



COLLEGE OF REGISTERED
DENTAL HYGIENISTS
OF ALBERTA

Dental Practice Guidelines During the COVID-19 Pandemic

Version 1.0
Effective August 1, 2020

Copyright © 2020 All rights reserved.

TABLE OF CONTENTS

INTRODUCTION.....	3
Public Health, Outbreak Level and Dentistry.....	4
STAFF PREPARATION.....	4
Occupational Health and Safety (OHS).....	4
Employment Considerations for COVID-19.....	5
Daily Screening of Oral Health Care Providers and Staff.....	5
Contact Tracing.....	6
Hand Hygiene.....	6
DENTAL PRACTICE PREPARATION	7
Reception and Waiting Area	7
Clinical Area	8
Common Staff Areas	8
Receiving Deliveries	8
CLINICAL PRACTICES AND PROTOCOLS	8
Point-of-Care Risk Assessment:.....	9
Aerosol Generating Procedures (AGPs)	9
Personal Protective Equipment (PPE).....	11
BEFORE THE APPOINTMENT	13
Determining Patient COVID-19 Risk	13
COVID-19 Risk Level from Screening Questionnaire	14
Vulnerable Patients.....	15
DURING THE APPOINTMENT	15
AFTER THE APPOINTMENT	16
Record Keeping.....	16
Enhanced Environmental Cleaning and Disinfection	16
Going Home after a Workday.....	17
Emergent vs. Urgent vs. Non-Urgent Care.....	18
RESOURCES.....	19
Sample Patient Screening Form	20
Alberta Dental Relaunch Checklist	20
Flowchart.....	20

INTRODUCTION

These guidelines provide interim considerations specific to the COVID-19 pandemic, to the broader dental practice environment that is shared between oral health care providers (OHCP) who are regulated members of the Alberta Dental Association and College (ADA&C), the College of Alberta Dental Assistants (CADA) and the College of Registered Dental Hygienists of Alberta (CRDHA). In some instances certain guidance in this document will be specific to the model of care provided by each regulated oral health professional. It should be read in conjunction with relevant provincial legislation, regulations and policies.

The guidelines are based on scientific evidence and expert opinion available at the time of writing. Research related to COVID-19 is rapidly evolving; these guidelines are subject to revision as additional information and data becomes available.

The information in these guidelines for dental practice are based on reducing the risk of spreading infection: from pre-appointment triage to physical distancing to personal protective equipment (PPE). The COVID-19 illness is challenging because infected people may not have any symptoms and do not know they are infected. For this reason, the ADA&C [Standard of Practice: Infection Prevention and Control Standards and Risk Management for Dentistry](#), Alberta Health [Workplace Guidance for Community Health Care Settings](#) and [Workplace Guidance for Business Owners](#) must be followed as the documents work together to reduce the risk of the spread of infection.

At the time of writing, OHCPs can provide all services within their respective competencies. By following the risk assessment strategies outlined in these guidelines, OHCPs are to use their professional judgment to make informed decisions about the care they provide based on their own specific practice setting, taking into account factors such as community risk, facility characteristics, and patient demographics, amongst others. Implementing this process into dental practice can reduce the impact of biological hazards such as COVID-19 and allow the dental team to protect their patients¹ and themselves from infection.

Alberta dentists, registered dental assistants and registered dental hygienists are each governed by their own independent Colleges. OHCPs are to use appropriate clinical judgment and follow their respective Standards of Practice and Code of Ethics.

¹ Patients are referred to as “clients” in CRDHA Standards of Practice and guidelines

Public Health, Outbreak Level and Dentistry

These guidelines identify adjustments to your practice based on current knowledge of the COVID-19 pandemic. Since outbreaks can be local, the modifications may be different from one community compared to another community. How your practice is modified will depend on many factors, and you can expect changes as the level of outbreak changes, as declared by public health officials. Evaluate your practice with respect to the incidence of disease in your community.

Website resources:

- [Alberta's COVID-19 Response](#)
- [Alberta Dental Association and College](#)
- [College of Alberta Dental Assistants](#)
- [College of Registered Dental Hygienists of Alberta](#)

Alberta Health (AH) has developed a [COVID-19 status map](#) for Albertans to learn about the regional relaunch status in their area and receive notifications if there is a change to their region's COVID-19 status.

STAFF PREPARATION

OHCPs and staff need to have basic knowledge of the disease, the infectivity and modes of transmission and should be aware of the steps being taken in their workplace for prevention. Until the pandemic recedes, effective therapy is available, or a vaccine is developed and administered to the vast majority of the population, COVID-19 remains a risk for everyone, especially vulnerable populations.

Employers should have ongoing training sessions with all staff that reviews these guidelines, ADA&C [Standard of Practice: Infection Prevention and Control Standards and Risk Management for Dentistry](#), Alberta Health [Workplace Guidance for Community Health Care Settings](#) and [Workplace Guidance for Business Owners](#). These training sessions should be documented.

