

Navigating Your Return to Work

**A guide for BC Dental Hygienists
During COVID-19**

**Updated:
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Introduction

On May 19, 2020, public health officers made it possible for oral health professionals to return to work and resume non-essential oral healthcare. [Transitioning Oral Healthcare to Phase 2](#) was developed through a consultative process with public health and workplace safety organizations and is a collaborative document between the College of Dental Hygienists of B.C. (CDHBC), the College of Dental Surgeons of B.C. (CDSBC), the College of Denturists of B.C. (CDBC), and the College of Dental Technicians of B.C. (CDTBC). [Oral Health Care during Phase 2 and 3 of the COVID-19 Response](#) published on August 18, 2020, is now the most current document published by the B.C. oral healthcare colleges. Although the Provincial Health Officer has the authority to determine orders that must be followed, the four colleges have been authorized to prepare the guidance for oral healthcare.

NEW

While CDHBC has provided a [Summary of Changes and FAQs on Oral Healthcare During Phases 2 and 3 COVID-19 Response Plan](#), dental hygienists are accountable for reviewing all guidances and be aware of the requirements they must follow to reduce risk of transmission and ensure safe care during the COVID-19 pandemic. (See [Appendix A](#) for B.C. mandatory authoritative guidances).

NEW

The BCDHA Return to Work Committee (see [Appendix B](#)) has developed *Navigating Your Return to Work* to provide guidance for dental hygienists who are making decisions about the provision of care and ensuring the safety of clients, the community, and the oral healthcare team. The Canadian Dental Hygienists Association (CDHA) has also published a [Return to Work Handbook for Dental Hygienists](#), which provides general information from a national perspective. Dental hygienists should always consult their provincial regulatory body for current infection prevention and control protocols and standards within their jurisdiction. In addition, the B.C. Dental Association has provided members with a *Return-to-Practice Office Manual* (member access only), which is also influencing the decision-making process of numerous dental offices and related organizations across the province.

The BCDHA Return to Work Committee has reviewed the guiding documents of B.C.'s public health, workplace safety, and regulatory authorities, CDHA resources, the developing evidence base, and has held discussions with BCDHA members to develop this complementary guide. All mandatory guidances, along with this guide, are considered living documents and will be amended and updated as new information becomes available.

It is imperative that all dental hygienists explore their own personal circumstances and return-to-work environment, hold collaborative conversations with their employer and be familiar with all public health, workplace safety, and regulatory guidances to ensure the safety of clients, team members, and the community. Please note that all B.C. dental hygienists should already be in compliance with the CDHBC's [Infection Prevention and Control Guidelines \(July 2012\)](#).

Principles and Assumptions

- 1) Dental hygienists are bound by a duty of care but have the right to a safe practice environment. This can present an ethical dilemma in an evolving pandemic when transmission risk and access to adequate personal protective equipment is challenging. Dental hygienists must be supported to make decisions for themselves, patients, their families, and the community.
- 2) B.C. dental hygienists practice with a high level of integrity and knowledge and follow the most current public health, workplace safety, and regulatory guidances. (See [Appendix A](#))
- 3) COVID-19 has impacted the entire world and has changed the way health care providers will practice for the foreseeable future. While there is a desire to return to life ‘as it was,’ the reality is that this pandemic has demonstrated a need for flexibility and creativity in how oral health care is provided to ensure the safety of the population.

“The post-COVID-19 office is not the same as the pre-COVID-19 dental office. All oral health professionals need to understand the risk of infection and disease and feel that they are working in an environment that is safe. Until the pandemic recedes, effective therapy is available, or a vaccine is developed and administered to the vast majority of the population, COVID-19 remains a risk for everyone, especially vulnerable populations. The dental office has changed, and dental office staff should be prepared to adopt infection prevention measures wholeheartedly.” (BCDA Return-to-Practice Office Manual, May 24)

- 4) All oral health practices must be in compliance with orders from the Provincial Health Officer. This includes the development of a Workplace COVID-19 Safety Plan that must be publicly posted.

“Employers are required to develop a COVID-19 Safety Plan that outlines the policies, guidelines, and procedures they have put in place to reduce the risk of COVID-19 transmission. This plan follows the six steps outlined below. Employers must involve frontline workers, joint health and safety committees, and supervisors in identifying protocols for their workplace.”

“Employers are not required to submit plans to WorkSafeBC for approval, but in accordance with the order of the Provincial Health Officer, this plan must be posted at the worksite. During a WorkSafeBC inspection, we will ask employers about the steps they have taken to protect their workers or to see the plan if it has been developed.” ([WorkSafe BC: COVID-19 and returning to safe operation - Phases 2 & 3](#))

Key Considerations for All Dental Hygienists

Personal and Professional

- Am I ready to return to work?
- Do I have childcare or other responsibilities that will prevent my return to work?
- If I am asked to work reduced hours, how will that impact my livelihood and eligibility for other government income replacement benefits (e.g., EI/CERB/CEWS)?
- If I feel an aerosol-generating procedure is essential, how will I collaborate with my employer and the oral health team to manage the provision of care in the safest way possible?

