

## COVID-19 FAQ's

### 1. When should I stay home?

**All Canadians are asked to practice social distancing and self-isolation when required. Stay home if you feel unwell.** If you have a fever, cough and difficulty breathing, seek medical attention and call your primary care provider or public health agency hotline in advance. Follow the directions of your local health authority.

Why? National and local authorities will have the most up to date information on the situation in your area. Calling in advance will allow your health care provider to quickly direct you to the right health facility. This will also protect you and help prevent spread of viruses and other infections.

### 2. What should we do to prepare for COVID-19?

Stay informed on the latest developments about COVID-19. Follow advice given by your healthcare provider, your national and local public health authority or your employer on how to protect yourself and others from COVID-19.

Why? National and local authorities will have the most up to date information on whether COVID-19 is spreading in your area, whether travel restrictions are recommended and if it is required to avoid large gatherings. National and provincial health authorities are best placed to advise on what people in your area should be doing or not doing to protect themselves.

### 3. A staff member is travelling outside of Canada-are there any precautions to take?

All travellers should be aware that there are health risks when you travel. All provinces are requiring people to self-isolate upon returning to Canada.

### 4. If a staff member is returning from a vacation outside of Canada, would they need to self-isolate at home when they return?

Canada Public Health is advising a mandatory 14 day self isolation.

If you develop [symptoms of COVID-19](#), isolate yourself at home as quickly as possible and call your appropriate public health authority immediately.

### 5. What is the difference between self-isolation and self-monitoring?

There is a difference between advice to self-isolate and advice to self-monitor.

- a. Self-isolation means, in essence, staying home and avoiding contact with others as much as possible. You should self-isolate if:
  - you have been diagnosed with COVID-19
  - a public health authority has informed you that you were in close contact with someone diagnosed with COVID-19
  - your provincial public health authority requires it as a result of your travel or another general policy

- b. If you have not been diagnosed with COVID-19 or identified as being in close contact with someone with COVID-19, you may be asked to self-monitor.
- c. Self-monitoring means, “monitor yourself for symptoms of respiratory illness such as fever, cough, difficulty breathing.” If symptoms develop you should:
  - stay home
  - limit contact with others
  - contact local public health, and follow their instructions

**6. What is the proper signage to be putting up in reception?**

You should have patient screening, hand hygiene, and cough etiquette signs visible at the front desk and front entrance. Copies are available in the IPAC manual. In addition, more specific COVID-19 signage is available from [the provincial dental regulatory authorities](#).

**7. I have a staff member who has a vacation planned on a cruise ship. What should we tell her?**

The Government of Canada is **advising that Canadians avoid all travel.**

**8. When should we ask patients to wear masks?**

For healthy individuals, the use of a mask is not recommended for preventing the spread of COVID-19. Wearing a mask when you are not ill may give a false sense of security. There is a potential risk of infection with improper mask use and disposal. To be effective, masks need to be changed frequently—for example, each time they are touched with contaminated hands.

Health care providers may require patients with symptoms of upper respiratory infection to wear masks while they are waiting for urgent care. In this instance, masks are an appropriate part of infection prevention and control measures. The mask acts as a barrier and helps stop the tiny droplets from spreading when individuals cough or sneeze.

If care is not urgent, patients should be rescheduled and politely asked to leave the clinic.

**9. What is the risk of getting Coronavirus?**

The odds of contracting coronavirus are rising and constantly changing. [Click here for the most current statistics on COVID-19.](#) Some public health experts estimate that most Canadians will get COVID-19 by the end of this year. While most people recover from COVID-19 without any serious consequence, there is an increased risk of more severe outcomes for Canadians:

- aged 65 and over
- with compromised immune systems
- with underlying medical conditions

While a COVID-19 outbreak is not unexpected in Canada, our public health system is prepared to respond. PHAC, along with provincial, territorial and community partners, continues to reassess the public health risk, based on the best available evidence as the situation evolves.

**10. Do we have to screen patients?**

It is essential that patient screening take place. This is the best way to protect yourself, your staff and other patients from air-borne contagious diseases. Indeed, you should also be screening your staff.

**11. What should we do if a patient screens positive by phone or at the office for COVID-19 and has a true dental emergency?**

If the patient has urgent care needs, an office specific risk assessment must be performed to determine whether the clinic is prepared to treat COVID-19 positive patients without allowing the virus to spread. If the office is not so prepared, the patient should be referred to a clinic that is better suited to handle the case, or potentially to the dental department of a nearby hospital.