Staff training should also include:

- The risk of exposure to COVID-19 and the signs and symptoms of the disease
- Consideration of patient flow into and through the practice including methods for maintaining physical distance, such as not greeting others by hugging or shaking hands
- Timing for operatory usage, cleaning and disinfection and reprocessing
- PPE requirements, including [donning](#) and [doffing](#) methods to prevent contamination
- Staff that require N95 masks must be fitted and trained in appropriate use ([Respiratory protective equipment: an employer's guide](#))
- How to report an exposure to COVID-19

Occupational Health and Safety (OHS)

Workplaces must adhere to requirements under the Occupational Health and Safety (OHS) Act where employers ensure, as far as it is reasonably practicable, the health, safety and welfare of their workers, and workers must work in a manner that ensures the health and safety of themselves and others.

- The OHS Code requires employers to assess work site hazards and eliminate or control the existing or potential hazards using engineering controls, administrative controls, and personal protective equipment
- Employers must continually assess the situation and adjust to meet work site hazards
- Employers must ensure workers who may be affected by hazards are involved in the hazard assessment and control process and comply with the requirements
- Specific requirements under the OHS Act and its regulations are available at:
 - [Occupational Health and Safety Act](#)
 - [Occupational Health and Safety Regulation](#)
 - [Occupational Health and Safety Code](#)

Every person employed in Alberta has the right to a safe work environment. This includes employers, employees, owners, contractors, sub-contractors, contracting employers and suppliers. Workers have the right to refuse dangerous work and are protected from reprisal for exercising this right.

For further information, please refer to:

- [Alberta Occupational Health and Safety website](#)
- [Government of Alberta - Handbook of occupational hazards and controls for dental workers](#)
- [Watch the Assessment and Control of Hazards in Dentistry](#)
This video reviews the hazard assessment process, from identification of hazards, identifying control strategies, and additional documentation required to meet Occupational Health and Safety requirements.
- [ADA&C Dentist's Guide to Occupational Health and Safety Responsibilities](#)
- [Hazard Assessment and Control Sheets](#)
- [Alberta Health Refuse Dangerous Work](#)
- [Canadian Centre for Occupational Health and Safety Three Rights of Workers](#)
- [CRDHA COVID-19 - Protecting Yourself and Preparing Your Workplace](#)

Employment Considerations for COVID-19

- Prepare for the possibility of increases in absenteeism due to illness among staff and their families
- Employers are encouraged to examine sick-leave policies to ensure they align with public health guidance. There should be no disincentive for staff to stay home while sick or isolating
- Changes to the Employment Standards Code ([Temporary workplace rule changes](#))

Daily Screening of Oral Health Care Providers and Staff

The health of the OHCP and dental staff is paramount and must be monitored. Daily dental team screening focuses on this principle and includes a daily log confirming that they are not experiencing any symptoms of COVID-19. This includes everyone having their temperature taken twice per day. Download the [Staff Consent Form](#). This form is a template and you may edit it within your practice as you see fit.

CMOH Order [05-2020](#) legally obligates any person who has a cough, fever, shortness of breath, runny nose, or sore throat (that is not related to a pre-existing illness or health condition) to be in isolation for 10 days from the

start of symptoms, or until symptoms resolve, whichever takes longer. If a team member is exhibiting any of these symptoms, it is suggested they complete the [COVID-19 Self-Assessment online tool](#) to determine if they should be tested.

For specific workplace consideration about a team member with a positive test result for COVID-19 refer to the [AHS Return to Work Guide for Healthcare Workers](#).

Contact Tracing

To enable quick contact with employees, dental health care settings should maintain an up-to-date contact list for all staff, including names, addresses and phone numbers.

For the purposes of public health tracing of close contacts, employers need to be able to provide:

- Roles and positions of persons working in the workplace
- Who was working onsite at any given date and time
- Names of patients in the workplace by date and time
- Names of staff members who worked on any given shift

If a staff member or patient is confirmed to have COVID-19, and it is determined that other people may have been exposed to that person, AHS will be in contact with the health care setting to provide the necessary public health guidance. Records/contact lists will be requested for contact tracing and may be sought for up to two days prior to the individual becoming symptomatic. Dental health care settings need to work cooperatively with AHS to ensure those potentially exposed to the individual receive the correct guidance.

The CMOH encourages all Albertans to download the Alberta Health [ABTraceTogether App](#). This is a voluntarily mobile contact tracing app that helps to let you know if you've been exposed to COVID-19, or if you've exposed others, while protecting your privacy.

Hand Hygiene

Hand hygiene is of paramount importance. OHCP and all other staff must wash their hands often with soap and water for at least 20 seconds or use an alcohol-based hand rub (greater than 70% alcohol content). Hand washing with soap and water is required if hands are visibly dirty. Review [How to Hand Wash](#) and [AHS 4 Moments of Hand Hygiene](#).

