

# RETURN TO PRACTICE GUIDANCE FOR REGISTERED DENTAL TECHNOLOGISTS

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**College of Dental Technologists of Ontario**  
Ordre des Technologues Dentaires de l'Ontario

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## INTRODUCTION

This document will guide Registered Dental Technologists (RDTs) in making the appropriate considerations for returning to practice during the COVID-19 pandemic. We have engaged with the regulators of Ontario, the associations, the Ministry of Health (MOH) and our national counterparts to provide this guidance. It should be considered in conjunction with the College's Standards of Practice and Practice Advisories.

The directives from the MOH and the Chief Medical Officer of Health (CMOH) take precedence over guidance in this document. The College relies on RDTs to use their professional judgement in deciding whether they can return to practice. Considerations include incidences of COVID-19 cases in the area, workplace configuration and the availability of Personal Protective Equipment (PPE) and cleaning supplies.

On May 26, 2020, [Directive #2 from the CMOH](#) was revised for the gradual restart of all health services, including deferred, non-essential and elective services. Health care providers are required to comply with the [COVID-19 Operational Requirements: Health Sector Restart](#) in order to resume services. As the situation evolves and more is known about COVID-19, the College will continue to update the guidance contained in this document.

## PRINCIPLES

The oral health regulators of Ontario and our respective associations have created the following principles that will underpin our return to practice guidance:

1. The health and safety of patients/clients, the public and practitioners is our top priority.
2. Return to practice will occur in well-defined stages to balance a return to the 'new normal' with the risks of spreading COVID-19, including the risks of a second wave of COVID-19.
3. Guidance will be based on best available evidence and data. In the absence of clear evidence, prioritize caution and safety.
4. Patients/clients must have continuity of care. Patients/clients of record should have reliable access to their oral healthcare providers to ensure they get the guidance and support they need.
5. Patient/client needs for access to oral healthcare must be balanced with the risks of spreading COVID-19.
6. Technology should be used to assess risks and triage patient/client needs remotely.
7. Any treatment plan must prioritize care with the lowest risk of COVID-19 transmission.
8. Communication with patients/clients is critical. Risks or changes to care related to COVID-19 must be highlighted.

## INFECTION PREVENTION AND CONTROL STANDARD

This document highlights additional considerations necessary during the COVID-19 pandemic. It builds upon the foundation of the College's [Infection Prevention and Control Standard](#). Refer to this standard for specific guidance in areas such as routine practices and procedures for reprocessing instruments.

### COMMUNICATION

Changes to protocols upon the return to practice should be communicated to staff, clients, patients and visitors. Signage should be posted that explains physical distancing and PPE requirements of the workplace. There should also be accessible signage (i.e., plain language, symbols, other languages where appropriate) that explains the signs and symptoms of COVID-19 and how to reduce the risk of spread. Some examples of signage:

- Government of Ontario's [COVID-19 Symptoms for Visitors](#)
- Public Health Ontario's [Cover Your Cough](#)

### WORKPLACE CONSIDERATIONS

The College recognizes that RDTs practice in a variety of settings (e.g., dental laboratories, dental offices) and may not always be in a decision-making role. RDTs should not return to practice if these guidelines cannot be followed or the required PPE is not available. In addition, any employee in Ontario has the [right to refuse dangerous work](#) if they consider their workplace to be unsafe.

RDTs are advised to familiarize themselves with guidelines issued by the [Government of Ontario](#) and their employers for preventing the spread of COVID-19. Many practices can be applied across workplaces such as removing unnecessary items at reception and limiting the sharing of stationary.

#### Screening

The MOH has developed guidance to support [COVID-19 screening](#). These screening questions are subject to change (i.e., symptoms may be updated). It is important to ensure that the most recent screening questions are being used.

- Fitness to work must be assessed on an ongoing basis. All staff should self-monitor for COVID-19 symptoms and not go to work if feeling ill.
  - Staff who screen positive should seek direction from their primary care provider, Telehealth Ontario at 1-866-797-0000, or visit a [COVID-19 Assessment Centre](#) to be tested before entering the workplace.
  - Staff who exhibit symptoms while at work should immediately leave and not return until they have consulted their primary care provider for advice on continuation of work.
- The person who conducts the on-site screening (screener) for patients and essential visitors (e.g., a parent accompanying a young child or a patient who requires accommodation) should ideally be behind a physical barrier (e.g., plexiglass) to be protected from contact or droplet spread. If a physical barrier is not available, a physical distance of two meters should be maintained.
  - Screeners who do not have a barrier and cannot maintain physical distancing should wear a surgical/procedure mask, isolation gown, gloves, eye protection (goggles or face shield).
- Each RDT should maintain a record of daily screening results for themselves, the individuals they supervise, visitors and patients. This information is private and should be kept confidential but made available to health authorities if requested. Important data includes roles of persons

working in the workplace, dates and times persons working in the workplace were present, and names of patients and visitors by date and time.

