

COVID-19: Managing Infection Risks During In-Person Dental Care

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Royal College of
Dental Surgeons of Ontario

INTRODUCTION

Without careful planning and appropriate guidance, dental offices are at a high risk for spreading COVID-19 given the aerosol generating nature of dental procedures, the proximity of the operating field to the upper respiratory tract, and the number of patients seen per day. Dentists returning to any degree of in-person care must comply with the direction of government and the College to maintain the safety of patients and staff, and to not contribute to the transmission of COVID-19.

A Staged Approach to Return to Practice

For the duration of the COVID-19 crisis, dentists' ability to provide in-person care will take place in stages as directed by the Chief Medical Officer of Health and the Provincial Government.

These stages will define the spectrum of oral healthcare services that can be provided in-person, along with accompanying precautions, however, these stages are not static: over time, dentists may move forwards or backwards between stages as community transmission ebbs and flows.

The guidance in this document reflects the Chief Medical Officer of Health's [Directive #2](#), released on May 26, 2020.

In accordance with this directive, dentists in Ontario are currently permitted to provide in-person care for all deferred, non-essential, and elective services, in addition to emergency and urgent care.

Dentists providing in-person care must review the following guidance as well as the Ministry of Health's [COVID-19 Operational Requirements: Health Sector Restart](#) document.

Guidance is Evidence-Informed

The guidance contained in this document has been informed by current best practices and the best available evidence. Where professional consensus is lacking or the available evidence is unclear, the College's guidance takes a precautionary approach that prioritizes the safety and well-being of patients, staff, the broader public, and dentists.

As Ontario's landscape evolves and as updated evidence becomes available, the College will update the guidance contained in this document.

The College is Acting in Partnership

Responding to the COVID-19 pandemic is a multi-stakeholder effort involving not only this College but a broad spectrum of partners throughout the healthcare landscape, including the Ontario Dental Association, other health regulatory bodies, academic researchers, municipal, provincial, and federal governments, and front line health care workers, among many others.

The role and mandate of the College is to regulate the profession of dentistry in the public interest. As a result, the College's guidance is focused primarily on ensuring public protection. Broader systems issues, including how and when to open the Ontario economy, whether and how to restrict services, and the supply chain of personal protective equipment (PPE) are not within the College's mandate or authority to address.

Additional Resources

This document should be read in conjunction with related RCDSO Guidance Documents and Standards of Practice.

The College's guidance is written to align with the positions and direction of the Chief Medical Officer of Health, federal guidance, and the provincial Government.

Additional applicable resources include:

- [RCDSO: Definitions for emergency, urgent and non-essential care](#)
- [RCDSO: COVID-19 FAQs](#)
- [RCDSO: Guidance for the Use of Teledentistry](#)
- [RCDSO: Infection Prevention and Control Standard of Practice](#)
- [COVID-19: Directive #2 for Health Care Providers](#)
- [COVID-19 Operational Requirements: Health Sector Restart](#)
- [Public Health Ontario: Technical Brief on Updated IPAC Recommendations for Use of PPE for Care of Individuals with Suspect or Confirmed COVID-19](#)
- [Ministry of Health: COVID-19 Patient Screening Guidance Document](#)

PRINCIPLES

The following principles form the foundation for this guidance:

- 1** Dentists have a professional, legal, and ethical responsibility to provide care in a manner that is both safe and effective.
- 2** The health and safety of patients, the public, and practitioners is the top priority. All protocols for treatment and support will put safety first.
- 3** The College's guidance to dentists is informed by the direction provided by the Chief Medical Officer of Health, the Minister of Health, and others.
- 4** Patients need continuity of care. Patients of record must have access to their dentist for guidance, support, and referral, where needed.
- 5** Patient access to oral healthcare must be balanced with the risks of spreading COVID-19.
- 6** Guidance is based on the best available evidence and data. In the absence of clear evidence, guidance will prioritize caution and safety.
- 7** Return to practice will occur in well-defined stages that balance a return to the "new normal" with the risks of spreading COVID-19, including the risks of a second wave of COVID-19.
- 8** The College will prioritize the use of teledentistry to assess risk and appropriately triage patient needs.

