IMPORTANT: Please note that the content of this document may change at any time to accommodate changes in orders from the Provincial Health Officer, BC Centre for Disease Control, College of Dental Surgeons of BC (CDSBC) or WorkSafeBC. As outlined in the CDSBC Guidelines posted May 15, all dental health professionals are required to stay current on any changes to COVID-19 protocols in BC and in their local community.
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INTRODUCTION

In March 2020, dental offices across Canada stopped providing oral health treatments and services except for emergency care with the arrival of the novel coronavirus SARS-CoV-2 and the illness it causes, COVID-19. Now that the pandemic is on the downward slope, the Provincial Health Officer has eased restrictions, allowing dentists to resume non-essential services on May 19, 2020, pursuant to certain requirements, and standards and guidelines as set out by the CDSBC, WorkSafeBC and BCCDC. Measures must continue to be taken to protect patients, dental office staff, dentists and the community at large from the transmission of the coronavirus.

When determining the appropriateness of in-person non-essential services, dentists should refer to the resources listed at the end of this section.

One of the guiding principles from the document, “Transitioning Oral Healthcare to Phase 2 of the Covid-19 Response Plan”, (May 15, 2020)” states:

“In-person services must only proceed when the anticipated benefits of such services outweigh the risks to the patient, the health professional and the greater community. It is always safer for the patient and the provider to stay home if at all possible.”

It also provides guidance on the prioritization of patient care services:

It is anticipated that when services resume, the dentist may face difficult decisions regarding which patients to see and the prioritization of care. The dentist is accountable for prioritizing access to in-person services based on clinical judgment and with consideration given to the patient perspective and the referral source. When determining priority for in-person care, dentists should reflect upon the following:

- Acuity of the patient’s condition.
- Functional impairment or impact of the condition on health-related quality of life.
- The impact of not receiving services.
- Appropriateness of service provision via virtual care.
- Necessity of services which can only be provided in-person.
- Duration of patient wait times for care.

The BCDA's Return-to-Practice Office Manual provides considerations for BC dental offices, specific to the COVID-19 pandemic. It is designed for use by BC dentists and the dental team and should be read in conjunction with the following documents:

- CDSBC – COVID-19 Update: Expansion of Dental Care in Phase 2 (May 15, 2020)  

• BCCDC – COVID-19: Infection Prevention and Control Guidance for Community-Based Allied Health Care Providers in Clinic Settings (May 15, 2020)  
http://www.bccdc.ca/Health-Professionals-Site/Documents/COVID19_IPCGuidelinesCommunityBasedAlliedHCPsClinicSettings.pdf

• CDSBC – Infection Prevention and Control Guidelines (July 2012)  

• WorkSafeBC – Health Professionals: Protocols for Returning to Operation  

As per WorkSafeBC and the May 17, 2020 order of the Provincial Health Officer, all employers must develop a Workplace COVID-19 Safety Plan which must be posted on the business website, and at the workplace, where it is readily available to workers, patients and others who may attend the workplace. WorkSafe BC provides a tool to assist employers in developing a Safety Plan.

The manual is informed by the best available scientific evidence and expert opinion available at this time and is subject to revision as additional information and data becomes available. Where evidence is lacking, recommendations err on the side of caution. As new evidence becomes available, the document will be updated accordingly.

Public Health, Outbreak Level and Dentistry

When an outbreak such as the 2020 pandemic occurs, public health officials (typically the provincial chief medical officer) classify the outbreak in stages or levels, and each stage or level will have different measures aimed at controlling the outbreak. As the outbreak comes under control, the declared outbreak level changes, and the control measures change. Sometimes there is a resurgence of an outbreak, and public health will go back to stricter measures.

During an outbreak, as part of the containment measures used by public health officials, the practice of dentistry may be restricted. The exact restrictions may change depending on the outbreak level as declared by public health officers. They also depend on the nature of the outbreak—how the sickness is transmitted, the severity of the illness, etc.

Appendix 1, Public Health Outbreak and Modifications to Dentistry, is an example of the modifications required of dentistry based on the public health level of alert.

The information that follows is a general guide to current adjustments to the practice of dentistry based on current knowledge of the COVID-19 pandemic. The modifications to dentistry may change depending on the outbreak level in your community/region. Since outbreaks can be quite local, the modifications may be for one different community compared to another community. How dentistry is modified will depend on many factors, and you can expect changes as the level of outbreak changes, as declared by public health officials.
Infection Control

All the modifications for dentistry 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 especially challenging because infected people may not have any symptoms and do not know they are infected. For this reason, PPE measures must be followed in full because each works together with the others to reduce the risk of the spread of infection.

The infection control measures are presented as follows:

- Office preparation
- Staff preparation
- Before the appointment
- During the appointment
- Clinical practices and protocols

OFFICE PREPARATION

The following protocols should be observed until public health officials declare physical distancing and other measures are no longer required.

Reception and Waiting Area

- Minimize contact at reception.
- Maintain physical distancing.
  - Consider adding a plexiglass screen for reception or encourage physical distancing with furniture or have reception staff wear PPE.
  - If one patient is paying for services, can another patient enter the clinical area and still maintain physical distancing?
  - Focus patient activity at the front desk to a limited area. Disinfect the area after patient contact.
  - Consider limiting the number of patients that are in the waiting room at one time
  - Create an area for patient screening/temperature taking/hand sanitizing, and possibly donning of mask.