### Potential Exposure Guidance

COVID-19 is a designated disease of public health significance and reportable under the *Health Protection and Promotion Act, 1990* to the local [public health unit](#).

- A process should clearly identify how to respond should staff or visitors screen or test positive for COVID-19, who is responsible for reporting probable and confirmed cases to the local public health unit, ensuring proper documentation and implementing any advice given by the public health unit.
- Patients and visitors should be advised to inform staff if they experience any symptoms of COVID-19 within the next 14 days.
- If anyone tests positive for COVID-19, all individuals who were present at the workplace should be informed and reminded to monitor their symptoms.
- All individuals who experience COVID-19 symptoms should seek direction from their primary care provider or Telehealth Ontario at 1-866-797-0000.

### Physical Distancing

- A minimum physical distance of two meters should always be maintained. Ways to ensure appropriate physical distancing include staggering shift times, limiting the number of individuals present at one time, and using ground markings and barriers to manage traffic flow.
- If physical distancing cannot be maintained or if a proper physical barrier (e.g., plexiglass) is not in place, an appropriate mask and eye protection (e.g., goggles, face shield) must always be worn.

### Hand Hygiene

- Places of practice must have sufficient supplies and effective access to perform frequent hand hygiene. This can be done using sinks supplied with soap and water, or with 70-95% alcohol-based hand rub.
- Hand hygiene should be performed according to [Public Health Ontario's Guidelines](#) and posted in applicable areas.
- Ensure that patients and staff have access to tissues and a hands-free waste receptacle (e.g., operated with a foot pedal) that is lined with garbage bags.

### Clothing

- Workplace and protective clothing, including gowns and lab-coats, should not be worn outside the workplace.
- Protective clothing should be changed at least daily, and if it becomes visibly soiled or significantly contaminated by potentially infectious fluids or materials.
- Clothing should be changed at work and placed into a bag. If the workplace does not supply uniform and laundry, consider setting up a decontamination station at home.

### Ventilation

- Ventilation is a common control for preventing exposure to toxic material. Well-designed and well-maintained ventilation systems can remove toxic vapors, fumes, mists or other airborne contaminants from the workplace preventing staff exposure. Effective ventilation can reduce airborne hazards. Use of high evacuation ventilation is strongly recommended as a best practice.

## Environmental Cleaning

Routine practices, which include cleaning and disinfection of surfaces, are important to control the spread of COVID-19.

- All common areas should be regularly cleaned. In addition, physical barriers (e.g., plexiglass) are to be included in routine cleaning (e.g., daily).
- Any [high touch surfaces](#) that are visibly soiled should be immediately cleaned and disinfected.
- This is a [current list of products](#) that meet EPA's criteria for use against SARS-CoV-2 (the virus that causes COVID-19).

## Waste Management

- Waste with potential or known COVID-19 contamination should be managed like any other general or sharp laboratory waste. COVID-19 is not a Category A infectious substance. Follow the waste management guidelines in your region for COVID-19.

## PRACTICE CONSIDERATIONS

The following guidance reflects the CMOH's [COVID-19 Operational Requirements: Health Sector Restart](#) document which specifies actions based on whether a patient has screened or tested positive or negative for COVID-19. If RDTs are not able to screen the patient, they should coordinate with their client (i.e., dentists) for documentation of the screening results.

### Personal Protective Equipment

Personal protective equipment (PPE) is critical to the health and safety of all healthcare workers, as well as the patients you care for. Professional judgement should be used to determine the appropriate PPE for the activity being performed.

