

Self-Audit Review Form

COVID-19 GUIDANCE DOCUMENT

INTRODUCTION

This checklist will assist dentists in preparing their offices and understanding how to safely provide in-person care in response to the COVID-19 pandemic. For comprehensive information, consult the College's guidance document and the [Ministry of Health's COVID-19 Operational Requirements: Health Sector Restart](#) document.

The College's guidance aligns with the directive of the Chief Medical Officer of Health, the Minister of Health, and other relevant public health authorities.

The guidance is also informed by current best practices and the best available evidence. Where professional consensus is lacking or the available evidence is unclear, the College's guidance takes a precautionary approach that prioritizes the safety and well-being of dentists, patients, staff, and the public.

As Ontario's landscape evolves, including updates from Provincial directives and the emergence of updated evidence, the College will revise the guidance contained in this document.

Dental offices are at a high risk for spreading COVID-19 given the aerosol generating nature of dental procedures, the proximity of the operating field to the upper respiratory tract, and the number of patients seen per day. All dentists providing in-person care must comply with the direction of government and the College to maintain the safety of all patients. All dentists are strongly encouraged to undertake regular audits of their compliance with the College's COVID-19 guidance document along with the [IPAC policies and procedures](#) in their dental office.



Royal College of
Dental Surgeons of Ontario

ADDITIONAL COVID-19 REQUIREMENTS FOR IPAC AUDITS, 2021

Updated July 29, 2021

Date:
Completed by:
Dentist's Name: Dr. _____ RCDSO #:
Practice Address:

REQUIREMENT	YES	NO	N/A	NOTES
PREPARING THE OFFICE				
General Staff Requirements				
Limit number of staff in office at one time.	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>	
Staff breaks are structured to support physical distancing.	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>	
Wear office attire at work.	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>	
Maintain 2 metres of physical distancing except when providing patient care.	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>	
Conduct hand hygiene frequently.	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>	
Record staff COVID-19 screening prior to the start of each shift.	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>	
Office Setup				
Limit points of entry into the office.	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>	
Remove magazines, toys, and any other non-essential items from office, reception area and operatories.	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>	
Place signage in common areas requiring patients: <ul style="list-style-type: none"> • to understand the office has a capacity limit; • to wash and/or sanitize hands upon entry; • to wear a mask within the office; • to maintain physical distancing (except during the provision of care); • to be given instructions if they screen positive for COVID-19; and 	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>	
Place signage at entrance to the office displaying: <ul style="list-style-type: none"> • signs and symptoms of COVID-19; • instructions to patients who screen positive for COVID-19. 				

REQUIREMENT	YES	NO	N/A	NOTES
Post COVID-19 Workplace Safety Plan.	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>	
Provide 70-90% ABHR at all entry points to the office and in reception area.	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>	
Provide tissues and receptacles lined with garbage bags.	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>	
Install physical barriers at key contact points, including reception area (i.e. plexiglass).	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>	

PATIENT INTAKE

Scheduling Appointments and Preliminary Screening

Schedule appointments by phone or teledentistry, after patients are triaged.	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>	
Schedule appointments where PPE and operatory requirements can be met (i.e. staggering appointments).	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>	
Before scheduling an appointment, screen patients for COVID-19 using the Ministry of Health's screening questions. Record and retain the results of the patient's screening in accordance with the College's Recordkeeping Guidelines.	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>	
Do not treat patients who have screened or tested positive for COVID-19, except as needed for emergency or urgent care.	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>	
Patients who screen positive for COVID-19 should be advised to self-isolate, and contact their primary care provider or Telehealth Ontario at 1-866-797-0000.	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>	

Patient Arrival Protocol

Screen everyone a second time for COVID-19 before permitting entry to the office. Record and retain screening results in the patient's chart.	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>	
Patients and visitors must wear a mask at all times while in the office except during the provision of care.	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>	
Patients (and guests) must perform hand hygiene upon entering and before leaving the office.	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>	
Maintain 2 metres of physical distancing except when providing patient care.	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>	

