



# College of Dental Technologists of Alberta

## GUIDELINE FOR PROVIDING SERVICES UNDER EASED PANDEMIC RESTRICTIONS

*In Effect: July 7, 2021*  
*This guideline is subject to change by Council*



## TABLE OF CONTENTS

<i>OVERVIEW</i>	3
<i>REQUIREMENTS TO PRACTICE – STAGE 3 REOPENING</i>	3
<i>INFECTION PREVENTION CONTROL (IPC)</i>	3
<i>OCCUPATIONAL HEALTH AND SAFETY (OHS)</i>	4
<i>HAND HYGIENE AND RESPIRATORY ETIQUETTE</i>	4
<i>PERSONAL PROTECTIVE EQUIPMENT (PPE)</i>	4
<i>MASKS</i>	4
<i>PHYSICAL DISTANCING</i>	5
<i>IMMUNIZATION AND IMMUNIZATION STATUS</i>	5
<i>PATIENT CARE</i>	5
<i>POINT OF CARE RISK ASSESSMENTS (PCRA)</i>	5
<i>CLOSE CONTACTS</i>	6
<i>APPENDIX A</i>	7
<i>PERSONAL PROTECTIVE EQUIPMENT (PPE)</i>	7
<i>APPENDIX B</i>	9
<i>POINT OF CARE RISK ASSESSMENTS (PCRA)</i>	9



*Guideline:* recommendations for regulated members that are deemed to be acceptable practice within regulatory requirements. Regulated members are afforded reasonable use of their professional judgment in the application of this guideline.

## Overview

Although Alberta's "[Open for Summer](#)" plan has eased many restrictions across the province, COVID-19 and other respiratory illnesses are still present in the population and continue to pose an individual risk. As regulated healthcare providers, RDT's and DT's need to remain diligent in applying infection prevention and control practices.

Dealing with COVID- 19 will be part of regular practice for all healthcare professionals for the foreseeable future, and lessons learned through the pandemic should support Members in their practice on an ongoing basis.

It is important to note that municipal bylaws and rules such as indoor masking which could affect your workplace. Members should keep themselves up-to-date and informed on COVID-19, including any public health orders such as quarantine/isolation requirements, masking requirements or any other requirements put forth by public health officials and their respective municipality.

**This guideline replaces the [CDTA's COVID-19 Return-To-Work Guidelines for Dental Technologists and Dental Technicians](#) and is intended to guide CDTA Members in Stage 3 and onward.**

Members should consider maintaining any new procedures and habits (eg., enhanced hand hygiene; staying home when not feeling well) that resulted from the [Guidelines](#) and may be considered best practice going forward.

## Requirements to Practice – Stage 3 Reopening

CDTA members work in a variety of practice settings and therefore need to ensure they are aware of and informed on of all public health orders/guidance applicable to their employment setting.

## Infection Prevention Control (IPC)

Members must follow rigorous IPC practices, including standard and transmission-based precautions, regardless of the pandemic.

*Standard precautions* are the minimum infection prevention and control practices used to prevent transmission of diseases that can be acquired by contact with blood, body fluids (for example saliva), non-intact skin, and mucous membranes.

*Transmission-based precautions* are the second tier of basic infection prevention and control and are used when infection can spread through contact, droplet or airborne routes (e.g., COVID-19, tuberculosis, measles, chickenpox and viral influenza).



In addition to standard and transmission-based precautions, Members are required to follow [Alberta Health General Operational Guidance](#) to reduce the risk of the spread of infection.

## Occupational Health and Safety (OHS)

COVID-19 and other respiratory illnesses represent a biological hazard in workplaces. Members are accountable to review and understand [Occupational Health and Safety](#) responsibilities and best practices for assessment and control of hazards in the workplace. Employers are responsible to:

- Eliminate the hazard where possible.
- Control the hazard when elimination is not possible.
- Provide for proper use of PPE when the hazard cannot be controlled.

Services should be postponed if risks cannot be appropriately managed/controlled. Controlling the hazard may include maintenance of physical distancing, barriers, rigorous infection prevention control practices and/or the use of PPE.

Members who are employees, must also follow their employer policies and guidance related to COVID-19 and OHS.

## Hand Hygiene and Respiratory Etiquette

Members are expected to maintain good hand hygiene and respiratory etiquette in all practice settings, regardless of the pandemic status. **Appropriate hand hygiene is never optional.**

Hand hygiene reduces potential pathogens on the hands and is a critical measure for reducing the risk of transmitting microorganisms to patients and health care workers. The term hand hygiene includes both handwashing with liquid soap and the use of an alcohol-based hand rub.

For more information see <https://www.alberta.ca/infection-prevention-and-control.aspx>.

## Personal Protective Equipment (PPE)

PPE is an essential part of infection prevention and control. Members are required to use appropriate PPE, at all times. Special consideration should be given when handling received items in the laboratory until they have been decontaminated and during patient-care activities (shade matching, fitting).

In the dental laboratory setting, PPE includes: gloves; masks or face shields; protective eyewear; and outer protective clothing (e.g., gowns, laboratory coats, uniforms).

## Masks

The [Public Health Disease Management Guidelines](#), recommend the use of procedural/medical-grade masks when providing services or when unable to maintain a 2-metre distance from



patients and coworkers. Members are encouraged to follow the [Public Health Disease Management Guidelines](#).

Note that some municipalities are maintaining mask bylaws and CDTA members need to be informed of these bylaws and the impact in their practice setting.