- PPE is only effective when it is in good condition and put on (donned) and removed (doffed) correctly. See [Public Health Ontario's guidelines](#).
- Use PPE appropriately to prevent unnecessary use of limited supplies and other PPE resources (e.g., N95 masks).
- N95 masks should be reserved for aerosol-generating procedures on dental prostheses, devices or items that belong to patients who have screened or tested positive for COVID-19 (see Table 1). The proper use of an N95 mask requires each person to be fit-tested.
- PPE should be sourced through the regular supply chain. PPE allocations from the provincial pandemic stockpile will continue. PPE can also be accessed, within available supply on an emergency basis through the established escalation process through the Ontario Health Regions. The provincial government has also created a [PPE Supplier Directory website](#) to assist workplaces in sourcing PPE.

Table 1. Use of Personal Protective Equipment (PPE) by Setting and Procedure for COVID-19.

Setting	Procedure	Required PPE
Patient care area or dedicated area for aerosol-generating procedures	Aerosol-generating procedures on a dental prosthesis or device that has had contact with a patient who has screened <b>positive</b> for COVID-19	<ul style="list-style-type: none"> <li>• Fit tested N95 mask (or equivalent <a href="#">as per Health Canada</a>)</li> <li>• Gloves</li> <li>• Eye protection</li> <li>• Protective gown</li> </ul>
	Aerosol-generating procedures on a dental prosthesis or device that has had contact with a patient who has screened <b>negative</b> for COVID-19	<ul style="list-style-type: none"> <li>• Fit tested N95 mask, (or equivalent <a href="#">as per Health Canada</a>) or ASTM* level 2 or 3 procedure/surgical mask</li> <li>• Gloves</li> <li>• Eye protection</li> <li>• Protective gown (optional)</li> </ul>
	In-person care (non-aerosol-generating procedures) when the patient has screened <b>positive</b> for COVID-19	<ul style="list-style-type: none"> <li>• ASTM level 2 or 3 procedure/surgical mask</li> <li>• Gloves</li> <li>• Eye protection</li> <li>• Protective gown</li> </ul>
	In-person care (non-aerosol-generating procedures) when the patient has screened <b>negative</b> for COVID-19	<ul style="list-style-type: none"> <li>• ASTM level 2 or 3 procedure/surgical mask</li> <li>• Gloves</li> <li>• Eye protection</li> </ul>
	Cleaning and disinfection of patient care area or dedicated area for aerosol-generating procedures	<ul style="list-style-type: none"> <li>• ASTM level 1 procedure mask</li> <li>• Gloves</li> <li>• Eye protection</li> </ul>
Receiving items area	Disinfection of received contaminated (or potentially contaminated) items when the patient has screened <b>positive</b> for COVID-19	<ul style="list-style-type: none"> <li>• ASTM level 2 or 3 procedure/surgical mask</li> <li>• Gloves</li> <li>• Eye protection</li> <li>• Protective gown</li> </ul>
	Disinfection of received contaminated (or potentially contaminated) items when the patient has screened <b>negative</b> for COVID-19	<ul style="list-style-type: none"> <li>• ASTM level 2 or 3 procedure/surgical mask</li> <li>• Gloves</li> <li>• Eye protection</li> <li>• Protective gown (optional)</li> </ul>
Reprocessing area	Reprocessing of reusable Instruments	<ul style="list-style-type: none"> <li>• ASTM level 2 or 3 procedure/surgical mask</li> <li>• Heavy-duty utility-gloves</li> <li>• Eye protection</li> <li>• Protective gown</li> </ul>
Fabrication area	Fabrication process – for non-aerosol-generating procedures	<ul style="list-style-type: none"> <li>• ASTM level 1 procedure mask or maintain physical distancing</li> <li>• Protective clothing (e.g., lab coat, protective gown)</li> <li>• Additional PPE as required by the activity being performed (e.g., gloves, eye protection)</li> </ul>
Reception area	On-site screening	<ul style="list-style-type: none"> <li>• ASTM level 2 or 3 procedure/surgical mask</li> <li>• Gloves</li> <li>• Eye protection</li> <li>• Protective gown</li> </ul> OR <ul style="list-style-type: none"> <li>• ASTM level 1 procedure mask and physical barrier</li> </ul> OR <ul style="list-style-type: none"> <li>• ASTM level 1 procedure mask and maintain physical distancing</li> </ul>
Common and administration area	Administrative and other tasks	<ul style="list-style-type: none"> <li>• ASTM level 1 procedure mask or maintain physical distancing</li> </ul>

\*ASTM is an international standards organization.

