

dentalcorp Practice Reopening Playbook

AS OF MAY 22, 2020



As dental professionals, it is important to prepare for a new “future” in dentistry and focus on how to treat patients in the new era of COVID-19. To do this, it is essential to ensure your dental Practice has the appropriate protocols and procedures in place to help protect you, your team, and your patients.

This Playbook should be used as a guide to ensure safe and effective reopening of your Practice. Please refer to your local regulatory bodies, ministries of labor and public health units for the most up-to-date information on health and safety protocols and procedures.

This playbook is divided into the following sections:

- 1. Reopening safely**
- 2. Maximizing patient flow, while minimizing contact**
- 3. Filling the schedule efficiently**
- 4. Phasing-in staff**
- 5. Managing cash flow**



Reopening safely

The right time to reopen a Practice involves many factors including regulatory and community guidance. Dentists and office managers should also be aware of current COVID-19 prevalence rates in their region. In all cases, Practices must take appropriate safety precautions, follow all Infection Prevention and Control (IPAC) best practices, and utilize appropriate personal protective equipment (PPE).

Phase One (present day)

Dental team considerations for return to work

- Purchase non-contact thermometer
- Provide office specific IPAC training
- Ensure understanding of proper donning/doffing
- Complete fit testing for N95 masks (N95s will not form a seal around facial hair)
- Perform PPE inventory assessment
- Place alcohol-based hand rub (ABHR) and handwashing signs in appropriate areas
- Consider remote conferencing for team meetings such as morning huddles
- Consider vaccinations/immunization status
- Implement and maintain cleaning logs for bathrooms, reception, waiting rooms, steri-centres and staff areas

Prepare for opening

- Develop criteria for scheduling appointments
 - Stagger start and end times for procedures
 - Allow time after appointments for aerosol generating dental procedures (AGDP) where operatories are unutilized
 - Follow current provincial regulatory guidance
- Develop workflows for common procedures to avoid having to leave the operatory during treatment (i.e. which instruments will be required? What PPE will be used? etc.)
- Prepare policy for receiving packages/deliveries
- Thoroughly clean and de-clutter all areas of the office
- Remove expired products

Waiting area and reception

- Chairs/furniture should be wipeable and placed six feet apart to accommodate social distancing
- Remove non-essential items (i.e. rugs, toys, displays, brochures, magazines, plants, models, etc.)
- Implement environmental cleaning logs
- Install text answering for appointment scheduling
- Ensure risk assessment signage is displayed (i.e. STOP sign for symptoms of flu or COVID-19)
- Place cough etiquette signage conspicuously



Operatories

- Remove non-essential items (i.e. brochures, magazines, teaching aids, displays, office supplies, etc.)
- Ensure counters are wiped down and clear of clutter
- Clean drawers, windows, blinds, and counters
- Do not bring paper charts into the operatory
- Be careful to cover any non-removable items with barriers
- When possible, AGDPs to be performed in an operatory with floor-to-ceiling walls and a door
 - Always follow provincial regulatory guidelines

Reprocessing area

- Ensure one-way flow, as per IPAC best practices
- Wall mounted ABHR should be placed at entry and exit of steri-centre
- Having a designated steri-tech is advised as clinicians will have longer donning and doffing and operatory decontamination routines, leaving less time to reprocess instruments

Staff rooms

- Ensure social distancing in staff room (consider furniture placement)
- Stagger lunch breaks
- Provide change rooms
- Provide lockers (locked)

Laundry

- Personalize/label all scrubs and lab coats
- If laundry can be done in Practice:
 - Scrubs should stay in the Practice and not be taken home by the staff
 - Appropriate PPE for laundering garments should include gloves and disposable apron
 - Laundry should be completed by designated person and not by clinical staff between patients
- Consider protocol for laundry (consider a laundry service)
 - Scrubs, reusable gowns and lab coats should be laundered separately from towels
 - Designated drop off area for used laundry
 - The load should not exceed half of the machine capacity
 - Wash scrubs and lab coats at maximum temperature tolerated by fabric