- Discourage staff sharing. Do not share pens, phone headsets, staplers, etc.
- Remove fabric surfaces. Including cloth chairs in the waiting room.
- Promote physical distancing. Reduce seating in the waiting area, ideally chairs are two metres (2m) apart.
- Remove unnecessary items. Remove magazines, brochures, toys, etc.
- Clean and disinfect. Clean surfaces with detergent or soap & water if visibly soiled, then proceed with disinfection. Disinfect touch surfaces frequently, including chairs, tables, door handles, light switches, clothes hangers, bathrooms and fixtures, staffroom surfaces, lab areas, etc.
- Minimize the number of people at the office. Only child and infirm patients to be accompanied.
- 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.

• **Post clear signage** – on entrance door, waiting room, reception, operatories, and washrooms regarding physical distancing, hand hygiene, and respiratory etiquette. To download signage and posters, visit: [http://www.bccdc.ca/health-professionals/clinical-resources/covid-19-care/signage-posters](http://www.bccdc.ca/health-professionals/clinical-resources/covid-19-care/signage-posters)

### Clinical Areas

• Sterilization room to be cleaned regularly with appropriate PPE.

• 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.

• Only patients and necessary attendants allowed in clinical areas.

### Common Staff Areas

• Encourage physical distancing.

• Disinfect touch surfaces often.

### Receiving Deliveries

Minimize transmission risk with procedures such as:

• Consider wearing gloves when collecting and/or accepting mail or packages.

• Screen delivery personnel.

• Consider sanitizing the exterior of boxes delivered.

• Consider sanitizing all surfaces that were touched by delivery items.

### STAFF PREPARATION

The post-COVID-19 office is not the same as the pre-COVID-19 dental office. Staff need to understand the risk of infection and disease and feel that they are working in an environment that is safe. 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. The dental office has changed, and dental office staff should be prepared to adopt infection prevention measures wholeheartedly.

Before resuming work, staff must be oriented to workplace modifications and new office policies and protocols. They must also receive training on safe work procedures including the risks and symptoms of COVID-19, appropriate use of PPE, and safe handling of cleaning supplies.

There should also be a process in place, whereby staff can raise safety concerns and have them addressed. This point person could be the dentist, office manager or another employee assigned the role of worker health and safety rep.
Daily Staff Screening

The health of the dental office staff is paramount and must be monitored for the continued health of the dental team. Daily staff screening focuses on this principle and includes a daily log confirming that they are not experiencing any symptoms of COVID-19. A sample daily log is included in the Resources section.

The collection of screening data about employees constitutes a collect of personal information governed by the Personal Information Protection Act and attracts privacy obligations. It is therefore important to clearly explain to staff what information is being recorded in the log and how it will be used. Efforts should also be made to ensure that the logs and any other medical information collected about employees is protected against unauthorized access or use. Access to this information should be limited to those in the office with a need to know, and should be kept secure at all times.

Hand Hygiene

Strict staff hand hygiene is of paramount importance. Staff must wash or disinfect hands thoroughly:

- Upon entry into the dental office.
- Before and after any contact with patients.
- After contact with contaminated surfaces or equipment.
- In between procedures and after removing PPE depending on the procedure, following established PPE protocols.

Splatter and Aerosols

Dentistry is potentially challenged in infection control because so many procedures create splatter and aerosols. Splatter is made of larger particles and droplets that fall quite quickly. Aerosols are tiny droplets and particles that can float in the air for a long time. Eventually, these tiny droplets settle or are cleared from the air; the time settling or clearing depends on the ventilation of the office.

Splatter

Controlling splatter, particularly splatter that includes saliva, is extremely important in preventing COVID-19 transmission. Credible scientific evidence shows that SARS-CoV-2 is very contagious with droplets. Uncontrolled splatter “gets everywhere” – on the patient’s face and clothes, on the dentist’s or hygienist’s face, hands, sleeves, clothing and on the floor. This splatter is easily transported, especially on clothing, to other areas of the office, including the washroom, the front desk, the break room, etc. This is one way the virus spreads and infects people. Evidence is beginning to show that health care workers are becoming infected not in the procedure room, but outside of the procedure room. When outside the treatment areas, safety measures such as plexiglass barriers and/or PPE as specified in the CDSBC’s guidelines should be in place. During the COVID-19 pandemic, splatter must be minimized through the choice of

“Splatter is the most common infectious risk in the dental office.”
procedures, and any splatter must be controlled with high volume evacuation (HVE) and careful handling of splattered PPE, clothing and surfaces. Absolute care is needed to ensure any splatter is not carried outside the procedure area. Splatter is the most common infectious risk in the dental office with an infectious virus.

**Aerosol Generating Procedures (AGPs)**

Dental aerosols are generated with many procedures, as shown in Table 1. Aerosols that may contain SARS-Cov-2 from an infected patient occur when saliva is aerosolized along with products of the procedure. This occurs with aerosol procedures, from the use of an ultrasonic scaler, rotary handpiece, triplex syringe, or air abrasion unit, where the saliva cannot be prevented from entering the procedure area and becoming aerosolized. If these procedures are required, they must be performed with measures to mitigate the impact of aerosols.

For many procedures, potentially infectious aerosols may be minimized with the following steps:

- Have the patient rinse with 1% hydrogen peroxide (H2O2) for 60s.
- Apply a sealed rubber dam to isolate the procedure area, then swab exposed procedure area with H2O2 prior to beginning treatment
- Use of HVE

When the above steps are followed, and the treatment proceeds with use of high-speed instruments and other aerosolizing procedures, the aerosols created will only contain tooth debris and no infectious saliva, minimizing the risk of infectious aerosols. Using HVE will minimize risk of infectious aerosols and is expected to be suitable for patients in the low risk category for COVID-19. Research is currently underway to quantify the risks of this approach.