For additional information regarding laboratory specific PPE requirements see **Appendix A**

## Physical Distancing

Maintenance of 2 meters of physical separation is encouraged. Wherever possible, physical distancing should be maintained.

## Immunization and Immunization Status

Immunization is one of the safest and most effective health interventions to prevent infectious diseases. Vaccination is a key means of establishing immunity to a number of common infectious diseases, thereby reducing the risk of acquiring and further transmitting the disease.

The College strongly recommends that all Member's, non-registered staff and students be immunized against COVID-19.

When providing direct patient care, Members should only request a vaccine history from patients if the immunization history is relevant to the provision of services. Vaccine history should not be used to determine a patient's eligibility to receive care. When a patient's vaccine history is unknown, assume patients are not vaccinated. Members should take precautions (PPE) based on the patients point of care risk assessment.

Your vaccine history is personal health information and members will need to decide if they wish to disclose this information.

## Patient Care

Professional judgement must be used to make the necessary adjustments to increase protection of patients and staff.

## Point of Care Risk Assessments (PCRA)

Continued screening of Members and non-registered staff and students ([self-screening](#)) and patients for illness and quarantine requirements is strongly encouraged.

Care may be delayed when either the patient or the Member are experiencing illness. Where patients present while ill, full PPE is warranted (gloves, medical mask, gown, eye protection). Full PPE is necessary if working with individuals who have or are suspected cases of COVID-19.

The point-of-care risk assessment is used to determine appropriate precautions to reduce risk of exposure to micro-organisms. Additional information is included in **Appendix B**.



## Close Contacts

Members are responsible to familiarize themselves with the Alberta Health's [Public Health Disease Management Guidelines](#). These guidelines provide detail as to how close contacts are managed.

---

*The CDTA remains committed to providing guidance to help its members navigate the COVID-19 pandemic. If additional directives are received from the Chief Medical Officer of Health and Alberta Health, more information will be provided to members.*



## Personal Protective Equipment (PPE)

### Masks

- Wear a surgical mask that covers both your nose and mouth during patient-care activities (shade matching, fitting) and/or during all procedures likely to generate splashes or sprays of blood or contaminated fluids.
- Avoid touching the front of the mask during patient shade matching.
- Follow the manufacturer's instructions to ensure the most appropriate fit and optimum protection.
- Change your mask with each patient or when they become wet or visibly contaminated.
- Remove gloves, masks and protective eyewear before moving from a contaminated zone to a clean zone in your practice setting.
- Put on the mask before the gloves to minimize the spread of contamination.

### Gloves

- Perform hand hygiene before putting on gloves and immediately after removing gloves. Wearing gloves does not replace the need for hand hygiene.
- Use new properly fitting single-use gloves for each patient.
- Wear new single-use protective gloves whenever the hands might be contaminated with blood, saliva or other bodily fluid, or will be in contact with contaminated instruments, devices or surfaces (e.g., disinfection of impressions and prostheses).
- Do not wash single-use gloves as this may damage glove integrity.
- Replace gloves as soon as possible if they become soiled or damaged.

### Utility gloves

- Wear puncture-resistant, heavy-duty utility gloves when handling or manually cleaning contaminated sharp instruments and/or when cleaning and disinfecting equipment and surfaces.
- Wear appropriate gloves when handling heated objects.

### Protective eyewear

- Use the protective eyewear that is fit for purpose and with complete coverage over and around the eyes, including solid (not vented) side shields.
- Wear protective eyewear when exposure to blood or other potentially infectious material is possible and during fabrication process when eye injury is possible.
- A face shield is recommended if side shields are not used.
- Clean and disinfect protective eyewear after each use.

### Outer protective clothing



- Wear outer protective clothing/lab coat at all times during patient-care activities and/or fabrication process. All outer protective clothing should be made of synthetic material so that contaminants are not easily absorbed into the material.
- Change outer protective clothing: as soon as possible when visibly soiled or wet, when exposed to contaminated aerosols for prolonged periods of time, and at least daily when all clinical activities are completed.
- Remove outer protective clothing before leaving the treatment area for: a break involving eating and/or drinking, a toilet break, and before leaving the practice premises.
- Launder (wash) reusable outer protective clothing as a separate load at the hottest temperature the fabric can tolerate.
- Place disposable outer protective clothing in the general laboratory waste after use.





## Point of Care Risk Assessments (PCRA)

The PCRA takes into account:

- the patient
- the patient environment
- the nature of the interaction with the patient

A PCRA is applied before and at every interaction with the patient, including:

- When booking and/or confirming appointments
- Upon arrival in the reception area
  - screen patients, and patient representatives, as appropriate, for any symptoms of:
    - cough/shortness of breath
    - fever/chills
    - nausea/vomiting/diarrhea
    - shortness of breath
    - runny nose
    - sore throat
    - painful swallowing
    - nasal congestion
    - feeling unwell/fatigued
    - unexplained loss of appetite
    - loss of sense of taste/smell
    - muscle/joint aches
    - headache
    - conjunctivitis (commonly known as pink eye)
    - diagnosed/undiagnosed rash, lesion, or break in skin
    - exposure to or diagnosis of communicable infectious disease (e.g., measles, chicken pox, tuberculosis, hepatitis)
    - history of antimicrobial therapy
    - family history of prion disease (e.g., Creutzfeldt-Jakob disease)
    - recent travel to areas where endemic diseases are present

More information: [AHS PCRA](#)  
[AHS COVID-19 Self-Assessment for Albertans](#)