

College of Dental Technologists of Alberta



COVID-19 Pandemic Return-To-Work Guidelines for Dental Technologists and Dental Technicians

Effective: May 14, 2020

Updated: February 15, 2021

Guidelines are subject to change by Council

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BACKGROUND

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.**

RETURN-TO-WORK

Effective May 14, 2020, Dental Technologists and Dental Technicians are permitted to return-to-practice **subject to these guidelines.**

Dental Technologists, Dental Technicians and other staff must ensure strict adherence to these MANDATORY guidelines. All registrants are required to abide by these guidelines when returning to practice. Failing to adhere to these guidelines may be considered professional misconduct and may result in disciplinary action under the [Health Professions Act](#).

As a reminder, dentist, registered dental hygienists, dental assistants and denturists are governed by the own independent Regulatory Colleges. Registered Dental Technologists and Registered Dental Technicians are responsible for following these guidelines.

[Alberta Dental Association and College](https://www.dentalhealthalberta.ca/covid-19-info/) (https://www.dentalhealthalberta.ca/covid-19-info/)

[College of Alberta Denturists](https://www.abdenturists.ca/) (https://www.abdenturists.ca/)

[Alberta College of Dental Assistants](https://abrda.ca) (https://abrda.ca)

[College of Registered Dental Hygienists of Alberta](https://www.crdha.ca/) (https://www.crdha.ca/)

STAFF SCREENING

Modified: February 15, 2021

All staff must determine their fitness to work on a **daily basis.** [Daily fitness to work screening](#) results should be recorded in a logbook confirming that they are not experiencing any symptoms of COVID-19.

The logbook should be kept by employers for each Dental Technologist, Dental Technician or other staff, and should be made available to health authorities if requested. For more information please reference the [AHS COVID-19 Fit for work Screening Protocol](#).

If a team member is exhibiting any of these symptoms, it is suggested they complete the [COVID-19 Self-Assessment online](#) tool to determine if they should be tested and must self-isolate.

[CMOH Order 05-2020](#) legally obligates any person (18+) who has the core symptoms of a cough, fever, shortness of breath, runny nose, or sore throat (that is not related to a pre-existing illness or health condition) to self-isolate for 10 days from the start of symptoms, or until

symptoms resolve, whichever takes longer. Core symptoms for children under 18 are cough, fever, shortness of breath, and loss of sense of taste or smell. Children with these symptoms must also isolate for at least 10 days from the start of symptoms or until they are gone, whichever is longer.

If someone on your staff tests positive for COVID-19, you are required to immediately notify [Alberta Health](#) and reference the [AHS Return to Work Guide for Healthcare Workers](#).

If you or someone on your team tests positive for COVID-19, see section below for “Contact Tracing.”

Employment Considerations for COVID-19

Modified: February 15, 2021

Employers are encouraged to examine [sick-leave policies](#) to ensure they align with public health guidance and to implement policies that are flexible and non-punitive. There should be no disincentive for staff to stay home while sick or isolating.

Staff should be required to stay home if they are sick, or if a member of their household is sick and send staff home if they develop symptoms while at work. Employees are not required to provide a medical note.

Changes to the Employment Standards Code ([Temporary workplace rule changes](#))

CONTACT TRACING

Created: July 23, 2020

Modified: February 15, 2021

To enable quick contact with employees, dental health care settings should maintain an up-to-date contact list for all staff, including names, addresses and phone numbers.

For the purposes of public health tracing of close contacts, employers need to be able to provide:

- roles and positions of persons working in the workplace;
- who was working onsite at any given time;
- names of clients in the workplace by date and time; and
- names of staff members who worked on any given shift.

If a staff member or patient is confirmed to have COVID-19, please refer to [AHS' Contact Tracing Notification Process for information](#). Dental laboratories and other oral health care settings need to work cooperatively with AHS to ensure those potentially exposed receive correct guidance.

The CMOH encourages all Albertans to download the Alberta Health [ABTraceTogether App](#). This is a voluntarily mobile contact tracing app that helps to let you know if you've been exposed to COVID-19, or if you've exposed others, while protecting your privacy.

SIGNAGE

Ensure that you post signage in your laboratory, clinic or place of business that explains social distancing and respiratory hygiene requirements.

Examples:

- [AHS COVID-19 Signage and Posters](#)
- [CDC cover your cough](#)

HAND HYGIENE

Hand hygiene is essential in ensuring an effective IPC program. The hands of a Dental Technologist, Dental Technician or other staff must be washed before and after any contact with a dental protheses, impressions, orthodontic appliances, other prosthodontics, materials, instruments, and equipment.

