



## **Appendix A: COVID-19 Screening Guidelines**

The following is provided for members to use as a resource in addition to appropriate clinical judgment on making decisions when providing clinical care and services during the COVID-19 pandemic. Appropriate clinical judgement during this time period will allow practitioners to care for patients as safely and responsibly as possible.

In the interest of the health and safety of both patients and providers, the following guidelines are provided:

### **Pre-Screening via Telephone**

All patients must be pre-screened via telephone to protect the practitioner, staff and others from possible virus transmission.

If the practitioner deems that the reason for a visit aligns with the phased return-to-practice guidelines, please proceed with patient screening prior to booking:

- 📋 Questions to be asked and documented. You may want to create a standardized form for all bookings.
  - Do you currently have a fever?
  - Do you currently have a cough?
  - Do you currently have difficulty breathing?
  - In the last 14 days, have you traveled outside of Canada?
  - In the last 14 days, have you come into contact with someone who was suspected or confirmed to have COVID-19?
  - In the last 14 days, have you come into contact with someone who was unwell or ill (in any capacity)?
  
- 📋 If they answer “yes” to any of the above:
  - Ask that they stay home and complete Alberta’s online COVID-19 self-assessment.

When booking, to determine the level of risk associated with the provision of care, patient risk assessments should be conducted to determine:

- 📋 which patient group the patient belongs to
- 📋 the associated risk to the patient if they were to contract COVID-19
- 📋 whether the patient has COVID-19 related isolation requirements

This information, together with the degree of urgency of the patient’s dental condition will be important in determining the patient management approach.

The Colleges encourage practitioners to consult independent legal advice on consent forms and waivers that you may be considering implementing.

### **Assessment for Office/Clinic Staff and Patients**

Each office/clinic staff member must self-assess their health before each workday. Have they experienced *any* of the following?



### COVID-19 Symptoms

- ☒ fever > 38C
- ☒ cough
- ☒ sore throat
- ☒ shortness of breath
- ☒ flu-like symptoms

### COVID-19 Risk Factors

- ☒ close personal contact (w/o PPE<sup>1</sup>) with a suspected or lab-confirmed COVID-19 patient within the past two weeks
- ☒ travel outside of Canada in the past two weeks
- ☒ close personal contact with anyone who has been unwell in the last 14 days

Providers are advised to keep records for each day of all assessments performed on staff and patients for future reference.

Providers and staff are encouraged to complete the [AHS COVID-19 Daily Fit for Work Screening Protocol](#).

Any person who has travelled outside of Canada on essential business, according to [CMOH Order 05-2020](#), must be in isolation for a minimum of 14 days.

- ☒ if a person in isolation becomes sick, they should remain in isolation for an additional 10 days past the onset of symptoms, or until the symptoms resolve, whichever is longer.

It is suggested that records of daily screening be recorded in a logbook that is retained by the practitioner or staff member.

### Confirmation of Symptoms and/or Risk Factors

If any provider or staff member responds “yes” to any of the above factors, they must not attend to the clinic or place of business and inform their employer that they are unfit to work. If a regulated health professional, they must complete the AHS self-assessment for healthcare workers <https://www.albertahealthservices.ca/topics/Page17058.aspx>.

If a patient responds “yes” to any of the above factors, as per Chief Medical Officer of health (CMOH) Order 05-2020, any person who has a confirmed case of COVID-19 or has COVID-19-like symptoms must self-isolate. They should be directed to complete the Alberta [COVID-19 Self-Assessment Tool](#). CMOH Order 05-2020 legally requires anyone who has a cough, fever, shortness of breath, sore throat or runny nose (not attributed to a pre-existing medical condition) to be in isolation for 10 days from the start of symptoms or until the symptoms resolve, whichever is longer.

These requirements must be followed regardless whether the person has been tested for COVID-19 or not.

### No Symptoms or Risk Factors

If, after appropriate telephone screening a patient responds “no” to **all** of the above factors, and they are eligible to receive care, the provider may proceed with appropriate IPC and PPE in place.

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<sup>1</sup> Personal protective equipment



If the patient answers “no” to all of the questions above, continue risk assessment to determine which patient group they belong to:

- patients who are at the highest risk of severe illness from COVID-19
- patients who are at increased risk of severe illness from COVID-19
- patients who are at low risk of severe illness from COVID-19

**Non-urgent treatment should still be deferred for patients with clinical symptoms suggestive of COVID-19, or for those patients who are at increased or high risk of severe illness from COVID-19.**

### **Workplace Considerations**

Practice owners should implement [sick leave policies](#) for staff that are flexible, non-punitive, and consistent with public health guidance, allowing employees to stay home if they have symptoms of respiratory infection. Ask staff to stay home if they are sick and send staff home if they develop symptoms while at work.

If someone on your staff tests positive for COVID-19, it is recommended to follow the ADA guidelines found here ([ADA Guide for positive tests](#)).