



NEW BRUNSWICK COLLEGE  
OF DENTAL HYGIENISTS  
ORDRE DES HYGIÉNISTES DENTAIRE  
DU NOUVEAU-BRUNSWICK

## **INTERIM DIRECTIVES FOR DENTAL HYGIENISTS**

**ALL NBCDH registrants are required to read and abide by these directives prior to returning to practice.**

These directives are created using the most recent evidence and research available at this time.

**Interim directives are subject to change**

**Effective May 20 ,2020**

## 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).

Although, the province has been able to ‘flatten the curve’ and control the epidemic, we must approach the return to practice with caution. As the Government of New Brunswick moves into the recovery phase for COVID-19, it is critical that public health measures are followed to reduce the risk impact of further waves of COVID-19 to the public and to progress towards a ‘new normal’.

During the recovery phase, it is important to understand that this is **NOT** business as usual.

**NOTE: Throughout the document, by clicking all colored words, you will be automatically directed to the suggested website.**

## RATIONALE FOR PROVIDING AN INTERIM DIRECTIVES

On May 8, 2020, the NB Premier, the honourable Blaine Higgs, announced during his press conference that “*Health care businesses with services provided by regulated health professionals are now allowed to provide non-emergency health services in-person **and shall comply with additional guidance specific to their profession provided by their regulating body**”.*” (NB [GUIDANCE PLAN](#))

These directives are a methodical, responsible approach to the reopening of dental hygiene services in NB.

## OBJECTIVES

- To provide guidance to dental hygienists based on best practices using the most recent evidence and research available during this time of transition.
- To ensure that dental hygiene services are provided in accordance with the NB Public Health Measures.
- To ensure safety for dental hygienists, patients, colleagues, families and communities is our primary consideration.

## CHARACTERISTICS OF COVID-19

SARS-CoV-2, the virus that causes COVID-19, [is thought to be spread](#) primarily through respiratory droplets when an infected person coughs, sneezes, or talks. Airborne transmission from person-to-person over long distances is unlikely. However, COVID-19 is a new disease and **we are still learning about how it spreads** and the severity of illness it causes. The virus can be aerosolized into particles much smaller than respiratory droplets (<5um) allowing them to remain suspended in the air longer, travel farther and to be inhaled by a person, thus acting like an airborne disease. There are also indications that patients may be able to spread the virus while pre-symptomatic or asymptomatic.

The *emerging* science on Covid-19 is indicating that:

- it is “stickier” than previously seen viruses – infection is easier.
- It has been shown to survive on surfaces for several hours and possibly days
- it can cause serious symptoms and possibly death.
- people over 65, vulnerable and medically compromised populations may be at greater risk.
- it may be spread through the airborne route, meaning that tiny droplets remaining in the air could cause disease in others even after the ill person is no longer near.
- it may be spread through aerosol generating procedures (AGP).

## KEY POINTS/RESPONSIBILITIES

### A. Dental Hygienists must:

- review and apply these interim directives prior to returning to work
- review the current [Infection Control Guidelines](#)
- continue to abide by the NB Dental Hygienists Act and Rules and all additional directives relating to the COVID-19 Pandemic.
- continue to adhere to [NB Public Health Measures](#) outlines by the Chief Medical Health Officer to promote physical distancing where possible, and where not, use appropriate PPE.
- collaborate with the dental team in ensuring public measures are implemented.

### B. These guidelines only apply for the treatment of asymptomatic clients who have been appropriately screened. (Appendix A). Clients with identified symptoms or active Covid-19 are not to be treated for dental hygiene care.

### C. Dental hygienists are at high risk for exposure to COVID-19 due to the procedures most commonly performed within their scope of practice, therefore, it is extremely important that they wear the highest level of PPE available as noted in these directives. **If appropriate Personal Protective Equipment (PPE) is unavailable, dental hygiene services must not be performed.**

### D. Independent dental hygiene practitioners must develop their operational plan based on the [NB Public Health Measurers Guidelines](#) and be prepared to present it to the NBCDH upon request.

### E. These guidelines are created using the most recent evidence and research available at this time. As more data and information becomes available over

the coming weeks, the NBCDH is committed to providing our registrants with updated guidelines in alignment with the oral health community.

## **FITNESS TO PRACTICE**

Your ability to work safely should be determined on a daily basis.

### **YOU SHOULD NOT GO TO WORK IF YOU FEEL SICK.**

If you have 2 or more of the following symptoms, stay home, self-isolate, and call 811: (note that this list may change as our knowledge on the virus evolves):

- fever or signs of a fever (such as chills)
- new cough or worsening of a chronic cough
- sore throat
- headache
- runny nose
- new onset of fatigue
- new onset of muscle pain
- diarrhea
- loss of taste or smell.