Employee Rights

- Please review the [BCDHA Employment Options Webinar](#), led by Employment Lawyer Lia Moody, to review general employment information.
- BCDHA has retained Employment Lawyer Lia Moody of Samfiru Tumarkin LLP to provide expertise on return-to-work and employment issues. **If you have a question and cannot find a clear answer in any of the guidance documents and manuals, please email info@bcdha.com with Subject: “LEGAL QUESTION” and we will consider whether it is appropriate for us to consult directly with Lia.**
- BCDHA, in collaboration with Lia Moody, is in the process of developing a Toolkit, which will serve as a resource for anyone with concerns.

Please note: While we WISH we could pay legal fees for any BC dental hygienist who requires ongoing support in your individual circumstance, BCDHA will only be working with Lia to address general, shared issues across the profession. If you believe you require personalized legal advice, you may wish to access the lawyer referral services listed here:

<http://www.accessprobono.ca/lawyer-referral-service>

Your Physical and Mental Health

- Please note, [Homewood Health](#), which is part of your CDHA/BCDHA membership, provides mental health support for all B.C. dental hygienists and their immediate families. Many individuals and families are experiencing high levels of anxiety, and there is no shame in reaching out for help for you or your loved ones as we all learn how to manage in a very different world.
- Health Canada has partnered with Homewood Health and other organizations to create a portal dedicated to mental wellness, [Wellness Together Canada](#). This portal connects all Canadians to credible resources for mental health and substance use issues.

NEW

NEW

Office Modifications

While some office modifications are known to reduce the risk of infectious disease transmission, additional measures taken by staff and patients should be considered as a way to reduce the risk of exposures. Figure 1 by the BCCDC demonstrates a hierarchy of measures that can be taken and implemented in combination to control and reduce the risk of infectious disease exposure.

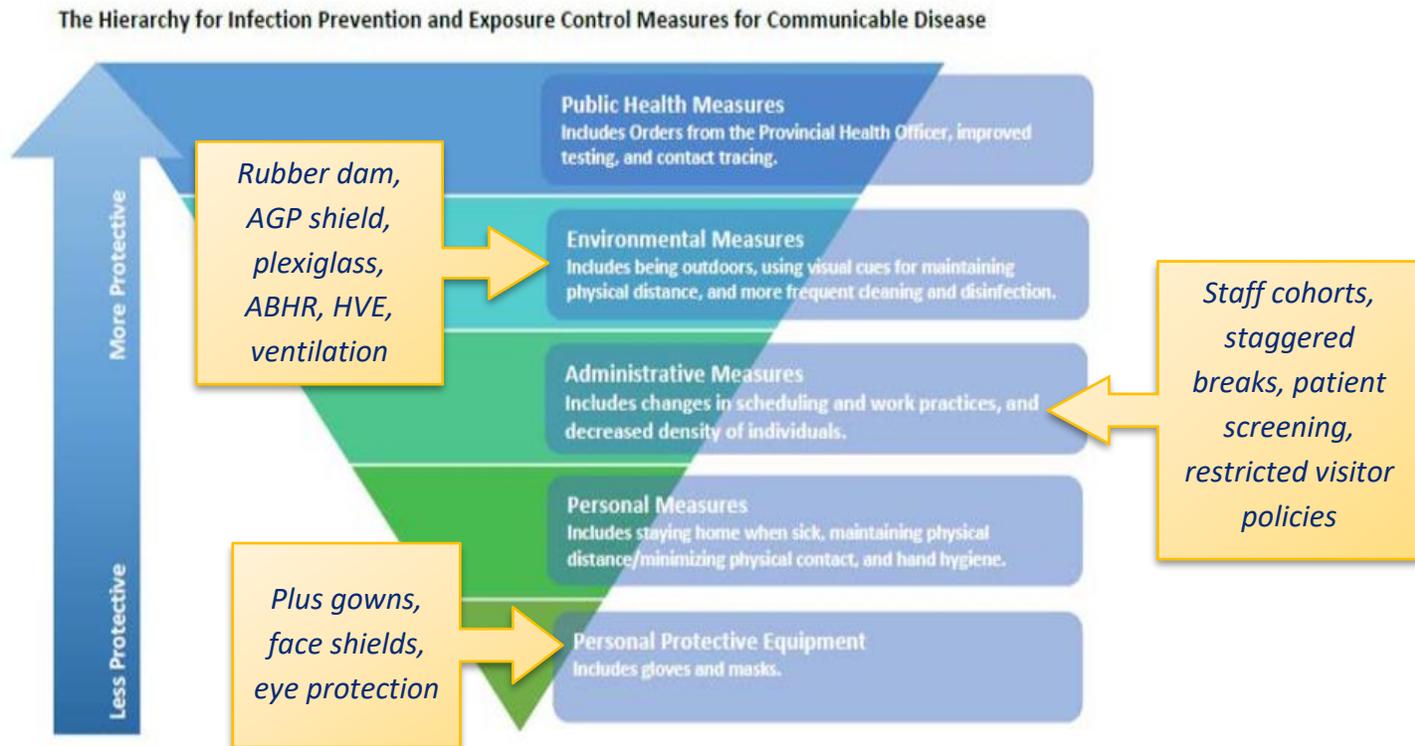


FIGURE 1 - [BCCDC Hierarchy for Infection Prevention and Exposure Control Pyramid \(page 3\)](#)