**TABLE 1: DENTAL DEVICES AND PROCEDURES KNOWN TO PRODUCE AIRBORNE CONTAMINATION**

<table>
<thead>
<tr>
<th>Device and/or procedure</th>
<th>Contamination</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ultrasonic and Sonic Scalers</td>
<td>Considered the greatest source of aerosol contamination; use of a high-volume evacuator will reduce the airborne contamination by more than 95%</td>
</tr>
<tr>
<td>Air Polishing</td>
<td>Bacterial counts indicate that airborne contamination is nearly equal to that of ultra-sonic scalers; available suction devices will reduce airborne contamination by more than 95%</td>
</tr>
<tr>
<td>Air-Water Syringe</td>
<td>Bacterial counts indicate that airborne contamination is nearly equal to that of ultra-sonic scalers; high-volume evacuator will reduce airborne bacteria by nearly 99%</td>
</tr>
<tr>
<td>Tooth Preparation with High Speed Handpiece</td>
<td>Minimal airborne contamination if a rubber dam is used</td>
</tr>
<tr>
<td>Tooth Preparation with Air Abrasion</td>
<td>Bacterial contamination is unknown; extensive contamination with abrasive particles has been shown</td>
</tr>
</tbody>
</table>

Clothing and Office Environment

In the highly infective COVID-19 environment, all dental office staff should consider wearing scrubs at work. Scrubs and shoes should be only worn in the office and should be put on when entering the office at the start of the day and removed at the office at the end of the day. In addition:

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

Clearing the Air (of Aerosols)

Research is ongoing with respect to transmission of COVID-19 through dentally generated aerosol and as information becomes available, it will be incorporated into this manual. If air can have contaminants in it following a dental procedure, how does it become safe again?

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, by air exchange.

The air changes per hour (ACH) in a space can be affected by many factors including the physical layout of the office, the ventilation systems, the height of the ceiling and the presence of windows that can be opened, etc. ACH in a dental office can be determined by HVAC/ventilation professionals and can be modified, if needed.

However, before making any changes to the dental office, which can be very expensive, refer to the guidance from the CDSBC on aerosol management. Avoid AGP when possible and reduce aerosols at source with high volume evacuation.

Personal Protective Equipment (PPE)

Personal Protective Equipment (PPE) is a key line of defense for dental office staff in preventing infection. In a pandemic environment, all dental office staff should be using the appropriate PPE. The necessary PPE is indicated by the CDSBC, BCCDC and WorkSafeBC and it is based on the dental care being provided, or function in the dental office (e.g. reception, room cleaning, etc.). It is also based on the risk level for the patient as determined by the pre-appointment and appointment arrival screening questionnaires. Table 2 provides a general guide for PPE in the dental office.

It is important to remember that dentists must still follow all standard precautions as outlined in the CDSBC’s Infection Prevention and Control Guidelines. Any additional measures, specific to COVID-19 are supplemental to these requirements.
According to the BCCDC, “Where there is low incidence and prevalence of Covid-19, additional PPE over and above that required for normal precautions is not recommended”. This assumes the patient also screens negative for COVID-19 risk.

Enhanced precautions, such as a fit-tested N95 respirator, goggles/face shield, and gown are only required for AGPs on patients with suspected or confirmed COVID-19. (However, these high-risk cases would most likely not be treated in a typical community dental practice.)

Appropriate personal protective equipment (PPE) must be used for the safe delivery of in-person care. However, all dentist must also act to conserve PPE through its judicious use.

### Table 2: Use of Personal Protective Equipment (PPE) for Coronavirus Disease 2019 (COVID-19)

<table>
<thead>
<tr>
<th>Setting</th>
<th>Staff or Patients</th>
<th>Procedure/Activity</th>
<th>Suggested PPE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient room</td>
<td>Dentist/Hygienist/ Dental Assistant</td>
<td>Low Risk Non-aerosol-generating procedures (NAGP) AGPs when: Patient screens negative Low incidence &amp; prevalence of COVID-19 cases</td>
<td>• Mask&lt;br&gt;• Protective eyewear (face shield, safety glasses, or goggles)&lt;br&gt;• Scrubs&lt;br&gt;• Gloves&lt;br&gt;• Consider long sleeved gown with AGP</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Increased Risk AGPs when: Patient screens positive for COVID-19 risk factors High incidence &amp; prevalence of COVID-19 cases</td>
<td>• Fit-tested N95 respirator&lt;br&gt;• Protective eyewear (face shield or goggles - not regular glasses)&lt;br&gt;• Scrubs&lt;br&gt;• Gloves&lt;br&gt;• Long sleeved gown&lt;br&gt;• Consider referral</td>
</tr>
<tr>
<td>Disinfecting treatment rooms – Low Risk</td>
<td></td>
<td>• Mask&lt;br&gt;• Protective eyewear (face shield, safety glasses, or goggles)&lt;br&gt;• Scrubs&lt;br&gt;• Gloves&lt;br&gt;• Replace gown if gown worn for procedure</td>
<td></td>
</tr>
<tr>
<td>Disinfecting treatment rooms – Increased Risk</td>
<td></td>
<td>• Mask&lt;br&gt;• Protective eyewear (face shield or goggles - not regular glasses)&lt;br&gt;• Scrubs&lt;br&gt;• Gloves&lt;br&gt;• Replace long sleeved gown</td>
<td></td>
</tr>
<tr>
<td>Reception</td>
<td>Front office staff</td>
<td>Arrival screening</td>
<td>• Plexiglass screen&lt;br&gt;• Or&lt;br&gt;• Mask&lt;br&gt;• Protective eyewear&lt;br&gt;• Gloves&lt;br&gt;• Long sleeved gown</td>
</tr>
</tbody>
</table>
Notes about Masks

- N95 masks are available in commercial (or standard or non-medical) grade and medical (or surgical or procedure) grade. Medical masks meet requirements for fluid resistance. 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

- 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 office 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 office may be infected but asymptomatic. It’s about knowing who’s in your chair and where they’ve been.