Businesses **must** have sufficient means for the workers, volunteers and patrons to perform frequent hand hygiene. This can be done using sinks supplied with soap and water, or with alcohol-based hand sanitizer (greater than 60% alcohol content).

In providing all services, Dental Technologists, Dental Technicians and other staff must:

- perform hand hygiene using alcohol-based hand rub or soap and water as described in the [AHS hand hygiene webpage](#) and refer to the [ADA's Hand Hygiene for the Dental Team](#).
- educate staff, clients, patients and visitors about how and when to use hand hygiene products.

ENVIRONMENTAL CLEANING

- Routine practices, which include cleaning and disinfection of surfaces, are important to control the spread of COVID-19. For disinfection, use [products that meet EPA's criteria for use against SARS-CoV-2](#) (the cause of COVID-19) and are appropriate for the surface, following manufacturer's instructions.
- Ensure all spaces are routinely cleaned and disinfected.
- Any high touch surfaces that are visibly soiled should be immediately cleaned and disinfected. High touch surfaces are those touched often and most likely to be contaminated, such as:
 - Tabletops
 - Light switches
 - Door-knobs
 - Sink taps

- Toilet handles
- Kitchen counter tops

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

For further guidance please refer to the Government of Alberta's [COVID-19 Workplace Guidance for Business Owners](#).

PHYSICAL DISTANCING

Modified: February 15, 2021

Physical distancing requirements must be maintained. Dental Technologists, Dental Technicians and other staff must be a minimum of two meters from each other at all times.

- Increase separation between desks and workstations
- Limit or prevent the number of people in shared spaces (such as lunchrooms) or staggering break periods
- Disinfect touch surfaces often
- Masking for staff who are not providing direct patient care

In order to reduce the risk of transmitting COVID-19 all staff must continuously wear an appropriate mask, at all times, and in all areas of the workplace if a physical barrier e.g. plexiglass is not in place or if physical distancing (2 meters) cannot be maintained.

Order [07-2020](#) prohibits gatherings of more than 15 people, however this does not prohibit businesses from having more than 15 workers in a workplace.

- ▷ [AHS Continuous Masking](#)
- ▷ [AH Help Prevent the Spread](#)

LABORATORY CONSIDERATIONS

Dental Technologists, Dental Technicians and other staff are advised to limit in-person contact as much as possible and only proceed with cases which require immediate attention. **All public health orders, including social distancing requirements, remain in effect and must be followed.**

Increased caution should be used when handling dental prostheses, impressions, orthodontic appliances, other prosthodontics, materials, instruments, and equipment that have had direct patient contact. These items must be thoroughly disinfected or sterilized, as appropriate, before proceeding.

Some oral health care facilities may choose to remain closed due to shortage of Personal Protective Equipment (PPE) or recent facility requirement changes. **If these guidelines cannot**

be followed, or appropriate and required PPE is unavailable, laboratory and other oral health services must not be performed.

Further guidance can be found in [APPENDIX A](#)

PERSONAL PROTECTIVE EQUIPMENT

Personal protective equipment (PPE) is critical to the health and safety of all healthcare workers, as well as the patients you care for. Employers are required to provide staff with adequate and appropriate PPE and to take reasonable steps to protect health and safety under the [Occupational Health and Safety Act](#). PPE must be maintained in good condition so it can perform its intended function.

Use of PPE is mandatory at all times when providing laboratory services. Dental Technologists, Dental Technicians and other staff, must wear gloves, appropriate eye/facial protection, an [appropriate mask](#) and outer protective clothing (e.g gowns, laboratory coats).

Use professional judgement in determining the risk associated with the activity being performed and use appropriate PPE.

NOTE: ENHANCED PPE IS REQUIRED WHEN PERFORMING AEROSOL GENERATING MEDICAL PROCEDURES ON ITEMS THAT HAVE HAD DIRECT PATIENT CONTACT AND WHEN PROVIDING SERVICES DIRECTLY TO PATIENTS:

Refer to [APPENDIX B](#) for complete AGMP Guidelines.

Refer to [APPENDIX C](#) for complete Patient Care Guidelines.

Gloves

- Use new properly fitting single-use gloves. Hand hygiene must be performed before putting on gloves and immediately after removing gloves.
- Wear puncture-resistant, heavy-duty utility gloves when handling or manually cleaning sharp instruments and/or when cleaning and disinfecting equipment and surfaces.
- Wear appropriate gloves when handling heated objects

Masks

- Select an [appropriate mask](#) that covers both your nose and mouth.
- Staff that are not working in patient care areas or who do not have direct patient contact must continuously wear an appropriate mask, at all times, when providing services and in all areas of the workplace if a physical barrier e.g. plexiglass is not in place or if physical distancing (2 meters) cannot be maintained.

