



Frequently Asked Questions

Regarding COVID-19 Guidance for RDTs

To further support RDTs, the College has created another list of frequently asked questions below:

Is a fallow period required following non-aerosol or aerosol generating procedures?

No, a fallow period is not required following Non-Aerosol (NAGP) or Aerosol Generating Procedures (AGP), regardless of patient screening results. Empirical evidence has not been identified that supports the protective value of fallow time for COVID-19. Following these procedures, the area may be cleaned and disinfected as per [Environmental Infection Prevention and Control section of CDTO's IPAC Standard](#).

Do I still need to continue to screen patients?

Yes, all patients must be screened prior to entering the dental office using the Ministry's [COVID-19 self-assessment tool](#).

When should I perform a point of care risk assessment?

A [Point of Care Risk Assessment](#) (PCRA) is the first step in routine practices. This must be performed prior to each interaction with the patient in order to determine the interventions that are required to prevent the transmission of infection, even if precautions exceed those outlined in our COVID-19 guidance.

Is staff screening still required?

No, the Ministry of Health (MOH) no longer requires staff to be screened. Despite the removal of the screening requirement, RDTs and staff are still encouraged to self-monitor for COVID-19 symptoms using the [COVID-19 self-assessment tool](#).

Are patients and visitors required to wear masks at dental laboratories?

As of June 11th, 2022, all mask mandates have been lifted for indoor settings with the exception of long-term care facilities and retirement homes.

Although mask mandates have been lifted, the Chief Medical Officer of Health continues to recommend that patients and visitors continue to wear masks in all health care settings. Based on the organization or laboratory policy, RDTs can continue to implement masking policies that ask all patients and visitors to wear a mask when in dental laboratories.

Patients who are suspected or confirmed COVID-19 cases must wear a minimum ASTM Level 1 procedure mask prior to entering the building and/or dental laboratory.

How do we manage patients that screen positive for COVID-19?

Patients who are suspected or confirmed COVID-19 cases must not be treated in person except, as needed for emergency or urgent care that cannot be delayed.

When in-person care cannot be avoided, RDTs must adhere to the following additional requirements:

- the patient's appointment must be scheduled at the end of the day (if possible) to decrease the risk to other patients,
- the patient must don a mask prior to entering the building or dental laboratory ([see Table 1 of the COVID-19 Guidance for RDTs](#)), and
- the patient must be placed immediately into a separate room alone with the door closed.

Do AGPs need to be performed in enclosed space in the fabrication area (e.g., containment box, dedicated space)?

No, enclosed space is not required EXCEPT when an aerosol will be generated on prostheses, devices, or items that have had direct contact (e.g., saliva) to a patient who is a suspected or confirmed COVID-19 case in a dental laboratory.

An enclosed dedicated space or separate room is one that is capable of containing the aerosol, which means floor-to-ceiling walls and a door or other barrier that can be closed.

How do I know if received items belong to a patient with suspected or confirmed COVID-19?

When dental technologists receive items from other oral health professionals, RDTs should communicate effectively with them and ask whether the item belongs (have had direct contact) to a patient with suspected or confirmed COVID-19.

What should I consider to improve dental laboratory ventilation?

RDTs may wish to consider ventilation system upgrades or improvements such as HEPA filtration units, in order to increase the delivery of clean air and dilute potential contaminants. RDTs should consult HVAC professionals who have experience with health care settings when considering changes to HVAC systems and equipment.

Resource: [Use of Portable Air Cleaners and Transmission of COVID-19 \(publichealthontario.ca\)](#)

What must I or my staff do if we have COVID-19 symptoms?

Due to the number of cases in the community, individuals with symptoms indicative of COVID-19 can be presumed to be infected with COVID-19. Please see Table 1 on page 11 in this Ministry of Health document: [Management of Cases and Contacts of COVID-19 in Ontario](#).

For further information please [contact your local public health unit directly](#).

What must I or my staff do if we test positive for COVID-19 and when can we return to work?

RDTs and/or staff who test positive for COVID-19 must:

- immediately self-isolate and contact your primary care provider or Telehealth Ontario at 1-866-797-0000 to determine next steps, and
- follow the [most current self-isolation and return to work guidance from the Ministry of Health](#) (page 11) prior to returning to work.

For further information please [contact your local public health unit directly](#).

How should I manage patients and/or staff who have returned to Canada from international travel?

The Government of Canada determines the rules for entering Canada, including individuals who are fully vaccinated.

