NEWFOUNDLAND & LABRADOR
COLLEGE OF
DENTAL HYGIENISTS INC.

COVID-19 Infection Prevention Control (IPC) Interim Guiding Document

All registrants of NLCHP/NLCDH are required to review this document and abide by these guidelines when they return to practice

Approved By the Newfoundland and Labrador College of Dental Hygienists

May 22nd, 2020

Amendment Date: May 28th, 2020

The following guidelines are subject to change

Dental Hygienists in Newfoundland and Labrador who are returning to work are expected to follow the most current guidance provided by the NLCHP/NLCDH. Those who fail to abide by this directive may be considered to be in professional misconduct and will be subject to appropriate action.

Rationale: The Government of Newfoundland and Labrador has announced a COVID-19 Alert Level System. This provides residents with an overview of the steps that will be taken as they relax public health measures. Alert Levels will change gradually with continued monitoring of COVID-19 in our communities. In Alert level 3, private health care clinics may resume with guidelines. Once the province has entered Alert level 3 it is permitted for Dental Hygienists to return to work. The NLCDH strategy for returning to dental hygiene practice is designed to respect the safety and well-being of both the patients and the dental hygienist.
Source: https://www.gov.nl.ca/covid-19/alert-system/public-health-orders/)

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 NL Public Health Guidance. Source: https://www.gov.nl.ca/covid-19/alert-system/

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

Please note, because COVID19 is a rapidly evolving health issue, the Protocols listed below may change based on new research.

The following information provides guidance on how to safely provide care when dental hygienists return to work.

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[1]. 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 has been shown to survive in aerosols for hours and on some surfaces for days[2].There are also indications that patients may be able to spread the virus while pre-symptomatic or asymptomatic[3]. Covid-19 is different from the flu, the common cold, and Sars-1 and will require increased precautions. Dental Hygienists were already providing the highest standards of infection control before COVID-19, and now precautions will be enhanced.

[1] Bai Y, Yao L, Wei T, et al. Presumed asymptomatic carrier transmission of COVID-19. *JAMA*. Published online February 21, 2020. doi:10.1001/jama.2020.2565

[2] van Doremalen N, Bushmaker T, Morris DH, et al. Aerosol and surface stability of SARS-CoV-2 as compared with SARS-CoV-1. *N Engl J Med*. Published online March 17, 2020.

[3] Bai Y, Yao L, Wei T, et al. (Ibid.)

PPE

Dental hygienists are at a 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 protect themselves using the highest level of PPE available. If appropriate PPE is unavailable, oral health services must not be performed. There is a worldwide shortage of proper PPE due to COVID-19. It is very clear that demand is not being met now and as dental hygienists head back to work it is unlikely that PPE will be available to dental practices in any large quantities or regular supply.

Guidelines for Documentation

Due to the potential need for contact tracing in the case of a COVID-19 within your practice, proper documentation is imperative.

- Each office/clinical staff must conduct a report of their own self-assessment for COVID-19 prior to attending the dental practice for work. Your ability to work safely should be determined on a daily basis. Refer to https://www.811healthline.ca no more than 2 hours prior to entering the workplace. The results should be recorded including temperature in a log book (see appendix A for sample). The logbook should be kept by NLCHP registrant and made available if contact tracing for a client or staff member is required.
- Each client should be screened prior to appointment. Verification of screening must be documented in the client's chart.
- As per NLCDH Infection Control Policy, maintain daily monitoring of every sterilizer and document results. A record must be kept to show proof that sterilization has occurred in case required for contact tracing.

Before Clinical Care Resumes

- Do a soft run with team members. Staff to receive appropriate training on protocols, procedures and materials. It is the responsibility of each hygienist to have a printed copy of Interim Protocols and that it is made available to staff.
- Maintain a clear working space and remove all unnecessary items from open shelves and countertops to minimize cross contamination and facilitate disinfection. Place all essential items in closed cupboards (ie: mask, gloves etc.)
- Perform all function tests required on the equipment prior to opening. Shock your dental unit water lines if you are returning from an extended break in practice. Consult the NLCDH Infection Control Policy and manufacturer's instructions.
- Ensure there is adequate stock of certified PPE from a reputable dealer.
- Remove all magazines, toys, etc., from waiting areas to prevent contamination.
- Provide signage on proper hand washing, respiratory and cough etiquette.

