



COLLEGE OF  
DENTAL HYGIENISTS  
OF MANITOBA

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## **COVID-19 Infection Prevention Control (IPC)**

### **Interim Guiding Document**

**Effective May 7th, 2020**

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All CDHM registrants are required to review  
this document prior to returning to practice

Approved by the College of Dental Hygienists of Manitoba Council

May 7, 2020

*Guidelines are Subject to Change*

**CDHM strongly recommends dental hygiene services, which are considered non-urgent, remain suspended. This Interim IPC Guideline is prepared as a consultative document for your reference, as you prepare for eventual return to work.**

If appropriate Personal Protective Equipment (PPE) is unavailable, dental hygiene services must not be performed

Returning to practice is an individual decision using professional judgement and should include consultation with your dental team

Please note, because COVID-19 is a rapidly evolving health issue, the Guidelines listed below may change based on new research

## **Introduction**

As licensed primary health care providers, dental hygienists have a responsibility to uphold the highest standards of practice to ensure the health and safety of the individuals they serve and the colleagues with whom they interact. The COVID-19 pandemic has resulted in considerable burdens being placed on human health. The main goal of the public health response has been to minimize the negative health impacts of the pandemic (i.e. the number of hospitalizations and deaths). Dental hygienists have a role to play in minimizing the impact of the pandemic in Manitoba. This goal may be achieved by using professional judgement and [ethical decision-making](#) in determining the appropriateness of returning to work, effective practice management, and the prudent and responsible stewardship of PPE resources.

Source:

<https://www.gov.ie/en/publication/dbf3fb-ethical-framework-for-decision-making-in-a-pandemic/>  
[https://www.adha.org/resources-docs/ADHA\\_TaskForceReport.pdf](https://www.adha.org/resources-docs/ADHA_TaskForceReport.pdf)

## **Rationale for providing an Interim Protocol**

This protocol is a methodical, responsible approach to the eventual return to providing non-essential dental hygiene services. If the COVID-19 risk mitigation IPC precautions change, the CDHM will modify this document as new information is considered. This protocol respects the safety and well-being of patients, dental hygienists and their colleagues.

## **Objective**

To provide guidance, based on best practice, as dental hygienists transition to providing dental hygiene services during the COVID-19 pandemic in accordance with [Manitoba Health and Shared Health](#) Optimum safety for dental hygienists, patients, colleagues, families, and communities is our primary consideration.

## Registrant Responsibilities

- Ensure this Interim Guiding document is printed and available onsite at your dental practice.
- Ensure you are familiar with and understand the Interim Guidelines when you are ready to return to work.
- Confirm there is approved, adequate, sustainable PPE in stock from a reputable supplier.
- Continue to adhere to measures outlined by the Chief Medical Health Officer (CMHO) to promote physical distancing where possible, and where not, use appropriate PPE.
- Continue to abide by the [Dental Hygienists Act](#) and [CDHM Bylaws](#) , and all additional CDHM Guiding Documents relating to the COVID-19 pandemic.

## Characteristics of COVID-19

COVID-19 is an infectious disease caused by a new coronavirus called SARS- CoV-2. ***This virus requires contact and enhanced droplet precautions.*** Although COVID-19 is not thought to be an airborne disease, such as measles or tuberculosis, under certain circumstances the virus can be aerosolized into particles much smaller than respiratory droplets (< 5 µm), allowing them to remain suspended in the air longer and to travel farther. Aerosol Generating Procedures (AGPs) present the biggest risk in dental procedures. The risk of aerosol transmission can be reduced by avoiding the production of aerosols, by utilizing appropriate PPE, and implementing appropriate aerosol protective measures.

The *emerging* science is indicating that:

- COVID-19 is “stickier” than previously seen viruses – infection is easier.
- COVID-19 causes serious symptoms in persons over 60, and those with underlying medical conditions.
- COVID-19 is spread through droplet and contact; studies suggest that COVID -19 may be spread through aerosols performed during certain procedures. Droplets can remain in the air could cause disease in others even after the ill person is no longer near.
- COVID-19 may be spread through aerosols produced by high and low speed handpieces, ultrasonic scalers, air/water syringes, or an infected client coughing.

## Before Going to Work

Your ability to work safely should be determined on a daily basis. Dental hygienists with symptoms for COVID-19 should refer to Shared Health guidelines for staff and pursue testing. Follow the [Shared Health Memo](#) for screening of all staff, and complete the [Shared Health COVID-19 Screening Tool](#) ***no more than two hours prior to entering the workplace.*** The results should be recorded, including temperature, in a logbook (See Appendix A for sample). The logbook should be kept by the CDHM registrant and will be made available to the CDHM or health authorities if contact tracing for a client or staff member is required.