## Handling Packages and Items

- A physical distance of at least two meters should be maintained in the handling of packages. Consider contactless shipping and receiving methods such as leaving the package on a doorstep. If physical distancing cannot be maintained, appropriate PPE (i.e., surgical/procedure mask and gloves) should be worn.
- Dispose of all single-use shipping materials (e.g., plastic bags) that have contacted the received items. If the items are reusable, properly disinfect (whenever possible sterilize) them according to manufacturer's instructions.
- Communicate effectively with dental practices to know whether a received item belongs to a patient who has screened positive or negative for COVID-19.
  - Increased caution should be used when handling items that have had contact with a patient who has screened or tested positive. If it is not clear, treat the received item as COVID-19 contaminated. These items must be thoroughly disinfected or sterilized, as appropriate, before proceeding (see Table 1).
- Clean and disinfect the area for receiving incoming cases immediately after decontamination of each case.
- Clean and properly disinfect (whenever possible sterilize) items before sending them out. Package and label to indicate "disinfected".

## Aerosol-Generating Procedures

An aerosol-generating procedure is defined as an activity that creates either fine, solid, particulate matter or liquid droplets in the air. Aerosols may be generated when using high-speed, low-speed and other rotary handpieces, ultrasonic and other similar devices on dental prostheses, devices or items (e.g., impressions) that have had direct patient contact. Examples include polishing or grinding of a patient's denture for the purpose of adjustment or repair.

Currently, there is inadequate scientific research to assess the risk of aerosol-generating procedures in the oral healthcare setting including dental laboratories. It is strongly recommended that aerosol-generating procedures be avoided when it is generated on dental prostheses, devices or items that belong to patients who have screened or tested positive for COVID-19. If an aerosol will be generated on prostheses, devices or items that belong to patients who have screened or tested positive for COVID-19, the following precautionary measures must be met:

- A dedicated space, such as a containment box, to prevent the spread of aerosols to other parts of the workplace.
- The use of enhanced precautions as set out below and enhanced PPE (see Table 1), such as a fit-tested N95 mask or equivalent [as per Health Canada](#), gloves, eye protection and protective gown. Where aerosols are contained and there is no exposure (e.g., containment box), enhanced PPE may not be required.
- Delay the cleaning and disinfecting of the dedicated space for three hours unless a ventilated space (e.g., containment box with a suction unit) is used. The time it takes for a 99.9% dilution of any aerosols is assumed to be 3 hours based on 2 Air Changes per Hour (ACH). For ventilated spaces, this time may be reduced and must be calculated based on ACH. For example, an operating theatre in a hospital with 20 ACH may only require 21 minutes.
- Limit the number of people exposed to the aerosols during and after the procedure.



## PATIENT CARE

The risks of in-person care should be weighed against the benefits. Professional judgement must be used to make the necessary adjustments to increase protection of patients and staff. When these guidelines cannot be met, the patient must be referred to another practitioner.

### Prior to the Appointment

- Maintain a clean and dedicated patient waiting and care area.
- Non-essential items (e.g., magazines, toys, dental equipment) should be removed from patient waiting and care areas to minimize contamination and the potential to become a vehicle to spread the virus.
- Patients and essential visitors (e.g., a parent accompanying a young child or a patient who requires accommodation) should be screened over the phone for COVID-19 using the [screening questions](#) developed by the MOH. These screening questions are subject to change (i.e., symptoms may be updated). It is important to ensure that the most recent screening questions are being used.
  - If the patient screens positive, the appointment should be deferred. If the essential visitor screens positive, they should not be permitted to attend with the patient until symptoms have resolved.
  - The patient or essential visitor who screens positive should be advised to seek direction from their primary care provider or Telehealth Ontario at 1-866-797-0000.
  - COVID-19 is a designated disease of public health significance and reportable under the *Health Protection and Promotion Act, 1990* to the local [public health unit](#) (see the section on [Potential Exposure Guidance](#) under Workplace Considerations).
- Notify patients of policies that limit transmission of COVID-19 including:
  - Requiring individuals accompanying them to wait outside of the workplace unless they are essential.
  - Requiring patients and essential visitors to wear a face covering (e.g., a procedural/surgical mask, cloth covering, other appropriate face covering) prior to entering the workplace.

