



COLLEGE OF
DENTURISTS
OF ONTARIO

Guide for Return to Practice for Denturists

*Additional Infection and Prevention Control Precautions for
Return to Practice During the COVID-19 Pandemic.*



Table of Contents

1. Introduction.....	1
Principles.....	2
2. Multidisciplinary Environments.....	3
3. Personal Protective Equipment	3
4. Scheduling Appointments.....	4
5. Screening.....	4
Telephone Screening.....	4
In-Person Screening.....	5
Signage	6
When A Patient Screens Positive.....	6
6. Reception and Patient Waiting Areas	6
7. Providing Treatment.....	8
8. Cleaning and Disinfecting the Operatory	9
9. Laboratory Work	10
10. Occupational Health and Safety	11
Employer’s Duties	11
Workplace Considerations.....	11
11. Frequently Asked Questions	12
Appendix 1 Template - Patient Screening.....	13
Appendix 2 Template – Office Screening	14
Appendix 3 Template – Staff Screening	16
Appendix 4 List of Revisions.....	18



1. Introduction

The College of Denturists of Ontario is providing this guidance document that outlines **Additional Precautions** required in the implementation of Infection Prevention and Control (IPAC) protocols as Registered Denturists return to practice amidst the COVID-19 Pandemic.

The College's [IPAC Guidelines](#) that accompany this document set out the best practices for general Infection Prevention and Control in the practice of Denturism. This **Additional Precautions** document serves to enhance those routine practices and provide additional guidance for the enhanced IPAC measures that are required as a result of the presence of COVID-19 in the environment.

The development of this document occurred with the participation of representatives from the Denturist Association of Ontario and the Denturist Group of Ontario. The College also worked with the other Oral Health regulatory bodies in establishing, as far as possible, a common response to the COVID-19 Pandemic. In establishing these guidelines, the College has made every attempt to ensure that the information contained herein is aligned with that provided by our key stakeholders; the Chief Medical Officer of Health, Public Health Ontario, Public Health Advisory of Canada and the federal and provincial governments.

The College recognizes that each office is arranged and functions differently. In this, the College relies on the professional judgement of Denturists and their staff to adjust their practice to meet this additional protection of their patients and other members of the public. This document contains interim guidance that is focused on shorter-term management of denturism practice during the COVID-19 Pandemic. Details not specifically addressed in this interim guidance will be left to the professional judgment of each Denturist. The College's Guideline on Infection Prevention and Control may serve as a resource in these instances.

As regulated health professionals, Registered Denturists are required to review and follow the directives and guidance from the Ministry of Health, Public Health Ontario, the Chief Medical Officer of Health, and other authoritative bodies regarding practices during COVID-19. In addition, Registered Denturists are expected to prioritize the safety of their patients, staff, colleagues, and others visiting their practice. College publications, including this document, provide authoritative guidance on how to achieve this overarching duty. Of course, Registered Denturists are expected to use professional judgment. Some of the guidance may not apply in some circumstances (e.g., the spacing of chairs in the waiting area may not be necessary if patients are required to wait outside before being called in and in other circumstances the guidance may be insufficient to meet your duty of safety (e.g., for patients with concurrent conditions that require additional safeguards).



To the extent that directives and guidance from the Ministry of Health, Public Health Ontario, the Chief Medical Officer of Health, and other authoritative bodies regarding practices during COVID-19 and this guidance document differ, Denturists should apply the higher standard.

Information surrounding COVID-19 is rapidly changing and evolving. This document presents the latest information at the time of publication and will be amended as new information becomes available. Amendments will be incorporated into the document and tabulated at the end of the document for reference purposes. Denturists will be informed of amendments to this document as they occur and the most up-to-date version of this document will be provided on the College's [website](#).