Protective Eyewear

- Protective eyewear that is fit for purpose and with complete coverage over and around the eyes, including solid (not vented) side shields. If solid side shields are not used then a face shield is recommended.

- Wear protective eyewear at all times when providing laboratory services to help prevent eye injury and lower risk of exposure to potentially infectious materials.
- Protective eyewear must be cleaned and disinfected after each use and when visibly soiled.

Clothing

It is advised that Dental Technologists, Dental Technicians and other staff, should change into attire that will not be worn outside the laboratory, clinic or other place of business. Protective clothing including gowns and lab-coats are meant to be worn over regular work clothing, such as uniforms, scrubs or street clothing. The protective clothing should be changed at least daily, or if it becomes visibly soiled or significantly contaminated by potentially infectious fluids or materials.

- Disposable gowns should be discarded after use.
- Cloth gowns and lab coats should be *laundered* after each use.
- If possible, provide laundry services in the office or laboratory. Contracting with a laundry service is another option.
- Protective clothing worn while providing laboratory services should be changed prior to exiting the workplace.
- Long sleeved garments should be worn.
- Professional judgment should be exercised with regard to the use of disposable foot covers or head covers.

Donning and doffing

PPE is only effective when it is put on (donned) and removed (doffed) correctly. Please refer to the resources below for appropriate and safe procedures:

- [*AHS Donning PPE Poster*](#)
- [*AHS Doffing PPE Poster*](#)
- [*AHS Donning and Doffing PPE video*](#)
- [*For Healthcare Workers: How to Wear a Mask Poster*](#)
- [*AHS PPE Checklist for Contact and Droplet Precautions.*](#)

Obtaining appropriate PPE

The Government of Alberta has set aside PPE for community-based practitioners. If you are in need of PPE during the COVID-19 pandemic, in order to provide professional services you can request PPE here: <https://xnet.gov.ab.ca/ppe>

Some oral health care facilities may choose to remain closed due to shortage of Personal Protective Equipment (PPE) or recent facility requirement changes.

AHS resources

- [*COVID-19 Interim IPC Recommendations Info Sheet*](#)
- [*Respiratory \(ILI\) Algorithm<: Assessing the Need for Additional Precautions*](#)
- [*Contact & Droplet PPE for COVID-19 \(module\) 10-20 minutes*](#)

Use PPE as per manufacturer's instructions for use. Other questions about appropriateness of PPE can be directed to Occupational Health and Safety. It is inappropriate to use PPE in a way that has not been identified by the manufacturer and/or approved by Occupational Health and Safety.

VENTILATION

Ventilation is a common control for preventing exposure to toxic material. Well-designed and well-maintained ventilation systems can remove toxic vapours, fumes, mists or other airborne contaminants from the workplace preventing staff exposure. Effective ventilation can reduce airborne hazards. Use of high evacuation ventilation is strongly recommended as a best practice.

AEROSOL GENERATING MEDICAL PROCEDURES (AGMP)

An aerosol-generating procedure is defined as an activity that creates either fine, solid, particulate matter or liquid droplets in the air.

Examples of aerosol-generating procedures include grinding for the purpose of performing:

- denture adjustments
- denture repairs
- partial repairs
- nightguard adjustments
- use of high and low-speed handpieces

It is recommended that aerosol generating medical procedures be avoided whenever possible. Dental Technologists, Dental Technicians and other staff, require current IPC training and enhanced PPE **when engaging in aerosol generating procedures on dental prostheses, impressions, orthodontic appliances, other prosthodontics, materials, instruments, and equipment that have had direct patient contact.**

Enhanced PPE includes, gloves, fitted N-95 masks (or equivalent as per [Health Canada](#)), A single use medical grade gown with elastic cuff, waist and neckties, cap/bouffant and appropriate protective eyewear or face shield.

At this time, there is inadequate scientific research to assess the risk of aerosol-generating procedures in a dental laboratory setting. As a result, until more information is available, Dental Technologists, Dental Technicians and other staff are required to wear an N95 respirator when doing aerosol-generating procedures. Please remember that proper use of an N95 respirator requires each person to be appropriately fitted. If you have not been fitted, ensure that you are being fitted for an N95 respirator prior to use.