## **PREPARING FOR RETURN TO PRACTICE**

Help protect office staff and clients as you reopen the practice by utilizing the following strategies: **(note that these may have been assigned to another staff member by your employer)**. To help in mitigating risk, it is imperative that even if you have not been assigned the following duties, that you ensure that they have been completed prior to starting. Being knowledgeable on all office procedures will help in ensuring your safety, the safety of your colleagues and your clients. **It is to be noted that some items listed may not apply to all dental hygienists, however, these directives are also providing guidance to independent dental hygiene practices.**

## A. PREPARING THE OFFICE/OPERATORIES

1. Perform all function tests required on equipment **prior** to opening, this includes but is not limited to:
  - if sterilizers have been shut off, they **MUST** be reassessed to ensure efficiency.
  - all equipment must be evaluated to ensure proper functionality and maintenance is done prior to using- Review product/equipment operational guide or contact the manufacturer as needed to ensure appropriate checks have been completed.
  - run water lines for two minutes, if applicable check external water bottle attached to dental unit for biofilm growth. Follow manufacturers' Instructions for required chemical treatment.
  - Clean suction lines with enzymatic cleaner following manufacturers' instructions.
  - Check expiry dates on all supplies, including but not limited to medical supplies.
  - Verify sterilization best practices. Sterilization of instruments may be required if instruments have not been used for a certain period even if they were sterilized prior to closure.
2. Remove non-essential supplies or products in operatories and waiting areas including clearing counters and surfaces and removal of magazines, pamphlets, toys and plants.
3. Ensure that you have access to the proper disposable bins for PPE.
4. The office must comply with limits imposed and the need for any physical barriers if physical distancing cannot be maintained as per the recommendations by the NB Chief Medical Officer of Public Health.
5. Appropriate signage must be posted as per WorkSafeNB recommendations. [Signage information](#) is available on the WorkSafeNB website.

6. Hand sanitation station placed upon entry into the clinic and exit of, with a notice to people to use it before entry into the rest of the office. [Signage information](#) is available on the Government of NB website.
7. **Stagger client appointments** to minimize client contact in the waiting room or ask clients to wait in their cars and call the practice upon arrival.
8. Consideration must be given to appointment scheduling. **Additional time will be required to implement the infection control standards and consider disinfection timelines.** Disinfection timelines in an operatory can vary depending on the office Air exchange system. Depending on the [Air change/hour \(ACH\)](#), (Annex B) it may take anywhere from less than 10 minutes to over three hours to properly clear the air.

**The area where the aerosol generating procedures (AGP) have occurred must not be cleaned until the appropriate **settling time** from the aerosol has occurred.**

The physical layout of the office, the ventilation systems, the height of the ceiling and the presence of windows that can be opened are all examples that can impact the ACH in a space.

It is required that you have a discussion with your employer regarding appropriate aerosol settling time to determine when it is deemed safe for you to re-enter the operatory for disinfection. The ACH in a dental office can be determined by HVAC/ventilation professionals and can be modified, if needed.

**NOTE: Aerosol Generating Procedures (AGP) by dental hygienists are not permitted during the initial phase for return to practice.** This information is included as a guide for the reimplementation of AGP.

9. Ensure that disinfection protocols include the use of environmental protection agency (EPA) registered disinfectants. See EPA website for approved [disinfectants](#) in regard to SARS COVID 19. Always follow the manufacturers' instructions.

## B. CLINICAL ATTIRE PROTOCOLS

Dental hygienists must not wear **scrubs and work shoes must not be worn to and from work**. Donning/Doffing of work attire must take place upon entering/exiting the office. If laundry facilities are not available onsite, place in plastic bag to transport home then perform hand hygiene. Change into clean clothing and different footwear to travel home. Work attire should be washed separately from all other household laundry. Immediately shower.

## C. CLIENT ARRIVAL PROTOCOL

- Clients must be pre-screened by telephone prior to the appointment.

(Annex A)

- Clients/guests must wear a mask (personal or supplied), sanitize/wash hands immediately upon entering clinic.
- Clients must attend their appointments alone unless circumstances require assistance. Guests accompanying clients to appointments must be avoided if possible. Guests must also pass the patient screening tool and don a mask.
- Accompany clients directly to and from the operatory when possible
- Hand hygiene is required by clients/guest upon entry to the operatory

## D-CLINICAL CARE INFECTION CONTROL

- Preprocedural 1% hydrogen peroxide mouth rinse for 30-60 seconds must be performed by the client and expectorated into the same dispensing cup prior to examination and procedures within the oral cavity. (NOTE: Chlorhexidine is not an acceptable procedural mouth rinse since it has not been shown to be effective in reducing the intraoral viral load associated with COVID-19).
- Consideration must be given to vulnerable/ medically compromised



clients- when scheduling appointment times – specific days or early in the day.