Travelers are required to follow federal guidelines. For more information: [COVID-19: Travel, testing, and borders - Travel.gc.ca](#)

May I treat an asymptomatic patient that has had close contact with a suspected COVID-19 case?

Please refer to page 27 in this Ministry of Health document: [Management of Cases and Contacts of COVID-19 in Ontario](#)

For further information please [contact your local public health unit directly](#)

What must I or my staff do after having a close contact with a suspected or confirmed case of COVID-19?

A close contact is defined as a person who has had a high-risk exposure to a confirmed or probable case during their period of communicability. This includes household, community, and healthcare exposures as outlined in [Ministry guidance on cases and contacts of COVID-19](#). There are many factors that determine the risk of exposure as outlined in this document: [Risk Assessment Approach for COVID-19 Contact Tracing \(publichealthontario.ca\)](#)

Due to the number of cases in the community, individuals with symptoms indicative of COVID-19 can be presumed to be infected with COVID-19.

Please see page 27 in this Ministry of Health document: [Management of Cases and Contacts of COVID-19 in Ontario](#).

What if a patient refuses to wear a mask?

If you have a policy that asks patients to wear masks, patients should adhere to that policy. Some patients may request an exemption from the mask requirement. In these cases, RDTs are expected to offer appropriate accommodations to ensure care can be safely provided.

RDTs should not refuse to provide care to patients that refuse to wear masks.

Are RDTs and staff still required to wear masks?

Yes, currently, all health care professionals, including laboratory associates, are required to follow routine practices which include universal medical masking at all times while in the dental laboratory ([as set out in Table 1 of the COVID-19 Guidance for RDTs](#)), except for the purpose of eating and drinking.

Are N95s required in the receiving items area or reprocessing area?

N95 respirator or equivalent is required if all of the following three conditions are applicable:

- In situations where you are disinfecting contaminated (or potentially contaminated) items that have had patients with suspected or confirmed COVID-19;
- aerosols are anticipated (e.g., using ultrasonic cleaner);
- You are unable to mitigate the aerosols by containing them within the area.

If no aerosols are anticipated or if you are able to mitigate the aerosol, then an ASTM level 2–3 mask is required.

Do N95 respirators require fit testing?

Yes, N95 respirators require a tight fit for protection against aerosols. Fit testing is required for each clinical staff member and each brand or model of N95 respirator. In other words, the fit test is only applicable to the specific respirator model, unless the manufacturer indicates otherwise.

Where can I get information or training on fitting N95 respirators?

A list of companies that provide fit testing can be found on [pages 3-5 of the MOH](#). In addition, the below list of companies also provides this service:

- EKG Inc. ([Occupational Health and Safety Training | EKG Inc.](#))
- Hot Zone Training Consultants Inc. ([Health and Safety Training | Expert Consultants and Trainers | Hot Zone Training](#))
- Martech Group ([Respirator Fit Testing – Martech Group Inc.](#))
- Enviro EH&S Consulting Inc. ([Respirator Fit Testing | Enviro EH&S Consulting Inc \(enviroehs.com\)](#))
- Partner Safety ([Safety and Rescue Training and Services | Partner Safety](#))
- GEM Health Care Services ([gemhealthcare.com](#))

For additional information about fit testing, [3M offers a fit test kit for sale](#).

Note: The College does not endorse any particular company, but provides this information to assist RDTs. Some companies may have suspended in-person fit testing, while others are assessing each request individually. RDTs must provide their own N95 masks for fit testing.

Please contact the manufacturer or refer to the Manufacturer’s Instructions for Use (MIFUs) if you have any technical questions.

Can I reuse or extend the use of N95 respirators?

N95 respirators (and equivalents) are single-use items. However, Public Health Ontario has indicated that extended use and re-use are permitted in select instances. Extended use refers to the practice of wearing the same N95 respirator for more than one patient, without removing/touching the respirator between patient encounters, while re-use refers to the practice of using the same N95 respirator for multiple patient encounters and removing it between the patient encounters. [Click here](#) for more information.

Can we use KN95, P95, P100, or other “equivalent” respirators instead?

Health Canada accepts the NIOSH certification as an appropriate quality standard for N95 respirators. Equivalent alternate standards are also acceptable.

These include respirators that are approved or certified under standards used in other countries that are similar to NIOSH-approved N95 respirators.

Health Canada maintains a list of [NIOSH N95 alternatives](#).

Prior to selecting a respirator, RDTs should review [Health Canada’s respiratory guidance](#) or [check Public Health Ontario](#) for selection guidance.