The BCDA *Return-to-Practice Office Manual* includes specific information for how dental offices should be modified (please note, this document is available to BCDA members only – please ask a DDS/DMD colleague if you can review their copy, or contact BCDHA to see if we have the latest version). All dental offices must be in compliance with orders of the Provincial Health Officer. This currently includes ensuring physical distancing measures within business spaces.

The following information for dental offices has been reviewed by WorkSafeBC and outlines the guidelines that should be considered. This includes:

- Minimize contact at reception.
- Maintain physical distancing for all staff and all visitors (patients, technicians, courriers).
- Consider placing a plexiglass screen for reception or encourage physical distancing with furniture or have reception staff wear PPE.
- Focus patient activity at the front desk to a limited area. Disinfect the area after patient contact.

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- Consider limiting the number of patients that are in the waiting room at one time.
 - Create an area for patient screening/hand sanitizing, and possibly donning of masks.
 - Discourage staff sharing. Do not share pens, phone headsets, staplers, etc.
 - Remove fabric surfaces, including cloth chairs in the waiting room.
 - Promote physical distancing. Reduce seating in the waiting area; ideally, chairs are two metres (2m) apart.
 - Remove unnecessary items. Remove magazines, brochures, toys, etc.
 - Clean and disinfect: Clean surfaces with detergent or soap & water if visibly soiled, then proceed with disinfection. Disinfect touch surfaces frequently, including chairs, tables, door handles, light switches, clothes hangers, bathrooms, and fixtures, staffroom surfaces, lab areas, etc.
 - Minimize the number of people at the office— only child and infirm patients to be accompanied.
 - Update contacts. Know how to contact the local health department. (*BCDA Return-to-Practice Office Manual*).

Any dental hygienist who has concerns about their office's compliance with these Office Modifications should speak with their employer. If you still have concerns, contact WorkSafeBC to seek advice or clarity. WorkSafeBC will accept your inquiry, complaint or request for follow-up, even if you prefer to remain anonymous. WorkSafeBC will provide you with guidance and/or a WorkSafeBC representative will conduct an on-site inspection if they believe it is required. WorkSafeBC will ask for a phone number in case additional information is required. Your name will not be shared with your employer, and your employer will not know if an employee or public member made a complaint. The only disadvantage of reporting anonymously is you will not be notified of the results or outcome (however, as an employee, you should see changes as they are undertaken).

For WorkSafeBC health and safety inquiries (e.g., requesting a worksite consultation, obtaining information about workplace health and safety, or the Occupational Health and Safety Regulation), please call WorkSafeBC from Monday to Friday between 8:05 a.m. to 4:30 p.m.

Phone: 604.276.3100 (Lower Mainland)

Toll-free: 1.888.621.7233 (1.888.621.SAFE) (Canada)

Prioritization of Client Care Services and Screening

All dental hygienists should be actively involved in the pre-screening processes as part of the COVID-19 Safety Plan for your organization and possess a high level of comfort with the plan. Interprofessional collaboration can enable streamlined appointment booking, but the provider (e.g., the dental hygienist) is ultimately responsible for managing their vulnerable patient pool and screening for suspected or confirmed COVID-19 positive patients. *“In-person services must only proceed when the anticipated benefits of such services outweigh the risks to the patient, the health professional, and the greater community. The oral health care provider (OHCP) is accountable and is the person best positioned to determine the need for, urgency and appropriateness of in-person care”* ([Oral Health Care during Phase 2 and 3 of the COVID-19 Response](#)).

“The OHCP is accountable for prioritizing access to in-person services based on clinical judgment and with consideration given to the patient perspective and the referral source. When determining priority for in-person care, OHCPs should reflect upon the following:

- *Acuity of the patient’s condition.*
- *Functional impairment or impact of the condition on health-related quality of life.*
- *The impact of not receiving services.*
- *Appropriateness of service provision via virtual care.*
- *Necessity of services which can only be provided in-person.*
- *Duration of patient wait times for care.”* ([Oral Health Care during Phase 2 and 3 of the COVID-19 Response](#)).