GUIDANCE

The guidance contained in this document will be updated in response to the evolving landscape, including changes to the rate of community transmission of COVID-19, the emergence of new evidence and best practices, and in response to new direction from the provincial government and the Chief Medical Officer of Health.

Dentists who have questions that are not addressed below are advised to review the College's [COVID-19 FAQ](#) and/or contact the College's Practice Advisory Service (PAS) at (416) 934-5614 or email [-practiceadvisory@rcdso.org](mailto:practiceadvisory@rcdso.org).

1. PREPARING THE OFFICE



Review of Personal Protective Equipment (PPE)

1

Prior to reopening the practice, dentists should take an inventory of personal protective equipment (PPE) and use this inventory to help inform the volume and scope of care that can be safely provided.

- a. Dentists should use PPE appropriately to prevent unnecessary use of limited supplies and other PPE resources (e.g., N95 respirators [or the equivalent, as approved by Health Canada](#)).
- b. N95 respirators (or the equivalent) should be reserved for situations where risks are highest, especially aerosol-generating procedures (AGPs).



General Staff Requirements

2

Dentists must meet with staff and thoroughly review and explain the guidance contained in this document as well as any new office policies and procedures.

3

Dentists must require staff to wear PPE as appropriate to their role (see Table 1 below).

4

Because clothing worn in the office can become contaminated with COVID-19, dentists and staff must change into office clothes (e.g. scrubs) and footwear immediately upon reporting to work.

- a. Clothes worn in the office must not be worn outside of the office (e.g., home), and should be laundered after every shift.
- b. Laundry bins/containers should be lined with a barrier (such as a garbage bag) to avoid cross-contamination during the storage and transportation process.

5

Dentists are advised to limit the number of staff in the practice at one time.

6

Dentists are advised to stagger shifts and lunch/coffee breaks when possible to support physical distancing.

7

Dentists must advise staff to conduct hand hygiene frequently by using an alcohol-based rub (ABHR) or soap and running water (especially before and after any contact with patients, after contact with high-touch surfaces or equipment, and after removing PPE).

8

Dentists must require staff to maintain physical distancing of at least of 2 meters except as required to provide patient care.

9 Dentists must require staff to **self-monitor** for any symptoms of COVID-19 (e.g., by using the COVID-19 [screening questions developed by the Ontario Ministry of Health](#)).

a. Staff experiencing symptoms of COVID-19 must immediately go home and not return to work until after consulting with their physician and/or after they are symptom-free following 14 days of self-isolation.



Office Setup

10 Dentists should limit points of entry into the office (e.g., by designating a single entrance door).

11 Dentists must ensure that the office and operatories are clean and disinfected.

12 Dentists must shock their dental unit water lines if returning from an extended break in practice (contact the product manufacturer for product recommendations).

13 Dentists must ensure magazines, toys, and any other non-essential items are removed from office, reception area, and operatories.

14 Dentists should [post signage](#) in common areas (e.g., at the main entrance and in the waiting area) communicating relevant expectations for patients, including any requirements for:

a. hand hygiene (e.g., a requirement to wash and/or sanitize hands upon entry to the practice);

b. respiratory hygiene (e.g., a requirement to wear a mask within the practice); and

c. physical distancing (e.g., a requirement to maintain a minimum distance of 2 meters, except as required for the provision of care).

15 Dentists should also [post signage](#) at the entrance to the office and at reception describing the signs and symptoms of COVID-19.

16 Dentists must ensure the availability of 70-90% ABHR at all entry points to the office.

17 Dentists must ensure that patients and staff have access to tissues and receptacles lined with garbage bags.

18 Dentists must ensure the availability of 70-90% ABHR at the reception area for use by staff.

19 Dentists are advised to consider installing physical barriers at key contact points to reduce the spread of droplets, including reception (e.g., a plexiglass shield).

Specific additional preparations for the delivery of aerosol-generating procedures (AGPs) can be found in Section 3: In-Person Care for COVID-19 Positive Patients.

