

PANDEMIC PLAN
COVID-19
FOR RETURN TO DENTAL PRACTICE



June 23rd, 2020

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INTRODUCTION

On June 8th, 2020 the Chief Medical Officer of the Province of Newfoundland and Labrador authorized the re-opening of dental clinics in the province to **regular dental services**. The opening of clinics does not mean a return to pre Covid-19 conditions as similar restraints that existed under the emergency plan are still necessary.

The objective of this document is to provide license holders with the Newfoundland and Labrador Dental Board with recommended current protocols to minimize the risk of transmission of the Pandemic disease while **providing a full range of dental services**. The result may mean a reduction in the output of each clinic in terms of total services.

The first step going forward then is that the Principal Dentist or the Primary Connected dentist of the clinic **MUST** ensure that all team members understand that existing standard IPAC **MUST** still be practiced and when enhanced standards are required that all necessary and appropriate training will be provided to workers. Special consideration to specific areas of the Plan may be advisable. Many workers, for example, may not be familiar with all aspects of enhanced precautions of IPAC, such as the proper use of PPE. The Appendix of this document will provide written, diagrammatic and an audiovisual reference for donning and doffing of PPE that is helpful. This is particularly important to help workers avoid self-inoculation with the virus.

Further as more patients are encountered it is important to remember that the goal is to try to maintain as low a risk assessment for all patients as possible. This means that by pre-screening each patient the practitioner will ensure that **where possible that moderate or high-risk patients be treated virtually or pharmacologically until they are screened negative**. Referral of care should also continue as an option when necessary.

Finally, this document is primarily designed for private dental clinics that are not otherwise governed or controlled by other organizations such as hospitals, regional health care authorities, long term care facilities nor is it for other oral health care workers outside dental clinics in the province.

1. INFECTION CONTROL

The practice of dentistry has for a long time been based on removing or preventing disease while at the same time reducing the risk transmitting infection from one patient to another regardless of the source of the infection. From pre-appointment triage to physical distancing to personal protective equipment (PPE) protecting against the transmission of the COVID-19 illness is especially challenging because of the closeness of patient to operator and further the fact that infected people may not have any symptoms that would otherwise lead to a deferral of treatment to a safer time. For this reason, infection control measures **MUST** be followed in full to protect workers and other patients.

2. OFFICE PREPARATION

The following protocols **should** be observed until public health officials declare physical distancing and other measures are no longer required.

i. Front desk

- Minimize contact at reception.
- Maintain physical distancing.
- Focus patient activity at the front desk to a limited area. Disinfect the area after each patient contact.
- Consider limiting the number of patients that are in the waiting room at one time.
- Create an area for patient screening/temperature taking/hand sanitizing.
- Sneeze guards placed to protect office workers or a mask, gloves, and eye protection.

- Clear barriers may be used to cover keyboards and to make disinfection easier.
- Discourage staff sharing. Do not share pens, phones, headsets etc.

ii **Waiting Room**

- **Remove fabric surfaces.** For cloth chairs in the waiting room, an appropriate barrier covering is an option.
- **Promote physical distancing.** Reduce seating in the waiting area, ideally chairs are two meters (2m) apart.
- **Remove unnecessary items.** Remove magazines, brochures, toys, etc.
- Consider posting notices. Promote hand hygiene, physical distancing, and cough etiquette.
- Clean and disinfect. Clean surfaces with detergent or soap & water prior to initial disinfection. Disinfect touch surfaces at least twice daily, including chairs, tables, door handles, light switches, clothes hangers, bathroom countertops and fixtures, staff-room surfaces, lab areas, etc.
- Only child and infirm patients to be accompanied.
- Update contacts. Know how to contact the local health department.
- Prepare washrooms. Post hand-washing instructions, ensure adequate supply of soap and disposable towels, make a trash can available.
- Clinics should provide closed laundry/waste bins for disposal of used PPE.
- When possible, **reusable PPE should be laundered at the clinic.**

ii. **Clinical Areas**

- Sterilization room to be cleaned regularly equivalent to dental operatory 3 times a day
- Follow IPAC Guidelines of RCDSO found at the website RCDSO.org under Members, and also refer manufacturers' instructions for testing sterilizers after a prolonged time out of service.

- Shock your dental unit water lines if you are returning from an extended break in practice. Consult the manufacturer's instructions for proper product recommendations.
- Only patients and necessary attendants allowed in clinical areas.
- Cleaning and disinfecting all operatory units must be determined in part by the procedures, the length of time the procedure took and the screening risk factor of the patient.
- When treating moderate or high-risk patients with AGPs a high-grade hospital level disinfectant is recommended.
- Clear barriers may be used to cover equipment that is difficult to disinfect.
- If you leave the operatory area (considered equivalent to a sterile area for procedures) you must wash hands upon return for at least 20 seconds and put gloves on without touching anything in-between. This is mandatory every time you leave operatory and return.

iii. Common staff areas

- Encourage physical distancing.
- Disinfect touch surfaces often.

iv. Receiving Deliveries

Minimize transmission risk with procedures such as:

- Wear gloves when collecting and/or accepting mail or packages.
- Wipe entirely the exterior of every box delivered with a paper towel and soap & water solution or sanitizing wipe depending on your supplies.
- Boxes remain untouched for 15 minutes prior to being opened.
- Clean all surfaces that were touched by deliveries with soap and water mix or sanitizing wipes.