All OHCPs and staff must perform appropriate hand hygiene:

- Upon entry into the dental practice
- Before and after any contact with patients
- After contact with contaminated surfaces or equipment
- In between procedures and after removing PPE, follow established [Donning](#) and [Doffing](#) protocols

DENTAL PRACTICE PREPARATION

The following protocols should be observed until public health officials declare physical distancing and other measures are no longer required. Refer to the [Workplace Guidance for Business Owners](#) for additional information.

Reception and Waiting Area

- **Minimize contact at reception**
 - Maintain physical distancing
 - Consider adding a Plexiglas screen for reception or encourage physical distancing with furniture, etc.
 - If one patient is paying for services, ensure other patients entering the clinical area can still maintain physical distancing
 - Focus patient activity at the front desk to a limited area. Disinfect the area after patient contact
 - Stagger appointment times to facilitate physical distancing between patients and to reduce waiting room exposure
 - Create an area for patient screening/temperature taking/hand sanitizing
- **Promote physical distancing.** Reduce seating in the waiting area, ideally chairs are two metres (2m) apart
- **Provide a hand hygiene station** upon entry into practice, with a notice for people to use it before entry into the rest of the dental practice
- **Discourage sharing.** Do not share pens, phone headsets, staplers, etc.
- **Remove fabric surfaces.** For cloth chairs in the waiting room, an appropriate barrier covering is an option
- **Remove unnecessary items.** Remove magazines, brochures, toys and other communal items that cannot be easily cleaned and disinfected
- **Consider posting notices.** Promote hand hygiene, physical distancing and respiratory etiquette. [COVID-19: Help prevent the spread information posters](#)
- **Clean and disinfect.** Clean surfaces with detergent or soap & water prior to initial disinfection. Disinfect touch surfaces at least twice daily, including chairs, tables, door handles, light switches, clothes hangers, bathroom countertops and fixtures, staff-room surfaces, lab areas, etc. with proper disinfectants that have a DIN issued by Health Canada
- **Minimize the number of people at the dental practice.** Only patients and necessary guardian, care-giver and attendants should be allowed in the dental practice, which includes into the operatory
- **Consider staggering patient appointments** to minimize patient contact in the waiting room or ask patients to wait in their cars and call the practice upon arrival to limit the number of people present within the practice at any one time
- **Update contacts.** Know how to contact the local health department
- **Prepare washrooms.** Post hand-washing instructions, ensure adequate supply of soap and disposable towels, make a trash can available

Clinical Area

- Centralized reprocessing area to be cleaned regularly
- Follow ADA&C IPC regulations and manufacturers' instructions for testing sterilizers after a prolonged time out of service
- Shock your dental unit water lines if you are returning from an extended break in practice. Consult the manufacturer's instructions for proper product recommendations
- Suction lines must be aspirated with water or enzymatic solution between patients to reduce likelihood of infectious material backflow. Follow manufacturer's instructions for use regarding weekly maintenance of suction lines
- Only patients and necessary guardian, care-giver and attendants are allowed in clinical areas

Common Staff Areas

- Encourage physical distancing
- Increase separation between desks and workstations
- Limit the number of people in shared spaces (such as lunchrooms) or staggering break periods
- Disinfect touch surfaces often
- Masking for staff who are not providing direct patient care;
 - Any staff are required to mask at all times in the workplace if a physical barrier e.g. Plexiglas is not in place or if physical distancing (6ft/2m) cannot be maintained
 - [AHS Continuous Masking](#)
 - [AH Help Prevent the Spread](#)

Receiving Deliveries

Minimize transmission risk with procedures such as:

- Wear gloves when collecting and/or accepting mail or packages
- Wipe entirely the exterior of every box delivered with a paper towel and soap & water solution or sanitizing wipe depending on your supplies
- Boxes remain untouched for 15 minutes prior to being opened.
- Discard packaging immediately. Wash hands
- Clean all surfaces that were touched by deliveries with soap and water mix or sanitizing wipes

CLINICAL PRACTICES AND PROTOCOLS

During a declared state of public health emergency, public health officials will work with the Alberta regulatory dental Colleges to determine what level of oral health care may be provided at a given time. The ADA&C, CADA and CRDHA will advise regulated members on guidelines for treatment based on the permissible level of care. At all times, OHCPs are expected to use their appropriate clinical judgment based on the situation. There are many variables to consider, which change constantly (patient-to-patient, clinic-to-clinic, day-to-day) as the state of public health emergency changes. There is an ongoing need to complete a point-of-care risk assessment prior to providing dental care.

Point-of-Care Risk Assessment:

Regulatory Expectations

- Public Health Alert Level
- COVID-19 community cases
- Clinic Attributes

Appropriate Clinical Judgment

- COVID-19 Patient Risk
- Patient Vulnerability
- Urgency of Care
- Planned Procedures (aerosol-generating procedures versus non-aerosol-generating procedures)
- OHCP and Staff Risk Factors

Regulatory Expectations and Appropriate Clinical Judgment is to be used to assess the patient, the task and the environment prior to each patient interaction to determine the treatment approach and level of PPE required. If the minimum required PPE is unavailable, oral health services must not be performed.