Principles

1. Registered Denturists have the 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 our number one concern. All protocols for treatment and support will put patient safety first.
3. The College's guidance to Registered Denturists will be informed by the direction provided by the Chief Medical Officer of Health, the Minister of Health, and Public Health Ontario.
4. In-person care has advantages under most circumstances. However, those advantages must be balanced against the importance of limiting the spread of COVID-19. Physical distancing has its own clear benefits.
5. Treatment decisions must be data driven and evidence based. In the absence of clear evidence, approaches to in-person care will prioritize patient and public safety.
6. Where possible, Registered Denturists will prioritize the use of tele-consultation to assess risk and appropriately triage patient needs.
7. Patients need continuity of care. Patients of record must have access to their Registered Denturist for guidance, support, and referral, where needed.
8. Patients need access to care. Anyone needing denturism care, especially emergency or urgent services, should have an opportunity to find that care.

In addition to the principles above and in accordance to the Chief Medical Officer of Health's revised Directive #2, Registered Denturists must also adhere to the guidance provided by their health regulatory college and the following principles:



Proportionality. Decision to restart services should be proportionate to the real or anticipated capacities to provide those services.

Minimizing Harm to Patients. Decisions should strive to limit harm to patients wherever possible. Patients who have more urgent care needs should be prioritized over patients who require less urgent care.

Equity. Equity requires that all persons with the same clinical needs should be treated in the same way unless relevant differences exist (e.g., different levels of clinical urgency), and that special attention is paid to actions that might further disadvantage the already disadvantaged or vulnerable.

Reciprocity. Certain patients and patient populations will be particularly burdened because of a limited capacity to provide care as services are restarted. Such patients should continue to have their oral health care needs monitored and receive appropriate care for emergent needs.

Fairness. Decisions regarding the gradual restart of services should be made using processes that are fair to all patients.

2. Multidisciplinary Environments

Denturists practice in a variety of settings including multidisciplinary dental offices. Each regulated Oral Health professional is responsible for understanding and attending to their profession – specific IPAC Standards and Guidelines. Denturists who work with other Oral Health professionals should be familiar with the Standards and Guidelines under which their colleagues provide care and should work collaboratively with other Oral Health professionals to establish common IPAC protocols, as far as possible. This will be especially important for Denturists who work in practice settings where aerosol generating procedures are performed.

3. Personal Protective Equipment

- 3.1 [The College's new Infection Prevention and Control Guidelines contain comprehensive information regarding the use of PPE.](#)
- 3.2 Selection of Personal Protective Equipment (PPE) is based on a **risk assessment**. A risk assessment assesses the task, the patient, and the clinical environment. It must be completed by the health care worker before every patient interaction to determine whether there is risk of being exposed to an infection and the PPE required to mitigate that risk.

In most cases, PPE can include the following:



- Surgical mask (Class II or III)
 - Gloves
 - Protective eyewear (safety glasses with side shields, goggles, face shields)
- 3.3 Denturists must ensure they have an adequate supply PPE for clinic staff.
- 3.4 All clinic staff should change into appropriate clinic wear (i.e. scrubs/lab coat, clinic shoes) upon arrival in the clinic.
- Clinic wear should be changed daily and only worn within the clinic.
 - Soiled clinic wear should be bagged until laundered.
 - Long sleeved clothing should be worn in the clinic.
- 3.5 Denturists should be sourcing PPE through their regular supply chain. The Ontario Government has developed an online workplace [PPE Supplier Directory](#).

4. Scheduling Appointments

- 4.1 Walk-in appointments should be discouraged. Instruct patients to schedule their appointments over the phone in advance.
- 4.2 When scheduling appointments, allow adequate time (i.e. 15 minutes) between each patient to clean and disinfect treatment rooms and high touch contact surfaces (e.g. doorknobs, facets, patient chair, and waiting room areas).
- 4.3 In multi-denturist practices, consider staggering appointment times during the day so that not all patients from all denturists turn over at the same time.
- 4.4 To reduce patient-staff interactions and, if your process allows for it, consider scheduling any necessary follow up appointments right after the patient receives treatment and is still in the treatment room.
- 4.5 When patients need to cancel due to illness, consider waiving any last-minute cancellation fees.

5. Screening

Telephone Screening

- 5.1 A patient should be screened by telephone prior to attending the clinic. This will most commonly occur when they receive their telephone reminder call prior to the appointment.



- 5.2 Appropriately trained office staff may conduct the telephone or in-person screening.
- 5.3 Patients can be screened for COVID-19 using the Patient Screening Form template adapted from the [Ministry of Health's Patient Screening Guidance Document](#).

