

Checklist for Re-Opening

As oral health care professionals, it is important to prepare for a new “future” in dentistry. Dental teams need to focus on how to treat patients in the new era of COVID-19.

The proper time to reopen a dental practice involves many factors including government, community and regulatory guidance. In all circumstances the dental practice must take appropriate safety precautions, follow IPAC best practices for pandemic situations and utilize appropriate PPE for each situation.

Dental professionals must adhere to the standards of care and “strong recommendations” of provincial regulatory authorities.

As we phase back to a new normal and you are thinking of getting your dental practice back up and running, please consider the following.

1. Preparing for Office Opening

Phase One - Present Day

Dental Team Considerations for return to work

- Purchase non-contact thermometer
- Provide office specific [IPAC training on DCI](#)
- Ensure understanding of [proper donning/doffing](#)
- Complete fit testing for N95 masks or equivalent (N95s will not form a seal around facial hair)
- Personal protective equipment (PPE) inventory assessment
- Place alcohol based hand rub (ABHR) and handwashing signs in appropriate areas
- Consider remote conferencing for team meetings such as morning huddles
- Consider vaccinations/immunization status
- Develop workflows for common procedures (role play)
 - Instruments required
 - Is the procedure an aerosol generating dental procedure (AGDP)
 - PPE used
 - Barriers to be used
 - Minimize risk by carefully considering options
- Level of risk depends on the significance of the outbreak around the practice location
- As a result of self-monitoring and self-isolation as a result of fever/symptoms, etc. availability of staff may be fluid
- It will be extremely important to emphasize that team members MUST stay home when presenting with symptoms of COVID-19
- In areas where COVID-19 is actively spreading, team members who live in close contact with persons who have symptoms should also self-isolate

Waiting Area and Reception

- Reduce seating in the waiting area, ideally chairs are 6 feet (2 metres) apart to promote physical distancing
- Remove fabric surfaces
- For cloth chairs in the waiting room, an appropriate barrier covering is an option
- Remove non-essential items (rugs, toys, displays, brochures, magazines, plants, models)
- [Implement waiting/reception cleaning log](#)
- Install text answering for appointment scheduling
- Ensure risk assessment signage is displayed ([“STOP sign for symptoms of flu or COVID19”](#))
- Promote hand hygiene, physical distancing, and cough etiquette with signage
- Prepare washrooms
 - [Hand-washing instructions poster](#)
 - Ensure adequate supply of soap and disposable towels
- Disinfect washrooms a minimum of 3 times per day
- Implement [washroom facility cleaning log](#)
- Closed lid garbage must be available

Operatories

- Remove non-essential items (brochures, magazines, teaching aids, displays, office supplies)
- Ensure counters are wiped down and clear of clutter
- Clean drawers, windows, blinds, counters
- Do not bring paper charts into the operatory
- Cover any non-removable items with barriers
- When possible, AGDPs to be performed in an operatory with floor-to-ceiling walls and a door
 - Always follow provincial regulatory guidelines

Reprocessing Area

- Ensure one-way flow, as per IPAC best practices
- Implement [sterilization area cleaning log](#)
- Install wall mounted ABHR at entry and exit of steri-centre
- Having a designated steri-tech is advised as clinicians will have longer donning/doffing and operatory decontamination routines leaving less time to reprocess instruments

Staff Rooms

- Ensure social distancing in staff room (consider furniture placement)
- Stagger lunch breaks
- Implement [staff room cleaning log](#)
- Provide change area
- Provide lockers if possible (locked)

Laundry

- Refer to [Laundry Protocols document](#)
- Personalize/label all scrubs and lab coats
- Clinics should provide closed laundry/waste bins for disposal of used PPE
- If laundry can be done in practice:
 - Scrubs should stay in the practice and not be taken home by the staff

- Appropriate PPE for laundering garments should include: Gloves, disposable apron
- Laundry should be completed by designated person and not by clinical staff between patients
- Consider protocol for laundry (laundry service)
 - Scrubs and lab coats should be laundered separately from towels
 - Designated drop off area for used laundry
 - The load should not exceed HALF of the machine capacity
 - Scrubs and lab coats should be washed with the maximum temperature tolerated by the fabric

