List of FAQs re: Return to Work Guidelines

Revised: May 20 4:00 pm

The following questions have been compiled by BCDHA from Fireside Chats, emails and online discussions. If you feel we have missed any questions or concerns raised, please drop us a quick line at info@bcdha.com or add a comment on this post on our Facebook page.

We may not be able to answer all your questions, but we are beginning to work on sourcing answers and clarity and are developing a strategic plan for going forward. BCDHA's strength is in the voice and passion of our members and we look forward to hearing from you. Please note, these questions do not reflect an opinion or position of the Association and are merely capturing what has been brought forward by members.

Questions for Employers

1. The language in the guidance documents is vague and leaves enormous room for interpretation. For example, we should defer high risk patients, such as immune compromised individuals, whenever possible. What does 'whenever possible' mean? Who is screening for this? Will reception be checking ages of patients and discussing health histories on the phone when booking?

2. My employer has instructed us to return to work on June 1st and use hand instruments only. This satisfies my concerns around aerosols, but I am worried about the damaging impact on my body / long term career longevity and I know I cannot provide the same quality of care with hand instruments only. I do not want to lose my job, but I value my preventive health and recognize this could result in significant physical strain. Can I ask my employer to provide N95s for these reasons, so I can do aerosol procedures and feel safe?

3. Many professions are asking patients to sign informed consent forms or something similar, to indicate they understand the risk they face coming into the office with potential aerosols in the air. Has this been considered in BC?

Guidelines

1. Why are the B.C. Guidelines so different from other provinces? We are all dental health care providers, so why are they not the same?

2. Can the BCCDC and other decision-makers provide the evidence that supports these guidelines?

3. The provincial health officer has spoken frequently about asymptomatic carriers. Shouldn't everyone be considered asymptomatic COVID-19 carriers with regard to infection prevention &

control? If we do not consider all patients possible carriers and we treat without using n95 masks and other protections, we could be placing ourselves at risk.

4. As per CDHBC Practice Standards we are to do no harm and provide optimum safe care. If dental hygiene is not an essential service, which is the statement made by our College, why is it being resumed in Phase 2? Why not hold off on hygiene until Phase 3, after dental services have resumed?

5. Are the guidelines the same for long-term care? Are individuals who provide mobile dental hygiene services allowed to work in more than one facility when nurses are not?

6. If someone has had a chronic cough on past visits, do we deem them symptomatic and defer treatment and assume they are sick?

7. How involved was BCDHA with input and finalizing this document with CDSBC?

8. Why don't offices need to post a plan for their return to work like other workplaces? What about the plan for if a patient test positive after they have received treatment? How does an office handle that? Do we call patients? Does public health? Who is assuming liability and responsibility, the practice owner?

Practice Questions - what can we do/not do?

1. If we have high volume evacuation (HVE), can we use a power scaler?

2. The BCCDC states "Airborne precautions including N95 respirators with gown, gloves, surgical/procedural mask and eye protection (face shield or goggles) should be used during aerosol-generating medical procedures," the current college recommendation seems to contradict this information.

3. The document from the College says, "Routine protective measures including bibs, drapes and eye protection must be provided for patients," (p.8) What is a drape and what if my employer won't supply these things?

4. The College document indicates "Consideration of extraoral forms of imaging, such as a panoramic radiograph and extraoral bitewing radiographs may be appropriate to reduce risk." Yet producing an AGMP such as the use of a cavitron requires nothing more than typical standard precaution seems disconnected.

5. My dentist feels we do not need to adhere to any of the guidelines because we are in a small town and risk is low. Dr. Henry says that this is 'everywhere'. What should I do? For instance, what if my employer will not stagger appointment times, or continues to see patients that are sick? What do I do?

6. What does “limit the use of” mean? Each employer can determine this, but that does not tell me what the actual evidence says? What if my dentist is ignoring standard precautions?

