College of Dentistry
COVID-19 Pandemic Management Strategy

Updated: May 25, 2020
# Table of Contents

*College of Dentistry COVID-19 Pandemic Management Strategy......................................................... 3*

- **General Information.................................................................................................................. 3**

- **Dental Health Care Worker Risk Levels................................................................................... 4**

- **Control Systems ....................................................................................................................... 5**

- **Infection Prevention and Control (IPAC) Committee ................................................................. 7**
  1. Role ........................................................................................................................................ 7
  2. Responsibilities ......................................................................................................................... 7
  3. Membership ............................................................................................................................. 7
  4. Meetings ................................................................................................................................... 8
  5. Term .......................................................................................................................................... 8

- **Infection Prevention and Control (IPAC) Officer Roles .............................................................. 9**
  1. General Guidelines .................................................................................................................. 9

- **Aerosol-Generating Procedures and Non-Aerosol-Generating Procedures Protocols .................. 10**
  1. General .................................................................................................................................... 10
  3. Non-Aerosol Generating Procedures ....................................................................................... 17

- **Clinic Remediation for COVID-19 Pandemic Infection Control ............................................... 21**
  1. Protocol Breaches ................................................................................................................... 21

- **Preclinical and Dry Lab Procedures ......................................................................................... 24**
  1. Preclinical and Dry Lab Protocols ......................................................................................... 24

- **Appendix 1: Student Script ........................................................................................................ 26**

- **Appendix 2: Pre-Screening Questionnaire ............................................................................... 27**

- **Appendix 3: IPAC Incident Form ............................................................................................. 28**

- **Appendix 4: CDSS Alert .......................................................................................................... 29**

- **Appendix 5: Donning AGP PPE .............................................................................................. 30**

- **Appendix 6: Doffing AGP PPE ................................................................................................ 31**

- **Appendix 7: Donning NAGP PPE ............................................................................................ 32**

- **Appendix 8: Doffing NAGP PPE ............................................................................................. 33**

- **Appendix 9: Donning and Doffing Instruction Video ............................................................... 34**
Appendix 10: Different Levels of PPE Required...........................................................................................................35
Appendix 11: Air Changes/Hour Required For Airborne-Contaminant Removal ..........................................................36
Appendix 12: Scheduled Restorative/Endodontic Decision Tree..................................................................................37
Appendix 13: Routine Hygiene Appointment Decision Tree........................................................................................38
Appendix 14: Return to Work Screening Form ..............................................................................................................39
GENERAL INFORMATION

COVID-19 is an illness caused by the SARS-CoV-2 virus that is thought to be spread primarily through respiratory droplets. The presence of SARS-CoV-2 in saliva provides a major COVID-19 transmission route as saliva droplets are expelled from everyday activities such as talking, coughing, or from specialized aerosol-generating basic dental procedures. The virus has been shown to survive in aerosols for hours and on some surfaces for days. Some indications show that people may be able to spread the virus while pre-symptomatic or asymptomatic (Source: CDC, “Presymptomatic Transmission of SARS-CoV-2” (Source: CDC, Asymptomatic and PreSymptomatic SARS-CoV-2 Infections in Residents of a Long-Term Care Skilled Nursing Facility).

The nature of practicing dentistry involves the use of instruments that create spray and spatter which may transmit diseases. This has placed all Dental Health Care Workers (DHCW) in a very high exposure risk category. (Source: OSHA). Therefore, the College of Dentistry has created a pandemic strategy with additional Infection Prevention and Control (IPAC) components to ensure the highest level of safety is available to our patients, students, staff and faculty.

Please refer to the IPAC Committee and IPAC Officer Roles sections of this document.
DENTAL HEALTH CARE WORKER RISK LEVELS

A Dental Health Care Worker (DHCW) includes any person who delivers dental care services for patients either directly as dentists, dental hygienists, dental assistants, or students in dental programs. DHCWs also include any person who supports the provision of dental care indirectly, such as, aides, receptionists, laboratory technicians, maintenance technicians or waste handling custodians.

A. Low Risk
   a. Administrative DHCW in non-public areas, away from clinical DHCWs
      i. Deans offices staff/faculty

B. Medium Risk
   a. DHCWs who provide urgent or emergency Non-Aerosol Generating Procedures (NAGP) to patients who are NOT known or suspected COVID-19 patients
   b. DHCWs who frequent busy areas within the facility:
      i. Patient Reception/Waiting Areas
      ii. Dental Clinic Manager’s office
      iii. Designated coffee/lunch rooms
      iv. Pre-Clinic and Dry Lab
   c. Dental stores and equipment maintenance staff

C. High Risk
   a. DHCWs performing Aerosol Generating Procedures (AGP) on HEALTHY patients with unknown COVID-19 status

D. Very High Risk
   a. DHCWs performing NAGP or AGP on KNOWN or SUSPECTED COVID-19 patients
   b. DHCWs collecting or handling specimens from KNOWN or SUSPECTED COVID-19 patients
   c. DHCWs who self-identify as having higher risk factors of contracting COVID-19 such as: older age, pre-existing medically compromised conditions, pregnancy, etc.

(Source: Occupational Safety and Health Administration (OSHA) USA)
CONTROL SYSTEMS

The College of Dentistry has developed a system of control strategies. These are specific safeguards put in place to shield DHCW’s, patients and their companions from potential exposure to the SARS-CoV-2 virus.

A. Engineering Controls
   a. Physical barriers between patient care areas that are easily decontaminated
   b. Physical barriers between DHCWs and patients at Front Office
   c. Additional suction line added to the delivery cart in all AGP operatories
   d. Specific air-handling systems added to all AGP operatories
      i. Monitoring and management of the number of room Air Exchanges per Hour (AEH) for all clinical treatment areas
      ii. Addition, as needed, of HEPA filters/vacuums to ensure adequate hourly air exchange

B. Administrative Controls
   a. IPAC Committee and four IPAC Officers to develop, implement, and oversee the College of Dentistry COVID-19 Pandemic Management Strategy
   b. New COVID-19 Clinical and Preclinical protocols and procedures
   c. Student, staff and faculty screening protocols to ensure that only symptom and risk-factor free personnel access dental school infrastructure
   d. Telephone protocols that systematically screen potential/existing patients for presence of, or risk for, COVID-19
   e. Patient triage protocols that ensure only symptom and risk-factor free patients are admitted into the dental clinic
   f. Signage detailing COVID-19 screening questions, social distancing guidelines, and patient PPE requirements posted at all accessible College of Dentistry entrances
   g. Access to College of Dentistry facilities will be limited to designated portals, which will be monitored by staff at appropriate times
   h. Front Office staff perform scheduled cleaning/decontaminating of waiting room area at least twice per day
      i. Removal of all extraneous materials from reception, preclinical, and clinical areas (including reading materials, toys and other objects from public access areas of the facility that may be touched by others and are not easily disinfected)
      ii. Ensure sufficient 70% alcohol-based hand sanitizer and masks are available at entrances to the building, preclinics, and clinics
   i. Signage for cough etiquette and social distancing present in strategic areas of the building
   j. Floor markings, placed to maintain two (2) meter interpersonal distancing, will be placed in known congestion areas to help guide and ensure appropriate social distancing
   k. Minimize transmission risk when receiving deliveries by (Source: CDA):
      i. Wearing gloves when collecting and/or accepting mail or packages
      ii. Wipe the exterior of every box delivered entirely with a paper towel and soap and water solution or sanitizing wipes
      iii. Leave boxes untouched for 15 minutes prior to opening them
iv. Clean all surfaces that were touched by deliveries with soap and water or sanitizing wipes