## Pre-Appointment Infection Control Procedures

- Client telephone pre-screening using the [Shared Health Screening Tool](#) ensures that only asymptomatic patients are being seen in person.
- Removal of non-essential supplies or products in operatories, including pictures and artwork.
- Dental hygienists are to adhere to best practice with respect to work attire that is, attend work wearing scrubs and don dedicated footwear at work. Doff scrubs at end of workday at work, place in plastic bag to transport to home then perform hand hygiene. Change into clean clothing and different footwear to travel home. At home scrubs are laundered and dried with high heat.
- COVID-19 Best Practice includes not wearing rings, watches, earrings, wrist jewellery and nametags because they can act as a fomite for disease transmission.
- Patients should be encouraged to arrive on premises with masks on, this could include cloth masks.
- Escorts accompanying patient's appointments must be avoided if at all possible. If escorts are necessary and can't be avoided, escorts accompanying patient's appointments (parents, translators) must also pass the patient screening tool (includes temperature) and don a level 1 mask prior to admittance to clinic space.
- Thermometer temperature vital sign screening ( $<38^{\circ}\text{C}$ )<sup>2</sup>. Document patient temperature in their chart.
- For patients and escorts entering the office, provide alcohol-based hand rub (ABHR) (60-90%), provide tissues and no-touch receptacles in which to throw away used tissues.
- Ensure appropriate social distancing and minimize waiting room use for patients or their escorts and ensure social distancing throughout appointment session.
- Have patients wait in their cars, or in a location outside the office, instead of the waiting areas to prevent inadvertent spread of the virus. Call the patient when the operatory is ready for treatment.
- Escort patients directly to the operatory when possible.
- Client hand hygiene required upon entry into the operatory.
- Enhanced cleaning, including twice daily cleaning of high touch surfaces.
- Visible reminders/posters for patients to maintain physical distancing, proper cough/sneeze etiquette, and hand hygiene. Materials available on the Shared Health website.

## Clinical Care Infection Control

- Prior to patient care daily flush all dental unit waterlines in operatory for 2 minutes and 20 seconds between patients.
- Preprocedural 1% hydrogen peroxide<sup>1</sup> mouth rinse for 60 seconds must be performed by the client and expectorated into the same dispensing cup prior to examination and procedures within the oral cavity (Chlorhexidine is not acceptable).

- Stagger Non-Aerosol Generating Procedures (NAGP) hygiene appointment times by at least 30 minutes to promote physical distancing and support increased IPC and PPE protocol, resulting in fewer appointments during the day.
- When exiting, provide the patient ABHR (70-90%) and have them don an ASTM Level 1 mask.

<sup>1</sup>Wang, D., Hu, B., Hu, C., Zhu, F., Liu, X., Zhang, J., ... & Zhao, Y. (2020). Clinical characteristics of 138 hospitalized patients with 2019 novel coronavirus–infected pneumonia in Wuhan, China. *Jama*, 323(11), 1061-1069.

<sup>2</sup> Liao, X., Wang, B., & Kang, Y. (2020). Novel coronavirus infection during the 2019–2020 epidemic: preparing intensive care units— the experience in Sichuan Province, China. *Intensive care medicine*, 46(2), 357-360.

Based on our current knowledge, aerosol generating procedures must not be performed. A return to providing AGPs will be re-evaluated when risks are mitigated.

### Unacceptable Aerosol Generating Procedures (AGP)

- Air-water syringe
- Ultrasonic/power instrumentation
- Air polishing
- Slow-speed handpiece
- Selective polishing/prophy
- Sealants
- Whitening

### NAGPs for Dental Hygiene

- Intraoral/extraoral exam
- Radiographs necessary for periodontal diagnosis (recommend extraoral radiographs to minimize risk)
- Periodontal assessment, including communicating diagnosis and treatment plan
- Extraoral oral hygiene instruction
- Debridement (hand scaling only)
- Administration of local anesthetic, topical anesthetic, and non-injectable anesthetic
- Low-volume evacuation (*see Note below for saliva ejector use*)
- High-volume evacuation
- Preventive procedures such as the application of topical agents (fluoride, silver diamine fluoride, desensitizers, etc.)
- Dry teeth with cotton roll or gauze
- Flossing
- Impressions

**Note:** Although no adverse health effects associated with the saliva ejector have been reported, dental health care personnel (DHCP) should be aware that backflow could occur when they use a saliva ejector.

DHCP should not advise patients to close their lips tightly around the tip of the saliva ejector to evacuate oral fluids.

