



COLLEGE OF REGISTERED
DENTAL HYGIENISTS
OF ALBERTA

COVID-19 Return to Work Guidelines for Dental Hygienists

**All CRDHA registrants are required to abide by these guidelines
when they return to practice**

Reviewed by CRDHA Council May 3, 2020

Effective May 4, 2020

Guidelines are subject to change

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Rationale for these Guidelines

On April 30, 2020, Alberta Health announced that as part of Alberta's Relaunch strategy, all regulated health professionals may return to **safe practice subject to guidelines approved by their respective regulatory colleges**. Dental Hygienists in Alberta who are returning to practice are expected to follow the most current guidance provided by the CRDHA. Those who fail to abide by this directive may be considered to be in professional misconduct and will be subject to appropriate action.

Return-to-Work

Effective May 4, 2020, dental hygienists in Alberta may begin providing **emergency** or **urgent** dental hygiene care, providing that they have access to the appropriate PPE. **If appropriate PPE is not available, oral health services must not be performed.**

Emergency and urgent dental care focuses on the management of conditions that require immediate attention to relieve pain and if left untreated may significantly compromise client dental health. It is very rare that dental hygiene services would qualify as an emergency or urgent procedure, however, here are a few examples:

- Severe **uncontrolled pain** from situations such as an acute periodontal abscess, herpetic outbreak, oral thrush/candidiasis, aphthous ulcers
- Significant infection requiring a prescription
- Dental hygiene treatment required prior to critical medical procedures (e.g. chemotherapy)

Effective May 4, 2020, the suspension of non-essential services provided by dental hygienists remains in place, however dental hygienists can begin **preparations** for an eventual return to non-essential services. **The CRDHA will provide a return to work date to non-essential services when deemed safe to resume.**

Effective May 4, 2020, **dentists** regulated by the Alberta Dental Association & College will be required to follow their [updated guidelines on emergency and urgent treatment](#). The ADA&C are recommending that only **emergency** and **urgent care** be provided in dental offices until further notice. The definitions of emergency and urgent dental services can be found in their document.

As many dental hygienists in Alberta are employed by dentists, there should be the expectation that non-urgent services such as oral examinations and recall visits including routine radiographs and routine dental hygiene and preventive therapies will not be permitted in a dental office until ADA&C provides further recommendations. **We recommend contacting your employer and discussing a return-to-work plan with them.**

For employment and insurance questions, dental hygienists can refer to guidance from the [CDHA](#).

The CRDHA is committed to the safety of both the public and our registrants and will be continually updating these guidelines as more evidence and research becomes available.

The CRDHA expects all registrants to use appropriate clinical judgment and follow their Standards of Practice.

Key Points

- The guidelines are created to protect clients, families, communities, dental hygienists, dental team members.
- These guidelines only apply for the treatment of **asymptomatic clients** who have been appropriately screened. Clients with influenza-like symptoms or diagnosed/lab confirmed COVID-19 are not to be seen in community clinics. If emergency dental care is medically necessary for a client who has, or is suspected of having COVID-19, dental treatment should be provided in a hospital or other facility that can treat the client using the appropriate Airborne precautions. **These clients should not be seen in a community setting.**
- Dental hygienists are at high risk for exposure to COVID-19 due to the procedures most commonly performed within their scope of practice, therefore, it is extremely important that they protect themselves using the highest level of PPE available.
- Some oral health care facilities may choose to remain closed due to shortage of Personal Protective Equipment (PPE). **If appropriate PPE is unavailable, oral health services must not be performed.**
- These guidelines are created using the most recent evidence and research available at this time. As more data and information becomes available over the coming weeks, the CRDHA is committed to providing our registrants with updated guidelines in alignment with the oral health community.

COVID-19

COVID-19 is the name of the infectious disease caused by a new coronavirus called COVID 19. Although COVID-19 is not thought to be an airborne disease, such as measles or tuberculosis, under certain circumstances the virus can be aerosolized into particles much smaller than respiratory droplets (< 5 µm), allowing them to remain suspended in the air longer, to travel farther, and to be inhaled by a person, thus acting like an airborne disease. Aerosol particles bearing COVID-19 can be generated during medical and dental procedures when a client's saliva is agitated by mechanical forces, such as an ultrasonic scaler, a slow-speed handpiece, or spray from an air-water syringe. Therefore, the risk of aerosol transmission can be reduced by avoiding their generation in the first place, by utilizing appropriate PPE, and implementing appropriate aerosol protective measures.

