



Expectations and Pathway for Patient Care during the COVID-19 Pandemic

Guidelines for Stage 1: Alberta Relaunch for Dental Practice

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INTRODUCTION

On May 14, 2020, Alberta dentists are permitted to return to full provision of services. These oral healthcare services are included in Stage 1 of Alberta's Relaunch Strategy. These services do not include facial esthetic therapies and adjunct procedures. Personal services, such as dermal fillers and neuromodulators used exclusively for cosmetic purposes, are prohibited until Phase 2 of Alberta's relaunch strategy, available at <https://www.alberta.ca/alberta-relaunch-strategy.aspx>. CMOH Order O7 at section 10 defines personal service "for the primary purpose of enhancing, preserving or altering the person's appearance". Therapeutic Botox provision would not fall within this definition.

This document provides interim considerations for Alberta dental offices, specific to the COVID-19 pandemic. It is designed for use by Alberta dentists and the dental team and should be read in conjunction with relevant provincial legislation, regulations and policies.

Alberta dentists are reminded that registered dental hygienists, registered dental assistants, registered denturists and registered dental technologists are governed by their own independent Colleges. Although we dialogue regularly, these governing bodies will make their own decisions with respect to their members' return to practice.

The document 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. As new evidence becomes available, the document will be updated accordingly.

Public Health, Outbreak Level and Dentistry

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/province. Since outbreaks can be quite local, the modifications may be different from one 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 Prevention and 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, the ADA&C [Standard of Practice: Infection Prevention and Control and Risk Management for Dentistry](#), Alberta Health [Workplace Guidance for Community Health Care Settings](#) and [Workplace Guidance for Business Owners](#) must be followed in full as each document works together to reduce the risk of the spread of infection.

The infection control measures are presented as follows:

- Staff preparation
- Office preparation

- Before the appointment
- During the appointment
- Clinical practices and protocols

STAFF PREPARATION

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. Prior to Stage 1 of the Alberta Relaunch, dentists should have a training session with all staff that reviews this guideline, ADA&C IPC standards and Alberta Health Workplace Guidelines and the other Alberta dental profession's regulator guidelines.

Daily Screening – Dentists and Staff

The health of the dentists and dental office staff is paramount and must be monitored for the continued health of the dental team. Daily dentist and staff screening focuses on this principle and includes a daily log confirming that they are not experiencing any symptoms of COVID-19. This includes each individual 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 the following 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 (quarantine) for 10 days from the start of symptoms, or until symptoms resolve, whichever takes longer. If they are 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 COVID+ team member refer to the [Workplace Guidance for Community Health Care Settings](#).

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, follow established [Donning](#) and [Doffing](#) protocols.
- Review [How to Hand Wash](#)

OFFICE 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, 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.
 - 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
- **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.
- **Promote physical distancing.** Reduce seating in the waiting area, ideally chairs are two metres (2m) apart.
- **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. Posters are available at <https://open.alberta.ca/publications/covid-19-information-help-prevent-the-spread-poster>
- **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 office.** Only children 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.

Clinical Area

- Sterilization room 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.

- Only patients and necessary attendants allowed in clinical areas.

Common staff areas

- Encourage physical distancing.
- Limiting the number of people in shared spaces (such as lunchrooms) or staggering break periods.
- Disinfect touch surfaces often.

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.

Employment COVID Specific Workplace Considerations

- 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](#))

AEROSOLS

Aerosol Generating Procedures (AGPs)

Aerosols are generated by high speed handpieces, ultrasonic devices and tri-syringes. Therefore the ADA&C recommends that dentists limit these procedures thus protecting patients, staff and themselves.

For many procedures the risk from potentially infectious aerosols can be minimized by:

- 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 rubber dam isolation or other isolation techniques
- Use of high volume suction (HVE) to limit aerosols
- Spoon excavation of decay
- Possible application of silver diamine fluoride
- Restrict 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 patients in the low risk category for COVID-19.

Table 1: Dental devices and procedures known to produce airborne contamination

Device and/or procedure	Contamination
Ultrasonic and Sonic Scalers	Considered the greatest source of aerosol contamination; use of a high-volume evacuator will reduce the airborne contamination by more than 95%
Air Polishing	Bacterial counts indicate that airborne contamination is nearly equal to that of ultra-sonic scalers; available HVE will reduce airborne contamination by more than 95%
Air-Water Syringe	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%
Tooth Preparation with Air Turbine Handpiece	Minimize airborne contamination with rubber dam or other isolation types and HVE
Tooth Preparation with Air Abrasion	Bacterial and viral contamination is unknown; extensive contamination with abrasive particles has been shown

From: Harrel SK, Molinari J. *Aerosols and splatter in dentistry: A brief review of the literature and infection control implications.* J Am Dent Assoc. 2004;135:429–437. [https://jada.ada.org/article/S0002-8177\(14\)61227-7/pdf](https://jada.ada.org/article/S0002-8177(14)61227-7/pdf)

Clothing and Office Environment

All dental office staff should wear scrubs at work. Scrubs include clinical attire not worn outside the practice. 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.