- [Alberta Health Services Point of Care Risk Assessment \(PCRA\)](#)

Aerosol Generating Procedures (AGPs)

Aerosol generating procedures (AGPs) have the potential to produce aerosols that consist of small droplet nuclei in high concentration and present a risk for airborne transmission of pathogens (e.g. SARS-CoV-2, influenza). Some instruments used in oral health care such as, powered instrumentation, ultrasonic devices, air polishers, high speed handpieces, lasers, and the air-water syringe have the potential to produce aerosols. OHCPs are responsible to evaluate the procedures they perform for production of aerosols and incorporate strategies to minimize the risks associated with pathogenic aerosols.

OHCPs should limit or avoid AGPs by substituting for an appropriate procedure with the least likelihood of producing aerosols. If an AGP is necessary for patient treatment and the health benefit of performing the AGP outweighs the risk of exposure of aerosols into the environment, OHCP may provide the AGP.

Procedures that are at low risk of generating aerosols, such as coronal polishing with a low speed handpiece, still have the potential of creating droplets.

Applying the risk mitigation strategies below will help to minimize producing potentially infectious aerosols:

- Follow the proper [Donning](#) and [Doffing](#) of PPE
- Use of 1% hydrogen peroxide 5cc to rinse for 30 seconds prior to examination of the oral cavity
- Use of dental dam isolation or other isolation techniques
- Use of high volume evacuation (HVE) to control aerosols at the source of production. Saliva ejectors are not an effective substitute for HVE to control aerosols.
- Spoon excavation of decay
- Possible application of silver diamine fluoride
- Limit using high speed handpieces or ultrasonic devices to limit aerosol

These steps combined with 4-handed dentistry using HVE will minimize risk of infectious aerosols and are recommended for use when providing oral health care services for patients in the low risk category for COVID-19.

The following chart lists some common procedures associated with aerosol production and identifies some examples of risk mitigation strategies.

Procedures at Risk for Aerosol Generation	Examples of Risk Mitigation During Clinical Procedure
Air polishers	<ul style="list-style-type: none"> • Substitute with polishing using a low speed handpiece • Use HVE to control aerosols and spray (will reduce the airborne contamination by more than 95%) • Four-handed dentistry technique
Air-water syringe	<ul style="list-style-type: none"> • Substitute rinsing with a monojet syringe instead • Use with HVE (will reduce airborne bacteria by nearly 99%) • Limit using air and water combined
High speed handpieces	<ul style="list-style-type: none"> • Substitute with another instrument • Use HVE • Four-handed dentistry technique • Use of isolation technique such as a dental dam
Impressions	<ul style="list-style-type: none"> • Assess patient for risk of gag response • Defer treatment if possible • Employ strategies to avoid stimulation of coughing and vomiting • Increase caution when handling, cleaning and disinfecting impressions
Intra-oral oral hygiene instruction	<ul style="list-style-type: none"> • Demonstrate oral hygiene instruction using props extra-orally • Consider pre-procedural rinse
Intra-oral radiographs	<ul style="list-style-type: none"> • Use extra-oral radiographs if possible • Assess patient for risk of gag response • Employ strategies to avoid stimulation of coughing and vomiting
Lasers	<ul style="list-style-type: none"> • Substitute with hand scaling • Use HVE if tip initiation is anticipated • Ensure ventilation is adequate to mitigate risk of laser plume • Use appropriate PPE where aerosols/laser plume are anticipated
Low speed handpieces (e.g. polishing)	<ul style="list-style-type: none"> • Use selective polish instead of full mouth polish • Use HVE to control droplets, spatter and potential aerosols • Four-handed dentistry technique
Powered instrumentation (e.g. ultrasonic scaler)	<ul style="list-style-type: none"> • Substitute with hand scaling • Use HVE to control aerosols and spray (will reduce the airborne contamination by more than 95%) • Four-handed dentistry technique
Restorative procedures using high-speed handpiece	<ul style="list-style-type: none"> • Substitute with silver diamine fluoride • Limit use of high-speed handpiece, including spoon excavation of decay • Use of dental dam or other isolation procedures • Use HVE • Four-handed dentistry technique
Tooth Preparation with Air Abrasion	<ul style="list-style-type: none"> • Bacterial and viral contamination is unknown; extensive contamination with abrasive particles has been shown

Clearing the Air (of Aerosols)

Before making any changes to the dental practice, it is important to understand that at this time there has been no requirement for dental or dental hygiene practices to make major air filtration technology purchases or alterations to existing practice designs.

Avoid AGPs when possible and reduce aerosols at source with high volume evacuation.

Aerosol contaminants are removed in the following ways:

1. They settle out of the air and land on surfaces, including clothing
2. They are evacuated and either removed from the space completely, or the air is HEPA filtered and returned
3. The contaminants are neutralized (e.g. using ultraviolet light)

The air exchanges/hour (ACH) in a space can be affected by many factors including the physical layout of the dental practice, the ventilation systems, the height of the ceiling and the presence of windows that can be opened, etc.