Storage

- Ensure adequate closed storage of materials/stock
- Ensure contained disposal storage for contaminated items



Phase Two (7-14 days prior to opening)

Water lines

- Run all water lines for 5 minutes
- Follow manufacturer's instructions for use (MIFU) regarding water line testing; pending results, cleaning and shocking waterlines may be needed

Mechanical room

- Turn on nitrous units and O2 tanks, including shut-off valves on all tanks
- Confirm that vacuum is powered on and electricity is supplied to vacuum system
- Turn on power to air compressor
- If you have a dryvac, refer to manual for instructions
- For wet vacs, turn on water supply

Operatory

- If office is not equipped with main master water shutoff valve, turn on water valves by hand at foot of chairs
- Turn on all power to dental units
- Turn on water lines to the piezo or cavitron if connected to the unit
- Always listen for any air and vacuum leaks
- Run water through suction lines to ensure any dust or micro-debris is flushed through

Phase Three (1-3 days prior to opening)

Sterilization

- Fill all sterilizer water reservoirs
- Plug in all sterilizers
- Follow MIFU for start-up procedures for hydrim
- Follow MIFU for start-up procedures for water purification systems
- Wipe down internal cavity of the autoclave with a dry cloth to remove any excess water left behind from draining

Lab Areas

- Turn on the sink at plaster trap for 2-3 minutes, as well as the model trimmer
- Run eyewash station as per MIFU

Phase Four (day of opening)

Operatory

- Lower chairs and place foot pedals on floor
- Turn on any links to nitrous and oxygen
- Dust all computers in operatories and throughout clinic to ensure dust does not clog the fan inside computer
- Ensure counters are wiped down and clear of clutter
- Ensure operatories are disinfected
- Ensure all operatory drawers are cleaned



Sterilization

- Perform Bowie Dick test if applicable
- Perform biological indicator test with first load of the day in each sterilizer and each type of cycle
- Wipe ultrasonic with disinfectant, fill with solution
- Fill water distillers and plug in

Technology

- Check router and computer equipment to ensure everything works appropriately
- Ensure remote access to Practice Management System (PMS) available only as needed

Imaging

- Turn on all x-ray units
- Turn on processors if used and fill with appropriate solutions
- Perform radiographic step wedge test for all units
- Start logging of x-rays



[Click here for a comprehensive Practice Reopening Checklist](#)



Maximizing patient flow, while minimizing contact

During this uncertain period, your patients will be looking to you for reassurance. It is important to communicate with patients regularly.

- If possible, begin communicating with your patients 30 days prior to reopening
- Leverage technology as much as possible to reduce the need to communicate individually (i.e. individual phone calls)
- Develop a weekly patient engagement/communication cadence (i.e. healthy tips emails, social media, posting, etc.)
- Update your patient communications at the Practice-level to notify patients of reopening, including:
 - Website
 - Door sign
 - Voicemail
 - Google My Business
 - Social media posts

Patient Communication Templates

Door sign:

e.g. We are now open for regular business.

We are taking both essential and non-essential appointments.

Please call our main number xxx.xxx.xxxx to book an appointment.

Voicemail:

e.g. We are now open for regular business, and we are taking both essential and non-essential appointments. Our normal business hours are M-F from 8am to 5pm; Sat from 1pm to 3pm.

Phone script:

e.g. Hi {patient name}, I'm calling from Dr. XX office. I wanted to let you know that we are now open for regular appointments. I wanted to see if you wanted to reschedule that hygiene visit.



Filling the schedule efficiently

The initial reopening phase will be restrictive, so it is important to fill your patient schedule gradually to optimize efficiency and ensure compliance. Remember that as the local prevalence of COVID-19 ebbs and flows, it's possible that services could become restricted. Take this into account before starting or continuing complex multi-phase dental treatment.