Refer to the COVID-19 Pre-Appointment Screening Student Script (Appendix 1), COVID-19 Pre-Screening Questionnaire (Appendix 2) and AGP and NAGP Protocols.

C. Safe Work Protective Practices for DHCWs

Safe work protective practices have been developed for College of Dentistry DHCWs with the goal of providing the safest dental care to our patients based on guidance from, but not limited to, the College of Dental Surgeons of Saskatchewan (CDSS), Saskatchewan Health Authority (SHA), Health Canada, Canadian Dental Association (CDA), Occupational Health and Safety Administration (OHSA), and the Centre for Disease Control (CDC).

Emerging, rapidly evolving, outbreak conditions may cause these IPAC measures to change accordingly. As a result, DHCWs employed by the College of Dentistry must consult these guidelines often, noting any changes that may occur. College of Dentistry administration and the IPAC Committee will provide regular COVID-19 Pandemic Strategy updates to all students, staff and faculty.

INFECTION PREVENTION AND CONTROL (IPAC) COMMITTEE

1. ROLE
   a. To ensure that the IPAC protocols and procedures used in the College of Dentistry follow best practices for maintaining patient, student, staff, and faculty safety
   b. Ensure policies and procedures are in compliance with legal and accreditation standards
   c. To ensure that students, staff and faculty are properly trained to safely follow the new IPAC protocols
   d. To ensure ongoing effective implementation and ongoing surveillance of College of Dentistry IPAC protocols and procedures
   e. To ensure that IPAC practices are kept up to date with the rapidly changing evidence

2. RESPONSIBILITIES
   a. Develop and implement policies, procedures and practices related to IPAC, to be reviewed and updated as required on a regular basis that, when successfully implemented, will minimize risk of transmission of pathogenic microorganisms
   b. Educate students, staff and faculty on policies and procedures related to IPAC
   c. Communicate IPAC-related information to students, staff and faculty
   d. Develop and implement surveillance systems for monitoring and improving student, staff and faculty compliance
   e. Develop systems to ensure IPAC safety
   f. Champion IPAC culture and safety in the College of Dentistry
   g. Lead IPAC related review of equipment and reprocessing
   h. Lead IPAC product selection (i.e. agents for hand hygiene, disinfection, etc.)
   i. Participate in facility design, maintenance and construction/renovation projects
   j. Assist in the management of outbreaks

3. MEMBERSHIP
   The IPAC Committee will be comprised of the following members:

   **Three (3) IPAC Officers:**
   - Assistant Dean, Clinics: Dr. A. Heinrichs
   - Comprehensive Care Coordinator: Dr. M. Siqueira
   - Infection Control Officer: Ms. E. Ferwerda

   **IPAC Simulation Officer:** Mr. R. Kroener

   **Dean:** Dr. D. Brothwell

   **Associate Dean, Academic:** Dr. W. Siqueira

   **Dental Clinic Manager:** Michelle Knaus
Dental Assistant Representative: Melonie Custer
Student Representative: TBD
Faculty Representative: TBD
Dental Assisting Program Representative: TBD

4. MEETINGS
Held weekly or more often, as necessary.

5. TERM
Until disbanded by the Dean, at which time, the three Infection Control Officers will continue their roles while reporting to the Clinic Operations & Administration Committee.

1. GENERAL GUIDELINES

1. At least one IPAC Officer will be on duty during every patient clinic to ensure activities related to IPAC procedures are properly carried out.
   a. The IPAC Simulation Officer will monitor and enforce the application of IPAC Protocols in the College of Dentistry Preclinical simulation labs.

2. IPAC Officers have the role of educating, monitoring, remediating and reviewing infractions related to IPAC.

3. The College of Dentistry and all of its students, staff and faculty are expected to diligently follow all IPAC protocols and procedure and will take appropriate corrective measures against all infractions according to the degree of risk involved.

For further information on protocol breaches and the remediation procedure for students, refer to Clinic Remediation for COVID-19 Pandemic Infection Control.
AEROSOL-GENERATING PROCEDURES AND NON-AEROSOL-GENERATING PROCEDURES PROTOCOLS

1. GENERAL

This section outlines the general screening procedures for students, faculty, staff and patients for both Aerosol-Generating Procedures (AGP) and Non-Aerosol Generating Procedures (NAGP). These procedures and protocols were developed by the College of Dentistry at the University of Saskatchewan to be used during the COVID-19 pandemic and must be followed indefinitely until public health officials declare that physical distancing and other measures are no longer required.

1.1 Student, Faculty and Staff Screening

Communication will be sent by email to students, faculty and staff before the beginning of Term I 2020/2021 stating that anyone experiencing any symptoms from the following list must remain home and contact the Saskatchewan Health Authority phone line at 811.

Faculty and Staff staying home due to symptoms must communicate their decision by phone or email with their supervisor. Students staying at home due to symptoms must communicate their decision by phone or email with the Academic & Student Affairs office, and must also call any booked patients and cancel or postpone the appointment(s).

Students, faculty and staff working in the clinic will have their temperature measured twice a day.

Staff and faculty returning to work after taking time off for illness must complete the Clinic Return to Work Screening Form found in Appendix 14.

List of seven common symptoms/criteria used in screening for potential to COVID-19 infectivity:

- Fever of at least 38.0 degrees Celsius
- Have you felt feverish anytime in the last two (2) weeks?
- New onset of shortness of breath and/or difficulty breathing
- Sudden onset of new cough or change to existing cough
- Loss of smell or taste
- Close (within 2 meters) or prolonged contact with confirmed or probable case of COVID-19 without proper PPE in the last 14 days
- Attended a mass gathering over 10 people in the last 14 days
- Instructed to self-isolate by any heath regulator in the last 14 days

Year 3 and Year 4 students, faculty and staff are to enter the College of Dentistry through the Wiggins Road or E-Wing door, and must answer the seven COVID-19 screening questions and have their temperature measured. Those screening positive will be asked to go home and call the Saskatchewan Health Authority phone line at 811.