- Paper charts should be kept outside of the operatory as they increase the risk of cross contamination.
- Reception/auxiliary staff must be provided with appropriate PPE (procedure/surgical mask gloves, eye protection, face shield, etc.)
- Install appropriate physical barriers in the reception area (e.g. plexi-glass shield) as per provincial guidelines.
- Client telephone pre-screening must be performed using an appropriate screening tool to ensure that only asymptomatic patients are being seen in person. Individuals accompanying clients must also be screened.
- COVID-19 best practice includes not wearing rings, watches, earrings, wrist jewellery because they act as a fomite for disease transmission.

Managing Clients

- Minimize the number of dental staff present in the practice at any given time. All staff providing direct client care or working in client care areas should wear a procedural mask at all times
- Each dental hygiene appointment must have adequate time allotment to incorporate COVID screening and donning/doffing of PPE. Recommended infection control measures must be performed.
- Avoid overcrowding the clinic. Stagger appointment times and respect physical distancing by suggesting clients wait outside the practice before appointments (e.g. in their vehicle).
- Individuals accompanying clients should wait outside the practice (e.g. in their vehicle), unless absolutely required, such as a parent accompanying a young child or a client who requires assistance. The accompanying individual must also be triaged.
- Clients should arrive wearing a mask or one should be provided upon arrival.
- Upon entering the practice, each client and accompanying attendant (if present) must perform hand hygiene, using a 70-90% ABHR (alcohol based hand rub) or clean hands with soap and running water.
- Client screening for COVID-19 with temperature recording should be performed upon their arrival, prior to allowing entry to the operatory. Consider purchasing a non-contact infrared thermometer. Record in clients chart.
- Minimize client contact with all surfaces, such as door handles, by having staff open/close all doors.

Clinical Operatory Infection Control

- Clinical operatory must be prepared prior to client entry. New barriers and operatory set up must be completed while wearing clean gloves.

- Must have all necessary sterilized instruments still in autoclaved packaging and disposable items laid out for use (ie. saliva ejector/HVE inserts, monoject syringes, clean gauze).
- Consult Appendices B and C for donning and doffing of PPE
- Prior to examination of the oral cavity, have each client rinse with 1% hydrogen peroxide for 60 seconds and expectorate back into the cup (Chlorhexidine is not acceptable).
- Have each client use 70-90% ABHR and wear a mask upon leaving the operatory.

Working Attire

Dental hygienists are to adhere to best practice with respect to work attire. Dedicated footwear must remain at work. It is recommended that practitioners wear street clothes to work and change into scrubs upon arrival. Wear clean over gowns for each client with proper donning/doffing methods. All protective clothing, once removed, must be placed in a dedicated bag (disposable or able to be laundered) for transportation. At home, scrubs should be laundered separate from household laundry. Disinfect shoes at the end of the day.

Personal Protective Equipment (PPE)

PPE for Non-Aerosol Generating Procedures:

- ASTM Level 3 mask
- Gloves
- Protective Eyewear (i.e. goggles, safety glasses with side shields or a full face shield that covers the front and sides of the face)
- Ideally, disposable gowns are preferred, but when disposables are not available a reusable gown or clean lab coat can be used for each client; *the gown/lab coat should have cuffs, a high neck and be long enough to cover the lap.*

PPE for Aerosol Generating Procedures

- Fitted N95 mask or equivalent with full face shield. (https://www.canada.ca/en/health-canada/services/drugs-health-products/medical-devices/masks-respirators-covid19.html)
- Gloves
- Bouffant cap (recommended)
- Ideally, disposable gowns are preferred, but when disposables are not available a reusable gown or clean lab coat can be used for each patient; *the gown/lab coat should have cuffs, a high neck and be long enough to cover the lap.*

See Appendices B and C for instructions on donning and doffing. Here are some useful resources https://www.cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html

Aerosol Generating Procedures

- During the COVID-19 pandemic, procedures causing aerosol production will be permitted ***only if*** *the demonstrated health benefits of providing the treatment outweighs the risk of infection to the patient* and the procedure cannot be achieved by any other method of treatment.
- Given that patients may be able to spread the virus while pre-symptomatic or asymptomatic. It should be assumed that all patients can transmit the disease.