Staff protocols

- Schedule maximum allowable appointments with minimum required teams
- When dental hygiene returns:
 - For the first 2 weeks, open limited capacity, 1 dental hygienist at a time until schedule is full
 - Only expand once current schedule is fully utilized
 - Keep in mind hygiene services may be different if, e.g., AGPs are prohibited
- DDS:
 - Build teams around the dentist's schedule, with minimum necessary to maintain care
- Admin staff:
 - If you have had to lay anyone off, only rehire minimum necessary admin to maintain business
 - For example, start with Practice Manager only, add incremental admin only if required when schedule fills
 - Keep in mind patient demand may be difficult to predict and if the second wave comes, further layoffs could be required

Hours of operations/capacity

- Be flexible to changing hours of operation to meet the demands of the recovery
- For example, extend hours to evenings/weekends to meet demand given restrictions on operatory use
 - Start with an 8AM to 2PM schedule block (1 DDS, 1 DA, and 1 Practice Manager)
 - Build an additional six-hour block from 2PM to 8PM once morning block is at capacity
 - Schedule one operatory at a time to ensure 100% utilization of staff
 - Stagger operatories per regulatory guidelines for Aerosol Generating Procedures (AGPs)
 - Stagger the DDS schedule to enable weekends (Mon – Fri & Tue – Sat)
- Use operatories strategically, closed operatories (if any) should be prioritized for AGPs

Prioritize treatment to manage your schedule with patient needs in mind

High priority: All true emergency treatment diagnosed during COVID-19 (treatment with a high sense of urgency due to the potential for previous treatment breaking down)

- Treated with scripts/painkillers and/or O&D treatment
- Treatment started pre-COVID but incomplete
- O&D (open & drain), crown prep, patients in temps, inserting appliances, nightguards, etc.)



- Pre-COVID diagnosed endodontic, oral surgery (e.g. sinus, nerve), infection
- Treatment required to avoid significant harm or suffering to the patient

Medium priority: Newly diagnosed treatment that fits the emergency criteria

- Ortho emergencies - wire and bracket recements, ortho retainers
- Chipped/broken teeth (especially anteriors - severe cases)
- Trauma, bleeding, infection
- Lost restorations, cracked crowns, broken dentures

Low priority:

- Hygiene recall appointments
- Esthetic services
- Scans
- Whitening
- Post-op follow-ups