2. PROVIDING DENTAL CARE

In accordance with the Chief Medical Officer of Health's [Directive #2](#), dentists are permitted to provide in-person care for all deferred, non-essential, and elective services, in addition to emergency and urgent care.

Dentists must exercise professional judgment when deciding how to triage and manage patient care. This includes deciding which patients to triage and manage remotely (e.g., via teledentistry), which patients to treat in-person, and which patient appointments to defer until the risks posed by COVID-19 are further mitigated.

These decisions must be made with careful consideration for the following principles:

1. The need to maintain physical distancing as a general risk mitigation tactic.
2. The possibility of using technology to provide guidance and care to patients via teledentistry.
3. The imperative to reduce risks to patients. This includes weighing the risks of not receiving treatment or deferring treatment against the risks of attending at the office.
4. The imperative to defer in-person care for patients who have screened or tested positive for COVID-19 wherever possible.



11 Scheduling Appointments

- 20 In order to schedule in-person appointments for assessment and/or treatment, dentists must ensure that they can meet the PPE and operator requirements outlined in this document.
 - a. Since each office is arranged and functions differently, the College relies on the professional judgement of dentists and their staff to adjust their practice for the enhanced protection of others.
- 21 If a dentist is unable to meet the applicable PPE and operator requirements, and the patient requires treatment, the appointment must be deferred until the PPE and/or operator requirements can be met, or the patient must be referred to another available practitioner.
- 22 Dentists must ensure that appointments are scheduled and managed to avoid or limit direct, face-to-face interaction with others, including staff and other patients (for example, by staggering appointment times).
- 23 Dentists must ensure that patients are triaged and appointments are scheduled by phone or via teledentistry (not in person or via walk-in).

- 24 Prior to scheduling an appointment, dentists must ensure that patients are screened for COVID-19 using the COVID-19 screening questions developed by the Ontario Ministry of Health.
- 25 Patients who have screened or tested positive for COVID-19 must not be treated in-person except as needed for emergency or urgent care that cannot be delayed. If care must be provided without delay, dentists must adhere to the additional guidance and enhanced precautions set out in Section 3: Guidance for the In-Person Care of Patients who are COVID-19 Positive.
- 26 Patients who screen positive for COVID-19 should be advised to contact their primary care provider or Telehealth Ontario at 1-866-797-0000 to determine next steps (which may include testing).
- 27 In addition, COVID-19 is a designated disease of public health significance and as such, under the Health Protection and Promotion Act, a dentist must make a report to the medical officer of health of the health unit in which the professional services are provided.¹
- 28 Dentists must record the results of the patient's screening in the patient's record (a written notation summarizing the conversation and screening results is sufficient for record keeping purposes).



Patient Arrival Protocol

- 29 Prior to permitting entry to the office, patients (and anyone else entering the office) should be screened a second time for COVID-19 using the screening questions developed by the Ontario Ministry of Health.
 - a. If a patient reports or exhibits symptoms of COVID-19, dentists are advised to defer the appointment until the patient has consulted with their physician and/or after they are symptom-free following 14 days of self-isolation.
- 30 Dentists must require patients and visitors to wear their own mask at all times while in the office except during the provision of care (e.g., a procedural/surgical mask, cloth covering, or other appropriate face covering).
 - a. Patients who arrive without a mask must be provided one by staff prior to entering the office or be required to schedule a new appointment.

¹ Section 25 (1)(2) of the *Health Protection and Promotion Act*, R.S.O. 1990, c. H.7; O.Reg. 135/18, enacted under the *Health Protection and Promotion Act*, section 1, Table, item 18.1.

- 31 Dentists should require individuals accompanying a patient to wait outside the practice unless absolutely required (e.g., a parent accompanying a young child or a patient who requires accommodation).
- 32 Dentists must require patients (and guests) to perform hand hygiene with either 70-90% ABHR or soap and running water upon initial entry to the office.
- 33 Dentists should minimize patient contact with all surfaces.
- 34 Except as needed when providing care, a physical distance of at least 2 meters should be enforced between all people in the office.