Year 1 and Year 2 students are to enter the College of Dentistry through the Health Sciences Building. Entry to pre-clinical labs will be restricted to the locker corridor entry only, where students will have their temperature measured.
by a designated classmate that will be rostered daily. Students must wear a clean set of scrubs, a lab coat, a clean pair of indoor shoes to be worn exclusively in the College of Dentistry, and a Level 1 mask that is to be replaced at lunch time or at any moment if it becomes soiled.

1.2 Patient Screening

When patient appointments are booked by students or the Front Office, patients should be asked the seven COVID-19 screening questions to determine if they should attend their dental appointment the next day. Patients answering negatively to all questions will be asked to attend their scheduled appointment time. Patients answering positively to any of the seven COVID-19 screening questions will be advised that their appointment will be postponed, with no penalty to the patient.

When booking or confirming appointments for patients, please refer to the Schedule Restorative/Endodontic and Routine Hygiene Appointment Decision Trees, located in Appendix 12 and Appendix 13, respectively.

All patients will undergo screening prior to their appointment. This screening is outlined below.

Patient Screening Protocol

- The day before the appointment, patients will be contacted by phone or text to confirm the appointment. Patients must be taken through the questionnaire found in Appendix 1. Patients will also be informed that these questions will be asked again at the College of Dentistry, prior to their appointment, and that they will be required to wear a mask (provided by the College of Dentistry) before and after their treatment. (Source: SHA, CDSS, CDC, Wiley Online Library: Association of chemosensory dysfunction and Covid-19 in patients presenting with influenza-like symptoms)

- Patients will be informed that admission to the building will be granted only five (5) minutes before the appointment time and access will be limited to the Wiggins Road door. Patients are required to enter the building alone, exceptions will be made for minors, patients with disabilities, and patients that require a translator. In these cases, only one person will be permitted to accompany the patient. (Source: CDSS)

- Signage will be placed outside the Wiggins Road entrance stating that everyone must respect and maintain social distancing and leave two (2) meters distance while waiting to enter the building. Patients will be escorted into the clinic as they arrive. (Source: CDSS, SHA)

- Upon entering the building patients will perform hand hygiene with 70% alcohol-based sanitizer and will again be asked screening questions (Appendix 2). If the patient is negative on all of the screening criteria, a Level 1 mask will be provided. This mask must be worn until their treatment starts. Patients that bring their personal cloth mask will have the choice to continue to wear it. (Source: CDSS)

- Patient appointments will be staggered every seven (7) minutes. Students will stand on the distancing dots located on the floor inside the patient entry where they will escort patients to the clinic as they arrive. (Source: CDSS, SHA)
• Upon entering the clinic, the patient and student will perform hand hygiene with 70% alcohol-based sanitizer. *(Source: CDSS)*

• Once in the operatory, patients will be asked to read, complete and sign a computer-based form that combines the screening questions from Appendix 2 and the CDSS patient consent form, where the patient agrees to receive dental treatment in the College of Dentistry and understands the risks involved with the transmission of SARS-CoV-2 *(Appendix 4)*. *(Source: CDSS)*

• When the student, properly wearing all PPE *(refer to AGP Personal Protective Equipment (2.1))* is ready to start the clinical procedure, patients will remove their masks and store them in a provided zip-lock bag. Patients will receive a disposable cup containing a 1% peroxide-based mouth rinse and will be asked to rinse for at least 60-seconds and then expectorate back into the same cup which will be disposed of in the sink by the student. *(Source: CDSS)*

• At the end of the appointment, patients should don the provided Level 1 mask or their personal cloth mask and perform hand hygiene upon leaving the clinic.
2. AEROSOL-GENERATING PROCEDURES PROTOCOL

The Aerosol-Generating Procedures (AGP) Standard Operating Procedure (SOP) was developed by the College of Dentistry at the University of Saskatchewan to be used during the COVID-19 pandemic and must be followed indefinitely until public health officials declare that physical distancing and other measures are no longer required. This SOP is a live document that should be frequently checked as changes and updates will likely occur as scientists acquire greater knowledge of the SARS-CoV-2 and new guidelines are created by health care regulators.

2.1 AGP Personal Protective Equipment (PPE)

Student operator and chair-side assistant are required to wear the following PPE at all times inside the operatory, please refer to the Different Levels of Personal Protective Equipment in Appendix 10.

- Clean set of scrubs for each appointment (provided by the College of Dentistry) and a clean pair of indoor shoes to be worn exclusively in the College of Dentistry
- Two (2) sets of Nitrile Gloves
- NIOSH approved N95 (or KN95) respirator mask
  - Mask must be fit tested
  - No facial hair is allowed
- Safety glasses or prescription glasses
- Face-shield
- Disposable long lab coat
- Bonnet

Notes:
- No loupes allowed
- PPE donning and doffing locations are separate and will be labelled and specified for the different clinical areas
- Doffing must be performed immediately upon patient dismissal

2.2 Donning of PPE for AGP:

PPE donning will be performed in a separate designated area. Students need to ensure that all pre-procedure Start Checks are completed prior to entering the CLEAN donning area, including the display of patient’s radiographs on the operatory computer screen. Refer to the College of Dentistry Clinic Manual.

Donning PPE must follow the sequence below (Appendix 5)

1. Don the bonnet
2. Perform hand hygiene using 70% alcohol-based sanitizer
3. Don the first set of gloves
4. Don disposable long lab coat
   a. Slide each arm into sleeves
   b. Secure ALL front snaps
5. Perform hand hygiene using 70% alcohol-based sanitizer
6. Don the N95 (or KN95) respirator mask in the following sequence:
a. Secure straps
b. Mold metal nose piece to bridge of nose
c. Perform seal check
7. Perform hand hygiene using 70% alcohol-based sanitizer
8. Don appropriate eye protection – goggles or face shield
9. Perform hand hygiene using 70% alcohol-based sanitizer
10. Don the second set of gloves ensuring that the second set is covering the cuffs of the sleeves
11. Perform hand hygiene using 70% alcohol-based sanitizer
12. Enter AGP operatory
13. Once inside the AGP operatory (with doors remaining closed), perform hand hygiene using 70% alcohol-based sanitizer
14. Do not exit the enclosed operatory until the procedure is finished

2.3 Dental Treatment

Students will be working in the following groups of three (3) with all students wearing PPE appropriate to their role (AGP Personal Protective Equipment 2.1):

- **Operator**: Student performing the treatment (follows AGP PPE Protocol)
- **Chair-side Assistant**: Student responsible for controlling high-volume suction and minimizing aerosol generation (follows AGP PPE Protocol)
- **Circulating Assistant**: Student located outside the operatory (follows NAGP PPE Protocol), responsible for:
  - Calling an instructor
  - Retrieving additional materials – using cuffed-sleeve and glove to pass items into operatory, opening the door slightly
  - Escorting the patient to the washroom when necessary
  - Escorting patients to the Front Office at the end of the session

All normal College of Dentistry intra-operative operating procedures and IPAC requirements remain in effect as per the Clinic Manual and IPAC requirements. In addition, the following intra-operative COVID-19 protocols are in place and must be strictly adhered to.