“Pre-screening protocols and triage, either by virtual/remote technology or by telephone, must be provided for all patients. This includes asking patients:

- *if they have symptoms of COVID-19 such as dry cough, sore throat or painful swallowing, shortness of breath, fever, runny nose, sneezing, post-nasal drip, loss of smell (anosmia) with or without fever, loss of appetite, chills, muscle aches, headache, fatigue*
- *if they have had close contact or have been in isolation with a suspected case in the last 14 days*
- *if they have travelled outside Canada in the last 14 days.”*

“When the patient arrives for their appointment, their pre-screening responses must be confirmed and recorded in their record. If the patient has screened positive for suspected or confirmed COVID-19, OHCPs are encouraged to defer in-person assessment and treatment or alternatively provide care by virtual means, unless deferring treatment is a greater risk to the patient than COVID-19. Where medical management of COVID-19 may be affected by deferring emergent dental treatment, there should be consultation with the primary care provider. If the patient is COVID-positive, but requires immediate care, treatment should be provided in a hospital or tertiary care facility whenever possible. Treatment can be provided in a dental practice if the needed expertise and PPE requirements can be met.” ([Oral Health Care during Phase 2 and 3 of the COVID-19 Response](#)).

“Patients considered to be vulnerable for severe expression of COVID-19 should they become infected include those with pre-existing conditions such as serious respiratory disease, serious heart disease, immunocompromised, severe obesity, diabetes, chronic kidney disease or those undergoing dialysis, liver disease and pregnant patients. Age is a risk factor that needs to be considered in the context of comorbidities which increase the risk of severe COVID-19 symptoms. ... Pre-existing conditions and age should not be an obstacle to receiving care, particularly when there is currently low incidence and prevalence of COVID-19 in B.C. However, additional precautions may be considered when scheduling high-risk patients. Effective risk mitigation can include scheduling vulnerable patients as the first appointments of the day to limit the opportunity for contact with other patients, OHCPs and staff.” ([Oral Health Care during Phase 2 and 3 of the COVID-19 Response](#)).

Dental hygienists are not expected to provide in-person care for suspected or COVID-19 positive patients, but may be able to address their concerns via virtual or telephone means, or refer their care to the appropriate healthcare provider or facility.

BCDHA acknowledges that individual dental hygienists must make decisions regarding the health and well-being of their patients. We have heard from numerous dental hygienists that they face disagreement with their employer or other staff regarding scheduling and deferral of patients within their work environments. Dental hygienists are encouraged to have collaborative discussions with their employer and team members, and offer any applicable following suggestions to their office team and employer:

- Similar to hospital rounds, consider setting aside time every few days to go over the upcoming patient list and make a decision, as a team, about the options for that patient (e.g., could they be deferred, what services should they have). This allows for those most familiar with the patient, the patient records, and the screening process to assess whether in-person care should proceed at this time.
- Consider calling vulnerable patients before their appointment to confirm that they understand and acknowledge the risk of dental hygiene treatment during the pandemic. Discuss your office risk mitigation practices, so the patient can make an informed decision about coming to the office for treatment.
- Allot time each day for dental hygienists to review the information collected by the pre-screening questionnaire and provide an opportunity for care providers to discuss options with the dental team and the patient prior to finalizing the appointment.
- Plan to have vulnerable patients (e.g., elderly, comorbidities) attend the office during the first hour of the day. Other patients at low risk for COVID-19 can be seen throughout the day.
- Pre-screening and temperature-taking may be necessary for people accompanying minors or infirm patients. Also, consider pre-screening for technicians or service workers who will be in the office environment for a prolonged period.

The B.C. oral healthcare colleges have created the *Appendix B* flowchart in the [Oral Health Care during Phase 2 and 3 of the COVID-19 Response](#) document to help with decision-making for the management of care for COVID-19 positive patients. Although deferring patients is never easy, dental hygienists must recognize their professional responsibility to make a decision based on their knowledge, expertise, and professional obligation. BCDHA, in consultation with our employment lawyer, will be providing a Toolkit to help you in these collaborative conversations.

When it comes to who makes the decision to provide dental hygiene care for a client, or defer to a later time when it is safer, the buck stops with the practitioner.”

- Dr Alastair Nichol, Chair, BCDA Return to Work Committee
([BCDHA/BCDA Joint Forum](#)) June 3, 2020

PPE Use

The ‘minimum guidelines’ from the [Oral Health Care during Phase 2 and 3 of the COVID-19 Response](#) indicate:

“The majority of exposures are preventable by following routine procedures. Where there is low incidence and prevalence of COVID-19, additional PPE over and above that required for normal precautions is not required. ... An aerosol-generating medical procedure (AGMP) is any procedure conducted on a patient that can induce production of aerosols and droplets of various sizes. ... Every effort must be made to make PPE available and accessible at the point-of-care. OHCPs must receive training in and demonstrate an understanding of:

- *when to use PPE*
- *what PPE is necessary*
- *how to properly don, use, and doff PPE in a manner to prevent self-contamination”*

Please review carefully to ensure you are following appropriate procedures for:

- donning and doffing
- PPE storage
- Managing droplet and splatter
- Determining when to use AGMPs vs. when not to use AGMPs

Table 1 from page 17 of [Oral Health Care during Phase 2 and 3 of the COVID-19 Response](#) recommends PPE decision-making as follows:

TABLE 1: Required personal protective equipment by procedure and COVID-19 status of patient

	PPE required for Non-AGMP	PPE required for AGMP
Positive or suspected COVID-19 status	Droplet and contact precautions <ul style="list-style-type: none"> • Mask** • Face shield or goggles • Gloves • Gown*** 	AGMP precautions <ul style="list-style-type: none"> • N95 respirator • Face shield or goggles • Gloves • Gown***
Negative COVID-19 status	No additional PPE required beyond routine precautions <ul style="list-style-type: none"> • Mask** • Eye protection* • Gloves 	No additional PPE required beyond routine precautions <ul style="list-style-type: none"> • Mask** • Eye protection* • Gloves

* Eye protection can be a full face shield, goggles or safety glasses.