Determining Patient COVID-19 Risk

Pre-appointment screening or triage is critically important in assessing the risk the patient may have a COVID-19 infection. Below are typical screening questions to ask the patient before the appointment:

1. Are you aware you are COVID-19 positive or are you waiting for a test result?
2. Do you have a fever or have felt hot or feverish anytime in the last two weeks (14 days)?
3. Do you have any of the following symptoms: Dry cough? Shortness of breath? Difficulty breathing? Sore throat? Runny nose? Post-nasal drip?
4. Have you experienced a recent loss of smell or taste?
5. Have you been in contact with any confirmed COVID-19 positive patients, or persons self-isolating because of a determined risk for COVID-19?
6. Have you returned from travel outside of Canada in the last 14 days?
7. Have you returned from travel within Canada from a location known affected with COVID-19?
8. Is your workplace considered high risk? (e.g. routine close contact with many people)
9. When screening results indicate a patient may be more likely to have COVID-19, defer appointments for 14 days or more if possible, treat with enhanced PPE or refer to appropriate facility for care.

Some people are more vulnerable to developing severe Covid-19.
The questions below help assess if a patient is more vulnerable:

1. Are you over the age of 70?
2. Do you have any of the following: serious respiratory disease, serious heart conditions, immunocompromised conditions, severe obesity, diabetes, chronic kidney disease or those undergoing dialysis, liver disease and pregnancy?

For more vulnerable patients, defer treatment whenever possible.

DURING THE APPOINTMENT

When patients arrive:

- Have patient wash hands (ideally) 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:
  - Appointment Arrival Screening Questionnaire.
  - Take patient’s temperature and record result.
  - If patient screening indicates “moderate” or “higher” risk, isolate patient and consult with dentist on next steps.
- Have patient complete and sign Patient Acknowledgement of COVID-19 Risk Form (see Resources).
- 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.

When patient is seated in operatory:

- Chair-side staff, wash hands and don mask before entering operatory.
- No hand-shaking or physical contact.
- Wash hands and don gloves in-room.
- Review overall health history, confirming that the screening questions were asked during the check-in procedure, and review if necessary.
- Remove mask only outside operatory.
- Limit movement out of operatory as much as possible.
- Clean operatory while wearing PPE.
- Wash hands after doffing PPE
- Ensure PPE is donned and doffed appropriately. Refer to resources on the BCCDC site: http://www.bccdc.ca/health-professionals/clinical-resources/covid-19-care/infection-control/personal-protective-equipment

As the patient is leaving:

- Choose a touchless payment method, if possible.
- Have the patient wash or disinfect their hands before leaving the office.
CLINICAL PRACTICES AND PROTOCOLS

During a pandemic, public health officials will work with the CDSBC to determine what level of dental care may be provided at a given time. At all times, dentists are expected to use their professional judgment based on the particular situation. There are many variables to consider, which change constantly (patient-to-patient, clinic-to-clinic, day-to-day) as the pandemic changes. Figure 1 illustrates the ongoing need for professional judgment, as is always the case in providing dental care.

Figure 1: Professional Judgement in Treatment Approach Considerations

Emergent vs. Urgent vs. Elective Care

The terms “emergent”, “urgent” and “elective” are more typically used in the medical/physician setting, however, during a pandemic with communication from public health officials, these terms become commonplace in dentistry. Table 3 below shows “equivalency” of terms between medical and dental providers.

<table>
<thead>
<tr>
<th>“Medical” Term</th>
<th>Dental Term</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergent, Emergency</td>
<td>Medical emergency</td>
</tr>
<tr>
<td></td>
<td>Life-threatening emergency</td>
</tr>
<tr>
<td>Urgent</td>
<td>Dental emergency</td>
</tr>
<tr>
<td></td>
<td>Essential dental care</td>
</tr>
<tr>
<td>Elective</td>
<td>Elective</td>
</tr>
<tr>
<td></td>
<td>Routine</td>
</tr>
<tr>
<td></td>
<td>Non-urgent care</td>
</tr>
</tbody>
</table>
Aerosol Generating Procedures (AGP)

The following measures should be considered for AGPs

- Limit AGPs as much as possible
- Have patient complete a pre-procedural rinse with 1% hydrogen peroxide, or similar, for 60 seconds. Have patient spit rinse back into cup provided, not the sink.
- Use rubber dam and HVE wherever possible
- Where possible, increase air circulation (exchanges) and ventilation in operatories (e.g. by opening window or maintaining efficient HVAC systems).
- Low risk, use standard precautions
- Increased risk, use enhanced precautions
APPENDIX 1: PUBLIC HEALTH OUTBREAK AND MODIFICATIONS TO DENTISTRY

The following interim guidance is designed to facilitate discussions within the dental profession in Canada, and between the dental profession and public health officials. It is a support tool that provides context for modifications to dental practice and discussions with provincial or territorial medical offices in response to a respiratory infection outbreak (COVID-19). It outlines 5 levels of public health response and provides corresponding modifications to dental practice.

At the outset of a pandemic, there may be a rapid movement to a higher level of public health response. The chart below summarizes the levels, which are intended to be:

1. Proportionate, pre-planned response to the possible escalation of COVID-19 based on the evolving community context.
2. Staged restrictions of dental services to reduce transmission risks for COVID-19.
3. Avoidance of likely burden on medical primary care and emergency services, should access to urgent dental care cease.