The following templates have been developed for your use:

- Patient Screening Template – [Appendix 1](#)
 - Non-Patient Screening Template – [Appendix 2](#)
 - Staff Screening Template – [Appendix 3](#)
- 5.4 Inform patients that the screening questions will be repeated, and their temperature will be taken with a non-contact, infrared thermometer when they arrive at your Clinic. The repetition of the screening questions is done to ensure that nothing has changed since the telephone screening.
 - 5.5 Discuss any special accommodations (i.e. for a wheelchair or other mobility support device) the patient may need when arriving at the Clinic. If a patient is travelling to the clinic by public transportation or assisted transportation that requires special consideration for a patient entering the Clinic, discuss this with the patient before the appointment.
 - 5.6 Consider posting the screening instructions and screening questionnaire on your Clinic website.
 - 5.7 Inform patients, guardians or substitute decision makers that any individuals accompanying the patient will be limited to caregivers, substitute decision makers, guardians and that these individuals will also be screened and have their temperature taken with a non-contact, infrared thermometer when they enter the clinic.

In-Person Screening

- 5.8 When a patient arrives for a scheduled appointment, a staff member should screen the patient immediately.
- 5.9 Caregivers, substitute decision makers, guardians, any other individuals accompanying a patient into the operatory room should be screened when they enter the clinic with the patient.
- 5.10 Each patient and any individual(s) accompanying a patient should have their temperature taken with a non-contact, infrared thermometer and recorded.



- 5.11 Staff conducting in-person screening should be behind a physical barrier (e.g. plexiglass shield). If a physical barrier is unavailable, staff should maintain a 2-metre distance from the patient.
- 5.12 Staff who are not behind a physical barrier and cannot maintain a 2-metre distance should use contact/droplet precautions that include wearing PPE that consists of gloves, surgical mask, and eye protection (goggles or face shield).

Signage

- 5.13 If the Clinic entrance is locked to control entry into the practice during appointment hours, signage explaining how a patient can gain entry should be posted outside. There should also be signage informing patients and necessary support persons that they will be screened upon entering the Clinic.
- 5.14 Signage should ask patients who are experiencing symptoms to not enter the clinic but call their primary care provider or Telehealth Ontario for further instructions.
 - Telehealth Ontario: 1-866-797-0000
- 5.15 Signage should be posted at the entrance to the clinic requiring all patients, necessary accompanying persons, or visitors to the clinic to wear a face covering and perform hand hygiene.
- 5.16 Signage should be accessible and accommodating to patients and necessary accompanying persons (plain language, symbols, pictures, languages other than English or French where appropriate)

When A Patient Screens Positive

- 5.17 If a patient screens positive, the patient should be instructed to call their primary care provider or Telehealth Ontario for further instructions. Treatment should not be provided to a patient who screens positive.
 - Telehealth Ontario: 1-866-797-0000

6. Reception and Patient Waiting Areas

- 6.1 Limit or restrict points of entry to a single entrance. There will be a limited number of situations where this is not possible.
- 6.2 Remove all unnecessary items in the waiting room area i.e. magazines, decorations, high-touch items that are difficult to clean and disinfect.



- 6.3 Re-arrange furniture and seating area to provide for appropriate social distancing (2-metre distance between individuals).
- 6.4 Physical barriers e.g. plexiglass shield, may be installed at key contact points such as reception. Ideally, the Clinic's patient intake and handling processes should minimize the number of clinic personnel with which a patient comes in contact.
- 6.5 Some practices will be able to accommodate a process that requires patients to wait in their cars until they are called for their appointment.
- 6.6 Consider providing patients with take-home pens to use when filling out any clinic documentation. Alternatively, you may consider asking patients to bring their own pens.
- 6.7 Provide alcohol-based hand rub with at least 70% alcohol, disinfectant wipes (for wiping hard surfaces such as wheelchair handles if a patient in a wheelchair is being handed over), surgical masks at the clinic entrance and signage that instructs people to use the necessary items before they enter the office further.
- 6.8 Patients and visitors should bring and wear their own effective surgical masks when possible. If they do not, then an appropriate mask should be provided.
- 6.9 Provide tissues and lined garbage bins for use by staff and patients. No-touch garbage cans (such as garbage cans with a foot pedal) are preferred.
- 6.10 Keep a detailed record of everyone who visits the Clinic and the results of the in-person screening of individuals who accompany the patient. Individual patient screening results will be kept in the patient's medical record.
- 6.11 All high-touch contact surfaces should be cleaned and disinfected on a regular, frequent schedule, at least twice daily. High-touch contact surfaces include doorknobs, light switches, chair arms, table and counter surfaces.
- 6.12 Patient washrooms should be cleaned and disinfected in between use.
 - Ensure there are enough supplies for proper hand hygiene, including pump liquid soap in a dispenser, running water, and paper towels or hot air dryers and where appropriate alcohol-based hand rub
- 6.13 Patients should be instructed to avoid touching contact surfaces when they are being escorted into the treatment room.