** Mask is procedure dependent, level 3 surgical mask for surgical procedures.

*** Gown may be disposable or reusable

“While the guidelines that have been produced for the Phase 2 response plan are based on BCCDC directives, and supported by the most current and available evidence, these guidelines are intended as a minimum acceptable level of care. Oral healthcare providers are not limited from implementing additional measures that they feel are prudent and further support their safe practice.” ([Summary of Changes and FAQs on Oral Healthcare During Phases 2 and 3 COVID-19 Response Plan](#), and [Frequently Asked Questions document, CDHBC](#))

The use of ultrasonic instruments, magnetostrictive instruments, rubber cup polishing and the use of air/water syringes are all considered AGMPs. Although the current guidelines do not advise for additional PPE for AGMP unless working on a COVID-19 positive patient, BCDHA supports the Colleges’ recommendation to minimize these procedures as much as possible. If AGMPs must be provided, consider performing the activities with greatest likelihood for aerosol generation at the beginning of the appointment. Always use an HVE while performing any AGMP to mitigate risk.

PPE Availability

While procurement of PPE has improved across B.C. and Canada, there continue to be shortages, increased costs and interruptions in the supply of various items. Most PPE can now be produced domestically, which is improving the supply chain. However, difficulties with PPE are anticipated to continue for the next six to nine months, according to the Dental Industry Association of Canada. [Oral Health Care during Phase 2 and 3 of the COVID-19 Response](#) recommends “*maintaining a minimum 2-week supply of plain soap, paper towels, hand sanitizer, cleaning supplies, and surgical masks, if possible.*” Additionally, some offices are not willing to purchase additional PPE over and above the minimum requirements (please note, changing any level of surgical mask between each patient is always a requirement). In some cases, dental hygienists may want to purchase their own PPE. BCDHA will continue to advocate for better supply lines for PPE while recognizing that essential health care providers must have priority access.

Please be careful when purchasing as numerous counterfeits or unapproved products are flooding the market.

According to the Dental Industry Association of Canada, which is tracking the PPE situation:

- N95 Surgical grade and N95 Commercial grade respirators (NIOSH approved) continue to be a challenge with lead times for delivery to the dental supply chain of N95s estimated to be towards the end of 2020 to early 2021. The N95 product is the most counterfeited product in the world right now, so be careful what you purchase.
- Level 1 – 3 ASTM masks are being supplied in limited quantities to the dental community, and there is optimism the industry will catch up – remember that some airlines, transit authorities and others are now requiring masks and this will put additional strain on the supply.
- Gowns are in short supply and are at higher prices. Re-useable fabric gowns are a good alternative and are a more environmentally friendly alternative. Some offices have installed washer/dryers so staff can clean their gowns on-site.
- Gloves are in limited supply due to reductions in production. This is being watched closely. Buy when you can.
- Face shields are manufactured quickly but sell out quickly. Look to non-traditional suppliers. You can download approved plans for printing face shields on a 3D printer if you have access to one.

PPE Supply

Some BCDHA suggestions:

1. Bowers Medical (a B.C. company) is working to procure supplies for non-hospital/health authority health professionals.

Please contact Brittany Bowers, National Operations Manager
Phone: [\(604\) 946-7712](tel:(604)946-7712), Ext. # 144 | Fax: [\(604\) 946-7715](tel:(604)946-7715)
Email: brittanyb@bowersmedical.com

NOTE: While we don't receive any benefits from recommending Bower Medical, it is helpful to mention you received this information from BCDHA. This can make it faster and more economical for Bowers to place an urgent order when they can 'group' together with a list of purchasers. BCDHA will work with them to help expedite whenever possible.

2. [The Surgical Room](#) supplies approved reusable masks (reviewed and endorsed by the BCDA).

NOTE: While The Surgical Room offers a range of products, to our knowledge, only the REUSABLE masks have been verified and endorsed for use by BCDA, WorkSafe BC, and public health.

3. If you are sourcing face shields, you may wish to connect with:
 - a. [Synca](#), located in Le Gardeur, Q.C.
 - b. [Laminati](#), located in Richmond and Surrey, B.C.
4. The Canadian government has launched a [PPE Supply Hub](#). This brings together available resources for organizations buying and selling PPE. It connects Canadian organizations with federal/provincial and other resources and information about PPE, including consumer guidance. This should provide more clarity to those looking for PPE.
5. Please review the Canadian government's website, [Authorized Medical Devices for Uses Related to COVID-19](#), to ensure you are purchasing appropriate PPE.
6. Using utility gloves for cleaning and disinfection may help to conserve gloves. As well as utility gloves can reduce the risk of sharps injuries and can be bagged and sterilized.

