



Dr. Greg S. Dugas BSc, DDS, MSc, D. ORTHO, FRCD(C)

We Are Reopening Monday June 8th, 2020

Dear Patients, Parents, and Friends of Our Practice,

Rest assured knowing that we have been working diligently to prepare our practice for reopening on Monday June 8th, 2020.

As a patient of Grand River Orthodontics, your health and safety remain our top priority! Although our pre-pandemic infection control protocol exceeded the standards set forth by the Royal College of Dental Surgeons of Ontario, the COVID-19 pandemic has necessitated the need for additional measures to ensure the safety of our patients and employees.

Our Enhanced Safety Measures

In addition to our already strict adherence to high-level sterilization, you will notice our team members donning enhanced personal protective equipment dictated by their role within the office and the procedures they are performing.

As always, our treatment chairs and treatment delivery systems are cleaned and disinfected between each patient appointment. Additionally, we are increasing the frequency with which we clean and disinfect high-touch surfaces including doorknobs, countertops, and barriers.

We have removed from our waiting room(s) objects that are difficult to disinfect such as magazines, brochures, children's books, and toys.

Also, to further ensure your safety, **our washroom facilities and toothbrush stations are CLOSED - so please plan accordingly!**

Patient Arrival Protocol

SCREENING: In accordance with current best practices and the best available evidence, we will be emailing you our COVID-19 Screening Questionnaire to be reviewed 24 hours prior to your appointment. We will confirm the completion of this questionnaire and review your answers again the day of your appointment.

ENTERING OUR OFFICE: ALL patients, parents and visitors are **REQUIRED** to wear their own mask while in the office. In addition, to limit the number of individuals in our office at one time, and thereby comply with physical distancing guidelines, we require individuals accompanying a patient to wait outside the practice unless absolutely required. Upon initial entry to the office, patients, parents, and visitors **MUST perform hand hygiene with the Alcohol Based Hand Sanitizer provided.**

ENTERING THE TREATMENT AREA: Before being permitted entry into the treatment area for your scheduled appointment, one of our team members will take and record your temperature with a non-contact infrared thermometer. If your temperature reading is within the normal range and your screening questionnaire is negative, you will be directed to your assigned treatment chair. For those patients having their braces placed, repositioned, or removed, you will be required to rinse with a 1.5% hydrogen peroxide solution for 60 seconds prior to examination of the oral cavity, as this may help decrease oral pathogens.

Patient Departure Protocol

EXITING THE TREATMENT AREA: Once our hygienist has completed your orthodontic adjustment, you are again required to wear your own mask to exit the treatment area and to perform hand hygiene with the alcohol based hand sanitizer provided **BEFORE** scheduling your next appointment at the reception desk.

Rescheduling Appointments

FEELING SICK? If you or anyone in your household is experiencing any symptoms of COVID-19 (as per our screening questionnaire) we kindly request that you contact our office at 519-759-2590 to reschedule (postpone) your appointment at least 14 days.

Also, if you experience any symptoms of COVID-19 (as per our screening questionnaire) within 14 days of your appointment, please inform our office by calling 519-759-2590.

We Thank You for Your Cooperation & Look Forward to Seeing You Again Soon!



COVID-19 SCREENING QUESTIONNAIRE

1. Do you have a fever? (take temperature; fever is a temperature of 37.8°C or greater)

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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2. Do you have any of the following symptoms or signs?

▪ New or worsening cough	<input type="checkbox"/> Yes	<input type="checkbox"/> No
▪ Shortness of breath	<input type="checkbox"/> Yes	<input type="checkbox"/> No
▪ Sore throat	<input type="checkbox"/> Yes	<input type="checkbox"/> No
▪ Runny nose or sneezing	<input type="checkbox"/> Yes	<input type="checkbox"/> No
▪ Nasal congestion	<input type="checkbox"/> Yes	<input type="checkbox"/> No
▪ Hoarse voice	<input type="checkbox"/> Yes	<input type="checkbox"/> No
▪ Difficulty swallowing	<input type="checkbox"/> Yes	<input type="checkbox"/> No
▪ New smell or taste disorder(s)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
▪ Nausea/vomiting, diarrhea, abdominal pain	<input type="checkbox"/> Yes	<input type="checkbox"/> No
▪ Unexplained fatigue/malaise	<input type="checkbox"/> Yes	<input type="checkbox"/> No
▪ Chills	<input type="checkbox"/> Yes	<input type="checkbox"/> No
▪ Headache	<input type="checkbox"/> Yes	<input type="checkbox"/> No

3. Have you travelled internationally from March 14th to present (outside of Canada)?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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4. Have you had close contact with a person who has respiratory illness AND has travelled outside of Canada in the last 14 days?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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5. Have you had contact with a confirmed COVID-19 positive person within the community?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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6. Is a household member with whom you have had close physical contact, currently being investigated for COVID-19, or has influenza-like illness?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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**IF YOUR ANSWER TO ANY OF THE ABOVE QUESTIONS IS YES
PLEASE ADVISE US AND WE WILL RESCHEDULE YOUR
APPOINTMENT**

THANK YOU FOR YOUR COOPERATION!