Aerosol generating procedures should be selective using professional judgement. It is unlikely, during the current COVID-19 pandemic, there would be many instances where the health benefits of using ultrasonic instrumentation would outweigh the risk of aerosol generation.

For example, not often would there be a health benefit, based on the known risk of aerosols, to the use of an ultrasonic scaler on a 25-year-old patient with a clean mouth with no periodontal involvement. If periodontal treatment is required around a tooth with 7mm pocketing and furcation involvement, the use of ultrasonics could be a consideration, if the health benefits to performing the procedure cannot be achieved by any other method of treatment.

Procedures at High Risk for Aerosol Generation	Required Risk Mitigation
Ultrasonic/power instrumentation	There must be demonstrated health benefits to providing this procedure that outweighs the risk of transmission of COVID-19 that cannot be achieved by any other method of treatment. See page **4** for necessary PPE for aerosol generating procedures (AGP's).
Air Polishing	There must be demonstrated health benefits to performing this procedure that cannot be achieved by any other method of treatment.

The NLCDH recognizes that most procedures performed by dental hygienists could produce some level of aerosols. The following procedures have the ***potential*** to produce aerosols and should be *avoided* or *limited*. Use your professional judgement to determine if the health benefit to the patient outweighs the risk of introducing aerosols into the environment for you, other clients, and colleagues in the office. Source: https://journals.sagepub.com/doi/abs/10.1177/1757177409106456 5

If the following procedures listed below are *necessary* to client care, minimize the time spent on the procedures. ***Whenever possible use High Volume Evacuation (HVE) during any procedure.***

Procedures at Potential Risk for Aerosol Generation	Required Risk Mitigation
Intra-oral radiographs	Use extra-oral radiographs if possible Assess patient for risk of gag response Employ strategies to avoid coughing and vomiting
Impressions	Assess patient for risk of gag reflex Defer treatment if possible Employ strategies to avoid coughing and vomiting
Air-Water Syringe	**Do not use air & water together**
Polishing (selective)[4] [5] ***If choosing to selective polish, ensure there is a health benefit for the patient***	Avoid full-mouth polishing **Must use HVE** to control droplets, splatter and potential aerosols Use slow-speed handpiece only Use water only from air/water syringe when rinsing

Note: *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 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

[4] Madan, C., Bains, R., & Bains, V. (2009). Tooth polishing: Relevance in present day periodontal practice. Journal of Indian Society Periodontology, 13(1), 58.

[5] Sawai, M. A., Bhardwaj, A., Jafri, Z., Sultan, N., & Daing, A. (2015). Tooth polishing: The current status. Journal of Indian Society of Periodontology, 19(4), 375

Non-aerosol generating procedures (NAGP)

- Intraoral/Extraoral cancer screening assessment
- Periodontal assessment, including communicating periodontal diagnosis and treatment plan
- Communicate oral hygiene instruction
- Debridement using manual instrumentation
- Administration of local anesthetic, topical anesthetic, and non-injectable anesthetic
- Saliva ejector and/or High-Volume Evacuation (HVE preferred)
- Preventive procedures such as the application of topical agents (fluoride, silver diamine fluoride, desensitizing agents, etc.)
- Dry teeth with a cotton roll or gauze

Procedures at High Risk for Generating Aerosols

Be aware of aerosol generating procedures that may be occurring in your clinic. If an aerosol producing dental procedure is required, consider having your clinic book these patients in a closed operatory or at the end of your workday to minimize risk of exposure to you and other clients and staff in the facility.

The time required for aerosol clearance is determined by air changes per hour (ACH). ACH in a space can be affected by many factors including the physical layout of the office, the ventilation systems and the height of the ceiling, among other factors. Depending on the ACH, it can take from over 3 hours (180 min) to less than 10 min. ACH in a clinical setting can be determined by HVAC/ventilation professionals and can be modified, if needed.