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

Personal Protective Equipment (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 clinic 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 mask and protective eyewear at all times in the workplace if a physical barrier e.g. plexiglass is not in place or if physical distancing cannot be maintained.

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

Setting	Staff or Patients	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
		<u>Moderate and High risk</u> Aerosol-generating procedures (AGP) High risk patients should not be treated in a general dental office	<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 • Lab coat or gown (must have cuff)
	Disinfecting operatory for all procedures	Follow ADA&C IPC Standards	<ul style="list-style-type: none"> • Level 1 mask minimum • Appropriate protective eyewear • Gloves
Reception	Front office 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.

Notes about Masks

- Health Canada has expanded equivalent alternate standards including non-medical N95 respirators, commercial-grade N95 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>

Clearing the Air (of Aerosols)

Before making any changes to the dental office, it is important to understand the ADA&C does not require dental practices to make major air filtration technology purchases or alterations to existing office designs. Avoid AGP 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 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.

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.

**“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 a COVID-19 infection. Screen patients at least twice—once over the phone and 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)

Table 3 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.

Table 3: COVID-19 Risk Level from Screening Questionnaire

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

If patients with a risk level higher than “low” are treated in the dental office, 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.

Patients above a “moderate” risk level should not be treated in a general dentist office. 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.

Manage the patient with pharmaceutical intervention via remote dentistry; refer to the [Guidelines on Remote Dentistry](#).

If staff or patients become symptomatic while at the dental clinic 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.
 - 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:
 - Review screening questions.
 - 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>.

- If patient screening indicates “moderate” or “higher” risk, isolate patient and consult with dentist 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.

When patient is seated in operatory:

- Chair-side staff don mask before entering operatory.
- No hand-shaking or physical contact.
- Wash hands and don gloves, face shield, etc. in-room.
- Review overall health history, confirming that the screening questions were asked during the check-in procedure, and review if necessary.
- Complete procedures.
- Have the patient don their mask if provided.
- Limit movement out of operatory as much as possible.
- Clean operatory while wearing PPE.
- 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 Services

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 office.

CLINICAL PRACTICES AND PROTOCOLS

During a declared state of public health emergency, public health officials will work with the Alberta Dental Association and College to determine what level of dental care may be provided at a given time. The ADA&C will advise members on guidelines for treatment based on the permissible level of care. At all times, dentists are expected to use their appropriate clinical 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 state of public health emergency changes. There is an ongoing need to complete a point-of-care risk assessment prior to providing dental care.

Guidelines to consider when providing point-of-care:

Regulatory Expectations

- Public Health Alert Level
- Clinic Attributes

Appropriate Clinical Judgment

- COVID-19 Patient Risk
- Patient Vulnerability
- Urgency of Care
- Planned Procedures
- Provider and Staff Risk Factors

Use these guidelines to assess the task, the patient, and the environment prior to each patient interaction and use your appropriate clinical judgment to determine the treatment approach and level of PPE required.

Emergent vs. Urgent vs. Non-Urgent Care

The ADA&C has provided guidance on the definitions of emergent and urgent care. Non-urgent care encompasses all things not included in emergency and urgent care. **As of May 14 Alberta dentists are permitted to return to full provision of services.**

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 that can be printed as stand-alone documents/posters for your dental office.

- [ADA&C COVID-19 Information for Patients and Practitioners](#)
- [ADA&C Bylaws, Legislation & Standards of Practice](#)
- [Alberta's Relaunch Strategy](#)
- [Alberta's COVID-19 response](#)
 - [Workplace Guidance for Business Owners](#)
 - [Workplace Guidance for Community Health Care Settings](#)
 - [Workplace Guidance for Alberta's Relaunch](#)
 - [Temporary Workplace Rule Changes \(Employment Standards Code\)](#)

Dental regulatory colleges:

- [College of Registered Dental Hygienists of Alberta](#)
- [College of Alberta Dental Assistants](#)
- [College of Dental Technologists of Alberta](#)
- [College of Alberta Denturists](#)

- [Guide to Face Mask Selection and Use](#)

- [Putting on \(donning\) PPE](#)

- [Taking off \(doffing\) PPE](#)

- [Staff Consent Form](#)

- [Patient Consent Form](#)

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 returned to service.