**12. Is there anything we should take into account with respect to a patients' medical history?**

Medical history updates should always be completed and documented by the provider before any significant treatment is administered. Remember that advanced age and suppressed immune systems may make patients more vulnerable to COVID-19.

**13. Are traditional disinfectants, such as Lysol and disinfecting wipes, effective at killing this virus?**

Coronaviruses are enveloped viruses, meaning they are one of the easiest types of viruses to kill with the appropriate disinfectant product. Routine cleaning and disinfection procedures are appropriate for coronavirus in healthcare settings, including those patient-care areas in which aerosol-generating procedures are performed. Products that are labelled as disinfectants and have a DIN number are approved for use against coronaviruses.

**14. We already adhere to standard precautions: can dentists do anything else to prevent transmission in their offices?**

Some common-sense recommendations include:

- Screen patients for a history of travel, signs or symptoms of infection when you update their medical histories.
- Include temperature readings as part of your routine assessment of the patient prior to performing dental procedures.
- Make sure the personal protective equipment you are using is appropriate for the procedures performed.
- Use a rubber dam whenever possible to decrease possible exposure to infectious agents.
- Use high speed evacuation for all dental procedures producing an aerosol.
- Autoclave your handpieces after each patient.
- Have your patient rinse with 1% hydrogen peroxide before each appointment. Coronavirus is vulnerable to oxidation; this will reduce the salivary load of oral microbes.
- Clean and disinfect public areas frequently, including pens, door handles, chairs, and bathrooms.

**15. Should we ask patients to wait in their cars until we can treat them, so they aren't sitting in crowded waiting rooms or reception areas?**

Canadian public health authorities recommend using “social distancing” whenever possible as an effective way of decreasing the likelihood of transmitting coronavirus. Social distancing measures are approaches taken to minimize close contact with others in the community and include: quarantine and self-isolation at the individual level as well as other community based approaches (e.g. avoiding crowding, school measures and closures, workplace measures and closures, public/mass gathering cancellations). The WHO recommends you stay at least one to two meters away from anyone who is coughing or sneezing.

With that advice in mind, consider implementing these steps in your practice:

- ask patients to arrive on time for their appointments, rather than too early, since that will minimize the amount of time they spend in your waiting room or reception area
- remove magazines, reading materials, toys and other objects that may be touched by others and which are not easily disinfected
- schedule appointments to minimize possible contact with other patients in the waiting room

**16. Since coronavirus can spread via aerosol transmission, should my staff be using scaling instruments or hand pieces any differently than we usually do?**

At this time, only “true dental emergency” patients should be seen. Every procedure and every patient are unique. Appropriate personal protective equipment (PPE) should be available when instruments that produce an aerosol are used and it's a good idea to consider using high speed evacuation in those cases since aerosol spread is one way that coronavirus can be transmitted. Of course, since no single answer can apply to every possible situation, dentists and dental hygienists should use their best professional judgment to determine what instrumentation should be needed for a particular procedure.

**17. I have noticed it is easier to purchase ASTM Level 1 masks than Level 2 or Level 3. What is the difference between the levels? How do I know which to buy?**

ASTM International, formerly known as the American Society for Testing and Materials, is an international standards organization that develops and publishes voluntary consensus technical standards for a wide range of materials, products, systems, and services including masks. ASTM has established performance levels for masks based on fluid resistance, bacterial filtration efficiency, particulate filtration efficiency, breathing resistance and flame spread.

Masks that have been rated Level 1 have the least fluid resistance, bacterial filtration efficiency, particulate filtration efficiency, and breathing resistance. These can be worn for procedures where low amounts of fluid, spray or aerosols are produced, for example, patient evaluations, orthodontic visits, or operatory cleaning.

Level 2 masks provide a moderate barrier for fluid resistance, bacterial and particulate filtration efficiencies and breathing resistance. These can be used for procedures producing moderate to light amounts of fluid, spray or aerosols. Some examples of procedures are sealant placement, simple restorative or composite procedures or endodontics.

Level 3 masks provide the maximum level of fluid resistance recognized by ASTM and are designed for

procedures with moderate or heavy amounts of blood, fluid spray or aerosol exposure. Some examples of these procedures are crown or bridge preparations, complex oral surgery, implant placement, or use of ultrasonic scalers.