Appointment triage

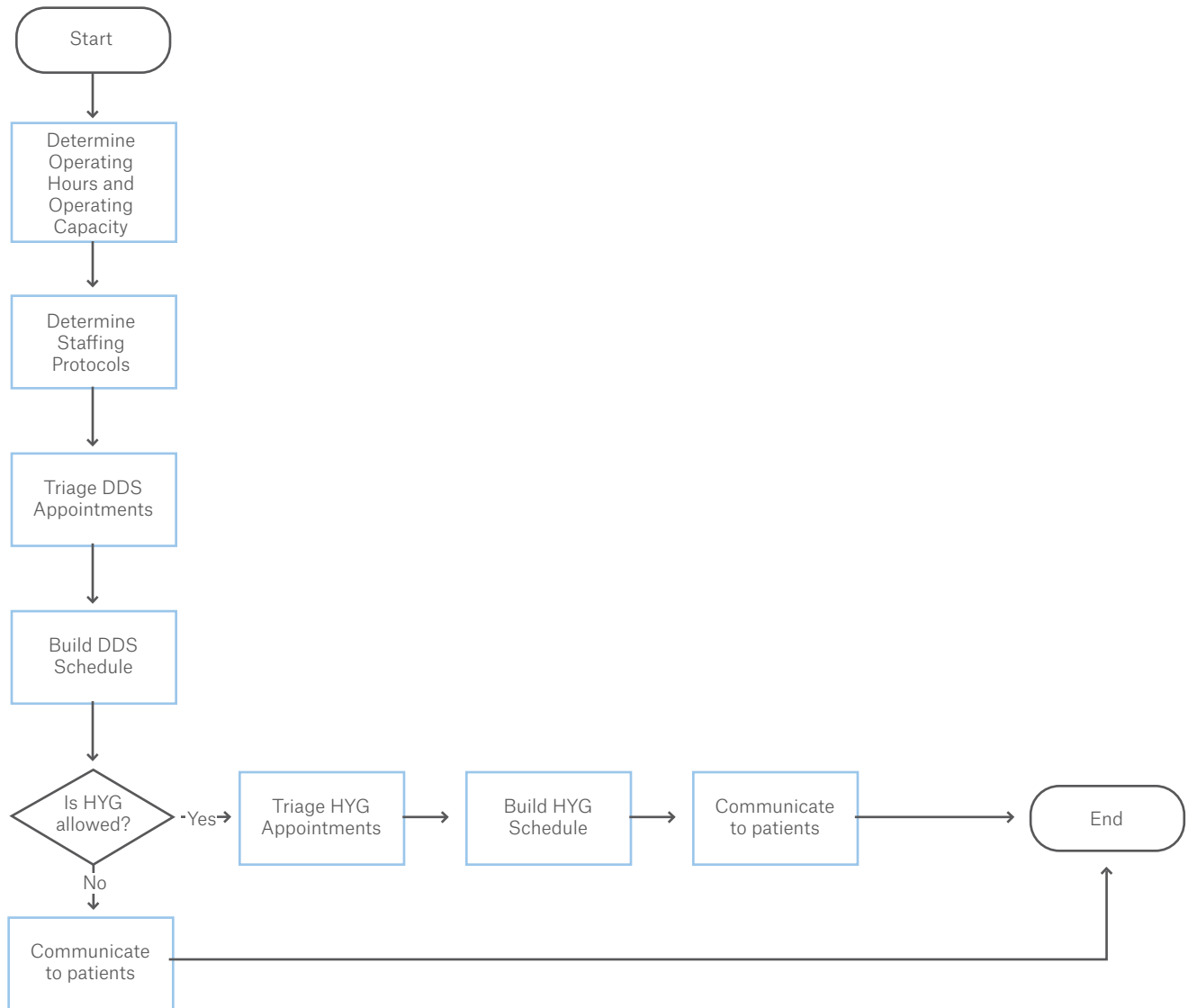
- Leverage block-scheduling to maximize efficiency as you triage
 - Allocate 1-2-hour time slots, first to urgent and critical procedures
 - Fill in remaining operatory time with 2nd tier appointments

Minimize traffic in Practices

- Stagger patient flow into and out of the Practice



Practice Reopening - Patient Scheduling Process





Phasing-in staff

At the time of reopening, there will be significant restrictions and protocols in place, so it is crucial to only phase-in the necessary staff and overhead to provide proper patient care. Please be sure you keep your individual situation in mind and adhere to any restrictions that might be in place. For example, if you have taken advantage of the Canada Emergency Wage Subsidy (CEWS) program, your employees must be called back for less than 75% of normal hours.

- Identify minimum number of team members required to work in the Practice
- Utilize a recall sheet to determine which team members will be utilized for Phase One of reopening
- Ensure you have a Health and Safety program fully executed in your Practice, which includes:
 - Health and Safety Binder
 - Health and Safety Checklist
 - Health and Safety Board in Practice

Managing cash flow

Going into recovery, being fiscally responsible will be critical to ensure the Practice operations are supported and enable rehiring of staff.

- Focus on additional A/R
 - Follow up on current receivables frequently
- Address long standing receivables

Manage the current environment

During this time, more patients may present with financial hardship than usual.

Consider:

- Switching to non-assignment effectively to reduce risk
- Providing structured payment options
- Offering patient financing through a third party

 Visit dentalcorp.ca for additional resources