ACH in a dental practice can be determined by HVAC/ventilation professionals and can be modified, if needed.

Personal Protective Equipment (PPE)

OHCP and staff are required to be familiar with and follow the ADA&C [Standard of Practice: Infection Prevention and Control Standards and Risk Management for Dentistry](#).

PPE consists of protective clothing, gloves, masks, and eye protection (e.g., goggles, face shields, visors on masks) that can be used to provide a barrier to help prevent potential exposure to infectious disease. Employers have a responsibility under [Occupational Health and Safety](#) to ensure that workers are properly trained on appropriate use of PPE.

All staff providing direct patient care or working in a patient care area must wear a surgical/procedure mask continuously, at all times and in all areas of the dental practice if they are either involved in direct patient contact or cannot maintain adequate physical distancing (2 meters) from patient or co-workers.

All staff who do not work in patient care areas or have direct patient contact are required to wear a mask and protective eyewear at all times in the workplace if a physical barrier e.g. Plexiglas is not in place or if physical distancing cannot be maintained.

Clothing in the Dental Practice Environment

All staff should wear scrubs at work. Scrubs include clinical attire not worn outside the dental practice. Scrubs and shoes should be only worn in the dental practice and should be put on when entering the dental practice at the start of the day and removed at the dental practice at the end of the day.

Protective clothing can include gowns, lab coats and [alternatives identified by Health Canada](#) that meet the following criteria:

- The skin on the arms and chest of an OHCP should be protected from contact with potentially contaminated material by the wearing of protective clothing during any procedure where splash or spray are anticipated. Long-sleeve, fluid-resistant, protective clothing, extending to the wrists, is ideal for this purpose
- Protective clothing can be reusable or disposable and is meant to be worn over regular clinic clothing, such as uniforms or scrubs. If reusable, protective clothing will need to be laundered as per manufacturer instructions between uses. Single-use disposable protective clothing must only be worn for one patient (according to manufacturer’s instructions for use)
- Protective clothing must be changed at least daily or if it becomes soiled or contaminated, and as soon as feasible if penetrated by blood or other potential infections fluids or materials
- Staff must be trained in effective [Donning](#) and [Doffing](#) protocols to prevent contamination of the individual

Use of Personal Protective Equipment (PPE) for Coronavirus Disease 2019 (COVID-19)*

Setting	Individual	Procedure/Activity	Minimum Required PPE
Operatory	Dentist/ Assistant/ Hygienist	<u>Low risk</u> Non-aerosol-generating procedures (NAGP)	<ul style="list-style-type: none"> • Level 2 or 3 mask • Face shield or appropriate protective eyewear • Scrubs** • Gloves • Protective clothing (CADA & CRDHA)
		<u>Moderate and High risk</u> Aerosol-generating procedures (AGP) High risk patients should not be treated in a general dental practice	<ul style="list-style-type: none"> • N95 or equivalent respirator (fitted), with appropriate protective eyewear or, a Level 3 mask and Face shield • Scrubs** • Gloves • Cap/bouffant • Protective clothing
	Disinfecting operatory for all procedures	Follow ADA&C IPC Standards	<ul style="list-style-type: none"> • Level 1 mask minimum • Appropriate protective eyewear • Gloves • Scrubs** or clinical attire not worn outside the practice
Reception	Front staff	Arrival screening	<ul style="list-style-type: none"> • Level 1 mask minimum and appropriate protective eyewear or Plexiglas separation • Scrubs** or clinical attire not worn outside the practice

* Adapted from World Health Organization. "Rational use of Personal Protective Equipment for Coronavirus Disease 2019 (COVID-19)." February 27th, 2020: 1-7. ** Scrubs include clinical attire not worn outside the practice.

Notes about Masks

- [Guide to Face Mask Selection and Use](#)
- Health Canada has expanded equivalent alternate standards including non-medical N95 respirators, commercial-grade respirators, and respirators approved under standards used in other countries that are similar to NIOSH-approved N95 respirators. See Government of Canada, *Optimizing the use of masks and respirators during the COVID-19 outbreak*, <https://www.canada.ca/en/health-canada/services/drugs-health-products/medical-devices/masks-respirators-covid19.html#a4>.
- The kinds of masks dentists may use in Alberta have expanded because of a May 3, 2020 Order from the [Alberta Minister of Labour and Immigration \(MO Order 2020-2021\)](#). The masks listed above and referenced in the MO Order 2020-2021 meet the Health Canada interim order. This Ministerial Order 2020-2021 is in effect for a very specific time period in relation to the State of Public Health Emergency.
- There is evidence a Level 3 mask with a face shield is equivalent to a fitted N95 mask. See: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/dental-settings.html>, Radonovich LJ Jr, Simberkoff MS, Bessesen MT, Brown AC, Cummings DAT, Gaydos CA, Los JG, Krosche AE, Gibert CL, Gorse GJ, Nyquist AC, Reich NG, Rodriguez-Barradas MC, Price CS, Perl TM. N95 Respirators vs Medical Masks for Preventing Influenza Among Health Care Personnel: A Randomized Clinical Trial. JAMA. 2019 Sep 3;322(9):824-833. doi: 10.1001/jama.2019.11645.
- Counterfeit masks/respirators are an increasing problem. For information on verifying the authenticity of a mask, see: <https://www.cdc.gov/niosh/npptl/usernotices/counterfeitResp.html>