COVID-19 is different from the flu, the common cold and SARS-1 and may require different precautions than dental teams have been employing since the early 1980s.

The *emerging* science is indicating that:

- COVID-19 is “stickier” than previously seen viruses – infection is easier
- COVID-19 causes serious symptoms in persons over 60, and those with underlying medical conditions
- COVID-19 may be spread through the airborne route, meaning that tiny droplets remaining in the air could cause disease in others even after the ill person is no longer near
- COVID-19 may be spread through aerosols produced by high and low speed handpieces, ultrasonic scalers, air/water syringes, or an infected client coughing, and even when taking intra-oral radiographs

- Individuals infected with COVID-19 may be shedding virus and communicating the disease even before they show symptoms, including transmission through saliva up to 48 hours prior to showing symptoms
- Clients may be asymptomatic and infectious
- COVID-19 survives on environmental surfaces, including metal and plastic surface, for various periods of time as found in the dental office.

Resources:

- [AHS FAQs for Healthcare Workers](#)
- [AH Public Health Disease Management](#)

Effective May 4, 2020, the following information provides guidance on how to safely provide emergency and urgent dental hygiene services or for those dental hygienists who are preparing for an eventual return to work.

BEFORE CLINICAL CARE STARTS

Help protect office staff and clients as you reopen the practice by utilizing the following strategies:

Preparing the office

Perform all function tests required on equipment prior to opening, this includes but is not limited to:

- if sterilizers have been shut off, they **MUST** be qualified
- perform weekly testing on ultrasonic units in reprocessing
- perform testing on instrument washers in reprocessing
- run water lines for two minutes, if applicable check external water bottle attached to dental unit for biofilm growth, follow Manufactures Instructions for required chemical treatment
- Clean suction lines with enzymatic cleaner following manufacturer’s instructions.
- check all supplies including medical supplies for expiry dates
- Remove and store all unnecessary items from clinical operatories

The CRDHA will provide guidance on air filtration technology and/or changes to existing office designs once sufficient evidence becomes available. Until that time, aerosol producing procedures will not be permitted in order to ensure the safety of both clients and practitioners.

Waiting room management

- **You must comply with the 15-person limit (including all staff) as per the orders of the Chief Medical Officer of Health.**
- Consider staggering client appointments to minimize client contact in the waiting room, or ask clients to wait in their cars and call the practice upon arrival.
- Consider longer appointments to allow enough time between treatments to enable additional infection control measures including environmental cleaning.
- Provide a hand sanitation station upon entry into the clinic, with a notice to people to use it before entry into the rest of the office.
- Place chairs 6 feet/2 meters apart, when possible.

- Create an office flow to ensure anyone present in office is compliant with 6 feet/2 meter separation.
- Use barriers (like screens) at the reception desk, if possible.
- Remove toys, reading materials, remote controls or other communal objects.
- Regularly wipe down surfaces with >60% alcohol-based wipes or 0.1% sodium hypochlorite solution, including all touchable surface areas. Remember to include tables, chair arms, doorknobs, light switches, hangers, and anything else with which people come in contact. If surfaces are dirty, they should be cleaned using a detergent or soap and water prior to disinfection.
- Ensure there is access to tissues and alcohol-based hand rub, and a garbage bin for used tissues.
- Place a cough etiquette and respiratory hygiene poster in a visible position
- It is recommended a small supply of masks are accessible, in the event a client presents with respiratory symptoms they should be asked to wear the mask, return home and be advised to take the AHS self-assessment online tool

The Government of Canada has additional information on [cleaning and disinfection of public spaces](#) during COVID-19.

Staff Training

- Dental hygiene practice owners should consider a soft launch where they discuss the new strategies to be implemented and the reasons behind them.
- Practice these routines with staff before welcoming clients. This should include:
 - consideration of client flow into and through the practice
 - timing for operatory usage and sterilization
 - masking for staff who are not providing direct patient care
 - [AHS Continuous Masking](#)
 - [AH Help Prevent the Spread](#)
 - staff training in the additional PPE requirements including donning and doffing
- Identify staff that require N95 masks and have them fitted and trained in appropriate use.