Storage

- Ensure adequate closed storage of materials/stock
- Ensure contained disposal storage for contaminated items

Receiving Packages

- All packages should be delivered to a designated area
- Wear gloves when collecting and/or accepting mail or packages
- Boxes remain untouched for 15 minutes prior to being opened
- Packages should be disinfected
- Clean all surfaces that were touched by deliveries with soap and water mix or sanitizing wipes and perform hand hygiene

General Office

- Thoroughly clean and de-clutter all areas of the office
- Remove expired products

Phase Two - 7-14 days prior to Opening

Waterlines

- Run all water lines for 5 minutes
- Follow MIFU regarding waterline testing; pending results, clean and shock waterlines if required

Mechanical room

- Turn on nitrous units and O2 tanks, including shut-off valves on all tanks
- Confirm that vacuum is powered on, and electricity is supplied to vacuum system
- Turn on power to air compressor
- If you have a dryvac, refer to manual for instructions
- For wet vacs turn on water supply
 - If you prefer to have a technician on site, please arrange

Operatory

- If office is not equipped with main master water shutoff valve, turn on water valves by hand at foot of chairs
- Turn on all power to dental units
- Turn on waterlines to the piezo or cavitron if connected to the unit

- Always listen for any air and vacuum leaks
- Run water through suction lines to ensure any dust or micro-debris is flushed through

Phase Three - 1-3 days prior to Opening

Sterilization

- Fill all sterilizer water reservoirs
- Plug in all sterilizers
- Hydrim – Follow MIFU for start-up procedures
- Water purification systems – Follow MIFU for start-up
- Wipe down internal cavity of autoclave with dry cloth to remove any excess water left behind from draining (VS – added as per initial checklist)

Lab Areas

- Turn on the sink at plaster trap for 2-3 minutes, as well as the model trimmer
- Run eyewash station as per MIFU
- Implement [laboratory cleaning log](#)

Phase Four - Day of Opening

Operatory

- Lower chairs and place foot pedals on floor
- Turn on any links to nitrous and oxygen
- Dust all computers in operatories and throughout clinic to ensure dust does not clog the fan inside computer
- Ensure counters are wiped down and clear of clutter
- Ensure operatories are disinfected
- Ensure all operatory drawers are cleaned

Sterilization

- Perform Bowie Dick test if applicable
- Perform biological indicator test with first load of the day in each sterilizer; each type of cycle
- Ultrasonic – Wipe with disinfectant, fill with solution
- Fill water distillers and plug in

Technology

- Check router and computer equipment to ensure everything works appropriately

Imaging

- Turn on all x-rays units
- Turn on processors if used and fill with appropriate solutions
- Take radiographic step wedge test for all units

- Start logging of x-rays

CAD/CAM, CEREC MILL

- Start up as per MIFU

2. Preparing for Patient Care

Pre-Screening and Appointment Scheduling

Initial telephone conversation

Before the appointment, the patient must be contacted, and a pre-appointment screening completed. The purpose of the screening is to:

- Determine the patient's risk level for being infected with COVID-19
- Determine if the patient falls into one of the vulnerable population groups
- Pre-screen patients for vulnerability and pre-existing conditions
- If patients screening identifies risk, strategies for care can include: deferral for 14 days, beginning-of-the day or end-of-day appointments, special treatment days, fewer appointment times with longer intervals
- Teledentistry
 - Used to triage and manage patients
 - Incorporate when required to minimize unnecessary patient visits
- Communicate to patients the changes they can expect in the dental environment and patient care
 - Changes to PPE requirements
 - Safety policies in place
 - New mandatory protocols
- Review patient record for treatment plan and radiographic prescription and schedule accordingly
- Document
 - Answers to COVID-19 screening questions
 - Chief complaint
- Book date/time of appointment
 - Appointments should be scheduled with social distancing in mind
 - Leave appropriate time between appointments to accommodate environmental cleaning
 - Consider donning and doffing times
 - Following an AGDP, cleaning and disinfection of the operatory may need to be delayed to allow settling of the aerosol (refer to current provincial guidance)
- Gather financial information for treatment (insurance, type of payment)
 - Limit patient to staff interactions in the clinic—take payment over the phone if possible
 - Limit cash payments if possible—decontaminate cash when accepted