### The Appointment

#### Patient Arrival Process

- Patients and essential visitors who arrive without a face covering must be provided one or be required to schedule a new appointment.
- Patients should be required to perform hand hygiene with either 70-95% alcohol-based hand rub or soap and running water upon initial entry to the workplace.
- Patients and essential visitors should be screened for COVID-19 using the [screening questions](#) developed by the MOH prior to permitting entry to the patient care area. The screener should use proper precautions and PPE as set out in the section on [Screening](#) under Workplace Considerations and Table 1.
- If a patient or an essential visitor screens positive for COVID-19:
  - The appointment should be deferred until the patient has consulted with their primary care provider and/or until symptoms have resolved.
  - In-person care must not be provided, except for emergency or urgent care, that cannot be delayed. An RDT must also be able to meet the additional precautions and requirements set out below.

- Where an RDT decides to proceed, the patient must be immediately provided with a surgical/procedure mask and placed in the patient care area with the door closed. Ensure the patient does not leave their mask in the waiting or care areas.

#### In-Person Care

- PPE that is appropriate for the anticipated procedure or activity (see Table 1) should always be worn when providing direct patient care or working in patient care areas.
  - For a patient who has screened or tested positive for COVID-19, in-person care must not be provided, except for emergency or urgent care, that cannot be delayed. If an RDT proceeds with in-person care, enhanced precautions must be used (see Table 1).
- Patients are recommended to rinse with 1% hydrogen peroxide mouthwash for 30 seconds prior to procedures in the oral cavity to help reduce oral pathogens.

#### After the Appointment

- Patients should be asked to perform hand hygiene with either 70-95% ABHR or soap and running water before leaving the workplace.
- Patients and essential visitors should be advised to inform staff if they experience any symptoms of COVID-19 within the next 14 days.
- Clean and properly disinfect (whenever possible sterilize) all instruments or devices which have had direct patient contact as soon as possible.
- After every patient visit, patient-contact surfaces (i.e., areas within two meters of the patient) should be disinfected as soon as possible and before another patient is seen.
  - If it involves an aerosol-generating procedure on a dental prosthesis or device for a patient who has screened or tested positive for COVID-19, cleaning and disinfection of the dedicated space must be delayed for 3 hours or less as described in the section on [Aerosol-Generating Procedures](#) under Practice Considerations.

## TRAINING ON INFECTION PREVENTION AND CONTROL PROTOCOLS

RDTs have a responsibility to ensure that the [Infection Prevention and Control Standard](#) is fully met in the practice in which they work. Where RDTs delegate these responsibilities, RDTs remain accountable.

- Maintain current knowledge of infection prevention and control and keep up to date on COVID-19 information.
- Educate staff on COVID-19, how it spreads, risk of exposure, including those who may be at higher risk (i.e., have underlying health conditions) and procedures to follow including reporting, proper handwashing practices and other routine infection control precautions.

The [Occupational Health and Safety Act, 1990](#) requires employers to take every reasonable action to protect the health and safety of workers. Under this Act, employers have a responsibility to:

- Identify and provide appropriate PPE for employees;
- Maintain PPE in good condition,
- Train employees in the proper use and care of PPE, and
- Ensure that the required PPE is worn by employees.

## RESOURCES

[College of Dental Technologists of Ontario's Standards and Practice Advisories](#)

[Guidance for the Health Sector from the Ministry of Health and Ministry of Long-Term Care](#)

[Public Health Ontario's COVID-19 Resources](#)

## REVISION HISTORY

Revision #	Date Effective	Key Changes
1	May 22, 2020	<ul style="list-style-type: none"><li>Initial guidance document</li></ul>
2	June 3, 2020	Updated to reflect CMOH's guidance in the <a href="#">COVID-19 Operational Requirements: Health Sector</a> that the approach to care is based on whether a patient screens or tests negative or positive for COVID-19 <ul style="list-style-type: none"><li>Additional guidance in the Patient Care section based on a patient screening or testing negative or positive for COVID-19</li><li>Addition of Table 1 in the section of Personal Protective Equipment, which sets out the use of PPE by setting and procedure based on a patient screening or testing negative or positive for COVID-19</li><li>Edit section on Aerosol-Generating Procedures, guidance now applies only when it is on a dental prosthesis/device or an item that has had direct contact with patients who have screened or tested positive for COVID-19</li><li>Additional guidance in the Screening section to include CMOH recommendation that staff conducting screening of patients and essential visitors are ideally behind a physical barrier</li></ul>