The levels are colour-coded based on an example of a public health classification for the reopening of businesses, educational facilities, health care systems, recreational activities, and cultural events, which will be guided by four distinct public health alert levels:

- **Red**: This phase aims to “flatten the curve” and contain the virus as quickly as possible.
- **Orange**: This phase balances the reopening of social and economic settings, while preventing a resurgence of transmission.
- **Yellow**: This phase further increases the reopening of social and economic settings after the ability to control transmission has been demonstrated.
- **Green**: In this phase, a vaccine is available, or measures have become apparent that protect people from the virus.

The CDC has provided specific guidance that serves as a North American reference for dentistry during the COVID-19 outbreak. The Pandemic Severity Guide provides reference and comparison between cyclical seasonal respiratory flu versus respiratory infections with high mortality rate, complicated by situations where an effective vaccine is not readily available.

---

3. CDC Pandemic Severity Index Chart

<table>
<thead>
<tr>
<th>Category</th>
<th>Case Fatality Rate (CFR)</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Less than 0.1%</td>
<td>Seasonal flu and swine flu</td>
</tr>
<tr>
<td>2</td>
<td>0.1-0.5%</td>
<td>Asian and Hong Kong Flu</td>
</tr>
<tr>
<td>3</td>
<td>0.5%</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>1.0-2.0%</td>
<td></td>
</tr>
</tbody>
</table>
Support Tool: Modifying Practice Related to Respiratory Infection Outbreak (COVID-19)

<table>
<thead>
<tr>
<th>Public Health Level</th>
<th>Examples of Public Health Response Efforts that Affect Dentistry</th>
<th>Modifications for Dentistry</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Level 5 Restrictions</strong></td>
<td>Uncontrolled pandemic</td>
<td>Dental treatment is suspended</td>
</tr>
<tr>
<td>Typical characteristics</td>
<td></td>
<td>No dental treatment is performed without expressed permission from the public health authorities in support of the hospital system. It is performed in very limited ways in coordination with the health care system.</td>
</tr>
<tr>
<td>• Pandemic is out of control and not responding to public health intervention.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Public hospital system is overwhelmed by the number of hospital admissions and deaths.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Temporary hospitals have been set up.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Military and other forces are called in to assist.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Temporary morgues are required.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| **Level 4 Restrictions** | Declared state of emergency | Emergency dental care is suspended except for: |
| Typical characteristics | | • Treatment that does not respond to pharmacological management |
| • Significant number of new cases continue to rise in this community and/or in adjacent communities and likely underreporting of total number of individuals who are infected due to volume of testing needed and inability to process all potential cases. | | • Treatment that is referred to specific centres or offices |
| • Major outbreak, community spread, and significant day-over-day increases in cases and hospitalizations reported. | | Examples include: |
| Typical examples of measures and response | | • Swelling of the face, neck or mouth |
| • Declared province-wide state of emergency. | | • Dental trauma causing change in the position of teeth, soft tissue damage and/or significant pain |
| • Stay-at-home orders are in effect. | | • Significant bleeding |
| • Directives to close all nonessential services. | | • Difficulty opening the jaw and/or swallowing |
| Modifications to how essential services can be accessed. | | • Referral from a specialist medical practitioner for assessment or management of a patient receiving urgent medical care for medically necessary dental care |
| | | • Orofacial, dental or mucosal pain causing loss of sleep or impacting diet |
| | | • Ulcers persisting for > 3 weeks |

| **Level 3 Restrictions** | Active management of a community outbreak | Emergency dental care - All elective treatment is suspended |
| Typical characteristics | | Dental treatment is curtailed to assist in supporting public health efforts to reduce community spread and support stay-at-home advisories. |
### Public Health Level