Signage

Take steps to ensure everyone adheres to respiratory hygiene and cough etiquette, hand hygiene, and all clients follow triage procedures throughout the duration of the visit.

Ensure that you post signage in your clinic or place of business that explains to the client what is required. **Instructions should include wearing a cloth face covering or facemask for source control,** and how and when to perform hand hygiene. The following are examples of signs that you could use:

- [AHS COVID-19 Signage and Posters](#)
- [CDC Cough](#)

For Return to Work Readiness Checklist for Dental Hygienists, refer to page 10 of the [American Dental Hygienists Association Guide on Return to Work](#)

Staff Screening

All staff must self-assess their health daily before reporting to work. They must say “no” to all of the following questions:

COVID-19 Symptoms: <ul style="list-style-type: none">• Fever > 38C• Cough• Sore throat• Shortness of breath• Flu-like symptoms• Runny nose	COVID-19 Risk Factors: <ul style="list-style-type: none">• Close personal contact with a suspected or lab confirmed COVID-19 client within the last 2 weeks• Any travel outside of Canada in the previous 2 weeks
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Suggestions for self-assessment tools include:

- [AHS COVID-10 Daily Fit for Work Screening](#)
- [ADA&C Daily Staff Consent Form](#)

Should a registrant answer ‘YES’ to any question in the screening tool, they are unfit to work and complete the [AHS self-assessment](#) for further direction. Please inform your employer.

Daily fitness to work screening question results should be recorded in your own personal logbook. The logbook should be kept by each registrant and be made available to health authorities if requested.

Dental Hygiene practice owners should implement sick leave policies for staff that are flexible, non-punitive, and consistent with public health guidance, allowing employees to stay home if they have symptoms of respiratory infection. Ask staff to stay home if they are sick and send staff home if they develop symptoms while at work.

If you or someone on your team tests positive for COVID-19, the following resources should be consulted:

- [AHS Return to Work Guide](#)

Client Considerations

Client communication

It is advisable that you send a communication to your clients with information about re-opening and how your clinic is committed to maintaining up-to-date infection control procedures. Appendix A provides you with a template letter modified from the *American Dental Association Return to Work Interim Guidance Toolkit* that can be updated with your practice’s information and sent to clients as you reopen the office.

Booking Client Appointments

Before booking a client appointment, client pre-screening should be conducted remotely to determine if the client has any COVID-19 like symptoms, the risk to the client if they were to contract COVID-19 and the degree of urgency of the client’s dental condition.

As part of pre-screening, the following questions should be asked before booking:

- Do you have any COVID-19 symptoms (Fever > 38C, cough, sore throat, shortness of breath, flu-like symptoms, runny nose)?
- Do you have any COVID-19 risk factors (close personal contact with a suspected or lab confirmed COVID-19 client within the last 2 weeks, any travel outside of Canada in the past 2 weeks)?

If the client answers YES to any of these questions, advise them that you cannot provide dental care and reschedule the dental appointment when their symptoms have resolved and they are no longer considered a risk. Advise them to contact 811 and follow the instructions for self isolation. If dental treatment is urgent then follow [ADA&C Guidelines on Emergency Treatment](#).

If the client **answers no to all of the questions above**, continue pre-screening to determine if the client is at increased or high risk of severe illness from COVID-19. In general, risk for hospital admission, more severe disease or death is higher with advanced age, or with one or more medical conditions including those which are listed [here](#).

Emergency and urgent dental treatment for clients with clinical symptoms suggestive of COVID-19, or for those clients who are at increased or high risk of severe illness from COVID-19 must be referred.

Point of Care Risk Assessment

Clients with influenza-like symptoms or known COVID-19 are not to be seen in community clinics. If emergency dental care is medically necessary for a client who has, or is suspected of having COVID-19, dental treatment should be provided in a hospital or other facility that can treat the client using the appropriate Airborne precautions. These clients should NOT be treated in a regular dental operatory.

When a client arrives at the clinic for their appointment, **screen** for fever (using a non-touch thermometer) and symptoms of COVID-19 before they enter the dental setting.