During Dental Care

The following guidance reflects the Chief Medical Officer of Health's [COVID-19 Operational Requirements: Health Sector Restart](#) document which specifies actions based on whether a patient has screened or tested positive or negative for COVID-19.

In keeping with this approach, the guidance set out below includes Routine Practices as well as Contact and Droplet Precautions that apply to **all patients**, whether they have screened or tested positive or negative for COVID-19.

Specific *additional* guidance for patients who have screened or tested positive for COVID-19 are communicated in Section 3: Guidance for the In-Person Care of Patients who are COVID-19 Positive.

If the CMOH's approach to specifying actions based on screening and/or testing changes, the College's guidance will be updated accordingly.

- 35 Dentists must ensure that all clinical staff wear PPE that is appropriate for the anticipated procedure or activity (see Table 1).

Table 1: Required Personal Protective Equipment (PPE) by Setting and Procedure/Activity

SETTING	PROCEDURE/ACTIVITY	TYPE OF PPE
Operatory or other treatment area	Non-aerosol generating procedures (NAGPs) when the patient has screened negative for COVID-19	<ul style="list-style-type: none"> • ASTM level 2 or 3 procedure/ surgical mask • Gloves • Eye protection OR face shield
	Non-aerosol generating procedures (NAGPs) when the patient has screened positive for COVID-19	<ul style="list-style-type: none"> • ASTM level 2 or 3 procedure/ surgical mask • Gloves • Eye protection OR face shield • Protective gown
	Aerosol generating procedures (AGPs) when the patient has screened negative for COVID-19	<ul style="list-style-type: none"> • N95 respirator (fit-tested, seal-checked), or the equivalent, as approved by Health Canada, OR ASTM level 2 or 3 procedure/surgical mask • Gloves • Eye protection AND/OR face shield • Protective gown (optional)
	Aerosol generating procedures (AGPs) when the patient has screened positive for COVID-19	<ul style="list-style-type: none"> • N95 respirator (fit-tested, seal-checked), or the equivalent, as approved by Health Canada • Gloves • Eye protection AND face shield • Protective gown
	Cleaning and disinfection of operatory or other treatment area	<ul style="list-style-type: none"> • ASTM level 1 procedure mask • Gloves • Eye protection
Reprocessing area	Reprocessing of reusable instruments	<ul style="list-style-type: none"> • ASTM level 2 or 3 procedure/ surgical mask • Heavy duty utility-gloves • Eye protection or face shield • Protective gown
Reception area	Reception duties	<ul style="list-style-type: none"> • ASTM level 1 procedure mask OR physical barrier • Maintain physical distancing
Common and staff areas	Administrative and other tasks	<ul style="list-style-type: none"> • ASTM level 1 procedure mask OR maintain physical distancing

36 Dentists must ensure that clinical staff are trained in and use proper donning and doffing procedures for PPE (e.g., review Public Health Ontario’s [Recommended Steps for Putting on and Taking Off Personal Protective Equipment](#)).

- 37 Dentists must ensure that operatories are cleaned and disinfected between each patient appointment.
- 38 Following an aerosol-generating procedure involving a patient who has screened negative for COVID-19, dentists must wait 15 minutes after completion of the clinical care and exit of each patient before cleaning and disinfection.
 - a. Following an aerosol-generating procedure involving a patient who has screened or tested positive for COVID-19, cleaning and disinfection of the operatory must only be undertaken following the necessary fallow period, as described below.



Patient Departure Protocol

- 39 Patients should be asked to disinfect with 70-90% ABHR before leaving the dental practice.
- 40 Patients should be asked to inform office staff if they experience any symptoms of COVID-19 within 14 days of their appointment.



End of Day Sanitization

- 41 Dentists must ensure the general office housekeeping, including cleaning and disinfection of high-touch surfaces, occurs at least twice per day (e.g., door knobs, plexiglass barriers, hand rails, counters, and the arms of chairs).
 - a. As a reminder, operatories must be cleaned and disinfected between each patient appointment.

3. GUIDANCE FOR THE IN-PERSON CARE OF PATIENTS WHO ARE COVID-19 POSITIVE

The following guidance is specific to the in-person care of patients who have screened or tested positive for COVID-19.