- Schedule appointments to promote physical distancing between patients and increased infection control protocols.
- Appropriately placed barriers should be used and changed between clients (e.g. Keyboard computer covering, hose barriers, headrest covers).
- Keep open boxes of gloves and masks in closed compartments\
- When exiting, provide the patient Alcohol Based Hand Sanitizer (70-90%) and have them don a mask.
- Be mindful of aerosol generating procedures that may be occurring in your clinic.
- Do not wear **any** mask under your chin and do not place any mask in your work attire's pocket at any given time.
- Enhanced cleaning of high touch surfaces regularly. The government of Canada offers additional information of [disinfection](#).
- Instrument sharpening should be performed prior to patient care as much as possible.
- Although no adverse health effects associated with the saliva ejector have been reported, dental hygienists should be aware that backflow could occur when they use a saliva ejector. Dental hygienists should advise patients not to close their lips around the tip of the saliva ejector.  
Source: <https://www.cdc.gov/oralhealth/infectioncontrol/faqs/saliva.html>
- **When performing aerosol generating procedures, the use of high-volume evacuation must be used.**

## CLINICAL DENTAL HYGIENE CARE PROCEDURES

The current research identifies that aerosol generating procedures (AGP) are known as a high risk for COVID-19 transmission. Therefore, the NBCDH council has identified that **the following AGP must not be performed until further notice.**

*NOTE: A return to providing aerosol generating procedures will be re-evaluated when risks are mitigated.*

**A- Aerosol Generating Procedures (AGP) must not be performed:**

- The use of air/water syringe
- Ultrasonic/power instrumentation
- Air polishing
- The use of slow/high speed handpieces

**B-Non-Aerosol Generating Procedures (NAGP) can be performed at this time:**

Dental hygienists should use their professional judgment in identifying what non-aerosol generating or lower risk procedures should be performed.

Dental hygienists should determine if the health benefits to the client outweighs the risk of introducing potential aerosols into the environment for you, the clients and staff in the facility.

**NOTE:**

Some procedures have the potential of generating aerosols such as intra-oral radiographs and impressions when coughing and gagging is triggered. Extra-oral radiographs and digital impressions should be used whenever possible.

## PERSONAL PROTECTIVE EQUIPMENT REQUIREMENTS

- **NOTE: If appropriate PPE is unavailable, dental hygiene services must not be performed**
- Ensure that PPE has been approved by [Health Canada](#).
- [N95 masks](#) must be fitted by a qualified person in accordance with Occupational Health and Safety guidelines. A fit test is required every two years. A seal test should be completed each time you put on the N95 mask.
- Use the highest level of PPE available to reduce the risk of exposure. Considering that clients who are asymptomatic may still be COVID-19 infectious, it should be assumed that all clients can transmit the virus.

### Appropriate PPE for non-aerosol generating procedures (NAGP)

PPE	Before entering the operatory
Minimum ASTM Level 3 mask or superior	Put on a level 3 mask or a higher level of protection
Gown/lab coat (reusable or disposable) (Optional but recommended)	Put on a clean gown/lab coat To be changed daily or when soiled/contaminated
Eye Protection	Put on eye protection: safety glasses OR Face shield. <b>Note-</b> <i>Personal eyeglasses alone and contact lenses are NOT considered adequate eye protection.</i>
Gloves	Put on clean gloves. Change gloves if they become torn or heavily contaminated. *after entering the client operatory
Bouffant cap (optional)	Put on bouffant cap May be kept all day. If it has been contaminated, it is required to be changed

**Appropriate PPE for aerosol generating procedure (AGP)** (for future reference or for any dental hygienist who may be required to assist the dentist)

PPE	Before entering the operatory
Fitted N95 mask or equivalent (Annex C)	Put on a N95 mask or equivalent
Gowns/lab coat (reusable or disposable)	Put on a clean gown/lab coat Change between each patient.
Eye Protection	Put on eye protection: safety glasses/personal eyeglasses AND Face shield. <b>Note-</b> <i>Personal eyeglasses alone and contact lenses are NOT considered adequate eye protection.</i>
Gloves	Put on clean gloves. Change gloves if they become torn or heavily contaminated. *after entering the client operatory
Bouffant cap	Put on bouffant cap May be kept all day. If it has been contaminated it is required to be changed
Booties/disposable shoe covers (optional)	Put on booties. May be kept all day. If visibly soiled, it is required to be changed

## DONNING & DOFFING OF PPE

More than one method may be acceptable. Training and practicing these procedures are critical.