- 6.14 With the exception of caregivers, substitute decision makers, or guardians, any individuals accompanying a patient should wait outside the clinic.
- 6.15 Request that patients inform your office staff if they experience any symptoms of COVID-19 within the next 14 days after visiting a denture clinic.
 - If a patient reports testing positive for COVID-19, Denturists are encouraged to call their local public health unit for advice on their potential exposure and implications for continuation of work.

7. Providing Treatment

- 7.1 Denturists must make the professional decision around the provision of care, in consideration of the following:
 - Is remote care possible? In some cases, you will be able to provide the necessary assistance in a telephone conversation with the patient. In some other cases, no contact drop-offs can be carried out when an appliance needs adjustment or repair and the patient is not required for the fitting or an impression is not required.
 - **Anticipated benefits to the patient outweigh the risks associated with in-person treatment**
 - You have an adequate supply of PPE
 - Clinic Infection Prevention and Control policies are in place
 - Equipment and instrument reprocessing adhere to Public Health Ontario standards
- 7.2 Denturists must conduct a personal risk assessment to determine the PPE required for treatment. Examples of PPE include surgical masks (Level II or III), eye protection, gloves, and outer protective clothing.
 - The fabrication and fitting of a denture is a non-aerosol generating procedure, the need for a fit-tested N95 mask is not anticipated.
 - Public Health Ontario states: "at this time evidence indicates that patients with COVID-19 who cough and sneeze can be cared for while wearing a **surgical mask and eye protection.**"
 - Public Health Ontario also states that procedures that may result in patients coughing are not classified as aerosol generating medical procedures.
 - Read Public Health Ontario's report on Aerosol Generation from Coughs and Sneezes [here](#).



- 7.3 Staff level in the operatory should be kept to a minimum. The presence of individuals accompanying the patient in the operatory may be necessary. These individuals should wear a mask and eye protection.
- 7.4 A patient who has been waiting in the waiting area before entering the operatory should hand sanitize when they enter the operatory. A patient who enters the operatory immediately after entering the clinic and has performed hand hygiene when they entered the clinic, does not need to do it again when they enter the operatory. All patients should perform hand hygiene before exiting the operatory.
- 7.5 Patients should rinse their oral cavity with 1% hydrogen peroxide for 30 seconds prior to examination or treatment.
 - Provide patients with disposable single-use cups
 - Instruct patients to expectorate gently back into the cup
 - Dispose of the cup properly
- 7.6 Operatory room doors should remain closed during treatment and when not in use.
- 7.7 To reduce the likelihood of contamination of paper charts, cover paper charts with a clear barrier and add any new chart notes away from the immediate patient contact area.
- 7.8 If the Denturist is unable to meet the PPE requirements, or is unable to undertake the appropriate treatment plan, the patient must be referred to another available practitioner.
 - The College's [Public Register](#) can be used to locate a nearby Denturist

8. Cleaning and Disinfecting the Operatory

- 8.1 Consider the organization of the operatory so that equipment not required for patient treatment is kept away and not available for inadvertent contamination. All unnecessary objects should be removed from counters. It is unlikely that the operatory rooms will contain carpeting but if carpet is present, it should be removed.
- 8.2 Consider using disposable protective covers for high-touch surfaces e.g. plastic wraps for operatory chairs, headrests, chair switches, lamp handles and payment terminals.
- 8.3 Clean and disinfect high-touch areas in the operatory frequently: chair, headrest, trays, switches, handles, lamps, tables and counters, bib chains.
- 8.4 Clean and disinfect operatories after each patient. Clean the operatory while wearing a mask, eye protection and gloves. Once cleaning is completed, remove PPE, disinfect



eye protection, and perform hand hygiene.

