

Phase 2: COVID-19 Pandemic Support Team Member Daily Consent Form

Team member: _____

I understand the novel coronavirus causes the disease known as COVID-19. I understand the novel coronavirus virus has a long incubation period during which carriers of the virus may not show symptoms and still be contagious.

I understand that dental procedures create water spray, which is one way that the novel coronavirus can spread. The ultra-fine nature of the spray can linger in the air for minutes to sometimes hours, which can transmit the novel coronavirus.

I understand that due to the frequency of visits of other team members, dentists and dental patients, the characteristics of the novel coronavirus, and the characteristics of dental procedures, that I have an elevated risk of contracting the novel coronavirus simply by being in a dental office. _____(Initial)

I confirm that I am not presenting any of the following symptoms of COVID-19 identified by **Provincial Health Services**:

- Fever > 38°C _____(Initial)
- Cough _____(Initial)
- Sore Throat _____(Initial)
- Shortness of breath _____(Initial)
- Flu –like symptoms _____(Initial)

I confirm that I have considered if I am in high risk category (e.g. diabetes, heart disease, lung diseases, ≥60 years of age) and have chosen to work. _____(Initial)

I confirm that I am not currently positive for the novel coronavirus. _____(Initial)

I confirm that I am not waiting for results of a laboratory test for the novel coronavirus. _____(Initial)

I verify that I have not returned to **Provincial** from any country outside of Canada whether by car, air, bus or train in the past 14 days. _____ (Initial)

I understand that any travel from any country outside of Canada, including travel by car, air, bus or train, significantly increases my risk of contracting and transmitting the novel coronavirus. **Provincial** Health Services require self-isolation for 14 days from the date a person has returned to Canada. _____ (Initial)

I understand that **Provincial** Health Services has asked individuals to maintain social distancing of at least 2 metres (6 feet) and it is not possible to maintain this distance and provide or assist with dental treatment. _____ (Initial)

I verify that I have not been identified as a close contact of a confirmed case of someone who has tested positive for novel coronavirus and/or been asked to self-isolate by **Provincial** Health, the Communicable Disease Control or any other governmental health agency. _____ (Initial)

I verify the information I have provided on this form is truthful and accurate. I knowingly and willingly consent to work on emergency dental treatment patients for _____, 2020 (insert date) during the COVID-19 pandemic. I understand that I may revoke this consent to provide dental treatment or assist with the provision of dental treatment at any time during the day. This means that I may change my mind.

Signature _____ Date _____

Printed Name _____ Date _____