For teaching videos please visit this site from Vitalité Health Network

<https://www.youtube.com/playlist?list=PL7ApdZUkX0i1FvICbDTNI9UviDYP2xTJK>

### 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
5. Don ASTM Level 3 mask /N95 or equivalent (procedure dependent)
6. Don face shield and protective eyewear (*Personal eyeglasses alone and contact lenses are NOT considered adequate eye protection*)
7. Perform hand hygiene
8. Don gloves, pulling gloves over the cuffs of the gown (procedure dependent)

\*Hand sanitizer is acceptable unless hands are visibly soiled. If soiled, dental hygienists are required to use soap and water.

### Doffing

1. Doff gloves and perform hand hygiene
2. Doff bouffant cap and perform hand hygiene
3. Doff gown but 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 eye protection (touching only side arms) and perform hand hygiene
6. Doff mask by grabbing only the ear loops, discard and perform hand hygiene

## HAND HYGIENE

[Hand hygiene](#) must be performed **before and after** any client contact. Hand hygiene includes hand washing and/or [hand sanitizer](#).

## **RECORD KEEPING**

Client charting includes answers to screening questions. Dental hygienists should also document the name of the person accompanying if applicable. Paper charts should be kept outside of the operatory as they increase the risk of cross contamination.

## **OCCUPATIONAL HEALTH AND SAFETY**

Every person employed in Canada has the right to be in a safe work environment. Workers have a right to refuse work and are protected from reprisal for exercising their rights. Please visit [WorksafeNB](#).

## ANNEX A

# Patient Screening Form

Use this form to screen patients before their appointment and when they arrive for their appointment.

Staff screener: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Patient age: \_\_\_\_\_

Who answered: \_\_\_ Patient \_\_\_ Other (specify) \_\_\_\_\_

Contact Method: \_\_\_ Phone \_\_\_ email \_\_\_ Other \_\_\_\_\_

Identify yourself and explain the purpose of the call, which is to determine whether there are any special considerations for their dental appointment. Have the patient answer the following questions.

Screening Questions	Pre-Screen	In-Office
1. Do you have a fever or have felt hot or feverish anytime in the last two weeks? Patient temperature at appointment: _____. If elevated, provide mask to patient.	YES NO	YES NO
2. Do you have any of these symptoms: Dry cough? Shortness of breath? Difficulty breathing? Sore throat? Runny nose?	YES NO	YES NO
3. Have you experienced a recent loss of smell or taste?	YES NO	YES NO
4. Have you been in contact with any confirmed COVID-19 positive patients, or persons self-isolating because of a determined risk for COVID-19?	YES NO	YES NO
5. Have you returned from travel within Canada from a location known affected with COVID-19?	YES NO	YES NO
6. Are you over the age of 65?	YES NO	YES NO
7. Do you have any of the following? Heart disease, lung disease, kidney disease, diabetes, or any auto-immune disorder?	YES NO	YES NO

## ANNEX B

Air Changes / hour (ACH) and time required for airborne contaminant removal by efficiency

ACH	Time (mins.) required for removal 99% efficiency	Time (mins.) required for removal 99.9% efficiency
2	138	207
4	69	104
6+	46	69
8	35	52
10+	28	41
12+	23	35
15+	18	28
20	14	21
50	6	8

+ Denotes frequently cited ACH for patient-care areas.



## ANNEX C

### List of equivalent N-95 mask respirators:

From the US Center for Disease Control:

There are ten classes of NIOSH-approved particulate filtering respirators available at this time. 95% is the minimal level of filtration approved by NIOSH. The N, R, and P designations refer to the filter's oil resistance as described in the table below.

Ten classes of NIOSH-approved particulate filtering respirators available

<b>Filter Class</b>	<b>Description</b>
<b>N95, N99, N100</b>	Filters at least 95%, 99%, 99.97% of airborne particles. Not resistant to oil.
<b>R95, R99, R100</b>	Filters at least 95%, 99%, 99.97% of airborne particles. Somewhat resistant to oil.
<b>P95, P99, P100</b>	Filters at least 95%, 99%, 99.97% of airborne particles. Strongly resistant to oil.
<b>HE (High Efficiency Particulate Air)</b>	Filters at least 99.97% of airborne particles. For use on PAPRs only. PAPRs use only HE filters.

For more information visit the CDC website:

[https://www.cdc.gov/niosh/npptl/topics/respirators/disp\\_part/respsource1quest2.html](https://www.cdc.gov/niosh/npptl/topics/respirators/disp_part/respsource1quest2.html)

Strategies for Optimizing the Supply of N95 Respirators

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

[Health Canada](#) offers additional information on masks.