Preparing for Patient Arrival

- Implement a plan for dental team members in the practice
 - Clinics should schedule the staff as effectively as possible

- Limit to only staff members required for care
 - Staggering of shifts and coffee/lunch breaks is recommended, with observation of physical distancing
 - All staff must self-monitor for COVID-19 symptoms before reporting to work each day, and refrain from attending the clinic if symptoms are present
 - Staff should be pre-screened at the beginning of each shift using the [Employee Health Log](#)
 - Temperature to be taken morning of work-day (e.g. non-contact thermometer)
 - Team members sign consent form or take oath indicating that they are not experiencing any Covid related symptoms ([Team Member Consent Form](#))
 - All dental office staff should wear scrubs at work
 - Scrubs and shoes should be only worn in the office and should be put on when entering the office at the start of the day and removed in the office at the end of the day
- Reception Area
 - Minimize contact at reception
 - Maintain physical distancing
 - Focus patient activity at the front desk to a limited area
 - Disinfect the area after each patient contact
 - Limit the number of patients that are in the waiting room at one time
 - Create an area for patient screening/temperature taking/hand sanitizing
 - Sneeze guards should be placed to protect office workers or a mask, gloves, and eye protection
 - Clear barriers may be used to cover keyboards and to make disinfection easier
 - Discourage staff sharing (pens, phones, headsets etc.)
 - Arrange for greeter at entrance
 - Advise patient to remain outside the practice (e.g. in car) until notified
 - Individuals accompanying a patient should wait outside the practice unless absolutely required (e.g., a parent accompanying a young child or a patient who requires accommodation)
 - Select suitable operator
 - Preferably with closed door and adequately ventilated
 - If AGDPs are performed, adjacent open concept operatories should not be used simultaneously
 - Prepare the operator for procedure
 - Take all steps required to avoid having to leave and return to the operator during the procedure (consider radiographs)
 - Place barriers on any non-smooth and high-touch surfaces
 - Post safety cleaning schedule and [signage](#)
 - Donn full PPE in operator where the procedure will be taking place (gloves, protective eyewear, face shield, gown, fitted N95 Mask, optional: hair and foot covers).
 - [*see donning and doffing resource below](#)

Patient Arrival

- Contact patient when clear to enter office
- Maintain physical distancing
 - Maintain 2 metres (six feet) distance
 - No shaking hands
 - Limit patient time in waiting room
- Minimize patient contact with surfaces, including door handles, counters etc.
- Where possible greeter should meet patient at entrance
- Have the patient don a mask and perform hand hygiene with ABHR (boot covers optional-refer to provincial regulatory guidance)
- Take patient's temperature (non-contact thermometer) and if cleared they can be escorted directly to the treatment area

3. Patient Care

At all times, dentists and teams are expected to use their professional judgment based on the particular situation. There are many variables to consider, which change constantly (patient-to-patient, clinic-to-clinic, day-to-day) as the pandemic changes.

Whenever an aerosol procedure is provided, dental care should be provided using enhanced precautions (i.e. N95 mask – or NIOSH approved respirator (fitted), gloves, eye protection, face shield and protective gown). If unable to procure N95s, use best PPE available. **Always follow provincial regulatory guidelines.**

- Review medical history
 - Patient should complete pertinent forms at home to minimize time in the office
 - If using a paper copy, place a barrier on pen and clip board, and after patient is done remove barrier, discard it and disinfect the pen and clipboard
- Review material information about procedure(s) and have patient verbally agree to informed consent forms
 - These should be provided to the patient and signed prior to arrival
 - If sedation will be provided, ensure adherence to standard of care
- Paper charts should not be brought into the operatory during an AGMP
- Take vitals, blood pressure, pulse and respirations per minute, when required
- Have patient doff mask and rinse with 1% hydrogen peroxide for 30-60 seconds
- Use of extraoral imaging preferred over intraoral
- Open pouches/cassettes of sterile instrumentation for procedure
 - Ensure CI pass and document sterilization information in the patient record
- Complete procedure maintaining appropriate PPE and aerosol reduction
 - Be sure not to touch your face, mask, glasses, etc. during the procedure
 - Use a dental dam when possible
 - Ensure PPE stored in the operatory is not exposed to aerosols
 - Consider 4 handed dentistry for dental hygiene appointments
 - Avoid the use of ultrasonic instruments, high-speed handpieces, and air/water syringes whenever alternatives are available
 - Disposable and single-use instruments and devices should be used whenever possible to reduce the risk of cross-contamination