NEW

Pre-Procedural Rinses

The clinical benefits of pre-procedural rinses to reduce the risk of aerosol or droplet transmission of disease are currently unknown ([*Oral Health Care during Phase 2 and 3 of the COVID-19 Response*](#)). However, they may aid in reducing the viable microbial content of dental aerosols or droplets. This is a good area of discussion amongst clinicians in your workplace. Please note that the 1% hydrogen peroxide PPR is not substantiated by clinical evidence to reduce the risk of transmission of COVID-19. If a chlorhexidine rinse is necessary, please collaborate with a dentist for a prescription.

The CDHA supports that all adults may benefit from incorporating individual-specific therapeutic oral rinses into one's daily oral care routine to control biofilm and prevent gingival inflammation and disease. ([*Therapeutic oral rinsing with commercially available products: Position paper and statement from the Canadian Dental Hygienists Association*](#), and [*Therapeutic oral rinsing with noncommercially available products: Position paper and statement from the Canadian Dental Hygienists Association, part 2*](#)).

NEW

Return to Long Term Care and Assisted Living Settings

While the CDHBC has indicated that it is safe for dental hygienists to resume provision of dental hygiene services in long term care (LTC) and assisted living (AL) settings, access to these settings is at the discretion of the relevant Medical Health Officers and individual facility administration. Dental hygienists currently need to seek permission from the institution prior to booking appointments in LTC or AL. BCDHA has called for a province-wide mandate to be implemented, with clear direction for LTC and AL, rather than the current 'ad hoc' decisions being made at various levels of the system. If you have not been allowed to return to LTC or AL, please let BCDHA know as we are actively working with partners to resolve this situation and ensure patients are able to receive the care they need. ([*Infection Prevention and Control Requirements for COVID-19 in Long Term Care and Seniors' Assisted Living*](#), and [*Resumption of oral health care in long term care and assisted living settings*](#)).

NEW

CPR-Basic Life Support (BLS) Certification

CDHBC registrants in the practicing categories must hold current CPR-Basic Life Support (BLS), formerly known as CPR-Health Care Provider (HCP), to register or renew. *“The following CPR certifications have been approved by the CDHBC Registration Committee:*

- Canadian Red Cross – Basic Life Support (BLS)
- St. John Ambulance – BLS – Basic Life Support (HCP)
- Lifesaving Society – Basic Life Support Responder CPR/HCP with AED
- Heart and Stroke Foundation – Basic Life Support (BLS)
- St. Mark James – CPR Health Care Provider (HCP)
- Saje Vital Signs – Dental Emergency Response Course and CPR HCP

If registrants have obtained a CPR certification not included on the list above, please contact the CDHBC.” ([CDHBC CPR-BLS Certification](#), and [CDHBC CPR Requirement](#))

The CPR-BLS training must be in-person to be considered valid. However, accessing in-person training may prove challenging during the pandemic. Here are some approved training partners:

Name	Contact	Location	Full Certification	Recertification
Intensive Care First Aid	604.817.9428 or info@intensivecarefirstaid.ca	Lower Mainland	✓	✓
Link2Life	604.428.1870 or office@link2life.ca	Lower Mainland	✓	✓
The Vital Link	604.644.4709 or karen@vital-link.ca	Lower Mainland		✓
Foundations Safety+First Aid Training	236.878.6646 or info@foundationsfirstaid.ca	Lower Mainland, Fraser Valley, and Okanagan	✓	✓
Alert First-Aid Inc.	250.595.5323 or 778.654.7599 or info@alertfirstaid.com	Vancouver Island	✓	✓
Life Safe Medical	250.933.0066 or lifesafe.med@gmail.com	Vancouver Island	✓	✓
Frontline First Aid	250.470.0205 or training@frontlinefirstaid.ca	Okanagan	✓	✓
Lifesavers First Aid Training	250.562.1238 or lifesavers@telus.net	Northern BC	✓	✓

Please contact these training partners for more details on their course offerings. Other courses may be found through the websites of the approved certifications listed by CDHBC.