If a client arrives at your clinic and is **suspected or confirmed to have COVID-19**, take the following actions:

- Defer non-urgent dental treatment & assess for dental emergency referral.
- Give the client a mask to cover his or her nose and mouth.
- If not acutely sick, send the client home and instruct the client to take the [AHS online self-assessment](#).
- If acutely sick (for example, has trouble breathing) the client may require medical attention. Refer the client to Health Link 811 or to a medical facility.
- If it's a medical emergency call 911

If guardians are necessary for clients receiving treatment, they should also be screened for signs and symptoms of COVID-19 during client check-in and should not be allowed entry into the facility if signs and symptoms are present (e.g., fever, cough, shortness of breath, sore throat). Guardians should not be allowed in the dental office if perceived to be at a high risk of contracting COVID-19 (e.g., having a pre-existing medically compromised condition). **Any person accompanying a client should be provided a mask and sign an informed consent form if they are staying in the clinic during treatment.**

Informed Consent

All clients must be provided with a client consent to read and sign before providing treatment. An example of a consent form can be found at: [ADA&C Client Consent Form](#)

DURING CLINICAL CARE

Until further notice, only emergency and urgent dental hygiene care will be permitted. If providing emergency or urgent treatment, aerosol generating procedures must not be performed and appropriate levels of PPE must be utilized.

Clinical Treatment

Aerosol Generating Procedures are a known high risk for COVID-19 transmission. Therefore, dental hygienists must avoid these procedures thus protecting clients, staff and themselves.

Aerosol Generating Procedures:

- Air-water syringe
- Ultrasonic/power instrumentation
- Slow-speed handpiece
- Polishing/ prophylaxis
- Air polishing
- Pit and fissure sealants
- Intra-oral radiographs
- Laser
- Impressions
- Nitrous Oxide
- Whitening
- Any other dental hygiene procedures that are known to generate aerosols

Please be mindful of aerosol generating procedures that may be occurring in your clinic. If an aerosol producing emergency or urgent dental procedure is required, consider having your clinic book these patients in a closed operatory or at the end of your workday to minimize risk to others.

Waterline and Suction lines Consideration

Ensure waterlines are run for 2 minutes each day prior to providing client care, run water lines for 20 seconds between clients. Suction lines must be aspirated with water or enzymatic solution between clients to reduce likelihood of infectious material backflow. Follow manufacturer's instructions for use regarding weekly maintenance of suction lines

Saliva Ejectors

Backflow can occur when using a saliva ejector. If using a saliva ejector mitigate the risk for backflow occurring (do not close lips around saliva ejector).

HVE

Use of HVE is strongly recommended as a best practice

Pre-procedural mouth rinse

A preprocedural mouth rinse of 1% hydrogen peroxide for 30-60 seconds must be performed by the client and expectorated into the same dispensing cup prior to examination and procedures within the oral cavity. Rinse all clients' mouths with an effective antiseptic mouth rinse (H₂O₂ or povidone iodine) prior to examining the client and providing care. This will not eradicate viruses or bacteria but will reduce their load

Hand Hygiene

Proper hand hygiene must be performed before and after any client contact. Resources for proper hand hygiene include:

- [AHS Hand Hygiene](#)
- [CDC Hand Hygiene in Healthcare Settings](#)
- [American Dental Association Hand Hygiene for the dental team](#)

Personal Protective Equipment (PPE)

If treating a client in an emergency or urgent situation, use the highest level of PPE available to reduce the risk of exposure. Considering that clients who are asymptomatic may still be COVID-19 infectious, it should be assumed that all clients can transmit disease.

Until further evidence is available on the transmission of COVID-19 through aerosols, the CRDHA recommends that fitted N95 masks are utilized for ALL dental hygiene treatment. **If appropriate PPE is unavailable, oral health services must not be performed.**

The following PPE recommendations were taken from the [CDC IPC Guidance for Dental Settings During COVID-19](#):

PPE	Before entering a client operatory
N95 or equivalent	Put on an N95 respirator or a respirator that offers a higher level of protection such as other disposable filtering facepiece respirators, powered air-purifying respirators (PAPRs), or elastomeric respirators. If a respirator is not available, use a combination of a level 3 surgical mask and full-face shield.
Eye Protection	Put on eye protection (i.e., goggles, safety glasses with side shields or a full face shield that covers the front and sides of the face). Personal eyeglasses and contact lenses are NOT considered adequate eye protection. If respirators are not available and surgical masks are used, wear a full-face shield.
Gloves	Put on clean, non-sterile gloves. Change gloves if they become torn or heavily contaminated.
Gowns	Before entering the client room or area, put on a clean isolation gown. Change gown if it becomes soiled. Change gowns between each client.