Further guidance can be found in [APPENDIX B](#)

PATIENT CARE – RESTRICTED ACTIVITIES AUTHORIZATION

Dental Technologists and Dental Technicians should make every reasonable effort to avoid providing services directly to patients at this time. If required, Dental Technologist and Dental Technicians, with restricted activities authorization can provide direct patient care. Refer to [APPENDIX C](#) for complete Patient Care Guidelines. Compliance with these guidelines is **mandatory**.

Please use professional judgement when deciding whether to proceed with the in-person care of a patient.

RESPIRATORY HYGIENE

All Dental Technologists, Dental Technicians and other staff, providing direct patient care or working in patient care areas are to wear a surgical/procedure mask continuously, at all times and in all areas of the workplace when involved in direct patient contact and to perform appropriate mask hygiene. This is in addition to the use of required PPE as part of droplet and contact precautions.

Those staff that are not working in patient care areas or have direct patient contact, are required to continuously wear a procedure mask at all times in the workplace if a physical barrier (e.g., plexiglass) is not in place or physical distancing (two meters) cannot be maintained.

For more information, please see:

- [Guidelines for Continuous Masking in Healthcare Settings](#)
- [Guidelines for Continuous Masking in Home Care and Congregate Living Settings](#)
- [AHS's Contact & Droplet PPE for COVID-19 \(module\)](#) 10-20 minutes

RETURNING HOME AFTER WORK

AHS has provided the following advice to both healthcare workers and the public.

Clean and disinfect high touch surfaces daily or when visibly soiled. Use a “wipe twice” or 2-step process to clean and disinfect. First wipe the surface thoroughly with soap and water to clean and remove soiling and debris. Then wipe again with a clean cloth saturated in a disinfectant to destroy or de-activate COVID-19 and other micro-organisms.

High touch surfaces are those touched often and most likely to be contaminated, such as:

- Tabletops
- Light switches
- Door-knobs
- Sink taps
- Toilet handles
- Kitchen counter tops.

[Environmental Public Health recommends](#) two disinfectants:

- Diluted household bleach. Prepare fresh daily; add 80 mL (1/3 cup) of 5% household bleach to 4 litres (16 cups) of water.
- Accelerated hydrogen peroxide (0.5%), used according to label instructions.

POTENTIAL EXPOSURE GUIDANCE

Even with the strictest screening procedures in place, it is possible that a patient or healthcare professional who attended a laboratory, clinic or other place of business, may after the fact, test positive for COVID-19.

Regulated Health Professionals who become aware of a coworker, client or patient's positive test or onset of symptoms, must contact all clients, and staff who were in the laboratory, clinic or other place of business in the 48 hours leading up to and past the patient's positive test result or their onset of symptoms. Regulated Health Professionals should ask the patient, or staff if they are experiencing any COVID-19 signs or symptoms (fever, sore throat, shortness of breath).

If the patient or staff reports any signs or symptoms, have them complete the [Alberta Health COVID-19 self-assessment](#) to arrange for testing and advise them to self-isolate as indicated by Alberta Health Services.

DUTY TO REPORT

Section 1.1(1) of the [Health Professions Act](#), imposes an obligation on Regulated Health Professionals, to immediately notify the Chief Medical Officer of Health if you are aware of another Regulated Health Professional who is providing services contrary to the Chief Medical Officer of Health's [Order 07-2020](#).

You also have a duty to report immediately any contravention of the guidelines for emergency/essential services to the [Regulated Member's respective College](#).

Any reporting pursuant to the duty to report can be done anonymously and will not include any information that could be used to identify the individual making the report.

ADDITIONAL RESOURCES

- [AHS IPC Emerging issues Webpage](#)
- All [AHS COVID-19 related posters](#)
- [Interim Infection Prevention and Control Guidance for Dental Settings During the COVID-19 Response](#)
- [Workplace Guidance for Business Owners](#)

Appendix A

LABORATORY IPC GUIDELNES

Regulated Members must use professional judgement in determining if an incoming case is approved under the ADA&C [Guidelines on Emergency and Urgent Treatment \(effective Monday, May 4, 2020\)](#) or the [College of Alberta Denturists Guidelines to Essential Services](#).

RECEIVED ITEMS (INCOMING CASES)

Dental prostheses, impressions, orthodontic appliances, and other prosthodontic materials (e.g., occlusal rims, temporary prostheses, bite registrations, or extracted teeth) received from dental practices are potential sources for cross-contamination and should be handled in a manner that prevents transmission of infectious agents.

GUIDANCE

Communicate effectively with the dental practice to ensure whether appropriate cleaning and disinfection procedures for received items are performed in order not to damage or distort the items because of disinfectant overexposure.