<table>
<thead>
<tr>
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<th>Examples of Public Health Response Efforts that Affect Dentistry</th>
<th>Modifications for Dentistry</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• New cases reported daily with an increase in cases day-to-day and confirmed community spread.</td>
<td>Pre-screening protocol for COVID-19 and dental care needs completed for all patients prior to their appointment. Measures to support social distancing in the office are implemented.</td>
</tr>
<tr>
<td></td>
<td>• Public health emergency has been declared.</td>
<td>Dental treatments that do not generate aerosols are limited to:</td>
</tr>
<tr>
<td></td>
<td>• Significant number of hospitalizations and reported deaths.</td>
<td>• Management of patients with acute dental pain (e.g. endodontic treatment under rubber dam, or extraction)</td>
</tr>
<tr>
<td></td>
<td><strong>Typical examples of measures and response</strong></td>
<td>• Management of significantly damaged upper front teeth (e.g. due to trauma, with restorative treatment provided under rubber dam)</td>
</tr>
<tr>
<td></td>
<td>• Imminent declaration of an official state of emergency likely.</td>
<td>• Soft tissue pathology (e.g. ulcers)</td>
</tr>
<tr>
<td></td>
<td>• Recommendation to work from home.</td>
<td>• Management of complex medically compromised patients with dental concerns that may compromise their systemic disease</td>
</tr>
<tr>
<td></td>
<td>• Consideration of closure of nonessential services.</td>
<td>• Management of those at a higher risk of rapid progression of dental disease due to socioeconomic or cultural factors</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Management of patients referred by a medical practitioner for medically necessary dental care</td>
</tr>
<tr>
<td><strong>Level 2 Restrictions</strong></td>
<td><strong>Confirmed outbreak</strong></td>
<td><strong>Deferral of aerosol-based treatments and enhanced screening and scheduling</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Typical characteristics</strong></td>
<td>Pre-screening protocol for COVID-19 and dental care needs completed for all patients prior to their appointment. Measures to support social distancing in the office are implemented.</td>
</tr>
<tr>
<td></td>
<td>• Local Public Health has reported multiple cases and is experiencing a growth in contact tracing.</td>
<td>Defer all treatments likely to generate aerosols, which may include the use of:</td>
</tr>
<tr>
<td></td>
<td>• There is still a potential to contain the outbreak as new cases remain limited.</td>
<td>• high-speed handpieces without the use of rubber dam</td>
</tr>
<tr>
<td></td>
<td>• Expansion in COVID-19 testing.</td>
<td>• ultrasonic scalers</td>
</tr>
<tr>
<td></td>
<td><strong>Typical examples of measures and response</strong></td>
<td>• surgical handpieces</td>
</tr>
<tr>
<td></td>
<td>• Enhanced notification related to an increase in the number of infections.</td>
<td>All surgical interventions should be undertaken using enhanced transmission-based precautions.</td>
</tr>
<tr>
<td></td>
<td>• Opening of testing centres.</td>
<td>Elective dental implant treatment should be delayed.</td>
</tr>
<tr>
<td></td>
<td>• Public closures of schools and restrictions of visitors to long-term care (LTC) homes are being considered, among other measures.</td>
<td>Defer, unless it cannot be avoided, urgent dental treatment for people who meet criteria for COVID-19 or confirmed as a COVID-19 case.</td>
</tr>
<tr>
<td></td>
<td>• If the situation is improving, school resumption is being considered or may be delayed if closures are already in place.</td>
<td></td>
</tr>
<tr>
<td>Public Health Level</td>
<td>Examples of Public Health Response Efforts that Affect Dentistry</td>
<td>Modifications for Dentistry</td>
</tr>
<tr>
<td>---------------------</td>
<td>---------------------------------------------------------------</td>
<td>----------------------------</td>
</tr>
<tr>
<td></td>
<td><strong>Anticipated outbreak</strong></td>
<td>Schedule such patients at the end of the day when other patients are not in the dental office and minimal staff will be present.</td>
</tr>
<tr>
<td><strong>Level 1 Restrictions</strong></td>
<td><strong>Typical characteristics</strong></td>
<td>Pre-screening and initiating treatment deferral Institute pre-screening protocols to assess whether individuals could potentially meet the epidemiological or clinical symptom criteria for a COVID-19 risk.</td>
</tr>
<tr>
<td></td>
<td>Local Public Health anticipates an imminent presence of a first case or new case(s) with no specific evidence of local community spread OR there have been no new positive cases for a four-week period. Local Public Health enhanced operations are in place.</td>
<td><strong>Suggested response for a patient whose screening indicates they are not suspected of COVID-19:</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Typical examples of measures and response:</strong></td>
<td>• Defer initiating non-urgent treatment that cannot be completed within an existing appointment and/or ensure that the patients undergoing treatment can be appropriately deferred for a 6-month period</td>
</tr>
<tr>
<td></td>
<td>• There are no specific restrictions announced in the community.④</td>
<td>• No other specific restrictions for range or scope of treatment</td>
</tr>
<tr>
<td></td>
<td>• A public health emergency has not been declared, but is anticipated.</td>
<td><strong>Suggested response for a patient whose screening confirms a risk of COVID-19 or is confirmed as a COVID-19 case:</strong></td>
</tr>
<tr>
<td></td>
<td>• Cases are reported in other communities or countries that could affect the public health jurisdiction.</td>
<td>• Defer all dental care for at least 14 days or until negative COVID-19 test results</td>
</tr>
<tr>
<td></td>
<td>• Public Health has issued cautions and personal measures such as social distancing.</td>
<td>• Limit emergency care to pharmacological approaches and non-aerosol treatment, if required</td>
</tr>
<tr>
<td></td>
<td>• Public Health is moving to an increased state of readiness.</td>
<td>• Enhanced transmission-based precautions for emergency care</td>
</tr>
<tr>
<td><strong>No restrictions</strong></td>
<td>No evidence of outbreak and/or 6 months has passed since last detected cases and there is no longer an imminent risk of a recurrent outbreak.</td>
<td>No modifications to practice. General infection control measures and personal protective equipment (PPE) as recommended or mandated in the jurisdiction are in place.</td>
</tr>
</tbody>
</table>

④ Community will vary in Canada. For example, the Province of Prince Edward Island (PEI) could be considered a single community, whereas in British Columbia or Ontario there may be a range of communities and geography with medical offices overseeing different geography.
Appendix 2: Glossary of Terms and Acronyms

ACH means **air changes per hour**. The movement of a volume of air in a given period of time; if an office has one air change per hour, it means that the air in the office will be replaced in a one-hour period. Adapted from: [http://www.caslab.com/Air_Changes_Per_Hour_ACH_Meaning/](http://www.caslab.com/Air_Changes_Per_Hour_ACH_Meaning/)

AGP means **aerosol generating procedures**. Aerosol generating procedures are any procedure carried out on a patient that can induce the production of aerosols of various sizes, including droplet nuclei. Adapted from: [http://ipac.vch.ca/Documents/Acute%20Resource%20manual/Aerosol%20Generating%20Medical%20Procedures.pdf](http://ipac.vch.ca/Documents/Acute%20Resource%20manual/Aerosol%20Generating%20Medical%20Procedures.pdf)

HVAC means **heating, ventilation, and air conditioning**. Technology related to the indoor temperature and air quality.

HVE means **high volume evacuation**. A high-volume evacuator is a suction device that draws a large volume of air over a period of time.

Infirm patient means a patient who is physically limited or in ill health. In this context, an infirm patient may need extra assistance to receive dental care, including, but not limited to, moving from one room to another and being physically stabilized in the operatory.

NAGP means **non-aerosol generating procedures**. Any procedure carried out on a patient that does not produce aerosols.