**Intra-operative COVID-19 Protocols**

- AGP will be performed in a total of 16 dental operatories distributed in two (2) blocks of eight (8) dental operatories located on the 1st and 2nd floors of the dental clinic building. Morning clinics will run from 8:30 am to 11:30 am and afternoon clinics will run from 2:00 pm to 5:00 pm. *(Source: CDSS)*
  - All AGP operatories will be enclosed, will exchange the air at least six (6) times per hour (refer to Appendix 11), and portable NOMAD X-ray units will be available for occasional use.

- The use of high-volume suction is required as aerosols are being produced, and a second high-volume dental evacuation suction will be activated for the entire duration of the dental appointment to assist with aerosol removal.
• Rubber dam with rubber dam sealer must be used in every possible procedure. *(Source: CDSS)* Soak the exposed procedure area with H₂O₂ prior to beginning treatment. *(Source: CDA)*

• Endodontic treatment will only be performed in in the AGP operatories located on the first floor (the former Faculty Practice Clinic).

• When possible, an increased number of dental procedures should be performed per appointment to make more efficient use of available patient and operatory time.

• Student supervision methods will be modified. Instructors will not be able to enter the operatories multiple times. Start Checks are mandatory and will be performed extra-operatively before treatment is initiated. Ongoing visual supervision of students will be performed by instructors using a webcam mounted to operatory lights. Instructors should plan a single operatory-entry per student, timed to be at the most critical time in the procedure. Full AGP PPE must be used by the instructor.

• No intra-operatory access to computers will be permitted during treatment; appropriate radiographic views must be projected on the computer screen before PPE is donned.

• If a patient needs access to the washroom during treatment, the circulating assistant will escort the patient (wearing a Level 1 mask) to the washroom and remind the patient to perform hand hygiene with 70% alcohol-based sanitizer before escorting the patient back to the operatory.

• At the end of the session, students should instruct patients to wear the provided Level 1 mask or their personal cloth mask that was stored in the zip-lock bag. Hand hygiene with 70% alcohol-based sanitizer must be performed immediately upon leaving the clinic.

• The circulating assistant will escort the patient to the Front Office for payment and dismissal keeping social distance. *(Source: CDSS)*

• All used instruments must be kept in a closed container within the operatory for the required quarantine time which will be prominently posted on the operatory door. Enzymatic solution should be sprayed on instruments with visible debris before closing the container.

• Operator and chair-side assistant PPE must be removed as per the guidelines discussed under Doffing of PPE for AGP *(see 2.5)* *(Source: CDSS)*

2.4 Dental Operatory Cleaning

Operatories will be in quarantine for a period of time specific to the air exchange rate in the operatory (maximum of two (2) hours) to allow aerosol to settle before students are allowed to clean *(See Appendix 11)*. A quarantine sign specifying when the operatory will be safe to enter must be placed on the operatory door to advise clinic personnel not to enter. *(Source: CDSS)*
• Students must wear PPE following the NAGP protocol during cleaning. See Non-Aerosol Generating Procedure Protocols. (Source: CDSS)
• Operatories used during morning clinic are to be cleaned at 1:00 pm, or after the posted quarantine period for the operatory has elapsed, whichever is longer.
• Cleaning of the operatories used during afternoon clinic will be performed at 8:00 am the following morning before morning clinics.
• Operatory disinfection:
  o All surfaces should be disinfected according to normal College of Dentistry procedures as described in the College of Dentistry Clinic Manual. In addition, if a disinfection spraying or fogging system is not available, walls must be disinfected using the disinfecting Optim 33B wipes.
  o After disinfecting all surfaces of the container housing the used instruments for the quarantine period (maximum of two (2) hours), the container can be placed on a trolley cart and transported to CSR for sterilization.
• Operatory cleaning must be checked and approved by a Registered Dental Assistant. An Operatory Cleaning Log Sheet will be posted on the operatory door.

2.5 Doffing of PPE for AGP
Doffing starts inside the enclosed dental operatory and should be performed as followed (see Appendix 6).

1. Perform hand hygiene (wearing gloves) using 70% alcohol-based sanitizer
2. Pull apart disposable long lab coat, keeping hands in sleeves, remove lab coat inside out and remove the outer set of gloves in same motion (hands are still covered with second pair of gloves)
   a. Dispose lab coat and gloves into trash located in operatory
3. Perform hand hygiene using 70% alcohol-based sanitizer
4. Exit the enclosed dental operatory and close the door
In a separate designated doffing area outside the operatory:

5. Perform hand hygiene using 70% alcohol-based sanitizer
6. Remove face-shield and eye protection (safety glasses or prescription glasses)
   a. Handle face-shield and eye protection only by headband or ear pieces
   b. Carefully pull away from face, avoiding contact with face or hair
   c. Place re-usable items in appropriate area for cleaning
   d. Place disposable items into the garbage
7. Perform hand hygiene using 70% alcohol-based sanitizer
8. Remove N95 (or KN95) respirator
   a. Bend forward slightly and carefully remove the mask from face, touching only the ties or elastic bands
   b. Start with the bottom tie, then remove the top
9. Perform hand hygiene using 70% alcohol-based sanitizer
10. Remove second set of gloves
11. Perform hand hygiene using 70% alcohol-based sanitizer
12. Close the operatory door, and record the “quarantine-until” time on the form attached to the door
13. Leave the clinic area and proceed directly to the locker room area, change out of the scrubs placing them carefully into the laundry to avoid contact with any surfaces
### 3. NON-AEROSOL GENERATING PROCEDURES

The **Non-Aerosol-Generating Procedures (NAGP) Standard Operating Procedure (SOP)** was developed by the College of Dentistry at the University of Saskatchewan to be used during the COVID-19 pandemic and must be followed indefinitely until public health officials declare that physical distancing and other measures are no longer required. This SOP is a live document that should be frequently checked as changes and updates will likely occur as scientists acquire greater knowledge of the SARS-CoV-2 and new guidelines are created by health care regulators.

**3.1 NAGP Personal Protective Equipment (PPE)**

Student operator and chair-side assistant are required to wear the following PPE during all times please refer to the Different Levels of Personal Protective Equipment in Appendix 10.