Discussion to have within your workplace

1. Do we have an adequate (minimum 2-week) supply of PPE for all team members and clients? Are we in agreement regarding what PPE is required? What is our strategy for procuring more PPE?
2. Will we be holding a training and education session any time there are new infection prevention and control strategies, including donning and doffing of PPE, or when new guidelines are published? How are training sessions documented? How are we documenting which PPE is being used per patient?
3. Should we have an Infection Prevention and Control Lead within our office that we can report concerns to and discuss new innovations and options with?
4. How are we notifying patients of longer treatment times and additional costs for PPE? How are we determining length of appointments and amount of time required between patients?
5. How will we handle internal communications once one of us has full PPE on, to avoid contamination walking through the office? How will we communicate with the DDS and/or the front desk?
6. What will the protocol be for managing the additional set-up, clean-up, charting, escorting patients to and from my op, instruments, etc.? How can we collaborate as a team to support each other for these processes?
7. How will you support my professional decision regarding when and if to utilize AGMPs?
8. How will we, as a team, work together to minimize AGMPs? Will every provider be using high volume evacuation (HVE) during AGMPs? Is our HVAC sufficient for the space? Are air filters changed regularly, etc.?
9. As per the College guidelines, patients with existing conditions such as serious respiratory disease, serious heart condition, immune-compromised conditions, severe obesity, diabetes, chronic kidney disease and those undergoing dialysis, and liver disease; and pregnant patients. How is our team going to review charts and pre-screen patients so we can ensure this occurs? How will we handle disputes if we disagree with the assessment that the patient should be seen?
10. How will we manage patient concerns over the patient acknowledgement form? (e.g., “I have an elevated risk of contracting AND SPREADING the novel coronavirus simply by being in the dental office”)
11. How will we determine if our planning is working and whether we need to make any changes to how we are working?

Appendix A – Additional Resources

B.C. Mandatory Authoritative Guidances for COVID-19 for Oral Health Care Providers

You MUST comply with all guidances listed in this section.

Below is a comprehensive list of mandatory authoritative guidances for B.C. oral health professionals and workplaces, including dental hygienists (this list is continuously growing and changing and will be updated to reflect any additional guidances posted):

- [Provincial Health Officer: COVID-19 Update - Letter to Health Professionals](#) – May 15, 2020
- [Provincial Health Officer: COVID-19: Important Update](#) – March 23, 2020
- [CDHBC: Letter to Registrants Regarding Return to Non-Essential Care](#) – May 15, 2020
- [CDHBC: Letter to Registrants: Updates to BCCDC Infection Prevention and Control Guidance for Community-Based Allied Health Care Providers in Clinic Settings](#) – May 15, 2020 @ 8p.m.
- **NEW: [CDHBC: Resumption of oral health care in long term care and assisted living settings](#)** – July 6, 2020
- [B.C. Health Regulators: Guidance for Community Health Care Services](#) – May 15, 2020
- **NEW: [BCCDC: Infection Prevention and Control Requirements for COVID-19 in Long Term Care](#)** – June 20, 2020
- [BCCDC & MoH: COVID-19 - Infection and Prevention Control Guidance for Community-Based Allied Health Care Providers in Clinic Settings](#) – May 15, 2020
- [BCCDC: Interim Guidance on Personal Protective Equipment](#) – Updated September 8, 2020 @ 9:00am
- [WorkSafeBC: Protocols for Returning to Operation, Phase 2 and 3, Health Professionals](#)
- [CDHBC: Transitioning Oral HealthCare to Phase 2 of the COVID-19 Response Plan](#) – May 15, 2020
 - **NEW: [Oral Health Care during Phase 2 and 3 of the COVID-19 Response](#)** – August 18, 2020
- [CDHBC: Transitioning Oral HealthCare to Phase 2 of the COVID-19 Response Plan - FAQ](#) - May 21, 2020
 - **NEW: [Summary of Changes and FAQs on Oral Healthcare During Phases 2 and 3 COVID-19 Response Plan](#)** – August 18, 2020
- [CDHBC: Infection Prevention and Control Guidelines](#) – July 2012

Additional Mandatory Guidances

- [COVID-19 What is the Ethical Duty of Health Care Workers to Provide Care During COVID-19?](#)
- [COVID-19 Safety Plan](#)
- [BCCDC: Self-Assessment Monitoring Tool](#)
- [BCCDC: Viral Testing: Who to Test? Clients and Health Professionals](#)
- [BCCDC: B.C. Health Care Worker COVID-19 Exposures Risk Assessment Tool](#)
- [BCCDC: Information for Chronic Health Conditions](#)
- [PHSA: COVID-19 Virtual Health Toolkit](#)
- [BCCDC: Signage and Posters](#)
- [BCCDC: PPE - Health Professional \(AGMP, Safe Donning PPE, Safe Doffing Contaminated PPE\)](#)
- [BCCDC: PPE – Provincial Supply](#)
- [BCCDC: Emergency Prioritization in a Pandemic PPE Allocation Framework](#)
- [BCCDC: Environmental Cleaning and Disinfectants for Clinic Settings \(IPC v3.1\)](#)
- [BCCDC: COVID-19 Information Sheet for Environmental Service Providers in Health Care Settings](#) – July 7, 2020
- [VCH: IPAC Best Practice Guidelines for Aerosol-Generating Procedures](#) – July 2, 2020
- [PICNet: Provincial Infection Control Network of British Columbia](#)

Non-BC specific resources, videos and articles of interest

These additional articles, resources, and videos have been brought to our attention as having been particularly helpful to dental hygienists. These are not endorsed by BCDHA, and they have not been formally reviewed or vetted. They may, however, provide dental hygienists with some additional ideas or considerations. Please note, the guidances listed in this section are from jurisdictions outside of British Columbia.