For further information on mask and face shield guidelines for clients without signs or symptoms of COVID-19, please reference:

- [Health Canada Masks and Respirators During COVID-19](#)
- [ADA Guidelines](#)

N95 masks must be professionally fitted in accordance with OH&S and CSA guidelines:

- [OH&S](#): see sections 247 and 250 (page 18-8 and 18-10)
- [CSA](#)

Donning and Doffing of PPE

More than one donning method may be acceptable. Training and practice using your healthcare facility's procedure is critical. The following are examples of proper donning and doffing processes:

- [CRDHA donning and doffing](#)
- [AHS Donning](#)
- [AHS Doffing](#)
- [AHS Donning & Doffing PPE Video](#)
- [CDC recommendations](#)

AFTER CLINICAL CARE

Record Keeping

Maintain quality control measures through documenting instrument reprocessing as per ADA&C IPC Standards. Offices may wish to audit their current sterilization processes to ensure tracking of information is clear and easily accessible should contact tracing for a client be required. Client charting will include answers to screening questions, the name of the clinician who provided treatment, and date, load and sterilizer used for instrumentation. Paper charts should be kept outside of the operatory as they increase the risk of cross contamination.

Operatory Management Including Cleaning and Disinfection

Enhanced cleaning of all surfaces and instruments must include wearing gloves, a mask and face shield or eye protection:

- All clinical contact surfaces must be cleaned and disinfected OR single-use surface covers must be replaced between clients.
- For disinfection recommendations, refer to [Health Canada Hard surface disinfectants](#) for disinfectants, following manufacturer's instructions.
- Single use surface covers must be applied with clean hands (hands that have recently had hand hygiene performed on them) and must be removed and discarded, using single-use protective gloves, between clients.
- If using surface covers, all surfaces must be inspected for evidence of contamination following their removal and cleaned and disinfected if contaminated.
- Components of dental devices that are permanently attached to the dental unit water lines (e.g., electric handpiece motors, handles for ultrasonic devices attachments for saliva ejectors, high- speed air evacuators, etc.) must be disinfected or covered with surface

barriers that are changed after each use. Radiographic equipment (e.g., tube heads and control panel) must be cleaned and disinfected between clients or protected with surface barriers that are changed between clients.

- Items that are not single-use disposable, must be sterilized and stored in a clean, dry, covered area and may be handled with clean hands.
- Single-use disposable items must not be reprocessed.

For additional recommendations on disinfection of hard surfaces, refer to

- [AH Reprocessing Standards](#)
- [IPAC Canada Recommendations](#)
- [Health Canada](#)
- [Products that meet EPA's criteria for use against SARS-CoV-2](#)

Going Home After a Workday

Dental Hygienists should change from scrubs and shoes to personal clothing before returning home. Any protective clothing (including scrubs) should be transported in a moisture-impervious bag which is either laundered with the scrubs or discarded. Upon arriving home, Dental Hygienists should remove and wash clothing (separately from all other household laundry), and immediately shower. Office attire should not be worn outside the office ([CRDHA Laundering of Reusable Linens](#))

Staying Safe

Every person employed in Canada 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 Health Refuse Dangerous Work](#)
- [CCOHS Three Rights of Workers](#)

Additional resources:

AHS

- <https://www.albertahealthservices.ca/assets/info/ppih/if-ppih-ncov-2019-staff-faq.pdf>
- www.albertahealthservices.ca/topics/Page16944.aspx