BEFORE THE APPOINTMENT

Before an appointment, the patient must be contacted, and a pre-appointment screening completed. The purpose of the screening is to:

1. Determine the patient's risk level for being infected with COVID-19
2. Determine if the patient falls into one of the vulnerable population groups with respect to COVID-19
3. Explain the changed dental practice protocols to the patient

In this new COVID-19 pandemic environment, patient screening cannot be emphasized enough. You need to ask the right questions to find out if the patient coming to your dental practice may be infected but asymptomatic. It's about knowing who's in your chair and where they've been.

**“It's about
knowing who's in
your chair and
where they've
been.”**

**Dr. Aaron Burry
Canadian Dental Association**

Determining Patient COVID-19 Risk

Pre-appointment screening or triage is critically important in assessing the risk the patient may have of a COVID-19 infection.

Screen patients at least twice—once over the phone and again when the patient arrives. Below are typical screening questions to ask the patient before the appointment:

1. Do you have a fever or have felt hot or feverish anytime in the last 10 days?

2. Do you have any of the following symptoms: new cough or worsening cough? New shortness of breath or worsening shortness of breath? Difficulty breathing? Sore throat or painful swallowing? Flu-like symptoms? Runny nose?
3. Have you experienced a recent loss of smell or taste?
4. Have you been in contact with any confirmed COVID-19 positive patients, or persons self-isolating because of a determined risk for COVID-19? (Healthcare workers who have worn appropriate PPE may answer No)
5. Have you returned from travel outside of Canada in the last 14 days?
6. Have you returned from travel within Canada from a location known affected with COVID-19 in the last 14 days?
7. Is your workplace considered high risk? (e.g. routine close contact with many people) (Healthcare workers who have worn appropriate PPE may answer No)

The table below shows the risk of a COVID-19 infection based on “yes” answers to the questions above. Appropriate clinical judgment must be used to carefully assess each individual and their particular situation.

COVID-19 Risk Level from Screening Questionnaire

COVID-19 Risk Level	Screen Questions Answered “Yes”
High Risk	Question: 1
Probable Risk	Questions: 2, 3, 4
Moderate Risk	Questions: one of 5, 6 or 7
Low Risk	Questions: None

Patients above a “moderate” risk level should not be treated in a general dentist practice. Manage the patient with pharmaceutical intervention via remote dentistry; refer to the [Guidelines on Remote Dentistry](#). Patients with any symptoms or risk-factors should be managed only after direct Doctor to Doctor consultation; this may be with an endodontist, an OMFS or a Pediatric dentist.

If patients with a risk level higher than “low” need to be treated in the dental practice, consider strategies to minimize the risk of infection. Strategies include:

- Defer appointment for 14 days or more
- End-of-day appointments for higher risk patients
- Special treatment days for higher risk patients
- Fewer appointment times with longer intervals on certain days

If staff or patients become symptomatic while at the dental practice the following is required:

- Staff/patient who develops cough, fever, shortness of breath, runny nose, or sore throat while at the site, should be given a mask and sent home immediately in a private vehicle and avoid public transportation if possible
- Staff/patients should complete the [online self-assessment tool](#) once they have returned home and be tested for COVID-19
- Once a symptomatic individual has left the site, clean and disinfect all surfaces and areas with which they may have come into contact

- The employer should immediately assess and record the names of all close contacts of the symptomatic staff/patient. This information will be necessary if the symptomatic staff/patient later tests positive for COVID-19

Staff/patients diagnosed with COVID-19:

- If a staff member or patient is confirmed to have COVID-19, and it is determined that other people may have been exposed to that person, Alberta Health Services (AHS) will be in contact with the health care setting to provide the necessary public health guidance. Records/contact lists will be requested for contact tracing and may be sought for up to two days prior to the individual becoming symptomatic
 - o Health care settings need to work cooperatively with AHS to ensure those potentially exposed to the individual receive the correct guidance

Vulnerable Patients

Some people are more vulnerable to becoming infected and for the infection to become serious. The questions below help assess if a patient is more vulnerable:

1. Are you over the age of 65?
2. Do you have any of the following: heart disease, lung disease, kidney disease, diabetes, or any immunocompromised status?

The risk of COVID-19 transmission for vulnerable patients can be reduced by scheduling them as first appointment of the day, right after lunch or on separate days.

