

# CDC COVID-19 PPE and Screening FAQ

The Centers for Disease Control and Prevention (CDC) posted updated information regarding mask guidance for fully vaccinated people. This information may help you with some questions you, your staff or your patients have. *Please remember that CDC guidance should be considered in conjunction with any state or local regulations.*

## Do patients still need to wear a mask when visiting a dental office?

Source: [\*“When You’ve Been Fully Vaccinated”\*](#)

People who are fully vaccinated against COVID-19 can stop wearing masks in most places. However, people will still need a mask in the following places:

- Healthcare settings (like a dental or medical office, a hospital or a nursing home)
- Using public transportation
- Transportation centers (like airports or train stations)
- Local businesses and workplaces that require masks
- Additional places where required by federal, state, local, tribal, or territorial laws, rules, and regulations

## May dental healthcare personnel (DHCP) stop wearing masks in the break room?

Source: [\*“Updated Healthcare Infection Prevention and Control Recommendations in Response to COVID-19 Vaccination”\*](#)

In general, fully vaccinated DHCP should continue to wear source control while at work in most instances. However, fully vaccinated DHCP could dine and socialize together in break rooms and conduct in-person meetings without source control or physical distancing. If unvaccinated DHCP are present, everyone should wear source control.

## Should we continue to screen patients and DHCP?

In the CDC’s April 27, 2021 guidance, [\*Updated Healthcare Infection Prevention and Control Recommendations in Response to COVID-19 Vaccination\*](#), near the bottom of section 4, titled “SARS CoV-2 Testing,” the following statement reads:

“For other healthcare facilities that are performing expanded screening testing for asymptomatic HCP who do not have a known exposure, vaccinated HCP can be excluded from such a testing program.”

The above excerpt from Section 4 of the updated recommendations is referring to actual screening *testing*, not all screening activities. The information in Item 1 (below) explains “expanded screening testing.” This guidance is modified by healthcare personnel vaccination (see Item 2 below). However, this is different than daily screenings. **CDC’s [\*Guidance for Dental Settings\*](#) still recommends daily screenings.**

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The updated [Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 \(COVID-19\) Pandemic](#) guidance states (listed in #3 below) “Establish a process to ensure everyone (patients, healthcare personnel, and visitors) entering the facility is assessed for [symptoms of COVID-19](#), or exposure to others with suspected or confirmed SARS-CoV-2 infection and that they are practicing source control.” Temperature scans and screening questions are methods of assessment.

1. An explanation of “expanded screening testing” can be found in the [Interim Guidance on Testing Healthcare Personnel for SARS-CoV-2](#). CDC last updated it on February 16, 2021 to include guidance for testing asymptomatic HCP without known or suspected exposure to SARS-CoV-2 as part of expanded screening. Included is an excerpt below:

**“Testing asymptomatic HCP without known or suspected exposure to SARS-CoV-2 as part of expanded screening**

CDC continues to recommend that testing be prioritized for HCP with symptoms consistent with COVID-19 and for asymptomatic HCP with known or suspected exposure to SARS-CoV-2 as described above.”

2. [Updated Healthcare Infection Prevention and Control Recommendations in Response to COVID-19 Vaccination | CDC](#)

Expanded screening testing of asymptomatic HCP should be as follows:

- a. Fully vaccinated HCP may be exempt from expanded screening testing (i.e. testing for COVID-19). However, per recommendations above, vaccinated HCP should have a viral test if the HCP is symptomatic, has a higher-risk exposure or is working in a facility experiencing an outbreak.
  - b. In nursing homes, unvaccinated HCP should continue expanded screening testing as previously [recommended](#).
  - c. For other healthcare facilities that are performing expanded screening testing for asymptomatic HCP who do not have a known exposure, vaccinated HCP can be excluded from such a testing program.
3. [Infection Control: Severe acute respiratory syndrome coronavirus 2 \(SARS-CoV-2\) | CDC](#)

**“Screen and Triage Everyone Entering a Healthcare Facility for Signs and Symptoms of COVID-19**

Although screening for symptoms will not identify asymptomatic or pre-symptomatic individuals with SARS-CoV-2 infection, symptom screening remains an important strategy to identify those who could have COVID-19, so appropriate precautions can be implemented.”

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Take steps to ensure that everyone adheres to source control measures and hand hygiene practices while in a healthcare facility.

- a. Post [visual alerts](#) (e.g., signs, [posters](#)) at the entrance and in strategic places (e.g., waiting areas, elevators, cafeterias) to provide instructions (in appropriate languages) about wearing a well-fitting form of source control and how and when to perform hand hygiene.
- b. Provide supplies for respiratory hygiene and cough etiquette, including alcohol-based hand sanitizer (ABHS) with 60-95% alcohol, tissues, and no-touch receptacles for disposal, at healthcare facility entrances, waiting rooms, and patient check-ins.
- c. Limit and monitor points of entry to the facility.
- d. Establish a process to ensure everyone (patients, healthcare personnel, and visitors) entering the facility is assessed for [symptoms of COVID-19](#), or exposure to others with suspected or confirmed SARS-CoV-2 infection, and that they are practicing source control.
- e. Options could include (but are not limited to): individual screening on arrival at the facility; or implementing an electronic monitoring system in which, prior to arrival at the facility, people report absence of fever and symptoms of COVID-19, absence of a diagnosis of SARS-CoV-2 infection in the prior 10 days, and confirm they have not been exposed to others with SARS-CoV-2 infection during the prior 14 days.

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