3. STAFF PREPARATION

- i. Clinics should schedule the staff as effectively as possible. Staggering of shifts and coffee/lunch breaks is recommended, with observation of physical distancing.
- ii. All staff must **self-monitor** for COVID-19 symptoms before reporting to work each day, and refrain from attending the clinic if symptoms are present. Staff with mild symptoms may see their Family Doctor and return to work after 48 non-symptomatic hours.
- iii. Staff should be **pre-screened** at the beginning of each shift using the Dental & Office Staff Daily Screening Form.
- iv. All dental office staff should consider wearing **scrubs** at work.
- v. **Scrubs** and shoes should be only worn in the office and should be put on when entering the office at the start of the day and removed at the office at the end of the day.
- vi. Hand hygiene is of paramount importance. Staff must wash or disinfect hands thoroughly upon entering the clinic, before and after patient contact, after contacting contaminated surfaces or equipment and after removing PPE, following PPE protocols.

4. BEFORE THE APPOINTMENT

Before the appointment, the patient must be contacted, and a pre-appointment screening completed. The purpose of the screening is to:

- i. Determine the patient's risk level for being infected with COVID-19.
- ii. Determine if the patient falls into one of the vulnerable population groups with respect to COVID-19.

- iii. Explain the Change in office protocols.

5. DETERMINING PATIENT COVID-19 RISK

- i. Dentists must pre-screen patients for vulnerability and pre-existing conditions.
- ii. Screen patients at least twice with typical screening questions to ask the patient before the appointment can be found within the Appendix., the Patient Screening Form.
- iii. Patients should screen **low risk, moderate risk or high risk.**
- iv. **If patients screen higher than low risk, strategies for their care include: deferral for 14 days, end-of-the day appointments, special treatment days, fewer appointment times with longer intervals.**

6. COMPLETE PATIENT ARRIVAL SCREENING

- i. Appointment Arrival **Screening** Questionnaire.
- ii. Take patient's **temperature** and record result.
- iii. If patient screening indicates "moderate" or "higher" risk, isolate patient and consult with dentist on next steps.
- iv. Ask patient to respect physical distancing with all staff and patients.
- v. **Limit patient time in waiting room.** Ideally, take the patient to the operatory immediately.

7. OPERATORY PREPARATION

When patient is seated in operatory:

- (i) Chair side staff don mask before entering operatory.
- (ii) No hand shaking or physical contact.
- (iii) Wash hands and don gloves, face shield, etc. in room.

- (iv) Review overall health history, confirming that the screening questions were asked during check-in, and review if necessary.
- (v) Complete procedures.
- (vi) Following proper doffing procedures, remove mask only outside operatory.
- (vii) Limit movement out of operatory as much as possible.
- (viii) **Clean operatory while wearing PPE.**
- (ix) As patient is leaving:
 - a. Try to have paperwork completed before patient arrives at reception.
 - b. Choose a touchless payment method, if possible.
 - c. After patient leaves, disinfect all patient contact surfaces.
 - d. Have the patient wash or disinfect their hands before leaving the clinic.

8. PATIENT CARE

During dental care, the following transmission-based precautions are recommended with the usual clinical protocols during the COVID-19 crisis:

- (i) **General Precautions**
 - a. **Patients should rinse with antiseptic mouthwash (1-1.5% hydrogen peroxide) for 30-60 seconds before any procedure.**
 - b. **Extraoral radiographs** should be used wherever possible in lieu of intraoral radiographs.
 - c. Use of **air/water syringe** should be minimized.
 - d. The use of **high-volume evacuators** should be used primarily when possible.
 - e. Dental **dam** recommended where possible.

- (ii) Protocol for **High Risk Aerosol Generating Procedures (AGPs) without dental dam** (includes ultrasonics, high speed handpieces, air polishing, and air-water syringes)
 - a. PPE: fitted N95 respirator, equivalent or ASTM level 2 or 3 with face shield, eye protection, gowns, and gloves all in accordance with donning and doffing procedures.
 - b. Four handed dentistry is recommended and HVE is **recommended.**
 - c. Hydrogen peroxide pre-rinse optional.
 - d. Rest time determination depends on screening of patient if **NEGATIVE**; 15 minutes before cleaning and disinfecting. If **POSITIVE**; need professional assessment of clearance before use. When positive, room must be left empty with door closed or barrier (also see page 22-23).
 - e. Recommend portable air filtration or HEPA filtration unit.