- 42 Patients who have screened or tested positive for COVID-19 must not be treated in-person except as required for emergency or urgent care that cannot be delayed.
- 43 Where in-person care must be provided to patients who have screened or tested positive for COVID-19, enhanced precautions must be used as set out below and in Table 1.
- 44 Except as unavoidable for the treatment of emergency or urgent care that cannot be delayed, dentists must not perform aerosol-generating procedures (AGPs) on patients who have screened or tested positive for COVID-19 unless the additional requirements set out below are met.



Patient Arrival Protocol for Patients who have Screened or Tested Positive for COVID-19

- 45 Where the in-person care of a patient who has screened or tested positive for COVID-19 cannot be avoided, the patient must be required to perform hand hygiene with an alcohol-based rub (ABHR) upon entering the office.
- 46 Patients who have screened or tested positive for COVID-19 must don a surgical / procedure mask prior to entering the office.
 - a. Where the patient does not have their own surgical / procedure mask, they must be given one by staff.
- 47 Dentists and staff must ensure that patients who have screened or tested positive for COVID-19 do not remove their mask, except as required for treatment, and do not leave their mask in waiting areas or anywhere else inside the office.
- 48 Patients who have screened or tested positive for COVID-19 must immediately be placed into an operatory alone with the door closed.
 - a. Patients who have screened or tested positive for COVID-19 must not be placed within 2 meters of any other patients in the office (e.g., in the waiting room).
 - b. Where an operatory is not available and/or physical distancing cannot be maintained, patients who have screened or tested positive for COVID-19 must be instructed to return outside (e.g., to their vehicle or a parking lot if available and appropriate), and informed they will be notified when a room becomes available.



Using an Oral Rinse

49

While the College acknowledges the lack of documented evidence, dentists should require patients who have screened or tested positive for COVID-19 to rinse with 1% - 1.5% hydrogen peroxide or 1% providone-iodine for 60 seconds prior to examination of the oral cavity, as this may help decrease oral pathogens.



Intra-Oral Radiographs

50

When possible, dentists should minimize the use of intra-oral radiographs and consider using extra-oral radiographs when a patient has screened or tested positive for COVID-19.



Aerosol-Generating Procedures

When a patient undergoes an aerosol-generating procedure (AGP), high concentrations of droplets smaller than 5 μm (droplet nuclei) are generated that may remain suspended in the air for significant periods of time, move with air currents, and come in contact with others. This creates a risk for opportunistic airborne transmission of COVID-19, even if the virus is not otherwise able to spread by the airborne route. While there is no conclusive evidence at this time that opportunistic airborne transmission of COVID-19 occurs after AGPs, the College has adopted a precautionary approach that prioritizes safety.

51

When treating patients who have screened or tested positive for COVID-19, dentists must avoid AGPs whenever possible and use the lowest aerosol-generating options when necessary.

- a. Aerosols may be generated by high-speed, low-speed and other rotary handpieces, ultrasonic and other similar devices, and air-water syringes.



Preparing the Operatory for Aerosol-Generating Procedures

52

Dentists must minimize the contents of all operatories in which AGPs may be performed on patients who have screened or tested positive for COVID-19, including unnecessary equipment, supplies, plants, and artwork.

- 53 When performing aerosol-generating procedures on patients who have screened or tested positive for COVID-19, the procedure must be performed in an operator that is capable of containing aerosol. This requires floor-to-ceiling walls and a door (or other barrier) that must remain closed during and after such procedures. Temporary walls and doors are permitted, provided they create an area to contain aerosols and are constructed of materials that can withstand repeated cleaning and disinfection.



Use of PPE During Aerosol-Generating Procedures

- 54 When performing AGPs on patients who have screened or tested positive for COVID-19, dentists must ensure that care is provided using enhanced PPE precautions for all clinical staff, including:
- fit-tested and seal-checked N95 respirators (or the equivalent, [as approved by Health Canada](#)),
 - gloves,
 - eye protection *and* face shields, and
 - protective gowns.
- 55 When providing in-person care to patients who have screened or tested positive for COVID-19, dentists must ensure that clinical staff are trained in and use proper donning and doffing procedures for PPE (dentists are advised to review Public Health Ontario's [Recommended Steps for Putting on and Taking Off Personal Protective Equipment](#)).