Received contaminated items

- Treat all incoming items as contaminated and perform cleaning and disinfection procedures before handling:
 - Wear appropriate PPE during cleaning and disinfection including gloves, a gown, goggles/facial protection and an appropriate mask.
 - Establish a separate receiving, cleaning, and decontamination area in a dental laboratory to minimize the spread of contamination.
 - Clean blood and saliva thoroughly and carefully from received items (e.g., impression materials, bite registration).
 - Dispose of all single-use shipping materials (e.g., plastic bags) that have touched the contaminated received items, or if there is any doubt or possibility of being contaminated. If they are reusable (e.g., reusable plastic containers), properly disinfect/sterilize them according to manufacturer's instructions.

DISINFECTION

- Select an appropriate disinfectant. Use [products that meet EPA's criteria for use against SARS-CoV-2](#) (the cause of COVID-19) and are appropriate for the instrument or surface and:
 - has a Drug Identification Number (DIN) from Health Canada;
 - has efficacy for the intended use;
 - is compatible with the material to be disinfected; and
 - is safe for use, with minimal toxic and irritating effects to/for staff.

Disinfect all items received from dental practices or other sources before performing any dental technology activity.

GUIDANCE

All items must be cleaned and disinfected prior to shipping from the laboratory, clinic or other place of business.

- Clean, package and decontaminate (if possible sterilize) instruments for repair, before sending for repair or maintenance.
- Once cleaned, place items in a new sealed plastic bag; label to indicate “cleaned”; and then place in a clean, rigid container for transport.
- Do not reuse shipping materials (e.g., plastic bags).

Reusable Instruments Reprocessing

Reprocessing refers to the steps that are performed to ensure contaminated instruments are made safe for reuse again. All reusable instruments must be cleaned and sterilized after touching dental prostheses, impressions, orthodontic appliances and other prosthodontic materials.

Single-use instruments

Single-use disposable items must not be re-processed. Treat the following instruments (i.e., dental instruments, devices or equipment) as single-use instruments:

- Instruments labelled or recommended by the manufacturer as single-use.
- Small and/or sharp instruments that are difficult to clean in a safe manner.
- Steel burs, due to oxidation as a result of sterilization.
- Or if the manufacturer does not provide reprocessing or reusable instructions, treat the instrument as single-use.

REPROCESSING AREA

In dental laboratory settings, all instrument cleaning, disinfecting, and sterilizing should occur in a designated reprocessing area in order to more easily control quality and ensure safety.

GUIDANCE

Establish a reprocessing area which is ideally separate from the work area and has the following:

- sufficient bench space to allow for all reprocessing activities and associated equipment
- adequate ventilation and light
- smooth bench surfaces for easy and effective cleaning
- a sink for cleaning contaminated instruments deep enough to submerge the instruments for cleaning
- a separate facility for hand washing
- covered storage areas for reprocessing supplies which must be separate from the storage area for sterilized instruments.
- establish distinct areas in the reprocessing area for the following procedures:
 - receiving, cleaning, and decontamination
 - preparation and packaging

STERILIZATION OF REUSABLE INSTRUMENTS

Sterilization is the elimination of all disease-producing microorganisms, including spores. Sterilization is conducted using medical sterilization equipment that is approved by Health

Canada. There are many types of sterilization techniques but the most common and preferred is steam sterilization. Heat-sensitive items must receive high-level disinfection between use. For disinfection, use [*products that meet EPA's criteria for use against SARS-CoV-2*](#) (the cause of COVID-19) and are appropriate for the instrument or surface.

GUIDANCE

Preparation and packaging before sterilization

- Inspect instruments for cleanliness to ensure all debris are removed.
- All instruments are then wrapped or placed onto trays or containers designed to maintain sterility during storage.
- Use a container system or wrapping compatible with the type of sterilization process used.
- Use an internal chemical indicator in each package. If the internal indicator cannot be seen from outside the package, use an external indicator.

Sterilization

- Develop written policies and procedures for sterilization of reusable instruments used in the dental laboratory setting that include cleaning, drying, inspection, disassembly, wrapping, sealing and labelling.
- All sterilization must be performed by using medical sterilization equipment approved by Health Canada.
- Follow the manufacturer's instructions for installation, operation, cleaning and preventive maintenance of the sterilizing equipment.
- Staff must be trained to operate sterilizers.
- Test all sterilizers for performance using physical, chemical and biological monitors and indicators.
- Keep records of any preventive maintenance and repairs to a sterilizer.

Steam sterilization

The preferred method for heat-resistant instruments is steam sterilization (i.e., autoclaving).

