

DELAWARE
TECHNICAL  **COMMUNITY**
COLLEGE

MEMORANDUM

TO: Dr. Lora Johnson, Vice President and Campus Director
Dr. June Roux, Dean of Instruction
Vivian Rizzo, Department Chair

FROM:  Dr. Mark T. Brainard, President

DATE: August 21, 2020

RE: Dental Health Center Operations (Wilmington Campus and DAFB)

Non-emergency treatment of patients at the Wilmington and DAFB Dental Health Centers, including routine cleanings, may resume, subject to the following:

1. All patients will be screened prior to entry into the dental health center in accordance with the College's screening guidelines then in effect;
2. In addition to the screening required above, every patient will also have their temperature taken with a touchless thermometer prior to receiving treatment. The patient's temperature will be recorded in the record of the patient's visit;
3. All patients must execute a Risk Acknowledgement and Liability Waiver (attached); and
4. All dental services and treatment must occur in accordance with the Centers for Disease Control and Prevention's most recent guidance for dental settings.

This guidance supersedes previous communications on this topic and is subject to change as warranted as the situation develops.



ASSUMPTION OF THE RISK ACKNOWLEDGEMENT AND LIABILITY WAIVER FORM
Dental Health Center Patients

I hereby acknowledge and agree that my receipt of dental care services at the Delaware Technical Community College Dental Health Center (hereafter "Center") during the current pandemic is voluntary. I am aware of the risk that I may be exposed to COVID-19 by receiving dental care and voluntarily accept such risks with full knowledge of the potential consequences.

I understand that the Center has put preventative measures in place to reduce exposure to infectious diseases, including COVID-19, but that the Center cannot guarantee that I will not be exposed to COVID-19 or other infectious disease.

I further certify as follows:

1. That I do not have a fever of 100 degrees Fahrenheit or greater; fever, cough, shortness of breath/difficulty breathing, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of smell or taste; and
2. I have not been within six feet of a person diagnosed with COVID-19 for more than a few minutes within the last 14 days.

I hereby release and agree to hold Delaware Technical Community College, its trustees, officers, administrators, faculty and staff, harmless from and waive on behalf of myself, my heirs, and any personal representatives, any and all causes of action, claims, demands, damages, costs, expenses and compensation for damage or loss to myself and/or property that may be caused by any act, or failure to act of the College, or that may otherwise arise in any way in connection with my participation in an educational program at the College, except for gross negligence or willful and wanton misconduct. I understand that this release discharges the College from any liability or claim that I, my heirs, or any personal representatives may have with respect to any bodily injury, illness, death, medical treatment, or property damage that may arise from, or in connection with my participation in the activity described above.

Signature of Patient/Legal Guardian
(If patient is under 18 years of age)

Date