If you have an article or resource you would like us to consider adding here, please email info@bcdha.com with Subject: RTW GUIDE

Aerosols

[Decoding Dental Aerosols](#)

[Aerosols and splatter in dentistry](#)

Asymptomatic and Pre-symptomatic patients

[Prevalence of Asymptomatic SARS-CoV-2 Infection](#)

[Dental Care and Oral Health Under the Clouds of COVID-19](#)

Non-BC Guidelines

[New Brunswick](#) – May 10, 2020

[Nova Scotia](#) – June 19, 2020

[Saskatchewan](#) – July 13, 2020

[Yukon](#)

[Cochrane review for re-opening dental offices](#)

[International Federation of Dental Hygienists](#)

[Office of the Chief Dental Officer of Canada: Evidence to support safe return to clinical practice by oral health professionals in Canada during the COVID-19 pandemic](#) – September 16, 2020

PPE

[Protecting Healthcare Workers From Pandemic Influenza: N95 or Surgical Masks?](#)

[Evidence on optimal physical distancing, face masks, and eye protection to prevent spread of COVID](#)

[CDC Fact Sheet Respiratory Protection FAQ](#)

[CDC Respirators vs Masks](#)

[CDC FAQ about Respiratory Protection – User Seal Check](#)

[CDC Recommended Guidance for Extended Use and Limited Reuse of N95 Filtering Facepiece Respirators in Healthcare Settings](#)

[Donning/Doffing PPE \(N95\) \(VIDEO\)](#)

[Personal Protective Equipment \(VIDEO\)](#)

[How to Check for Counterfeit Masks](#)

Engineering Controls

[STALShield](#) – an HVE attachment that limits splatter/droplets at the source.

Virus spread

[The Risks: Know Them/Avoid Them](#)

[FDA Policy for Sterilizers, Disinfectant Devices and Air Purifiers during COVID-19](#)

[Standard and Transmission Based Precautions](#)
[ADA Interim Guidance for Minimizing Risk of Transmission](#)
[Transmission Routes of COVID-19 and controls in dental practice](#)

Pre-Procedural or Therapeutic Oral Rinses

[Therapeutic oral rinsing with commercially available products: Position paper and statement from the Canadian Dental Hygienists Association](#)
[Therapeutic oral rinsing with noncommercially available products: Position paper and statement from the Canadian Dental Hygienists Association, part 2](#)

Other

[Oral vesiculobullous lesions associated with SARS-CoV-2 infection](#)
[A Step-by-Step Guide to Preventing PPE-Related Skin Damage – *Log in/registration required*](#)
[CDHA Neuro-musculoskeletal Injuries Prevention Exercises \(Webinar\)](#)
[CDHA Chair Side Warmup](#)
[Infection Control: Information and Signage to Prevent the Spread](#)
[Disinfectants for Use Against COVID-19](#)

Appendix B – Return to Work Committee

As of September 2020

	Name	Work Location	Practice	Designation
1	Young, Christie (Chair)	North Vancouver	Periodontal	BSc, RDH (C)
2	Copeland, Leah	Langley	General	DipDH, RDH (C)
3	Grant, Mag	Kamloops	Periodontal	DipDH, RDH (C)
4	La Chimea, Teresa	White Rock	General Term Instructor (VCC) Term Instructor (UBC)	DipDH, BDSc(DH), MEd, DHP (C)
5	Laing, Kimberly	Vancouver	Public Health Community Health Coordinator and Clinical Instructor (VCC)	DipDH, BDSc(DH), PIDP (cand), DHP (C), MPH (cand)
6	Lopez, Claudia	Surrey	General	DipDH, RDH (C)
7	Sidhu, Jaspreet	Squamish	General	DipDH, BDSc(DH), DHP (C)
8	Sové, Bronwynne	Surrey Whistler	General	DipDH, RDH
9	Szczepulski, Martha	New Westminster Vancouver	General Long Term Care Professional Educator (Waterpik)	Dip DH, BDSc(DH), DHP (C), PID
10	Wright, Cheryl	Langley	Term Instructor (VCC) General Practice	CDA, DipDH, BDSc(DH), DHP (C), PID (cand)
11	Zevick, Aiste	Vancouver	Periodontal Professional Educator (Waterpik) Instructor (UBC CE LA course)	DipDH, BDSc, RDH (C)
12	Oshaneck, Kyla	Victoria	General	DipDH, BDSc(DH), DHP (C)
12	Jobs, Wendy	BCDHA Staff Support	Manager of Dental Hygiene Practice	DipDH, PID, M.Ed, DHP (C)
13	Lopez de Leon, Mystica	BCDHA Staff Support	Policy Analyst General Periodontal	CDA, BDSc(DH), DHP (C)

The BCDHA Return to Work Committee focuses on developing tools and information to support the return to work of dental hygienists during the pandemic. This committee has vacancies for grassroots dental hygienists and dental hygiene educators. We are particularly interested in including individuals from the Island, the North, or the Kootenays.

If you are interested in joining this committee, please email info@bcdha.com with Subject **“RETURN TO WORK COMMITTEE,”** credentials and location. We will respond as soon as possible.