DURING THE APPOINTMENT

When patients arrive:

- Have patient wash hands or disinfect hands with hand sanitizer
- Consider providing patient with a level 1 mask if the risk of a COVID-19 infection is more than “low”
- Complete patient arrival screening:
 - o Review screening questions
 - o Take patient’s temperature with non-contact thermometer or a temporal/tympanic thermometer, if a non-contact thermometer is not available and record result. Additional information on thermometer use can be found at <https://www.albertahealthservices.ca/assets/healthinfo/ipc/hi-ipc-covid-19-therm-visitor.pdf>
 - o If patient screening indicates “moderate” or “higher” risk, isolate patient and consult with the employer on next steps
- Have patient complete and sign the [Patient Consent Form](#). This form is a template and you may edit it within your practice as you see fit
- Ask patient to respect physical distancing with all staff and patients
- Limit patient time in waiting room. Ideally, take the patient to the operatory immediately
- If guardians or caregivers are necessary for patients receiving treatment, they should also be screened for signs and symptoms of COVID-19 during patient arrival screening and should not be allowed entry into the facility if signs and symptoms are present (e.g., fever, cough, shortness of breath, sore throat). Any person accompanying a patient should be provided a mask and sign an informed consent form if

they are staying in the dental practice during treatment. Patients should be asked to minimize the number of people accompanying them to an appointment

- Assess and provide appropriate level of PPE for guardian or caregiver if accompanying the patient into the operatory

When patient is seated in operatory:

- Chair-side staff don mask before entering operatory
- No hand-shaking or physical contact
- Review overall health history, confirming that the screening questions were asked during the check-in procedure, and review if necessary
- Perform hand hygiene and follow proper PPE [donning](#) protocols
- Complete procedures
- Have the patient don their mask if provided
- Limit movement out of operatory as much as possible
- Following proper [doffing](#) procedures, remove contaminated mask outside operatory
- Follow continuous masking requirements as per [Workplace Guidance for Community Health Care Settings](#) outlined by Alberta Health
- Clean operatory while wearing PPE

As the patient is leaving:

- Try to have paperwork completed before patient arrives at reception
- Choose a touchless payment method, if possible
- After patient leaves, disinfect all patient contact surfaces, including clothes hangers, door knobs, pens/stylus, etc.
- Have the patient wash or disinfect their hands before leaving the dental practice

AFTER THE APPOINTMENT

Record Keeping

Maintain quality control measures through documenting instrument reprocessing as per [ADA&C Standard of Practice: Infection Prevention and Control Standards and Risk Management for Dentistry](#).

Patient charting will include answers to screening questions, the name of the individual who provided treatment, and its best practice to include date, load and sterilizer used for instrumentation. Paper charts should be kept outside of the operatory to reduce risk of contamination.

Enhanced Environmental Cleaning and Disinfection

Follow the manufacturer's instructions for difficult to clean items or refer to the [ADA&C Standard of Practice: Infection Prevention and Control Standards and Risk Management in Dentistry](#). Policies and procedures may need to be modified to address increased risks associated with the COVID-19 pandemic.

- Movement between the clinical area and the front reception/waiting area should be minimized

- In the clinical areas:
 - o Keep surfaces clear of items as much as possible
 - o Cover keyboards, computer mice, etc., with clear plastic barriers and change between patients
 - o Minimize paperwork. Cover paper charts with clear barriers

Going Home after a Workday

All staff should change from scrubs and shoes to personal clothing before exiting the clinic. Any protective clothing (including scrubs) may be laundered in-office, or off-site through a laundry service or at home. If laundry is done off-site, transport the contaminated items in a moisture-impervious bag which can be either laundered with the scrubs/protective clothing or safely discarded.

Emergent vs. Urgent vs. Non-Urgent Care

Guidance on the definitions of emergent and urgent care. Non-urgent care encompasses all things not included in emergency and urgent care.

EMERGENCY DENTAL PROCEDURES

Emergency dental treatment includes treatment of oral-facial trauma, significant infection, prolonged bleeding, pain which cannot be managed by over the counter medications, or management of known/high risk malignancy.

URGENT DENTAL PROCEDURES

Urgent dental care focuses on the management of conditions that require immediate attention to relieve pain and if left untreated may significantly compromise patient dental health, such as:

- Severe dental pain from pulpal inflammation
- Pericoronitis or third-molar pain
- Surgical post-operative osteitis, dry socket dressing changes
- Abscess, or localized bacterial infection resulting in localized pain and swelling
- Tooth fracture resulting in pain or causing soft tissue trauma
- Dental trauma with avulsion/luxation
- Dental treatment required prior to critical medical procedures
- Final crown/bridge cementation

Other urgent dental care:

- Active sleep apnea management
- Extensive dental caries or defective restorations causing pain or that can lead to pain
- Suture removal
- Denture adjustment on radiation/oncology patients
- Denture adjustments or repairs when function impeded
- Replacing temporary filling on endo access openings in patients experiencing pain or an endodontically treated tooth with a high fracture potential
- Pre-surgical clearance for medical procedures
- Managing active orthodontic cases

RESOURCES

The following websites and pages contain several resources for your dental practice.