- Clean set of scrubs for each appointment (provided by the College of Dentistry) and a clean pair of indoor shoes to be worn exclusively in the College of Dentistry
- Nitrile Gloves
- Level 3 surgical mask
- Eye protection (goggles), safety glasses or prescription glasses
  - Alternatively, a surgical mask with face-shield can be worn
- Disposable long lab coat

**Notes:**

- Donning and doffing location will be performed in the operatory
- Doffing should be performed immediately after patient dismissal

**3.2 Donning of PPE for NAGP**

PPE donning will be performed in the operatory. Students must ensure that all appropriate PPE is available in the operatory and all pre-procedure checks are completed. Patient’s radiographs are to be displayed on the cubicle computer screen.

Donning PPE **MUST** follow the sequence below (Appendix 7)

1. Perform hand hygiene using 70% alcohol-based sanitizer
2. Don disposable long lab coat
   - Place each arm into the sleeves
   - Secure ALL front snaps
3. Perform hand hygiene using 70% alcohol-based sanitizer
4. Don surgical mask (with or without the face-shield)
   - Secure all ties, loops or straps
   - Pull bottom of mask down under the chin
c. Place middle fingers on bridge of nose and “walk” index finger down sides of nose, pressing and molding wire to face
5. Perform hand hygiene using 70% alcohol-based sanitizer
6. Don eye protection if not wearing a surgical mask with face-shield (prescription glasses or safety glasses or goggles)
   a. Place over eyes
   b. Adjust to fit
7. Perform hand hygiene using 70% alcohol-based sanitizer
8. Don gloves
   a. Take care not to tear or puncture
   b. Ensure that gloves cover cuff of disposable long lab coat
9. Perform hand hygiene using 70% alcohol-based sanitizer

3.3 Dental Treatment

Students will be working alone or with a chair-side assistant with all students wearing NAGP Protocol PPE.

- **Operator**: Student performing treatment
- **Chair-side Assistant**: When present, the chair-side assistant is responsible for:
  - Assisting the operator with suctioning
  - Obtaining additional materials that are needed for a dental procedure
  - Escorting patients to the washroom when necessary and to the Front Office at the end of the session

All normal operating procedures and IPAC requirements remain in effect. In addition, the following intra-operative COVID protocols are in place and must be strictly adhered to.

**Intra-operative COVID Protocols**

- Non-aerosol generating procedures will be performed in a total of 32 chairs in the 2nd floor main clinic with patient placement arranged so as to maintain a staggered, every-second operatory distribution.
  - Morning clinics will run from 8:30 am to 11:30 am and afternoon clinics will run from 1:30 pm to 5:00 pm.
    - All NAGP operatories should primarily use the X-ray units located on the 1st floor, but may have access to portable NOMAD X-ray units.
- Only hand instruments (i.e. scalers and curettes, not cavitron) will be permitted. *(Source: CDSS)*
- Start Checks with the clinical instructor are mandatory. Refer to College of Dentistry Clinic Manual.
- Access to a computer will be permitted during the treatment, following normal IPAC procedures.
- Students must send axiUm notifications to signal a Clinical Instructor or Registered Dental Assistant when required. Students are not to leave the operatory during the clinic. Refer to College of Dentistry Clinic Manual.
• If a patient needs access to the washroom during treatment, the chair-side assistant will escort the patient (wearing a Level 1 mask provided by the College of Dentistry or a personal cloth mask) to the washroom and remind the patient to perform hand hygiene with soap and water or 70% alcohol-based sanitizer before escorting the patient back to the operatory. 70% alcohol-based sanitizer must be used upon reentering the operatory.

• At the end of the session, students should instruct patients to wear the provided Level 1 mask or a personal cloth mask that was stored in the zip-lock bag. Hand hygiene with 70% alcohol-based sanitizer must be performed upon leaving the clinic.

• The chair-side assistant will escort the patient to the Front Office for payment and dismissal keeping social distance. (Source: SHA)

3.4 Dental Operatory Cleaning

• Operatories will be cleaned by students immediately after patient dismissal, there is no quarantine period required. (Source: CDSS)

• Students must wear non-aerosol PPE during cleaning, refer to NAGP Personal Protective Equipment (3.1). (Source: CDSS)

• All surfaces should be disinfected according to regular college procedures as described in the College of Dentistry Clinic Manual. In addition, walls must be disinfected using the disinfecting Optim 33B wipes.

• All used instruments must be transported immediately to CSR in a closed container for sterilization. Refer to College of Dentistry Clinic Manual.

• Operatory cleaning must be checked and approved by a Registered Dental Assistant. An Operatory Cleaning Log Sheet will be posted outside the operatory.

3.5 Doffing of PPE for NAGP

Doffing is performed in the operatory, and should be performed as follows (Appendix 8). (Source: CDSS)

1. Pull apart disposable long lab coat
2. Dispose long lab coat and gloves into trash located in the operatory area (refer to video link in Appendix 9)
3. Perform hand hygiene using 70% alcohol-based sanitizer
4. Remove eye protection (safety glasses or goggles) or surgical mask with face-shield
   a. Handle by headband or ear pieces
   b. Carefully pull away from face
   c. Place reusable eyewear in appropriate area for disinfection
d. Place disposable eyewear in disposal receptacle
5. Perform hand hygiene using 70% alcohol-based sanitizer
6. Remove surgical mask
   a. Bend forward slightly and carefully remove mask from face by touching on the ties or elastic bands
   b. Start with the bottom tie (if applicable), then remove top tie
   c. Place mask in disposal receptacle
7. Perform hand hygiene using 70% alcohol-based sanitizer
8. Leave the clinic area, proceed directly to the locker room area, and change out of scrubs, placing them carefully into the laundry to avoid contact with any surfaces
**CLINIC REMEDIATION FOR COVID-19 PANDEMIC INFECTION CONTROL**

Students that breach the COVID-19 Pandemic Infection Control Protocols in the clinic of the College of Dentistry will be required to participate in remediation training and testing.