- Follow the manufacturer's instructions for load and operating the sterilizer to ensure steam can circulate freely and touch all instrument surfaces.
- Allow the sterilizer to complete its entire cycle, including drying, before removing the load and handling. Allow instrument packs to dry inside the sterilizer chamber before removing and handling in order to avoid wicking of moisture and potentially microorganisms from hands or gloves.
- Please follow the manufacturer's instruction for the cleaning of steam sterilization equipment, including the daily maintenance and the validation test for steam sterilization.

Dry-heat sterilization

There are two types of dry-heat sterilizers: the static-air type (i.e., oven) and the forced-air type.

- Use dry heat only for the instruments that cannot be sterilized by steam (e.g. sharps)
- Allow the load to cool prior to handling or use.

Liquid chemical sterilization

In all dental and other health-care settings, indications for the use of liquid chemical germicides to sterilize instruments are limited.

- Use liquid chemical germicides to sterilize only semi-critical instruments that cannot withstand steam or heat sterilization and are not available as single-use instruments.
- Choose only chemical germicides that have Drug Identification Numbers (DIN) from Health Canada.
- Follow the manufacturer's instructions to achieve sterilization of instruments.
- Instruments sterilized by chemical solutions are not wrapped and therefore must be used immediately or stored in a sterile container.
- Have ventilation systems appropriate to the process/product being used to protect staff from toxic vapours.

The sterilization process must be monitored to ensure the integrity of the process. Performance monitoring includes:

- Physical indicators must be checked, documented and signed for each sterilizer cycle by the person sterilizing the instrument. Physical indicators may include:
 - mechanical printouts from the sterilizer.
 - assessing the cycle time, temperature, and pressure of sterilization equipment by observing the gauges or displays on the sterilizer.
- A biological indicator (spore test) must be used to test the sterilizer at least weekly.
- An internal chemical indicator must be placed inside each package, container or bundle that is undergoing sterilization.
- If a dynamic air removal-type sterilizer is used, an air removal test with a Class II chemical indicator shall be performed every day the sterilizer is used.

Sterilization failures

If failure of any parameter is detected, consider the sterilization cycle unsatisfactory and:

- Remove the load, allow the load to cool before re-packaging for re-sterilizing later.
- Document as a failed cycle and repeat the sterilization cycle with an empty chamber.
- If the repeated process indicates success and there is no indication of a system malfunction, continue as normal.
- Re-sterilize the failed cycle load once the results of the sterilizer indicators are acceptable.

STORAGE OF REUSABLE INSTRUMENTS

GUIDANCE

- Store instruments in a clean, dry, dust-free area, outside the contaminated zone, and handle minimally before use.
- Do not store instruments under sinks or in other locations where they might become wet and contaminated.
- Before using a packaged instrument check the integrity of the pack:
 - Visually inspect for discolouration, dampness, dust, soil, tears and if present, send for reprocessing.
 - Validate results of chemical tape and internal monitors, if present (e.g., no change in colour), send for reprocessing.

Appendix B
AEROSOL GENERATING MEDICAL PROCEDURES (AGMPs)
GUIDANCE

Dental Technologists, Dental Technicians and other staff, must ensure that all PPE is in place and utilized correctly, donned and doffed correctly, hand hygiene performed appropriately along with appropriate environmental disinfection taking place before and after the procedure is performed.

Please be aware that all healthcare workers should be fit-tested for an N95 respirator prior to use.

Health Canada has received reports that fraudulent and uncertified N95 respirators, that falsely claim to protect consumers against COVID-19, are being illegally sold to consumers online and in some stores.

In Canada, N95 respirators are regulated by Health Canada as Class I medical devices and are manufactured or imported by companies that hold a Medical Device Establishment License. Please be advised of the significant risk of relying on potentially fraudulent PPE in any setting

- ▷ Whenever possible, these procedures should be performed in a room with the door closed. When a dedicated room is not available, temporary isolation rooms can be used, for example, hoarding with plastic and a framed or zippered door.
- ▷ Consider assigning a designated team of volunteers willing to perform AGMPs on items that have had prior direct patient contact.
- ▷ Non-essential staff should leave the room.
- ▷ Perform hand hygiene before putting on and immediately after taking off N95 respirator.
- ▷ Proper wearing of a N95 respirator includes:
 - putting on the respirator before entering the exam or patient room.
 - moulding the metal bar over the nose.
 - ensuring an airtight seal on the face, over top of the nose and under the chin.
 - donning eye protection after donning N95, for aerosol-generating procedures.
 - leaving the room and changing the respirator when it becomes moist.
 - removing the respirator after leaving the patient's room by touching the elastic only.
 - not wearing respirator around the neck.
 - Regulated Health Professionals must wear the N95 mask until all aerosol generating procedures are complete. Any other additional precautions that have been instituted (e.g., droplet, contact etc.) are to be continued based on symptoms and/or diagnosis.
 - refer to the AHS Donning and Doffing PPE posters for details on careful removal and disposal of N95 respirators.
 - do not reuse or disinfect single-use PPE.
 - reusable PPE must be cleaned before reuse (launder gowns, disinfect eye protection)
 - use appropriate clinical judgement and perform a risk assessment prior to providing services.