**18. Should clinical staff wear N-95 masks for every patient?**

N95 masks should be worn when treating patients with airborne diseases such as COVID-19. Government of Canada states: N95 type respirators are the respirators recommended by the Government of Canada and the U.S. Centers for Disease Control and Prevention (CDC) for use by health care workers in contact with patients with infections that are transmitted from inhaling airborne droplets (e.g., tuberculosis). N95s were also recommended for health care staff working with patients having or suspected of having SARS, severe acute respiratory syndrome. Unfortunately, N95 supplies and shortages will only get worse. If the supply chain doesn't improve, dentists may be forced to decide whether to turn away emergency patients or bend the rules of their governing bodies.

**19. What can we do to calm our staff in this stressful time?**

Dental offices where patients are screened, staff are screened, clinicians wear personal protective equipment, and the environment is regularly cleaned and disinfected are for the most part safe, healthy environments. All dental health professionals have access to appropriate PPE and have received training in infection prevention and control.

**20. What if my team members are scared to come to work?**

In a well-run dental clinic, the risk to the public is low, but if your team feels their work is not safe, they should speak to the Practice Manager or Human Resources. As always, encourage your staff member to follow IPAC best practices and keep high personal hygiene standards. Frequent hand washing and sanitizing will significantly reduce the spread of any illness. What happens if we need to shut down? Will there be layoffs?

Dentists should all be committed to creating and maintain a healthy and safety work environment for all our team members.

All closures will be dealt with on an individual basis, depending on circumstances.

In a case where a practice does close, dentists and dental companies should adhere to practice Sick Leave policies where or follow ESA for any sick leaves.

**21. What is the best approach to communicate with my team during this time of heightened anxiety?**

It is always best to speak with your team members in person. When that is not an option, communicate over the phone rather than electronically. Person to person communication is always preferable when having difficult discussions and it allows for follow up questions. It's important to ensure that each party can asking clarifying questions and be allowed to express themselves.

**22. If I suspect my employee has COVID-19, can I send them home?**

We have a duty to protect our teams and the patients. Any staff member showing symptoms similar to those of COVID-19 should be asked to go home.

Any decision must take both the team member's health and patient safety into account.

**23. What is the best way to screen team members and patients?**

We should apply the same screening questions as the Compliance Team and the Local Governing Bodies have suggested for patients and team members to ensure consistency. The most common symptoms of COVID-19 are fever, cough (especially dry) and difficulty breathing. In more mild cases, the symptoms of COVID-19 can mimic those of the common cold. Travel and potential exposure to COVID-19 are also important to vet when screening.

**24. What if an employee refuses to stay home, but we suspect has symptoms?**

Please refer to current patient screening questions and if it appears that the team member may have contracted COVID-19, we can tell the person to seek medical advice and confirm if they are able to work.

**25. How do team members return to work after quarantine or self-isolation?**

You can anticipate someone will be off for 14 days and will return after that time has lapsed, and the employee is no longer experiencing symptoms.

**26. What if a team member wants to self-isolate, even if they do not have symptoms?**

Although we cannot prevent someone from self-isolating, if they do not have any symptoms and have not been in contact with any one with COVID-19, this would be a voluntary withdraw from work. Their absence would not be paid, but an employee can choose to take their vacation time.

**27. What can I do to help run my practice when team members call in sick?**

You can utilize your temporary work force, other practices in the network and strategically plan your patients to ensure optimal care while managing an efficient schedule.

We have a duty to protect our teams and the patients. The decision will equally take team member health and safety and patient care into account.

**28. Where can individuals be tested for Coronavirus?**

If you suspect you may have contracted the virus, please call to determine if and where you should go for testing:

- British Columbia, Alberta, Saskatchewan, Quebec, New Brunswick, Nova Scotia, Newfoundland: Healthlink 8-1-1
- Ontario Telehealth: 1-866-797-0000
- Manitoba Telehealth: 1-866-999-9698

**29. What do I do about autoclaves/ sterilization maintenance now that my dental practice is closed?**

Every model of dental instrument sterilizer is slightly different and you should refer to the manufacturer's instructions for use or request information from the service technician before an extended shutdown. Before closing your office, be sure to properly clean disinfect and sterilize all equipment. You should also verify that chemical and biological indicators passed for those loads and that each load met all necessary parameters.

Property of dentalcorp