1. **PROTOCOL BREACHES**

1.1 **Infection Prevention and Control (IPAC) Protocol Breaches**

IPAC Protocol breaches are assigned to one of the following three categories *(Source: Public Health Ontario)*:

1. **High-Risk Breaches:**
   a. Protocol errors or omissions with a *high probability* of pathogen transmission thus endangering the patient, operator, chair-side assistant, and/or others working in the area. A High-Risk breach of protocol will result in immediate termination of the clinical session, the student(s) involved will receive a mark of zero (0) and a clinical suspension until the remediation process has been successfully completed.
   b. Specific clinical procedures and activities must be halted immediately, and the infraction reported immediately, using the [IPAC Incident Reporting Form](#), to the IPAC Officer, GPL and Assistant Dean, Clinics for further actions.
   c. Examples of High-Risk breaches include, but are not limited to:
      i. Improper use of PPE
      ii. Failure to disinfect items that have direct contact with patient body fluids
      iii. Using a high-speed hand-piece during a NAGP to adjust occlusion on a restoration

2. **Medium-Risk Breaches:**
   a. Protocol errors or omissions with a *moderate probability* of pathogen transmission. A Medium-Risk breach must be corrected prior to continuation of patient care. A single Medium-Risk breach will result in a one (1) point deduction of the clinical grade for the session with a second Medium-Risk breach during the term resulting in a clinical suspension.
   b. Infraction to be reported immediately, using the [IPAC Incident Reporting Form](#), to the IPAC Officer and supervising instructor and specific infraction to be corrected at the time.
   c. Examples of Medium-Risk breaches include, but are not limited to:
      i. During AGP proceeding with treatment with a small tear in the outer glove, assuming it is acceptable due to being double-gloved
      ii. Adjusting the fit of your mask, face-shield, or eyewear during a dental procedure
      iii. Touching a surface in the operatory that is not barrier-covered
      iv. Accessing any supplies or instruments from their storage locations after PPE has been donned
3. **Low-Risk Breaches:**
   a. Protocol errors or omissions with a **low probability** of pathogen transmission. A Low-Risk breach can be corrected while patient care continues. A single Low-Risk breach will result in a half (0.5) point deduction of the clinical grade for the session. Three (3) Low-Risk violations during the term will result in a clinical suspension.
   b. Breach must be recognized and corrected in current and subsequent treatments
   c. Examples of Low-Risk breaches include, but are not limited to:
      i. Proceeding with treatment without the patient rinsing for 60 seconds with a 1% peroxide-based mouth rinse
      ii. Opening a wrapped cassette before the patient is seated
      iii. Forgetting to drape the patient with a cover
      iv. Handling a cell phone during an appointment
      v. Failure to remove jewelry prior to donning PPE
      vi. Hand-shaking or physical contact

### 1.2 Student Suspension Procedure

Students with High-Risk IPAC breaches, or an accumulation of two (2) Medium-Risk breaches or three (3) Low-Risk breaches or a combination of one (1) Medium-Risk and two (2) Low-Risk breaches will be immediately suspended from clinic due to the risk of COVID-19 cross-infection. Students suspended from clinical activities will receive a mark of zero (0) for their clinical performance in that clinic session.

Suspended students will be required to successfully complete IPAC remediation before clinical privileges are reinstated.

### 1.3 Remediation Procedure:

- Suspended students will watch the COVID-19 Pandemic Infection Control video provided by the College of Dentistry. Student “time-on-task” will be monitored through the Learning Management System (LMS) to ensure an appropriate duration of interaction with the training video.
  - Suspended students must correctly answer **all (100%)** of the mastery questions provided following the video.
    - Students unable to correctly answer **all (100%)** of the mastery questions will be required to re-watch the COVID-19 Pandemic Infection Control video and re-challenge the mastery questions. Student “time-on-task” will again be monitored. Students will repeat the process until successful.

- Once the student has achieved 100% on the mastery questions, they will be required to successfully complete the practical COVID-19 Pandemic Infection Control Remediation Training in the clinic with one of the IPAC Officers, where the following will be considered:
  - Set up and take down of operatory for AGP and NAGP
  - Donning and doffing of PPE for AGP and NAGP
  - Ability to discuss the steps and describe the rational for AGP and NAGP Protocols
• Students that successfully complete the practical COVID-19 Pandemic Infection Control Remediation Training will be required to challenge a COVID-19 IPAC competency test.
  o Those students deemed to have not passed the competency test will be provided with individualized remediation and be allowed a single repeat competency test. If not successful on the repeat competency test the student will be required to start over and repeat the entire remediation process.
  
  o Students who successfully complete the COVID-19 IPAC competency test will have their clinical privileges reinstated.
**PRECLINIC AND DRY LAB PROCEDURES**

The Preclinic and Dry Lab Standard Operating Procedure (SOP) was developed by the College of Dentistry at the University of Saskatchewan to be used during the COVID-19 pandemic and must be followed indefinitely until public health officials declare that physical distancing and other measures are no longer required. This SOP is a live document that should be frequently checked as changes and updates will likely occur as scientists acquire greater knowledge of the SARS-CoV-2 and new guidelines are created by health care regulators.

### 1. PRECLINIC AND DRY LAB PROTOCOLS

#### 1.1 Personal Protective Equipment (PPE)

Students are required to wear the following PPE at all times:

- Clean set of scrubs (provided by the student)
- Nitrile Gloves
- Level 1 mask
- Eye protection: dental loupes, goggles, safety glasses or prescription glasses
- Clean white cloth lab coat

**Notes:**
- Donning and doffing will be performed at the preclinic operatory.

#### 1.2 Donning of PPE

PPE donning will be performed at the preclinic operatory.

**Donning PPE MUST** follow the sequence below:

1. Perform hand hygiene using 70% alcohol-based sanitizer
2. Don white lab coat
3. Don Level 1 mask
   - Secure all ties, loops or straps
   - Pull bottom of mask down under the chin
   - Place middle fingers on bridge of nose and “walk” index finger down sides of nose, pressing and molding wire to face
4. Don eye protection or dental loupe (prescription glass or safety glasses or goggles)
   - Place over eyes
   - Adjust to fit
5. Don gloves
   - Take care not to tear or puncture
   - Ensure that gloves cover cuff of white lab coat
1.3 Preclinic Simulation Lab or Dry Lab Sessions

- Students will be working alone wearing PPE.
- Student must decontaminate the operatory using the Optim 33B wipes before starting session.
- Students must remain seated at all times unless required to move as part of the lab activity.
  - If required to move as part of the lab activity, (i.e. endodontic x-rays), students must continue to wear their PPE, but must perform hand hygiene using 70% alcohol-based sanitizer before leaving the operatory unit and upon returning to the operatory unit.
- Students must raise their hand when assistance is required from a preclinical instructor.
- Access to dental material supply table will be granted to one student at the time.
- Students should respect the designated signs on the floor when coming to the dental material supply table.
- Students must decontaminate their operatory using Optim 33B wipes after finishing session.
- All normal operating procedures and IPAC requirements remain in effect.
- No drinks or food are allowed in the preclinic lab and dry lab.
- Morning preclinic or dry lab sessions will run from 8:30 am to 11:30 am and afternoon preclinic or dry lab sessions will run from 1:30 pm to 4:30 pm.

1.4 Preclinic Operatory and Dry Lab Bench Cleaning

Preclinic operatory and dry lab bench must be cleaned by students before and after every session using the Optim 33B wipes.