Alberta Government and Alberta Health

- Chief Medical Officer of Health Order [05-2020](#)
- [Alberta's COVID-19 Response](#)
- [ABTraceTogether App](#)
- [AH Help Prevent the Spread](#)
- [Alberta Biz Connect](#)
- [Alberta's Relaunch Strategy](#)
- [COVID-19 : Help prevent the spread information posters](#)
- [COVID-19 Self-Assessment online tool](#)
- [COVID-19 status map](#)
- Employment Standards Code ([Temporary workplace rule changes](#))
- [Workplace Guidance for Business Owners](#)
- [Workplace Guidance for Community Health Care Settings](#)

Alberta Health Services

- [AHS 4 Moments of Hand Hygiene](#)
- [AHS Continuous Masking](#)
- [AHS Return to Work Guide for Healthcare Workers](#)
- [Alberta Health Services Point of Care Risk Assessment \(PCRA\)](#)
- [Donning and Doffing](#)
- [How to Hand Wash](#)
- [IPC Recommendations for Selection of Thermometers](#)
- [COVID-19 Self-Assessment Tool](#)
-

OHCP Regulatory Colleges

- [Alberta Dental Association and College](#)
 - [Guidelines on Remote Dentistry](#)
 - [Standard of Practice: Infection Prevention and Control Standards and Risk Management for Dentistry](#)
 - [Patient Consent Form](#)
 - [Staff Consent Form](#)
- [College of Alberta Dental Assistants](#)
- [College of Alberta Denturists](#)
- [College of Dental Technologists of Alberta](#)
- [College of Registered Dental Hygienists of Alberta](#)
 - [COVID-19 - Protecting Yourself and Preparing Your Workplace](#)

Occupational Health and Safety

- [ADA&C Dentist’s Guide to Occupational Health and Safety Responsibilities](#)
 - [Hazard Assessment and Control Sheets](#)
- [Alberta Health Refuse Dangerous Work](#)
- [Alberta Occupational Health and Safety website](#)
- [Canadian Centre for Occupational Health and Safety Three Rights of Workers](#)
- [Government of Alberta - Handbook of occupational hazards and controls for dental workers](#)
- [Occupational Health and Safety Act](#)
- [Occupational Health and Safety Regulation](#)
- [Respiratory protective equipment : an employer's guide](#)
- [Watch the Assessment and Control of Hazards in Dentistry](#)

Personal Protective Equipment (PPE)

- [Alternatives identified by Health Canada](#)
- [Guide to Face Mask Selection and Use](#)

Sample Patient Screening Form

Here is a sample form to screen patients before their appointment and when they arrive for their appointment.

Staff screener: _____

Patient Name: _____ Patient age: _____

Who answered: Patient Other (specify) _____

Contact Method: Phone email Other _____

Identify yourself and explain the purpose of the call, which is to determine whether there are any special considerations for their dental appointment. Have the patient answer the following questions.

Screening Questions	Pre-Screen	In-Office
1. Do you have a fever or have felt hot or feverish anytime in the last 10 days? Patient temperature at appointment: _____. If elevated, provide mask to patient.	YES NO	YES NO
2. Do you have any of these symptoms: New or worsening cough? New or worsening shortness of breath? Difficulty breathing? Sore throat or painful swallowing? Runny nose?	YES NO	YES NO
3. Have you experienced a recent loss of smell or taste?	YES NO	YES NO
4. Have you been in contact with any confirmed COVID-19 positive patients, or persons self-isolating because of a determined risk for COVID-19? (Healthcare workers who have worn appropriate PPE may answer No)	YES NO	YES NO
5. Have you returned from travel outside of Canada in the last 14 days?	YES NO	YES NO
6. Have you returned from travel within Canada from a location known affected with COVID-19 in the last 14 days?	YES NO	YES NO
7. Is your workplace considered high risk? (Healthcare workers who have worn appropriate PPE may answer No)	YES NO	YES NO

Patient Vulnerability

8. Are you over the age of 65?	YES NO	YES NO
9. Do you have any of the following? Heart disease, lung disease, kidney disease, diabetes or any auto-immune disorder?	YES NO	YES NO

- Any “yes” response for questions 1-7 must be discussed with the managing dentist immediately.
 - Tell the patient when they arrive at the office, they will be asked to: sanitize their hands; answer the questions again; have their temperature taken; complete a form acknowledging the risk of COVID-19.
- Advise the patient:
 - Only patients are allowed to come to the office.
 - If possible to wait in their car until their appointment, call the office when they arrive.

Alberta Dental Relaunch Checklist

Are you ready? Some considerations may include:

- All staff are briefed on changed protocols.
- Reception modified to limit contact.
- Waiting area updated.
- Washrooms well supplied.
- All staff completed a Staff Consent Form.
- Daily Employee Screening Log binder available.
- Surface disinfection schedule established. Disinfection supplies readily available in all areas
- Patient greeting/screening process established, staff assigned.
- Plan to limit movement in office, especially between clinical and non-clinical areas, is ready.
- All staff understand PPE expectations. Competent in donning and doffing PPE.
- Dental equipment tested and water lines shocked if needed.
- Sterilizers all appropriately tested before returning to service.