Mitigating High Risk Aerosols

- 56 If possible, dentists performing AGPs on patients who have screened or tested positive for COVID-19 should use a rubber dam with high-volume suction to minimize aerosols and possible exposure to infectious agents.



Cleaning and Disinfection Following Aerosol-Generating Procedures

- 57 Following AGPs involving patients who have screened or tested positive for COVID-19, cleaning and disinfection of the operator must only be undertaken following the necessary fallow period.
- 58 Following the appropriate fallow period, dentists must ensure that operatories (including all clinical contact surfaces and equipment) are cleaned and disinfected prior to treating a new patient. Cleaning and disinfection must be undertaken using appropriate hospital-grade low-level disinfectant (i.e. has a DIN from Health Canada).



Clearing the Air of Aerosol (Fallow Time) Following Aerosol-Generating Procedures

- 59 Following an AGP involving a patient who has screened or tested positive for COVID-19, the operatory must be left empty (with the door closed) to permit the clearance and/or settling of aerosols.
- 60 The length of time that the operatory must be left empty (the fallow time) is determined by the air changes per hour (ACH). The aim is to achieve 99.9% removal of airborne contaminants (see Table 2).

Table 2: Time Required for Removal or Settling of Aerosols by Air Changes per Hour (ACH)

AIR CHANGES PER HOUR (ACH)	TIME REQUIRED FOR REMOVAL OR SETTLING OF AEROSOLS IN MINUTES (99.9% EFFICIENCY)
2	207
4	104
6	69
8	52
10	41
12	35
15	28
20	21
50	8

Adapted from: Centers for Disease Control and Prevent, Guidelines for Environmental Infection Control in Health-Care Facilities (2003): Table B.1. Air changes/hour (ACH) and time required for airborne-contaminant removal by efficiency. Available at: <https://www.cdc.gov/infectioncontrol/guidelines/environmental/appendix/air.html#tableb1>

- 61 Dentists should consult an HVAC professional to assess the existing HVAC system and calculate the actual ACH for the dental practice. Dentists may use the actual ACH to calculate a fallow time using Table 2.
 - a. Dentists should retain copies of any documentation supporting the HVAC assessment and any need for engineering controls.

Options to improve ACH (and further reduce the fallow time) may be explored, including:

- b. Consulting an HVAC professional to determine whether changes to the existing HVAC system are possible to improve ACH for the dental practice.
- c. If changes to the existing HVAC system are not possible or adequate, dentists may consider the use of an in-operatory air cleaner (e.g. HEPA filtration) to increase the effective air changes per hour (eACH) for a specific operatory.
- d. If an in-operatory air cleaner (e.g. HEPA filtration) will be used to increase the effective air changes per hour (eACH) for a specific operatory, the HVAC professional must also take into account several additional factors, including:
 - i. any structural changes that may be necessary to contain the spread of aerosols (e.g., the addition of floor to ceiling walls or barriers),
 - ii. the type of unit being considered (e.g. fixed versus portable),
 - iii. the cubic feet of the operatory and airflow rate of the unit, and
 - iv. the optimal placement and operation of the unit.

- 62** If dentists have not had the rate of air changes for their office confirmed by an HVAC professional, dentists must assume a rate of 2 air changes per hour and adhere to a minimum fallow time of 3 hours following an AGP.

4. COVID-19 EXPOSURE IN THE PRACTICE

- 63** Dentists must ensure that they have a designated space for staff and/or patients to self-isolate should they experience symptoms of COVID-19 or suspect possible exposure to COVID-19.
- 64** In the event of suspected exposure to COVID-19, staff must immediately self-isolate and contact their primary care provider or local public health unit for further guidance.
- 65** In the event that a patient contacts the office to report symptoms of COVID-19 within 14 days of having attended an appointment, dentists must contact their [local public health unit](#) for further guidance.