AH

- <https://www.alberta.ca/covid-19-orders-and-legislation.aspx>
- <https://open.alberta.ca/publications/coronavirus-covid-19>
- www.alberta.ca/coronavirus-info-for-albertans.aspx
- <https://www.alberta.ca/assets/documents/covid-19-workplace-guidance-for-business-owners.pdf>
- <https://open.alberta.ca/dataset/fc7d7a8d-973d-488f-b3bf-9a3fdeac9ffb/resource/003f4e0c-5c37-4c4c-8165-347d919718fa/download/lbr-respiratory-protective-equipment-guide-2020-03.pdf>
- <https://open.alberta.ca/dataset/93d3dd74-dcb1-4239-817d-f57c19f85374/resource/09125705-fd59-46a7-93b6-0d37a6ef5120/download/lbr-development-code-of-practice-respiratory-protective-equipment-2020-03.pdf>

Provincial Guidelines

- <https://www.manitobadentist.ca/>
- <https://www.ontario.ca/page/resources-prevent-covid-19-workplace?fbclid=IwAR1dHYPkdGbthOejLiOBwMmp-L5t6b-emiSFJEg2tSa01pDRmSqNODxGIFw>
- <https://www.rcdso.org/en-ca/rcdso-members/2019-novel-coronavirus/covid-19---guidance-on-emergency-and-urgent-care->
- <https://www.manitobadentist.ca/PDF/COVID-19/April%2023%202020%20Interim%20Guidance%20for%20Community%20Dental%20Clinics%20During%20Pandemic%20Phase%20of%20the%20COVID-19%20Response.pdf>
- https://saskdentists.com/images/pdf/temp_files/Alerts_Memos/20200427_CDSS_IPC_Interim_Protocol_Update.pdf
- <https://www.sdha.ca/wp-content/uploads/2020/04/SDHA-COVID-19-Pandemic-IPC-Interim-ProtocolMay3.2020.pdf>

Health Canada

- www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection.html

CDC

- <https://www.cdc.gov/coronavirus/2019-ncov/hcp/dental-settings.html>
- <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>
- <https://www.cdc.gov/niosh/topics/hcwcontrols/recommendedguidanceextuse.html>
- <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/decontamination-reuse-respirators.html>
- www.cdc.gov/coronavirus/2019-ncov/index.html

WHO

- www.who.int/emergencies/diseases/novel-coronavirus-2019

American Dental Association

- <https://www.ada.org.au/Covid-19-Portal/Dental-Professionals>
- [ADA Return to Work Toolkit](#)

American Dental Hygienists Association

- https://www.adha.org/resources-docs/ADHA_TaskForceReport.pdf
- <https://www.alberta.ca/assets/documents/covid-19-workplace-guidance-for-business-owners.pdf>
- <https://ipac-canada.org/reprocessing-of-ppe.php>

ECDC

- www.ecdc.europa.eu/en/novel-coronavirus-china

LitCovid

- <https://www.ncbi.nlm.nih.gov/research/coronavirus/>

Australian Dental Association

- <https://www.ada.org.au/Covid-19-Portal/Dental-Professionals>

Appendix A: Welcome Back Reassurance Sample Letter

Dear client:

We hope this letter finds you and your family in good health. Our community has been through a lot over the last few months, and all of us are looking forward to resuming our normal habits and routines. While many things have changed, one thing has remained the same: our commitment to your safety.

Infection control has always been a top priority for our practice and you may have seen this during your visits to our office. Our infection control processes are made so that when you receive care, it's both safe and comfortable. We want to tell you about the infection control procedures we follow in our practice to keep clients and staff safe.

You may see some changes when it is time for your next appointment. We made these changes to help protect our clients and staff. For example:

- Our office will communicate with you beforehand to ask some screening questions. You'll be asked those same questions again when you are in the office.
- We have hand sanitizer that we will ask you to use when you enter the office. You will also find some in the reception area and other places in the office for you to use as needed.
- You may see that our waiting room will no longer offer magazines, children's toys and so forth, since those items are difficult to clean and disinfect.
- Appointments will be managed to allow for social distancing between clients. That might mean that you're offered fewer options for scheduling your appointment.
- We will do our best to allow greater time between clients to reduce waiting times for you, as well as to reduce the number of clients in the reception area at any one time.

We look forward to seeing you again and are happy to answer any questions you may have about the steps we take to keep you, and every client, safe in our practice. To make an appointment, please call our office at office number or visit our website at web address.

Thank you for being our client. We value your trust and loyalty and look forward to welcoming back our clients, neighbors and friends.

Sincerely,