



Frequently Asked Questions Regarding COVID-19 Guidance for RDTs

All RDTs must continue to comply with COVID-19-specific guidance set out by provincial and national public health authorities in the absence of College specific guidance. The most up-to-date information can be found on the [Public Health Ontario](#) and [Ministry of Health's COVID-19 website](#), where guidance is provided for different sectors within the health care system. Please check these websites regularly for updates. Additionally, all RDTs have an obligation to adhere to the College's current [Infection Prevention and Control Standard](#).

To further support RDTs, the College has updated the frequently asked questions below:

When should I perform a point of care risk assessment?

A Point of Care Risk Assessment (PCRA) is the first step in routine practices. A PCRA assesses the task, the patient, and the environment to identify the most appropriate precautions that need to be taken for that particular interaction or task, in order to prevent the transmission of infection. This assessment must be performed prior to each interaction with the patient and includes selecting necessary personal protective equipment (PPE). It is important to note that precautions may need to exceed the requirements or those recommended by public health authorities in certain situations, based on your risk assessment and professional judgment.

Resources:

- [COVID-19 Guidance: Personal Protective Equipment \(PPE\) for Health Care Workers and Health Care Entities](#) Page 2
- [Summary of Infection Prevention and Control Key Principles for Clinical Office Practice](#) Page 3-4

Do I still need to continue to screen patients?

Both the College's IPAC Standard and Public Health Ontario (PHO) require RDTs to put appropriate measures in place to carry out early detection and management of potentially infectious patients at initial points of entry to the building/dental laboratories. The strategies target primarily patients and individuals accompanying patients to the dental laboratory who might have undiagnosed transmissible respiratory infections but also apply to anyone with signs of illness including but not limited to cough, congestion, runny nose, or increased production of respiratory secretions. Expected measures include:

- RDTs are expected to use their professional judgment in determining appropriate screening protocols.
- Signage must be posted requesting that patients who are ill identify themselves to the receptionist.

Resources:

- [College's IPAC Standard](#): Dental laboratories should develop and carry out systems for early detection and management of potentially infectious patients at initial points of entry to the dental setting. Page 9, 13
- [Summary of Infection Prevention and Control Key Principles for Clinical Office Practice](#) Page 11

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

According to the [College's IPAC Standard](#) and [PHO's document](#), to prevent the transmission of all respiratory infections in healthcare settings, including influenza, respiratory hygiene/cough etiquette infection prevention measures should be implemented at the first point of contact with a potentially infected person. When a patient and accompanying support person first enters the office, there is to be self-screening (passive screening) signage asking them to report to reception should they have any of the listed signs, symptoms, or exposures.

In addition, according to page 11 of [PHO's document](#), if the patient or support person screen positive, they should wear a medical mask (minimum ASTM level 1).

Are RDTs and dental laboratory staff still required to wear masks?

Dental laboratory staff are required to mask according to the following PPE table:

- [Interim IPAC Recommendations for Use of Personal Protective Equipment for Care of Individuals with Suspect or Confirmed COVID-19](#) Page 12-13 Table

Please note that staff who perform screenings must:

- Remain behind a barrier; or
- Be able to maintain a distance of at least 2 m from the individual being screened; or
- Wear a medical mask (minimum ASTM level 1), gown, gloves, and eye protection.

For more information on [donning and doffing PPE, click here](#).

With respect to treating patients who are COVID-19 positive, fit-tested N95 respirators (or equivalent) should be used along with all other recommended personal protective equipment when aerosol-generating medical procedures (AGMPs) are performed.

Resource: [Interim IPAC Recommendations for Use of Personal Protective Equipment for Care of Individuals with Suspect or Confirmed COVID-19](#) Page 2

Are RDTs required to wear gowns in dental laboratories?

Please refer to pages 7-8 of the [College's IPAC Standard](#) and the PPE table on pages 12-13 of [Interim IPAC Recommendations for Use of Personal Protective Equipment for Care of Individuals with Suspect or Confirmed COVID-19](#).

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

The College recommends deferring treatment except for urgent or emergent care. According to PHO, for patients who screen positive:

- Their appointments may be scheduled at the end of the day to optimize workflow and mitigate exposure risks if feasible.
- Consideration should be given to providing care in a room with the door closed.
- Masking requirements for staff involved in treating them are outlined in the [FAQ above](#).

Resources:

- [Interim IPAC Recommendations for Use of Personal Protective Equipment for Care of Individuals with Suspect or Confirmed COVID-19](#) Page 8
- [Summary of Infection Prevention and Control Key Principles for Clinical Office Practice](#) Page 14

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

Please see Table 1 on page 11 in the 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 dental laboratory staff do if we test positive for COVID-19 and when can we return to work?

Please follow the [most current self-isolation and return to work guidance from the Ministry of Health](#). Page 10-11

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

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

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

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

Please refer to page 27 in the 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 dental laboratory staff do after having close contact with a suspected or confirmed case of COVID-19?

A close contact is defined as an individual who has a high-risk exposure to a confirmed positive COVID-19 case, an individual with COVID-19 symptoms, or an individual with a positive rapid antigen test result as outlined in the Ministry's [Management of Cases and Contacts of COVID-19 in Ontario](#). Please refer to page 22 of this Ministry of Health document.

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

What PPEs must I or dental laboratory staff wear in the receiving items area or reprocessing area?

According to the [College's IPAC Standard](#), PPE is mandatory when you are handling received items in the laboratory until they have been decontaminated. In addition, during cleaning of contaminated instruments in

reprocessing area, you are required to wear puncture-resistant, heavy-duty utility gloves, a mask, outer protective clothing, and eye protection to protect you from splashing and potential injury.

RDTs are expected to use their professional judgment and risk assessment in determining appropriate PPE related to Routine Practices. It is important to note that in addition to Routine Practice, you may need to perform transmission-based precautions (Additional Precautions), based on your risk assessment and professional judgment. For example, additional precautions may be required if 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.

What should I consider improving 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 \(publichealthontario.ca\)](https://www.health.gov.on.ca/en/publichealth/COVID-19/Use_of_Portable_Air_Cleaners_and_Transmission_of_COVID-19.pdf)

Where can I find a list of relevant resources for COVID-19 guidance?

Relevant Links from PHO:

- [IPAC Recommendations for Use of Personal Protective Equipment for Care of Individuals with Suspect or Confirmed COVID-19](#)
- [Universal Mask Use in Health Care](#)
- [Summary of Infection Prevention and Control Key Principles for Clinical Office Practice](#)

Relevant Links from the Ministry of Health:

- [COVID-19 Guidance: Personal Protective Equipment \(PPE\) for Health Care Workers](#)
- [Management of Cases and Contacts – Version 15.2](#)