- Students must wear Pre-clinic PPE during cleaning
- All surfaces should be disinfected according to regular college IPAC procedures

1.5 Doffing of PPE

Doffing is performed in the preclinic operatory or designated area in the dry lab, and should be performed as follows

1. Remove gloves and dispose into trash located in the preclinic or dry lab area
2. Remove eye protection (dental loupe, safety glasses or goggles). Disinfect with OPTIM 33 wipes
3. Perform hand hygiene using 70% alcohol-based sanitizer
APPENDIX 1: STUDENT SCRIPT

COVID-19 Pre-Appointment Screening

All patients must be called the day prior to their appointment and screened for risk of COVID-19 infection. Before confirming any appointments, ensure you ask the patient all of the following questions.

Student Script

Hello, this is [Student Name]. I am calling to remind you of your dental appointment scheduled for [specify time] tomorrow at the College of Dentistry Student Clinic. As a part of our new COVID-19 protocols, I need to ask you a few questions before I am able to confirm your appointment.

Do you have ANY of the following symptoms: (ask one at a time)

- Felt feverish anytime in the last two weeks (14 days)?
- NEW cough or CHANGE to existing cough?
- Recent loss of taste or smell?
- Sore throat?
- NEW onset shortness of breath or difficulty breathing?

For pediatric patients, ask their guardians the following additional questions:

- Sudden onset of runny nose, cough or sneezing?
- Sudden onset of upset stomach or diarrhea?

If patient answers "NO" to ALL questions, confirm their appointment for the next day. Remind patients that these questions will be reviewed with them again tomorrow at the Dental College.

If patient answers "YES" to ANY questions, postpone their appointment and encourage them to contact 811 or visit the Government of Saskatchewan COVID-19 website.
APPENDIX 2: PRE-SCREENING QUESTIONNAIRE

COVID-19 Screening Questionnaire

Patient Name: ___________________________  Date: ______________

Before admitting patient into dental clinic, review the questions in Part I and II with patient and circle the appropriate responses for each question. Review the answers according to Part III of this form, and have patient sign at bottom of the page.

### Part I: Assessment: Ask patient if they have ANY of the following symptoms:

**Adult Patients:**
- Yes  No  Sudden onset of NEW cough or CHANGE to existing cough?
- Yes  No  Feverish anytime in the last 2 weeks (14 days)?
- Yes  No  Sore Throat?
- Yes  No  NEW onset shortness of breath and/or difficulty breathing?

**Pediatric Patients:**
- Yes  No  Sudden onset of runny nose, cough, sneezing?
- Yes  No  Sudden onset of GI symptoms (under the age of 5)?

### Part II: Within the past 14 days has the patient:

- Yes  No  Travelled outside of Saskatchewan?
- Yes  No  Been close (within 2 metres) or had prolonged contact with confirmed probable case of COVID-19 without proper PPE?
- Yes  No  Attended a mass gathering over 10 people?
- Yes  No  Been instructed to self-isolate
- Yes  No  Been in a workplace considered to be high risk? (i.e. routine contact with many people

### Part III: Evaluate patient answers

If the patient answered "NO" to ALL of the above questions, admit the patient to the dental clinic and proceed with patient care.

If the patient answered "YES" to ANY of the above questions, postpone their procedure and encourage them to contact 811 or visit the Government of Saskatchewan COVID-19 website.

Patient Signature: ___________________________
### COVID-19 PROTOCOL BREACH REPORT

**APPENDIX 3: IPAC INCIDENT FORM**

**UNIVERSITY OF SASKATCHEWAN**  
**College of Dentistry**  
**DENTISTRY.USASK.CA**

**1. Location of COVID-19 Protocol Breach**
- College Clinic: □ 2nd Floor □ Other:  
- Outreach Clinic: □ SWD □ Other:

**2. Breach Committed By**
- Name:

**3. Primary Person Affected (select one)**
- Dental Student
- DA Student
- Staff
- Dentist
- Other:

**4. Persons Notified**
- Supervising Dentist/Assistant
- GPL
- Assistant Dean (Clinics)
- Name of notified:

**5. Witness?**
- Yes
- No
- Name of witness:

**5. Reported Initially By (please print)**
- Name & Title:
- Program:
- Date:
- Sign:

**6. Risk Level**
- High
- Medium
- Low

**7. Description of the Protocol Breach**
APPENDIX 4: CDSS ALERT


APPENDIX 5: DONNING AGP PPE

Donning PPE for AGP

- Bonnet
- Gown
- N95 (or KN95) Mask
- Safety glasses/prescription glasses
- Face-Shield
- 2 pairs of gloves

1) Don bonnet
2) Perform hand hygiene using 70% alcohol-based sanitizer
3) Don first set of gloves
4) Don lab coat - slide arms into sleeves and secure ALL front snaps
5) Perform hand hygiene using 70% alcohol-based sanitizer
6) Don N95 (or KN95) respirator mask. Secure strap, mold metal nose piece to bridge of nose, and perform seal check
7) Perform hand hygiene using 70% alcohol-based sanitizer
8) Don eye protection (safety glasses and face-shield)
9) Perform hand hygiene using 70% alcohol-based sanitizer
10) Don second set of gloves over cuffs of sleeves.
11) Perform hand hygiene using 70% alcohol-based sanitizer

11) Enter the AGP room hand hygiene using 70% alcohol-based sanitizer. Do NOT exit the enclosed room until the procedure is finished.
APPENDIX 6: DOFFING AGP PPE

Doffing PPE for AGP

1) Perform hand hygiene using 70% alcohol-based sanitizer

2) Pull apart disposable gown, keeping hands in sleeves, remove coat inside out and remove the outer set of gloves in the same motion

3) Dispose gown and gloves into trash

4) Perform hand hygiene using 70% alcohol-based sanitizer

5) Exit the room, close the door and perform hand hygiene using 70% alcohol-based sanitizer

6) Remove eye protection (goggles and/or shield)

7) Perform hand hygiene using 70% alcohol-based sanitizer

8) Remove N95 (or KN95) mask and bonnet

9) Perform hand hygiene using 70% alcohol-based sanitizer

10) Remove second set of gloves

11) Perform hand hygiene using 70% alcohol-based sanitizer
APPENDIX 7: DONNING NAGP PPE

Donning PPE for NAGP

- Gown
- Surgical mask (with or without visor)
- Safety glasses
- Gloves

1) Perform hand hygiene using 70% alcohol-based sanitizer
2) Don disposable lab coat
   - slide arms into sleeve and secure ALL front snaps
3) Perform hand hygiene using 70% alcohol-based sanitizer
4) Don surgical mask (with or without visor)
5) Perform hand hygiene using 70% alcohol-based sanitizer
6) Don eye protection
7) Perform hand hygiene using 70% alcohol-based sanitizer
8) Don gloves, ensure they cover the cuff of sleeves
9) Perform hand hygiene using 70% alcohol-based sanitizer
APPENDIX 8: DOFFING NAGP PPE