Source: <https://www.cdc.gov/oralhealth/infectioncontrol/faqs/saliva.html>

### **Appropriate PPE for NAGP Procedures**

- ASTM Level 3 mask or fitted N95 mask or equivalent, (for example, respirator) if available [Health Canada Masks and Respirators During COVID-19](#)
- Face Shield and protective eyewear with side shields, or if wearing eyeglasses use faceshield with eyeglasses (wrap-around faceshield is preferred in this case)
- Gloves
- Bouffant cap (optional)
- Ideally, disposable gowns are preferred, but when disposables are not available a clean lab coat can be used
- Mandatory routine precautions as per <https://www.canada.ca/en/public-health/services/publications/diseases-conditions/routine-practices-precautions-healthcare-associated-infections.html>

*\*Ideally the gown/lab coat should have cuffs, a high neck and be long enough to cover the lap.*

### **Post Clinical Care Infection Control**

- Full face shield should be worn during decontamination procedures.
- All clinical contact surfaces must be cleaned and disinfected, OR single-use surface covers must be replaced between clients.
- For disinfection recommendations, refer to [Health Canada Hard surface disinfectants](#) for disinfectants, following manufacturer's instructions.
- Single use surface covers must be applied to high touch areas (light switches, light switch handles, bracket table handles, headrest) with clean hands.
- If using surface covers, all surfaces must be inspected for evidence of contamination, following their removal, clean and disinfect all surfaces.
- Components of dental devices that are permanently attached to the dental unit water lines (e.g., electric handpiece motors, handles for ultrasonic devices attachments for saliva ejectors, high- speed air evacuators, etc.) must be disinfected or covered with surface barriers that are changed after each use. Radiographic equipment (e.g., tube heads and control panel) must be cleaned and disinfected between clients or protected with surface barriers that are changed between clients.
- Items that are not single-use disposable, must be transported to medical device reprocessing area in covered container then decontaminated, packaged, and sterilized and stored in clean, dry, covered area that can be handled with clean hands.
- Single-use disposable items must not be reprocessed.

## **PPE Donning & Doffing**

More than one donning method may be acceptable. Training and practice using your office's procedure is critical. The following are examples of proper donning and doffing processes:

### **Donning**

1. Perform initial hand hygiene\*
2. Inspect PPE before donning, ensure good condition, available, and of correct size
3. Don disposable gown (or gown/lab coat laundered)
4. Don bouffant cap (optional)
5. Don ASTM Level 3 mask or N95 (recommended)
6. Don face shield and protective eyewear with sideshields (note eye protection does not consist of eyeglasses or contact lenses)
7. Perform hand hygiene
8. Don gloves, pulling gloves over the cuffs of the gown

\*Use ABHR unless hands are visibly soiled, if so, dental hygienist is required to use soap and water

### **Handwash**

[https://www.who.int/gpsc/5may/How\\_To\\_HandWash\\_Poster.pdf?ua=1](https://www.who.int/gpsc/5may/How_To_HandWash_Poster.pdf?ua=1)

### **Handrub**

[https://www.who.int/gpsc/5may/How\\_To\\_HandRub\\_Poster.pdf?ua=1](https://www.who.int/gpsc/5may/How_To_HandRub_Poster.pdf?ua=1)

### **Doffing**

1. Doff gloves and perform hand hygiene
2. Doff bouffant cap (optional) and perform hand hygiene
3. Doff gown by putting gown in front of you and rolling up away from you, discard in waste or soiled laundry, then perform hand hygiene
4. Exit operatory
5. Doff face shield and discard, doff eye protection (touching only side arms) and disinfect, perform hand hygiene (see audit tool for further explanation)
6. Doff mask by grabbing only the ear loops and perform hand hygiene

*See Appendix B as an example of an audit tool you can adapt for your purposes*

## **Donning & Doffing Videos/ Guidelines**

<https://www.youtube.com/watch?v=B5ew8020fwc&feature=youtu.be>

<https://www.youtube.com/watch?v=Lly8DjGcvDM&feature=youtu.be>

[CDC Recommendations](#)

[Shared Health Manitoba Donning and Doffing Guidelines](#)

## **After Clinical Care**

Work shoes should stay at work and dental hygienists should change out of scrubs or work clothes before returning home. Any protective clothing (including scrubs) should be transported in a moisture-impervious bag which is either laundered with the scrubs or discarded. Laundry is to be washed and dried on high heat. Once home, dental hygienists should remove and wash clothing (separately from all other household laundry), and immediately shower. Office attire should not be worn outside the office.

## **Record Keeping**

Maintain documentation including tracking instrument reprocessing and sterilization. Information should be clear and easily accessible should contact tracing for a client be required. Client charting includes answers to screening questions and documenting temperature. Paper charts should be kept outside of the operatory as they increase the risk of cross contamination.