- High Volume Suction should be functioning during all treatment when aerosols are being generated
- Consider external aerosol evacuator
- For handpieces, piezos/cavitrons, the amount of water should be reduced as much as possible while still having a coolant effect
- Operatory doors, where they exist, should be closed during treatment
- Once in the operatory, do not step out until treatment is finished
- Provide PPE disposal/collection areas, taking into consideration increased amounts of waste

4. Clearing the Air (of Aerosols)

Air changes per hour can be impacted by many factors, including physical layout of clinic, ventilation systems, height of walls and ceiling, presence of windows, doors and the access of contact surfaces. This Operational Plan specifically cannot address the clearing of aerosols in each clinic; or the effectiveness of ventilation systems or the actual rest time needed in between aerosol generating procedures when the treatment is done without due attention to these considerations.

- Professional advice recommended as per provincial regulatory guidelines
- Cleaning and disinfecting treatment rooms for non-aerosol generating procedures (NAGPS) can start immediately

5. Patient Dismissal

- The patient should wait in the dental operatory until safe dismissal is possible
- Discuss financial arrangements and process appropriately
 - Ideally this can be done without the patient having to handle any equipment
 - Choose a touchless payment method, if possible
 - Patient should make payments using debit or credit cards
 - Consider requesting the patient's payment information over the phone, adhering to privacy regulations (PCIDSS)
- If patient was escorted to appointment, contact escort to let them know treatment is completed and to meet the patient at the exit door
- Once confirmation is received, provide ABHR and allow patient to leave treatment area and exit practice directly

6. Post-Procedural Cleaning and Disinfection

Rest time determination depends on variable factors. Variables are open door, ventilation, ceiling & wall height presence of windows.

- For non AGDP procedures, please follow [routine practices](#)
- For AGDP procedures, please follow [the Disinfection of the Operatory Post Aerosol Generating Dental Procedure](#)
- Following an AGDP, cleaning and disinfection must be delayed to allow aerosol settling
 - Refer to current provincial guidance regarding timing

- Remove barriers and soiled sundries and place in covered waste in the operatory
- Remove gross soil from all instruments using a wet gauze (not alcohol-based wipe)
- Clean and disinfect all surfaces and allow the appropriate kill time dependant on the disinfectant you are using
- Clean and disinfect floors and walls if required
- Doff PPE excluding N95 mask (gloves, gown, protective eyewear, face shield)
 - Doff PPE in a dedicated area within the operatory
- Donn appropriate PPE (gloves, protective eyewear)

7. Reprocessing of Instruments

- Refer to (insert link to IPAC Manual, Tab 3.1-Instrument Reprocessing Protocol)
- Disinfect sterilization area a minimum of 3 times per day
- Implement [sterilization area cleaning log](#)

8. Environmental Cleaning of Waiting area

- Disinfect waiting/reception area a minimum of 3 times per day
- Implement [waiting/reception cleaning log](#)
- After the patient is dismissed, proceed with environmental cleaning protocols
- Wipe down the front desk area including:
 - Pens
 - Doorknobs
 - Counters
 - Chairs
 - Computer keyboards etc.
- Disinfect all touch surfaces close to patient exit path

9. Post-Treatment Screening

- If local prevalence rates are high, consider contacting patients 48-72 hours after providing care
 - Follow-up regarding the treatment provided
 - Ask them if they are demonstrating any new symptoms of COVID-19
- If local prevalence rates are low, verbally inform the patient to contact the office if they experience any new symptoms of COVID-19
- Document all communication in patient record

10. End of Day: Dental Team Procedures

- Do not leave office in scrubs or clinical attire
- Change to outdoor shoes
- Properly store garments (scrubs) in plastic bag for transport
- Use ABHR before leaving the practice