Doffing PPE for NAGP

1) Perform hand hygiene using 70% alcohol-based sanitizer
2) Pull apart disposable gown, keeping hands in sleeves, remove coat inside out and remove gloves in the same motion
3) Dispose gown and gloves in trash
4) Perform hand hygiene using 70% alcohol-based sanitizer
5) Remove surgical mask
6) Perform hand hygiene using 70% alcohol-based sanitizer
7) Remove eye protection
8) Perform hand hygiene using 70% alcohol-based sanitizer
APPENDIX 9: DONNING AND DOFFING INSTRUCTION VIDEO

Refer to the link below for proper donning and doffing procedures. This link should be used in supplement with the instructions provided by the college in the following:

- Donning of PPE for AGP
- Doffing of PPE for AGP
- Donning of PPE for NAGP
- Doffing of PPE for NAGP
- Appendix 5
- Appendix 6
- Appendix 7
- Appendix 8

Please note that the College of Dentistry protocol mandates that students and faculty double glove for AGP.

https://www.youtube.com/watch?v=t1lxq2OUy-U
# APPENDIX 10: DIFFERENT LEVELS OF PPE REQUIRED

<table>
<thead>
<tr>
<th>Setting</th>
<th>Staff or Patients</th>
<th>Procedure/Activity</th>
<th>Suggested PPE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Room</td>
<td>Dentist/Dental Student/Assistant/Hygienist</td>
<td>Low Risk: Non-aerosol generating procedures (NAGP)</td>
<td>• Level 2 or 3 mask&lt;br&gt;• Face shield or goggles&lt;br&gt;• Scrubs&lt;br&gt;• Gloves&lt;br&gt;• Lab coat or gown if contact with patient</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Intermediate and High Risk: Aerosol-generating procedures (AGP) with rubber dam</td>
<td>• N95 or equivalent respirator (fitted)&lt;br&gt;• Face shield of goggles&lt;br&gt;• Bonnet&lt;br&gt;• Lab coat&lt;br&gt;• Gloves</td>
</tr>
<tr>
<td>Disinfecting treatment rooms for NAGP</td>
<td>Can disinfect immediately</td>
<td></td>
<td>• Level 1 mask minimum&lt;br&gt;• Eye protection&lt;br&gt;• Gloves</td>
</tr>
<tr>
<td>Disinfecting treatment for AGP</td>
<td></td>
<td>Wait to disinfect – follow provincial guidelines</td>
<td>• Level 1 mask minimum&lt;br&gt;• Eye protection&lt;br&gt;• Gloves</td>
</tr>
<tr>
<td>Reception</td>
<td>Front office staff</td>
<td>Arrival screening</td>
<td>• Level 1 mask minimum&lt;br&gt;• Eye protection&lt;br&gt;• Gloves&lt;br&gt;• Scrubs</td>
</tr>
</tbody>
</table>

APPENDIX 11: AIR CHANGES/HOUR REQUIRED FOR AIRBORNE-CONTAMINANT REMOVAL

<table>
<thead>
<tr>
<th>Air Changes/Hour</th>
<th>Time (minutes) required for removal 99% efficiency</th>
<th>Time (minutes) required for removal 99.9% efficiency</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>138</td>
<td>207</td>
</tr>
<tr>
<td>4</td>
<td>69</td>
<td>104</td>
</tr>
<tr>
<td>6</td>
<td>46</td>
<td>69</td>
</tr>
<tr>
<td>8</td>
<td>35</td>
<td>52</td>
</tr>
<tr>
<td>10</td>
<td>28</td>
<td>41</td>
</tr>
<tr>
<td>12</td>
<td>23</td>
<td>35</td>
</tr>
<tr>
<td>15</td>
<td>18</td>
<td>28</td>
</tr>
<tr>
<td>20</td>
<td>14</td>
<td>21</td>
</tr>
<tr>
<td>50</td>
<td>6</td>
<td>8</td>
</tr>
</tbody>
</table>

(Source: CDC)
APPENDIX 12: SCHEDULED RESTORATIVE/ENDODONTIC DECISION TREE

(Source: CDA Return to Practice Manual)
APPENDIX 13: ROUTINE HYGIENE APPOINTMENT DECISION TREE

(Source: CDA Return to Practice Manual)
APPENDIX 14: RETURN TO WORK SCREENING FORM

Clinic Return to Work Screening Form

Each employee must complete this form upon return to work.

| Name: ___________________ | Signature: ___________________ | Date: __________ |

### Part I: Risk Assessment Screening Questions

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>Question</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
<td>Sudden onset of NEW cough or CHANGE to existing cough?</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td>Feverish anytime in the last 2 weeks (14 days)?</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td>Sore Throat?</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td>NEW onset shortness of breath and/or difficulty breathing?</td>
</tr>
</tbody>
</table>

### Part II: Within the past 14 days, while not wearing PPE have you had:

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
<td>Close contact* with someone who has a probable** or confirmed case of COVID-19?</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td>Close contact with a person who had acute respiratory illness that started within 14 days of their close contact* to someone with a probable** or confirmed case of COVID-19?</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td>Close contact* with a person who had acute respiratory illness who returned from travel outside Canada in the 14 days before they became sick?</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td>Laboratory exposure to biological material (i.e. primary clinical specimens, virus culture isolates) known to contain COVID-19?</td>
</tr>
</tbody>
</table>


If you answered **"NO"** to ALL of the above, you can proceed to work. If you develop symptoms, please complete a new questionnaire.

If the patient answered **"YES"** to ANY of the above, you are not permitted to attend work and you should contact 811 or visit the Government of Saskatchewan COVID-19 website.

* Close contact includes providing care, living with or otherwise having close prolonged contact (within 2 meters) while the person was ill, or contact with infectious bodily fluids (i.e. from a cough or sneeze) while not wearing recommended personal protective equipment.

** Probably case is a person with clinical illness who had close contact to a lab-confirmed COVID-19 case, while not wearing appropriate personal protective equipment, OR a person with clinical illness who meets the COVID-19 exposure criteria, AND in whom laboratory diagnosis COVID-19 is inconclusive. Clinical illness of a probable case is new onset/exacerbation of following symptoms: fever (over 38 degrees Celsius), cough, shortness of breath (SOB)/difficulty breathing, sore throat or runny nose. Exposure criteria for a probable case is a person who, in the 14 days before onset of illness: had any history of travel outside of Canada, OR had close contact with a confirmed or probable case of COVID-19, OR is a close contact of a traveler with acute respiratory illness who returned from outside Canada in the previous 14 days, OR had a laboratory exposure to biological material (i.e. primary clinical specimens, virus culture isolates) known to contain COVID-19.

This form was adapted from the Canadian Dental Association Return to Practice Manual.