- 8.5 Choose a disinfectant that:
- Has a Drug Identification Number (DIN) from Health Canada
 - Is effective for the intended use
 - Is compatible with the instrument or product (e.g. impression material) being disinfected
 - Is safe for use with minimal toxic and irritating effects for staff
- 8.6 Use disinfectants according to the manufacturer's instructions for use.
- 8.7 For more information visit the [Government of Canada's extensive list of disinfectants for use against COVID-19](#).
- 8.8 Used equipment and instruments must be properly decontaminated, stored, and transported prior to reprocessing to avoid contamination. Instruments must not be allowed to dry prior to reprocessing. [See the College's Infection Prevention and Control Guidelines for further information regarding reprocessing guidelines](#).

9. Laboratory Work

- 9.1 Disinfect all oral appliances with an approved disinfectant solution according to the manufacturer's instructions for use before they are brought to the laboratory.
- This can be accomplished by placing oral appliances in a plastic bag or closed rigid container and then spraying them with a disinfectant.
 - Soak oral appliances in disinfectant in either a plastic bag or closed rigid container as per the manufacturer's instructions.
 - Clean all oral appliances prior to any laboratory work (i.e. rinsing items with soap and water), even if they have been properly disinfected. A separate set of gloves, eye protection and outer protective clothing are recommended when cleaning appliances.
 - Rinse all appliances of disinfectant before performing required adjustments or laboratory work.
- 9.2 In instances where cleaning of an appliance requires removal of an amount of biological debris that would have prevented proper disinfection, the appliance should be disinfected again prior to any adjustment or laboratory work.
- Effective disinfection of an appliance assumes that all biological organisms are eliminated. Regardless, PPE including a surgical mask, eye protection, outer



- protective clothing and rubber cleaning gloves are advised when cleaning appliances.
 - Rinse all appliances of disinfectant before performing required adjustments or laboratory work.
- 9.3 Disinfection of all items entering the laboratory, including received packages, should be carried out in a dedicated area in the laboratory.
- 9.4 Disinfect all appliances before they leave the laboratory.

10. Occupational Health and Safety

Employer's Duties

- 10.1 Employers, who may be Registered Denturists, have duties under the Occupational Health and Safety Act (OHSA) to protect the health and safety of their workers
- 10.2 If COVID-19 is suspected or diagnosed in a worker, return to work should be determined in consultation with their health care provider and the local public health unit
- 10.3 If an employee is feeling unwell, they should stay home and contact their primary care provide or Telehealth Ontario for further instructions
- Telehealth Ontario: 1-866-797-0000
- 10.4 For more information Registered Denturists may contact the Ministry of Labour, Training and Skills Development:
- Employment Standards Information Centre: 1-800-531-5551
 - Health and Safety Contact Centre: 1-877-202-0008
 - Workplace Safety and Insurance Board: 1-800-387-0750

Workplace Considerations

- 10.5 Denturists must ensure a staffing level that is adequate for the provision of the intended care and service.
- 10.6 All staff, office and clinical, should be screened and have their temperatures taken with a non-contact infrared thermometer when arriving at the clinic prior to their scheduled shift.



- Staff should be screened for COVID-19 using the same screening questions used for screening patients.
- 10.7 All staff should be instructed to monitor their own physical symptoms. Should symptoms associated with COVID-19 arise, staff should seek direction from their primary care provider before returning to work.
- 10.8 Avoid touching your mask or eye protection unnecessarily. If you must touch or adjust your mask or eye protection, perform hand hygiene immediately.
- 10.9 If you see another staff member touch or adjust their mask/eye protection, remind them to perform hand hygiene.
- 10.10 Use extreme care when putting on or removing PPE and always perform hand hygiene when finished.