7. My operatory is not fully separated from a restorative operatory next door. If the dentist is using aerosols, but I am just bringing in a patient, how are they protected from the aerosols next door?

8. Do we need to use HVE when rinsing with tri-syringe tip?

9. My employer highlighted the section in the guidelines that said low risk clients do not require additional PPE and therefore wants us to use the cavitron. What if the patient is asymptomatic or has not entirely told the whole story about their health?

10. I would like to see research/guidelines on aerosol travel. How far can they go? For how long? Can they circulate through the venting system from one room to ours? Should there/are there venting guidelines?

11. Could the Association advocate for hygienists to be able to determine appointment times without any direction from the business/employer? The time needed should be at the sole discretion of the professional performing the services and evidence based on assessment data in order to effectively provide individualized care (with the exception of new patient exams)?

PPE for Dental Hygiene

1. What level of masks are needed for AGP and non AGP? Why not N95s for the entire visit? We were fitted for N95s during SARs. Spiritual health workers in the hospital are fitted for N95s. Dental hygienists are inches away from the mouths of their patients, so this seems contradictory? Is it because there is not enough PPE in the province?

2. In her daily news conference on May 16th, Dr. Henry talked about using Level 3 or Level 4 masks. What is a Level 4 mask?

3. In terms of gowns, the guidelines say a clean gown is needed for cleaning the rooms but not when working with patients?

4. Why do receptionists need plexiglass AND tape on the floor to keep patients 2 m away from plexiglass or if no plexiglass they need masks and gowns just to take payment but us working directly in the mouth level 2 masks with no face shield is ok?

5. Are we not using full PPE because it is being saved for front-line health care workers?

6. When is it ok to re-use PPE? Which PPE can be re-used? Some employers have directed dental hygienists to wear the same Level 3 mask for an entire shift; some employers have suggested that their dental hygienist tape a Level 3 mask to their face to mimic the protection of an N95. If there is some research out there that says this is safe, we need that to be shared with us.

7. According to the CDC, https://www.cdc.gov/coronavirus/2019-ncov/hcp/dental-settings.html an N95 is better and recommended and a surgical mask to be used ONLY if an N95 or higher is not available. I do not understand where BCCDC is getting their recommendations from, and why is there not a section for just DENTAL professionals

Employment Questions

1. I am to return to work with no extra time for clients, no appointment staggering, I feel this is too fast to have time to educate all team members. My concern is if I refuse to return can I be fired?

2. I have been working as a temp hygienist, I am nervous about working in different dental environments with different protocols. Being a temp hygienist I feel my best interest won't be considered as I am not a regular employee of the clinic, no rapport with the office, how would I voice my concerns if I feel I'm not protected well to provide dental hygiene care.

3. What recourse do we have regarding job stability if we feel it is too fast, not enough research or not enough PPE?

4. I have been asked to take a 10$/hr pay cut … is that even legal?

5. I get paid on production so less patients in a day means lower pay – what do I do?

6. I have been told I need to start working on Sundays – can they make me do that?

7. What happens if you go back to work, a breakout happens, offices end up closing. Can we go on EI?

8. Are we liable if patients get infected?

9. If my hours are cut, what if I end up making less than the CERB?

10. If our office is informed that a patient we treated was recently diagnosed with COVID and we start to develop a runny nose or a cough and are expected to self isolate for whatever period of time, are we covered through WCB?

11. My allergy symptoms are the same as COVID-19 symptoms. Am I expected to stay home if I have those? I could be off for weeks?

12. Regarding malpractice, if CDHA (our carrier) says we must wait a few hours for aerosols to settle, and a client gets it and then sues us because we only waited 10 minutes, are we liable?

Confidentiality

1. I am nervous to say anything about any of this to my employer or other colleagues because I have been called out publicly on Facebook for doing so. What are my options?

2. I am afraid to report my employer because I cannot afford to lose my job. What do I do?