Appendix C

PATIENT CARE GUIDELINES

GUIDANCE

A designated patient care room is required. The patient care room, including all surfaces touched by the patient must be thoroughly disinfected between patients. For disinfection, use [*products that meet EPA's criteria for use against SARS-CoV-2*](#) (the cause of COVID-19) and are appropriate for the surface, following manufacturer's instructions.

Patients displaying influenza-like symptoms or are known to have COVID-19 must not be seen.

PRE-SCREENING VIA TELEPHONE

If direct patient care is required, all patients must be pre-screened via telephone to protect the practitioner, staff and others from possible virus transmission.

Any person who has travelled outside of Canada on essential business, according to the Chief Medical Officer of Health's [*Order 05-2020*](#), must be in isolation for a minimum of 14 days. If a person in isolation becomes sick, they should remain in isolation for an additional 10 days past the onset of symptoms, or until the symptoms resolve, whichever is longer.

Questions to be asked and documented. We recommend that a standardized form be used for all bookings to ensure clear record keeping.

- Do you currently have a fever?
- Do you currently have a cough?
- Do you currently have difficulty breathing?
- Do you currently have severe chest pain?
- Do you currently have a runny nose or sore throat?
- Do you currently have any flu-like symptoms?
- In the last 14 days, have you traveled outside of Canada?
- In the last 14 days, have you come into contact with someone who was suspected or confirmed to have COVID-19?
- In the last 14 days, have you come into contact with someone who was unwell or ill (in any capacity)?

If they answer "yes" to any of the above, patient/ contact is not appropriate at this time. Inform them that they stay home and complete [Alberta's online COVID-19 self- assessment.](#)

NO SYMPTOMS OR RISK FACTORS

If, after appropriate telephone screening a patient responds "no" to **all** of the above factors, and they are eligible to receive care, you may proceed with appropriate IPC and PPE and with strict adherence to these guidelines.

BOOKING AND ENVIRONMENTAL MANAGEMENT

Prior to booking patient appointments, you must ensure:

- patient or client screening is performed

- services are only booked that adhere to the prescribing practitioners respective Regulatory College’s phased return-to-practice guidance
- social distancing is maintained between patients and adequate disinfection occurs between patient or client services.
- that, if possible, the patient attends the appointment by themselves. If they require an attendant or guardian, ensure that they are aware that all precautions apply to the attendant or guardian as well.
- that bookings accommodate adequate time for effective environmental cleaning and disinfection between patients or clients.

PERSONAL PROTECTIVE EQUIPMENT (PPE) FOR PATIENT CARE

Enhanced PPE must be worn while performing direct patient/ care. Enhanced PPE for direct patient care includes:

- New properly fitting single-use gloves. Hand hygiene must be performed before putting on gloves and immediately after removing gloves.
- A level 2 or 3 surgical mask that covers both your nose and mouth. Once the mask has been donned, avoid touching the front of the mask during use.
- A new mask must be worn for each patient.
- A single use medical grade gown, with elastic cuffs, waist and neckties.
- Protective eyewear that is fit for purpose and with complete coverage over and around the eyes, including solid (not vented) side shields.
- Protective eyewear must be cleaned and disinfected after each patient contact.

PPE used during patient care must be removed prior to exiting the patient care room.

PATIENT ARRIVAL

When a patient arrives at a laboratory, clinic or other place of business for their appointment:

- Patients should be directed to remain in their vehicle and call the laboratory, clinic or other place of business and let them know of their arrival.
- When a patient care room is ready, they may enter the laboratory, clinic or other place of business and be escorted immediately to the patient care room by a PPE-clad staff member (PPE must be changed between contact with different patients).
- Screen for fever (using a non-touch thermometer) and symptoms of COVID-19 before they enter the laboratory, clinic or other place of business.
- The patient should be provided with a mask to cover their nose and mouth and directed to perform hand hygiene.