PPE means **personal protective equipment**. Equipment worn to minimize exposure to hazards that cause serious injuries and illnesses. In the context of a pandemic, it is equipment worn to prevent transmission of a virus or bacteria.

- N95 or KN95 (fitted): a respirator, which is a particulate-filtering facepiece that can be breathed through, that meets the U.S. National Institute for Occupational Safety and Health N95 classification of air filtration, meaning that it filters at least 95% of airborne particles. To work properly, these masks must be fitted to the wearer. The KN95 is a Chinese equivalent.

- Level 1 or 2 or 3 masks: The American Society for Testing and Materials defines mask levels and which level should be used during different dental procedures. Level 1 masks are considered as a low barrier and designed for procedures with a low amount of fluid, blood, aerosol exposure or spray. Level 2 masks are a moderate barrier. Level 3 masks are considered a high barrier and were designed for procedures with a moderate or high amount of fluid, blood, aerosols or spray exposure, such as implant placement, complex oral surgery, and crown preparation.

- Eye protection (glasses, googles or face shield): safety glasses allow air in and around the eye area while safety goggles fit tight against the face, offering protection
against particulate in the air and splashes. Face shields provide further protection and can also be worn over spectacles or goggles.

- Scrubs: garments designed to be simple, easy to launder, and cheap to replace. Originally used by surgeons and other operating room personnel, who would put them on during the process of sterilizing themselves before entering the operating room.

- Long sleeve gown: a garment intended to be worn by health care personnel during surgical procedures to protect both the patient and health care personnel from the transfer of microorganisms, body fluids, and particulate matter. Cuffs provide greater protection to arms and wrists.

NOTE:
The terms “aerosol” and “splatter” in the dental environment were used by Micik and colleagues in their pioneering work on aerobiology. In these articles, aerosols were defined as particles less than 50 micrometers (μm) in diameter. Particles of this size are small enough to stay airborne for an extended period before they settle on environmental surfaces or enter the respiratory tract. The smaller particles of an aerosol (0.5 to 10 μm in diameter) have the potential to penetrate and lodge in the smaller passages of the lungs and are thought to carry the greatest potential for transmitting infections.

Splatter was defined by Micik and colleagues as airborne particles larger than 50 μm in diameter. Micik and colleagues stated that these particles behaved in a ballistic manner. This means that these particles or droplets are ejected forcibly from the operating site and arc in a trajectory similar to that of a bullet until they contact a surface or fall to the floor. These particles are too large to become suspended in the air and are airborne only briefly.

APPENDIX 3: RESOURCES

The following websites and pages contain several resources that can be printed as stand-alone documents/posters for your dental office.

Additional online resources:

- Government of Canada
  Coronavirus disease (COVID-19): Awareness resources

- Infection Prevention and Control Canada
  Coronavirus (COVID-19) Posters, Graphics and Videos

- Canadian Centre for Occupational Health and Safety
  Hand washing and other posters
  https://www.ccohs.ca/outbreaks/

- WorkSafeBC
  COVID-19 and returning to safe operation – Phase 2
Dental Office Staff
Return to Work Screening Form

Each employee/dentist at the office must complete this form upon return to work.

<table>
<thead>
<tr>
<th>Name</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
</table>

Risk Assessment Screening Questions

1. Do you have any of the following symptoms which are new or worsened if associated with allergies, chronic or pre-existing conditions: fever, cough, shortness of breath, difficulty breathing, sore throat, runny nose, loss of smell or taste, sneezing and/or diarrhea?

   **YES** **NO**

2. Have you returned to Canada from outside the country (including USA) in the past 14 days?

   **YES** **NO**

In the past 14 days, at work or elsewhere, while not wearing appropriate personal protective equipment:

3. Did you have close contact* with someone who has a probable** or confirmed case of COVID-19?

   **YES** **NO**

4. Did you have close contact* with a person who had acute respiratory illness that started within 14 days of their close contact* to someone with a probable** or confirmed case of COVID-19?

   **YES** **NO**

5. Did you have close contact* with a person who had acute respiratory illness who returned from travel outside of Canada in the 14 days before they became sick?

   **YES** **NO**

6. Did you have a laboratory exposure to biological material (i.e. primary clinical specimens, virus culture isolates) known to contain COVID-19?

   **YES** **NO**


If you answer “NO” to all of the above, you can proceed to work. If you develop symptoms, please complete a new questionnaire.

If you answer “YES” to any of the above, you are not permitted to attend work at this time and you must self-isolate and contact a medical office to determine if you require COVID-19 testing.

The dental office is collecting the above information for the purposes of supporting the safety of the dental office for staff and patients. This information is collected under the authority of the Personal Information Protection Act and applicable public health and occupational health and safety laws.

* Close contact includes providing care, living with or otherwise having close prolonged contact (within 2 meters) while the person was ill, or contact with infectious bodily fluids (e.g. from a cough or sneeze) while not wearing recommended personal protective equipment.

** Probable case is a person with clinical illness who had close contact to a lab-confirmed COVID-19 case, while not wearing appropriate personal protective equipment, OR a person with clinical illness who meets the COVID-19 exposure criteria, AND in whom laboratory diagnosis of COVID-19 is inconclusive. Clinical illness of a probable case is new onset/exacerbation of following symptoms: fever (over 38 degrees Celsius), cough, shortness of breath (SOB)/difficulty breathing, sore throat or runny nose. Exposure criteria for a probable case is a person who, in the 14 days before onset of illness: had any history of travel outside of Canada; OR had close contact with a confirmed or probable case of COVID-19; OR is a close contact of a traveler with acute respiratory illness who returned from outside Canada in the previous 14 days; OR had a laboratory exposure to biological material (e.g. primary clinical specimens, virus culture isolates) known to contain COVID-19.
Dental Office Staff
Daily Screening Form

Date: ____________________________________

All dental office staff must confirm their absence of symptoms and have temperature taken each day.