## **Additional Resources**

Health Canada

[www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection.html](http://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection.html)

CDC

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/dental-settings.html>

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>

<https://www.cdc.gov/niosh/topics/hcwcontrols/recommendedguidanceextuse.html>

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/decontamination-reuse-respirators.html>

[www.cdc.gov/coronavirus/2019-ncov/index.html](http://www.cdc.gov/coronavirus/2019-ncov/index.html)



WHO

[www.who.int/emergencies/diseases/novel-coronavirus-2019](http://www.who.int/emergencies/diseases/novel-coronavirus-2019)

American Dental Association

<https://www.ada.org.au/Covid-19-Portal/Dental-Professionals> ADA Return to Work Toolkit

American Dental Hygienists Association

[https://www.adha.org/resources-docs/ADHA\\_TaskForceReport.pdf](https://www.adha.org/resources-docs/ADHA_TaskForceReport.pdf)

<https://www.alberta.ca/assets/documents/covid-19-workplace-guidance-for-business-owners.pdf>

<https://ipac-canada.org/reprocessing-of-ppe.php>

ECDC

[www.ecdc.europa.eu/en/novel-coronavirus-china](http://www.ecdc.europa.eu/en/novel-coronavirus-china) LitCovid

<https://www.ncbi.nlm.nih.gov/research/coronavirus/> Australian Dental Association

<https://www.ada.org.au/Covid-19-Portal/Dental-Professionals>



## Appendix B

### Enhanced droplet/contact PPE Audit Tool

Date: \_\_\_\_\_

Auditors' Name: \_\_\_\_\_

<b>Donning PPE</b>	Op #		Op #		Op #		Op #		Op #		Op #	
<b>DHCW wears scrubs and dedicated footwear</b>	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
Were personal items removed? jewelry [including rings], watches, cell phones, pagers, lanyards, and tie back hair												
Was ABHR or soap and water used prior to putting on PPE for 15 sec?												
Put on head cover, is all hair covered?												
Was ABHR or soap and water used prior to putting on further PPE?												
Put gown on. Does the gown: <ul style="list-style-type: none"> <li>• open to the back?</li> <li>• tie at the neck then waist and secured?</li> <li>• cover the skin and clothing?</li> </ul>												
Was the N95 mask put on?												
Is mask secured with lower elastic on neck, upper elastic behind head?												
Is the metal piece on the mask shaped to the bridge of the nose?												
For N95-was a seal check performed?												
Was eye protection put on? Mark yes if eye protection in place <i>Eyeglasses do not count as eye protection</i>												
Is the full-face shield over the surgical facemask to protect eyes, front and sides of face? Pinch nosepiece												
Don shoe covers; cover whole shoe?												
Performed HH?, don nitrile gloves under cuff of gown, then sterile gloves over gown cuffs												

## Appendix B

	Op #		Op #		Op #		Op #		Op #		Op #	
<b>Doffing PPE</b>	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
Removes surgical gloves first?												
When gloves removed did they: <ul style="list-style-type: none"> <li>grasp the palm and remove the first glove, then pulling the glove inside out?</li> <li>scooped under the second glove with nitrile gloved finger to remove the second glove?</li> <li>placed in garbage?</li> </ul>												
Was bouffant cap removed, leaning back?												
When gown was removed did they? <ul style="list-style-type: none"> <li>untie the neck then waist</li> <li>scoop fingers under cuff then pull sleeve over one hand</li> <li>use gown covered hand to pull gown over other hand</li> <li>pull gown off without touching the outside</li> <li>roll gown away from person inside out</li> <li>place in laundry hamper or garbage as appropriate</li> </ul>												
Removed shoe covers? if grasps furniture clean afterward?												
Remove second set of nitrile gloves? <ul style="list-style-type: none"> <li>grasp the palm and remove the first glove, then pulling the glove inside out?</li> <li>scooped under the second glove with nitrile gloved finger to remove the second glove?</li> <li>placed in garbage?</li> </ul>												

## Appendix B

	Op #		Op #		Op #		Op #		Op #		Op #	
<b>Doffing PPE cont'd</b>	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
Performed hand hygiene? for 15 sec												
DHCW left the operatory before removing the face protection?												
Leaned forward to remove mask with shield removed using the loops and placed in garbage?												
N95 mask was: <ul style="list-style-type: none"> <li>leaned forward to remove first with neck loop?</li> <li>Then removed with head loop?</li> <li>placed in the garbage bin while not touching front of mask only the loops?</li> </ul>												
Was eye wear (loupes or glasses) removed?												
Was hand hygiene performed after masks and eyewear was removed?												
<b>Personal Protective tips:</b>												
Do not dangle a mask around the neck when not in use												
Do not reuse mask												
Change mask if it becomes wet or soiled												
Do not use same pair of gloves for more than one patient												
Do not clean gloves for reuse												
Remove gloves and perform hand hygiene immediately after patient care activities. If gloves are still indicated, replace with a clean pair.												