INFORMED CONSENT

All patients must be provided with a consent form to read and sign before any direct patient contact occurs. An example of a consent form can be found in **APPENDIX D**. Consent forms must be kept on file for each patient/ contact. The patient must be given an opportunity to ask questions before signing the consent form. If a patient does not sign a consent form, no services can be provided by a Dental Technologist, Dental Technician or other staff.

PATIENT PREPARATION

Modified: February 15, 2021

Consider having patients use a pre-procedural mouth rinse prior to any patient contact.

PATIENT CARE EQUIPMENT

When providing care directly to patients special consideration should be given to the equipment utilized:

- Use single-use/disposable equipment whenever possible.
- If reusable equipment cannot be dedicated for a single patient use, **then thoroughly clean and disinfect it before and after use with each patient.**
- For shared computers and other electronic equipment, refer to [AHS's Cleaning and Disinfection of Computer and Electronic Devices.](#)

Appendix D

PATIENT CONSENT FORM

Patient Name: _____

Date: _____

I confirm that I am not presenting any of the following symptoms of COVID-19 identified by Alberta Health Services:

Symptom	Patient Initials
Fever > 38°C	
New or worsening cough	
Sore Throat or painful swallowing	
New or worsening Shortness of Breath	
Flu-like symptoms	
Runny Nose	

1. I confirm that I have not currently tested positive for the novel coronavirus. _____(Initial)
2. I confirm that I am not waiting for the results of a laboratory test for the novel coronavirus. _____(Initial)
3. I confirm that I have not returned to Alberta from any country outside of Canada whether by car, air, bus or train in the past 14 days. _____(Initial)
4. I understand that any travel from any country outside of Canada, including travel by car, air, bus, boat or train, significantly increases my risk of contracting and transmitting the novel coronavirus _____(Initial)
5. I understand that Alberta Health Services requires self-isolation for 14 days from the date a person has returned to Canada. _____(Initial)
6. I confirm that I have not been identified as a contact of someone who has tested positive for novel coronavirus or been asked to self-isolate by Alberta Health Services, Alberta Health, Communicable Disease Control or any other governmental health agency. _____(Initial)
7. I understand that Alberta Health Services has asked individuals to maintain physical distancing of at least 2 meters (6 feet) and that it is not possible to maintain this distance during this appointment. _____(Initial)

REASON FOR APPOINTMENT

I verify the information I have provided on this form is truthful and accurate. I knowingly and willingly consent to have the above listed service(s) completed during the COVID-19 pandemic.

Signature of Patient

Print Name

Date

References

- <https://www.canada.ca/content/dam/phac-aspc/documents/services/publications/diseases-conditions/routine-practices-precautions-healthcare-associated-infections/routine-practices-precautions-healthcare-associated-infections-2016-FINAL-eng.pdf>
- <https://www.albertahealthservices.ca/assets/healthinfo/ipc/hi-ipc-emerging-issues-ncov.pdf>
- <https://www.albertahealthservices.ca/topics/Page17048.aspx>
- <https://www.albertahealthservices.ca/ipc/hi-ipc-routine-practices-algorithm-cc.pdf>
- <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>
- <https://healthycanadians.gc.ca/recall-alert-rappel-avis/hc-sc/2020/72707a-eng.php>
- https://www.dentalhealthalberta.ca/wp-content/uploads/2020/05/Guidelines-on-Emergency-Treatment_5.4.2020.pdf
- <https://www.qp.alberta.ca/documents/Acts/O02P1.pdf>
- <https://www.albertahealthservices.ca/topics/Page17058.aspx>
- <https://www.albertahealthservices.ca/assets/info/ppih/if-ppih-covid-19-daily-fitness-for-work-screening-questionnaire.pdf>
- <https://www.dentalhealthalberta.ca/wp-content/uploads/2020/03/Staff-Consent-Form-COVID-19.pdf>
- <https://www.cdc.gov/infectioncontrol/guidelines/healthcare-personnel/index.html>
- <https://ephisahs.microsoftcrmporals.com/create-case/>
- https://success.ada.org/~media/CPS/Files/COVID/A_Positive_COVID-19_Test_Result_On_Your_Staff.pdf?utm_source=email&utm_medium=morninghuddle&utm_content=cv-pm-positive-test-result-on-staff&utm_campaign=covid-19
- <https://www.albertahealthservices.ca/info/page6426.aspx>
- <https://success.ada.org/en/practice-management/dental-practice-success/dps-spring-2020/hand-hygiene-for-the-dental-team>
- <https://www.albertahealthservices.ca/assets/healthinfo/ipc/hi-ipc-emerging-issues-ncov.pdf>
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- https://success.ada.org/~media/CPS/Files/Open%20Files/ADA_Return_to_Work_Toolkit.pdf