ***Consider temporarily limiting the procedures done in your office.*** A key concern is avoiding production of *AEROSOLS*, given the potential that asymptomatic patients may have unknowingly been exposed to the coronavirus:
  + Postpone debonding procedures;
  + Avoid the use of a handpiece.

**If someone enters your office showing symptoms of coronavirus:**

***If despite your efforts, someone enters your office displaying***[***symptoms of the coronavirus***](https://www.cdc.gov/coronavirus/2019-ncov/downloads/COVID19-symptoms.pdf)***, refer them for testing.*** Information is available via the [CDC’s Public Health Laboratory Testing map](https://www.cdc.gov/coronavirus/2019-ncov/testing-in-us.html).

Ask the individual if they will let you know their test results and consider an immediate closure of your office pending test results.  If results are positive, everyone who entered the office after the affected patient will need to be notified immediately.