- (iii) Protocol for **High Risk Aerosol Generating Procedure (AGPs) with dental dam.**
 - a. PPE surgical mask ASTM level 2 or 3 and face shield, or fitted N95 respirator, eye protection, lab coats or gowns, and gloves in accordance with donning and doffing procedures.
 - b. Four handed dentistry and high-volume evacuation system **required.**
 - c. Hydrogen peroxide pre-rinse optional.
 - d. Cleaning and disinfecting.
 - e. Recommend portable filtration or HEPA filtration system.

- (iv) Protocol for Selective Polishing and Hand Scaling (NAGPs)**
 - a. PPE: surgical mask ASTM level 2 or 3, eye protection or face shield, lab coats or scrubs, and gloves in accordance with donning and doffing procedures.**
 - b. Cleaning and disinfecting.**
 - c. Hydrogen Peroxide pre-rinse optional.**

- (v) Protocol Hand Scaling Only (NAGP)**
 - a. Level 2 or 3 mask, face shield or eye protection, scrubs, gloves.**
 - b. Hydrogen peroxide pre-rinse optional.**
 - c. Cleaning and disinfecting.**

- (vi) Low Risk Non-Aerosol Procedures (NAGP)**
 - a. PPE: surgical masks ASTM level 2 or 3, eye protection and gloves are to be worn.**
 - b. Hydrogen Peroxide pre-rinse optional.**
 - c. Cleaning and disinfecting.**

9. PATIENT DISMISSAL

- a. Patient should make payments using debit or credit cards.
- b. Promotional items such as toothbrushes, floss, appointment cards should not be provided.
- c. Patients and guests must sanitize before leaving clinic.

10. CLEARING THE AIR (OF AEROSOLS)

- Air changes per hour can be impacted by many factors, including physical layout of clinic, ventilation systems, height of walls and ceiling, and the presence of windows, doors and the access of contact surfaces. This Operational Plan specifically cannot not address the clearing of aerosols in each clinic; or the effectiveness of ventilation systems or the actual rest time needed in between aerosol generating procedures when the treatment is done without due attention to these considerations.
- Professional advice recommended.
- Cleaning and disinfecting treatment rooms for non-aerosol generating procedures (NAGPS) can start immediately.
- **Cleaning of (AGPS) rooms can start immediately as it relates to splatter of materials but disinfecting requires a settling time dependent on many variables that must be determined in each operatory.**

11. CLINICAL PRACTICES AND PROTOCOLS

- At all times, dentists are expected to use their professional judgment based on the particular situation. There are many variables to consider, which change constantly (patient-to-patient, clinic-to-clinic, day-to-day) as the pandemic changes.

12. SUGGESTED USE OF PPE BY FRONT OFFICE STAFF AND STAFF CLEANING OPERATORIES.

LEVEL 1 MASK
EYE PROTECTION
GLOVES
SCRUBS

Appendix 1: Glossary of Terms and Acronyms

ACH means **air changes per hour**. The movement of a volume of air in a given period of time; if an office has one air change per hour; it means that the air in the office will be replaced in a one-hour period. Adapted from:

http://www.caslab.com/Air_Changes_Per_Hour_ACH_Meaning/

AGP means **aerosol generating procedures**. Aerosol generating procedures are any procedure carried out on a patient that can induce the production of aerosols of various sizes, including droplet nuclei.

Adapted from:

<http://ipac.vch.ca/Documents/Acute%20Resource%20manual/Aerosol%20Generating%20Medical%20Procedures.pdf>

HVAC means heating, ventilation, and air conditioning. Technology related to the indoor temperature and air quality.

HVE means **high volume evacuation**. A high-volume evacuator is a suction device that draws a large volume of air over a period of time.

Infirm patient means a patient who is physically limited or in ill health. In this context, an infirm patient may need extra assistance to receive dental care, including, but not limited to, moving from one room to another and being physically stabilized in the operator.

NAGP means **non-aerosol generating procedures**. Any procedure carried out on a patient that does not produce aerosols.

PPE means **personal protective equipment**. Equipment worn to minimize exposure to hazards that cause serious injuries and illnesses. In the context of a pandemic, it is equipment worn to prevent transmission of a virus or bacteria.

N95 or KN95 (fitted): a respirator, which is a particulate-filtering facepiece that can be breathed through, that meets the U.S. National Institute for Occupational Safety and Health N95 classification of air filtration, meaning that it filters at least 95% of airborne particles. To work properly, these masks must be fitted to the wearer. The KN95 is a Chinese equivalent.

Level 1 or 2 or 3 masks: The American Society for Testing and Materials defines mask levels and which level should be used during different dental procedures. Level 1 masks are considered as a low barrier and designed for procedures with a low amount of fluid, blood, aerosol exposure or spray. Level 2 masks are a moderate barrier. Level 3 masks are considered a high barrier and were designed for procedures with a moderate or high amount of fluid, blood, aerosols, or spray exposure, such as implant placement, complex oral surgery, and crown preparation.

Eye protection (glasses, goggles or face shield): safety glasses allow air in and around the eye area while safety goggles fit tight against the face, offering protection against particulate in the air and splashes. