



COLLEGE OF
DENTURISTS
OF ONTARIO

Frequently Asked Questions

Return to Practice FAQs

Below is a list of commonly asked questions and answers that have been received by the Practice Advisory team. You may find some of the answers to your questions here but please feel free to contact the College if you require further information.

Do I have to use a thermometer to screen patients and staff?

Yes, Denturists need to include non-invasive temperature taking as part of the screening process.

When a Denturist is screening patients and all individuals entering the clinic, the Denturist is, in part, working for public health. This screening will, in some cases, allow for the identification of individuals who are potentially symptomatic for COVID-19 to be diverted for assessment and testing. Early detection is most important for individuals in vulnerable patient populations (i.e. those with advanced age or concurrent disease) for whom an infection with COVID-19 can be more severe and potentially fatal.

Screening also helps to identify patients who are possibly infected with COVID-19 before they enter a clinic, receive care, and possibly transmit the virus in the process. A person that is carrying the virus and not screened before receiving care could transmit the virus to health care workers, clinic staff and other patients, although the risk of this occurring is lower when all of the other IPAC precautions are taken.

Although there are a variety of symptoms associated with COVID-19, including individuals experiencing no symptoms, one of the common symptoms is a fever ($>37.8^{\circ}\text{C}$). Taking a person's temperature allows for the identification of individuals who have elevated temperatures and are unaware of it. Without taking the temperature of these individuals, they may pass the screening process and potentially expose people within the clinic setting – the denturist, clinic staff or other patients. Clearly this is undesirable and avoidable. Not screening a patient properly who eventually develops COVID-19 symptoms could undermine the confidence of the public in that clinic's IPAC processes. Worse still would be the situation where a Denturist's patient is infected with COVID-19 (traced back to another patient not screened properly) while receiving care from the Denturist.

Do I have to use gowns?

The use of gowns or other outer protective clothing is based on risk assessment.

Whether or not outer protective clothing is used, including the use of gowns, is based on the risk assessment that a Denturist performs. The risk assessment involves a determination by the Denturist regarding the likelihood that an intended procedure or activity will be associated with droplet splash that may happen with specific patients who are prone to coughing or produce a lot of saliva during intraoral procedures. Droplet splash may also occur during cleaning of prostheses or denturism equipment and tools.

Procedures associated with the fabrication and fitting of dentures are generally not viewed as aerosol generating procedures. Consequently, the recommendation for specific PPE, including the wearing of single use gowns, reflects this. However, this may not always be the case and the use of disposable gowns as an outer protective layer of clothing may be appropriate in some infrequent instances. Denturists will need to use their professional judgement in these circumstances. It does make practical sense to have access to gowns should the need for them arise. Each individual clinic can determine whether they will use cloth, reusable gowns or disposable gowns.

If the Denturists use reusable, fabric gowns, they may launder them on-site or have them laundered off-site, as they wish. If gowns are laundered on-site, some considerations for laundering fabric gowns include:

- Use hot water and an appropriate detergent. If the items are heavily soiled, a disinfectant (e.g. chlorine bleach) may be indicated.
- Laundry bins/containers should be lined with an impermeable barrier (such as a garbage bag) to avoid contamination during the storage and transportation.

My practice is located near a provincial border and some patients or staff cross the border to access the clinic. Is this acceptable?

Yes, the College does not restrict a Denturist from seeing patients from other provinces. However, Provincial Directives or Regulations, if any, on inter-provincial travel supersede the College's guidelines.

The Guide for Return to Practice for Denturists provides patient screening templates that Denturists may use when they screen patients prior to their appointments and on arrival at the clinic. These screening questions incorporate the Ontario Ministry of Health's screening questions. One of these questions was recently updated from "travel outside of Ontario" to "**travel outside of Canada**", further reducing confusion that previously existed as it pertained to travel across provincial borders.

Do I have to close operatory doors? What if I do not have operatory doors?

Operatories do not need to have doors or be completely enclosed.

Point 7.6 in the [Guide for Return to Practice](#) was included because closing the door during patient treatment helps to provide an additional barrier in the event that there is any splatter (say, for example, if a patient coughs), however unlikely that may be. The College recognizes that this is unlikely and that the fitting and fabricating of dentures is not an aerosol generating process. A closed operatory door is not an absolute requirement and may depend somewhat on the patient's desire for privacy, or not. Keeping an operatory door closed when the operatory is not in use helps to decrease exposure of the operatory surfaces to contaminants from outside of the operatory.

Do I have to be tested for COVID-19 before returning to practise?

No.

Although it might be ideal for every health care provider, including Denturists, returning to practice to be tested, this has not been the direction of the Chief Medical Officer of Health. In the absence of this broad testing, the Guide for Return to Practice includes measures to protect patients, staff, and colleagues. Denturists and staff are required to self-screen on a daily basis.

Can I continue my mobile denture clinic?

Yes.

Denturists are encouraged to think about what level of care will achieve the desired outcome. The hierarchy of care starts with providing remote, tele-consultation. Will a telephone call with the patient meet the needs of the situation? Would contact-less pick-up and drop-off work in the situation? If not, ideally all patients would attend a clinic since the Infection Prevention and Control procedures are more controlled in this setting. If an in-clinic visit is impossible then an in-home visit may be the only option.

[The Guide for Return to Practice for Denturists](#) should be used to establish appropriate Infection Prevention and Control protocols when providing in-home mobile Denturism care and service.

Denturists should screen patients before an appointment and at the time of the appointment.

As well, additional considerations for providing mobile services include:

- Following the [Ministry of Health's COVID-19 Guidance: Home and Community Care Providers](#) in addition to the College's Guide for Return to Practice for Denturists.
- Contact surfaces (e.g. countertop) in the treatment area of the patient's home should be cleaned and disinfected prior to treatment and before leaving the patient's residence.
- Contact surfaces in vehicles including door handles (internal and external), driver window controls, steering wheel, gear lever and handbrake should be cleaned and disinfected in between patients.
- Extreme care should be taken to minimize contamination from the Denturist's tools and equipment brought into a patient's home.

Do I have to provide Hydrogen Peroxide rinse for patients?

There is some evidence to suggest that the use of hydrogen peroxide at concentrations greater than 0.5% as an oral rinse may inactivate some coronaviruses. As such, the College supports patients rinsing with 1% hydrogen peroxide for 30 seconds prior to intra-oral examination or treatment.

Current evidence indicates that the use of an alcoholic mouth wash is not effective against COVID-19 as the concentration of alcohol is not high enough to eliminate viruses.

Does the use of a bench grinder aerosolize organic particulates?

Grinding of properly cleaned and disinfected oral appliances generates dust particles but not organic aerosols since the organic matter, including pathogens, are removed during the cleaning and disinfection process.

In accordance with the [Guide for Return to Practice for Denturists](#) and the College's [Guidelines for Infection Prevention and Control in the Practice of Denturism](#), all items brought into the laboratory should be properly disinfected and cleaned prior to any work or adjustments. These items should also be cleaned and disinfected prior to taking them out of the laboratory.

Patients can be nervous when returning to Denture clinics. How can their confidence in access to safe care be supported?

Some things to consider:

- Consider a communications piece to be sent to all patients highlighting the additional precautions and measures that have been implemented due to COVID-19 including cleaning and disinfecting between patients, screening questions and temperature taking, among other measures.
- Communicate with patients at the time of scheduling appointments that additional precautions and measures are implemented to better assist with the safety and cleanliness of the clinic. Inform them of the change in clinic processes.
- Consider posting the screening instructions and questions on your Clinic website.
- Inform patients that all staff including Denturists are screened daily using the same screening questions and have their temperatures taken.

Questions?

If you have any questions, please feel free to contact:

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