If symptoms are present, further investigation is needed by the managing dentist*

<table>
<thead>
<tr>
<th>Name:</th>
<th>Signature:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Fever &gt; 38°C</td>
<td>YES NO</td>
</tr>
<tr>
<td>• Cough</td>
<td>YES NO</td>
</tr>
<tr>
<td>• Sore Throat</td>
<td>YES NO</td>
</tr>
<tr>
<td>• Shortness of breath</td>
<td>YES NO</td>
</tr>
<tr>
<td>• Difficulty breathing</td>
<td>YES NO</td>
</tr>
<tr>
<td>• Flu-like symptoms</td>
<td>YES NO</td>
</tr>
<tr>
<td>• Runny nose</td>
<td>YES NO</td>
</tr>
</tbody>
</table>

* Provincial regulations may require use of a provincial form and protocol. How “yes” answers are handled may be dictated by provincial regulation and may change with the public health alert level of the pandemic. A cautious approach is recommended.
Use this 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.

<table>
<thead>
<tr>
<th>Screening Questions</th>
<th>Pre-Screen</th>
<th>In-Office</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Do you have a fever or have felt hot or feverish anytime in the last two weeks?</td>
<td>YES NO</td>
<td>YES NO</td>
</tr>
<tr>
<td>Patient temperature at appointment: ________. If elevated, provide mask to patient.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Do you have any of these symptoms: Dry cough? Shortness of breath? Difficulty breathing? Sore throat? Runny nose? Sneezing? Post-nasal drip?</td>
<td>YES NO</td>
<td>YES NO</td>
</tr>
<tr>
<td>3. Have you experienced a recent loss of smell or taste?</td>
<td>YES NO</td>
<td>YES NO</td>
</tr>
<tr>
<td>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?</td>
<td>YES NO</td>
<td>YES NO</td>
</tr>
<tr>
<td>5. Have you returned from travel outside of Canada in the last 14 days?</td>
<td>YES NO</td>
<td>YES NO</td>
</tr>
<tr>
<td>6. Have you returned from travel within Canada from a location known affected with COVID-19?</td>
<td>YES NO</td>
<td>YES NO</td>
</tr>
<tr>
<td>7. Is your workplace considered high risk?</td>
<td>YES NO</td>
<td>YES NO</td>
</tr>
</tbody>
</table>

Patient Vulnerability

| 8. Are you over the age of 70?                                                     | 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.
Read Before Entering Clinic

In response to COVID-19, additional steps have been taken to further enhance your safety and the safety of our staff. Only individuals being treated are allowed to enter the clinic. Accompanying persons are not permitted to enter, with the exception of caregivers.

Delivery personnel are to contact the facility staff prior to entering.

Please review the following questions to confirm your fitness to enter the facility.

1. Do you currently have any of the following symptoms?
   - Severe cough
   - Muscle pains
   - Significant nasal congestion
   - Fever > 38 degrees c
   - Shortness of breath
   - Headache
   - Runny nose
   - Reduced or lost sense of smell

2. Have you come into contact with anyone that has any of the above symptoms in the last two weeks?

3. Have you failed to use physical distancing in the last two weeks?

4. Have you come into contact with anyone suspected of having COVID-19 in the last 2 weeks?

5. Have you come into contact with anyone diagnosed with COVID-19 in the past 2 weeks?

   If you have answered “yes” to any of the above questions, DO NOT ENTER THE FACILITY.

   Call our phone number below and you will be given the appropriate direction.

Only enter the clinic if you answered “No” to all the questions above.

Call us if you have any questions: ( ) ____________________________.
Please read the patient acknowledgement below, and initial or sign in all areas indicated.

I understand the novel coronavirus causes the disease known as COVID-19 and that it is currently a pandemic. I understand the novel coronavirus virus has a long incubation period during which carriers of the virus may not show symptoms and still be contagious. For this reason, it is recommended to stay home and avoid close contact with other people when at all possible (Initials)

I understand the federal and provincial governments have asked individuals to maintain social distancing of at least 2 metres (6 feet) and I recognize it is not possible to maintain this distance while receiving dental treatment (Initials)

I understand that it is possible that oral surgery/dental procedures can create water and/or blood spray, which may be one way that the novel coronavirus can spread. The ultra-fine nature of the spray can linger in the air for minutes to sometimes hours, which can transmit the novel coronavirus. (Initials)

I understand that due to the visits of other patients, the characteristics of the novel coronavirus, and the characteristics of dental procedures, that I have an elevated risk of contracting AND SPREADING the novel coronavirus simply by being in the dental office. (Initials)

I confirm that I do NOT have any TWO OR MORE of the following symptoms of COVID-19: fever, new or worsening cough, sore throat, runny nose or headache (Initials)

I confirm that I have not tested positive for COVID-19. (Initials)

I confirm that I am not waiting for the results of a test for COVID-19. (Initials)

I confirm that this is not currently a period where I required to self-isolate for 14 days. (Initials)

I verify the information I have provided on this form is truthful and accurate. I knowingly and willingly consent to have dental treatment completed during the COVID-19 pandemic. (Initials)

Signature of patient: ___________________________________________ Date: ____________________
Are you ready?

☐ All staff are briefed on changed protocols.

☐ Reception modified to limit contact.

☐ Waiting area updated.

☐ Washrooms well supplied.

☐ All staff completed Return to Work Screening 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 water lines shocked if needed.