Post Appointment Infection Control

- Safety glasses or face shields, masks and gloves must be worn during decontamination procedures.
- Single use barriers must be used and replaced between clients. All clinical surfaces must be inspected, cleaned, and disinfected.
- Components of dental devices that are permanently attached to the dental unit water lines (e.g., attachments for saliva ejectors, high- speed air evacuators, etc.) must be disinfected and covered with surface barriers that are changed after each use. Discard single use attachments in appropriate non-touch receptacle.
- Radiographic equipment (e.g., tube heads and control panel) must be cleaned and disinfected between clients or protected with surface barriers that are changed and surface disinfected between clients.
- Items that are not single-use disposable must be transported to a medical device reprocessing area in a covered container then decontaminated, appropriately processed, packaged, sterilized and stored in a clean, dry, covered area.

- For disinfection recommendations, refer to Health Canada Hard surface disinfectants for disinfectants, following manufacturer's instruction.
- Dental hygienists should become familiar with the proper donning /doffing of PPE to minimize self-contamination. See Appendices B and C for pictorial. Here are some useful resources https://www.cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html

Handwash

https://www.canada.ca/en/public-health/services/publications/diseases-conditions/reduce-spread-covid-19-wash-your-hands.html

Handrub

https://www.who.int/gpsc/5may/How_To_HandRub_Poster.pdf?

Additional Resources and References

https://oralhealth.cochrane.org/sites/oralhealth.cochrane.org/files/public/uploads/covid19_dental_reopening_rapid_review_07052020.pdf

Health Canada

www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection.html

https://www.canada.ca/en/health-canada/services/drugs-health-products/medical-devices/masks-respirators-covid19.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/dental-settings.html#PPE

WHO

https://www.who.int/emergencies/diseases/novel-coronavirus-2019

American Dental Hygienists Association

https://www.adha.org/resources-docs/ADHA_TaskForceReport.pdf

College Registered Dental Hygienists Alberta

https://www.crdha.ca/media/249886/covid-19-return-to-work-guidelines-may-4-2020.pdf

https://www.crdha.ca/media/249890/covid-19-return-to-work-guidelines-may-26-2020-final.pdf

College of Dental Hygienist of Manitoba

https://cdhm.info/may-26-cdhm-interim-infection-prevention-control-ipc-guidance-effective-june-1st-2020/

Government of NL

https://www.health.gov.nl.ca/health/publichealth/cdc/PPE_Putting_It_On.pdf

https://www.health.gov.nl.ca/health/publichealth/cdc/PPE_Taking_It_Off.pdf

Appendix A:

Name	Date	Time	Temperature	Comments

Appendix B

Protect Yourself - Protect Others
Personal Protective Equipment
Putting it on in 5 easy steps

1. Hands
- Clean your hands with sanitizer or soap and water.

2. Gown
- Tie at top.
- Then tie at waist.
- Ensure the opening is in back and it covers your skin and clothes.

3. Mask
- Put on a procedure or surgical mask.
- Mold the metal to fit your nose.
- A fit check must be performed with each use.

Alternate: N95 respirator if indicated.

4. Eye Protection
- Put on eye protection.

Alternate: Combo mask/eye shield.

5. Gloves
- Pull on gloves and ensure they cover the cuffs of your gown.

Newfoundland Labrador

***Remove all PPE, with the exception of N95, before leaving patient room.**

Adapted with permission from the Winnipeg Regional Health Authority

Appendix C

Protect Yourself - Protect Others
Personal Protective Equipment
Taking it off in 6 easy steps

1. Gloves
- Remove gloves.
- Clean your hands with sanitizer or soap and water.

2. Gown
- Untie neck. Untie waist.
- Hook fingers under opposite cuff. Pull over hand.
- Use gown-covered hand to pull gown over other hand.
- Pull gown off without touching outside of gown.
- Roll up inside out/discard.

3. Hands
- Clean your hands with sanitizer or soap and water.

4. Eye Protection
- Remove by handles and place in reprocessing bin or garbage.

5. Mask/N95 respirator
- Remove using loops or ties; do not touch mask.
- N95 should be removed outside of the room after the door has been closed. Place in garbage.

6. Hands
- Clean your hands immediately after removal of PPE or anytime you suspect your hands are contaminated during PPE removal.

***Remove all PPE, with the exception of N95, before leaving patient room.**

Newfoundland Labrador

Adapted with permission from the Winnipeg Regional Health Authority