REQUIREMENT	YES	NO	N/A	NOTES
Emergency or urgent care of a patient who has screened or tested positive for COVID-19				
Schedule appointment for the end of the workday.	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>	
Patients must don ASTM level 1 mask prior to entering the office.	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>	
Seat patient in operatory immediately and close the door. If operatory is not available, patient must wait outside.	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>	
PROVIDING IN-PERSON CARE				
Use of Personal Protective Equipment				
Staff must wear appropriate PPE: Non-aerosol generating procedures (NAGPs) when the patient has screened negative for COVID-19 <ul style="list-style-type: none"> • ASTM level 2 or 3 procedure/surgical mask. • Gloves. • Eye protection: goggles or face shield. • Isolation gown (optional). 	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>	
Non-aerosol generating procedures (NAGPs) when the patient has screened positive for COVID-19 <ul style="list-style-type: none"> • ASTM level 2 or 3 procedure/surgical mask. • Gloves. • Eye protection: goggles or face shield. • Isolation gown. 	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>	
Aerosol generating procedures (AGPs) when the patient has screened negative for COVID-19 <ul style="list-style-type: none"> • N95 respirator (fit-tested, seal-checked), or the equivalent, as approved by Health Canada. • Gloves. • Eye protection: goggles or face shield. • Isolation gown. 	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>	
Aerosol generating procedures (AGPs) when the patient has screened positive for COVID-19 <ul style="list-style-type: none"> • N95 respirator (fit-tested, seal-checked), or the equivalent, as approved by Health Canada. • Gloves. • Eye protection: goggles or face shield. • Isolation gown. 	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>	

REQUIREMENT	YES	NO	N/A	NOTES
Cleaning and disinfection of operatory or other treatment area <ul style="list-style-type: none"> • Minimum ASTM level 1 procedure mask. • Gloves. • Eye protection: goggles or face shield. 	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>	
Reprocessing area <ul style="list-style-type: none"> • ASTM level 2 or 3 procedure/surgical mask. • Heavy duty utility-gloves. • Eye protection: goggles or face shield. • Isolation gown. 	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>	
Reception area: Reception Duties and screening <ul style="list-style-type: none"> • Minimum ASTM level 1 procedure/surgical mask. • Maintain physical distancing. • Physical barrier recommended. 	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>	
Common and staff areas: Administrative and other tasks <ul style="list-style-type: none"> • ASTM level 1 procedure mask OR maintain physical distancing. 	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>	
Ensure staff are trained in and use proper donning and doffing procedures for PPE.	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>	
Clean and disinfect operatories between each patient appointment.	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>	
Pre-procedural Rinses				
If using pre-procedural rinses, have patient rinse with an appropriate oral rinse (e.g. 1% povidone iodine) for 60 seconds prior to examination of the oral cavity.	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>	
Intra-oral radiographs				
Minimize use of intra-oral radiographs on patients who have tested positive for COVID-19.	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>	
AEROSOL GENERATING PROCEDURES (AGPs)				
Preparing the Operatory for AGP				
Minimize contents in operatory (i.e. unnecessary supplies, plants, artwork).	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>	
Operatory must have floor-ceiling walls and door (or other barrier) that can be closed.	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>	

REQUIREMENT	YES	NO	N/A	NOTES
Cleaning the Air of Aerosol (Fallow Time) Following AGPs				
Operatory is empty, with door closed and remains empty for length of time needed to remove 99% of airborne contaminants.				
Confirm the dentist has calculated and recorded the correct fallow time for AGPs.	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>	
Ensure calculation and HVAC assessment documentation is on file.				
ADDITIONAL CONSIDERATIONS: PPE REQUIREMENTS FOR VISITORS PRESENT DURING AN AGP				
Visitors are permitted to accompany a patient (i.e. a parent accompanying a very young child)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>	
Visitor: <ul style="list-style-type: none"> • If a member of same household: Level 1 mask • If <u>not</u> a member of same household: <ul style="list-style-type: none"> • must stand 2 metres from dental chair. • must wear N95 masks (or equivalent). • must wear eye protection/goggles or face shield. 	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>	
ADDITIONAL CONSIDERATIONS: PERFORMING AGPs ON PATIENTS WHO HAVE SCREENED/TESTED COVID-19 POSITIVE				
Avoid AGPs, wherever possible.	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>	
Use the lowest aerosol-generating option, when necessary.	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>	
Use rubber dam (when appropriate) and high volume suction.	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>	
PATIENT DEPARTURE AND OFFICE SANITATION				
Patient Departure Protocol				
Patients should disinfect their hands with 70-90% ABHR.	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>	
Ask patient to inform staff if they experience any COVID-19 symptoms within 14 days of their appointment.	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>	

REQUIREMENT	YES	NO	N/A	NOTES
Office Sanitation				
Clean and disinfect operatories between patients.	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>	
Clean, disinfect and perform general office housekeeping on all high touch surfaces twice a day.	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>	
COVID-19 EXPOSURE IN THE PRACTICE				
If dentist/staff are exposed to COVID-19 immediately self-isolate and contact and report exposure to Public Health.	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>	
If patient contacts the office to report COVID-19 symptoms within 14 days of appointment, dentist must contact Public Health.	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>	