





## **Key Considerations for Dental Practice Moving Forward Duringthe COVID- 19 Pandemic**

These key considerations replace the *Dental Practice Guidelines During the COVID-19 Pandemic* (the *Guidelines*).

The Colleges' instituted the *Guidelines*, under the direction of Alberta Health, to help prevent the spread of COVID-19. The *Guidelines* provided interim consideration specific to the COVID-19 pandemic. Much of the patient and clinical content in the *Guidelines* was informed by theADA&C *Standard of Practice: Infection Prevention and Control Standards and Risk Management for Dentistry*. Additional content supported the Chief Medical Officer of Health Order 25-2020 for businesses and entities which included *General Operational Guidance*.

The *Guidelines*, along with the public health restrictions and the uptake of vaccines in the population, contributed to a decrease in the number of active COVID-19 cases and hospitalizations. As a result of the measures taken, Stage 3 of the Alberta's *Open for SummerPlan* has seen the lifting of most public health restrictions.

However, the pandemic is not over, and segments of the public remain vulnerable (eg., children under the age of 12 years, persons with specific underlying health conditions, unvaccinated individuals). Oral healthcare providers need to remain diligent in applying infection prevention and control practices based on the premise that everyone is potentially infective. For this reason, the ADA&C Standard of Practice: Infection Prevention and Control Standards and Risk Management for Dentistry and Alberta Health General Operational Guidance must be followed as the documents work together to reduce the risk of the spreadof infection.

The oral healthcare worker consistently uses professional judgment to make informed decisionsabout the care they provide based on their specific practice setting and other factors including community risk, facility characteristics, and patient demographics. As dental

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practice moves forward during the COVID-19 pandemic, the oral healthcare worker also should consider:

Maintaining the new procedures (eg., patient pre-screening; limiting people in the waiting area; daily screening of oral health care providers and staff; enhanced cleaning and disinfection of non-clinical areas; physical distancing) and habits (eg., enhanced hand hygiene; staying home when not feeling well) that resulted from the Guidelines and may be considered best practice going forward.

That all oral healthcare workers and staff, with direct patient contact, continue to weara

surgical/procedure mask in all areas of the dental practice.

One of the key principles of routine practices/standard precautions is the performance of a point-of-care risk assessment of infectious agents since additional precautions above and beyond routine practices/standard precautions may be necessary. Apply risk mitigation strategies to prevent the transmission of infection and minimize potentiallyinfectious aerosols (eg., asking patient's vaccination status; use enhanced PPE when airborne transmission precautions are necessary; use pre-procedural mouth rinses; limit the use of high-speed handpieces; use high volume evacuation to control aerosols at the source of production).

Reviewing Occupational Health and Safety responsibilities and best practices for the

assessment and control of hazards in the workplace.

> The need to keep informed of on-going and new public health measures.

Note, the Colleges' set the minimum standard for infection prevention and control, the oral healthcare provider is responsible to stay informed and apply ethical and evidence-based decision making.

Alberta dentists, registered dental assistants, and registered dental hygienists are each governed by their own independent colleges. Oral healthcare providers must use appropriateclinical judgment and follow their respective Standards of Practice and Code of Ethics.

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