11. Frequently Asked Questions

Please click [here](#) for a list of commonly asked questions and answers that have been received by the Practice Advisory team.



Appendix 1

Template - Patient Screening

Patient:

	PRE-APPOINTMENT	IN-OFFICE
Screening Date:		
Did the person travel outside of Canada in the past 14 days?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the person tested positive for COVID-19 or had close contact with a confirmed case of COVID-19 without wearing appropriate PPE?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the person have any of the following symptoms? <i>(circle any that apply)</i> <ul style="list-style-type: none"> • Fever • New onset of cough • Worsening chronic cough • Shortness of breath • Difficulty breathing • Sore throat • Difficulty swallowing • Decrease or loss of sense of taste or smell • Chills • Headaches • Unexplained fatigue/malaise/muscle aches (myalgias) • Nausea/vomiting, diarrhea, abdominal pain • Pink eye (conjunctivitis) • Runny nose/nasal congestion without other known cause 	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If the person is 70 years of age or older, are they experiencing <u>any</u> of the following symptoms: delirium, unexplained or increased number of falls, acute functional decline, or worsening of chronic conditions?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Person's temperature 37.8°C or greater		<input type="checkbox"/> Yes <input type="checkbox"/> No

If the response is Yes to any of the above questions, the person has screened Positive. They should be instructed to call their primary care provider or Telehealth Ontario for further instructions.

Telehealth Ontario: 1-866-797-0000



Screening Questions

Q1: Did the person travel outside of Canada in the past 14 days?

Q2: Has the person been tested positive for COVID-19 or had close contact with a confirmed case of COVID-19 without wearing appropriate PPE?

Q3: Does the person have any of the following symptoms?

- Fever
- New onset of cough
- Worsening chronic cough
- Shortness of breath
- Difficulty breathing
- Sore throat
- Difficulty swallowing
- Decrease or loss of sense of taste or smell
- Chills
- Headaches
- Unexplained fatigue/malaise/muscle aches (myalgias)
- Nausea/vomiting, diarrhea, abdominal pain
- Pink eye (conjunctivitis)
- Runny nose/nasal congestion without other known cause

Q4: If the person is 70 years of age or older, are they experiencing any of the following symptoms: delirium, unexplained or increased number of falls, acute functional decline, or worsening of chronic conditions?



Screening Questions

Q1: Did you travel outside of Canada in the past 14 days?

Q2: Have you been tested positive for COVID-19 or had close contact with a confirmed case of COVID-19 without wearing appropriate PPE?

Q3: Do you have any of the following symptoms?

- Fever
- New onset of cough
- Worsening chronic cough
- Shortness of breath
- Difficulty breathing
- Sore throat
- Difficulty swallowing
- Decrease or loss of sense of taste or smell
- Chills
- Headaches
- Unexplained fatigue/malaise/muscle aches (myalgias)
- Nausea/vomiting, diarrhea, abdominal pain
- Pink eye (conjunctivitis)
- Runny nose/nasal congestion without other known cause

Q4: Are you 70 years of age or older, and are you experiencing any of the following symptoms? delirium, unexplained or increased number of falls, acute functional decline, or worsening of chronic conditions?



Appendix 4

List of Revisions

Date	Revision	Effective
May 26, 2020	Revised and expanded section on Principles	May 26, 2020
May 26, 2020	Added 3.3	May 26, 2020
May 26, 2020	Revised 3.5 for PPE sourcing	May 26, 2020
May 26, 2020	Added 5.15 and 5.16	May 26, 2020
May 26, 2020	Added 6.9	May 26, 2020
May 26, 2020	Added and revised 6.12 as a standalone item	May 26, 2020
May 26, 2020	Revised 6.15 to include additional language on testing positive	May 26, 2020
May 26, 2020	Added 10.5	May 26, 2020
May 26, 2020	Added footer notes for Appendix 1, 2, & 3	May 26, 2020
June 5, 2020	Added hyperlink to FAQs document	June 5, 2020
June 15, 2020	Updated screening question templates based on revised Ministry of Health's screening questions: <ul style="list-style-type: none">• Revised question regarding travel (question 1)• Clarification to determine if PPE was worn properly (question 2)	June 15, 2020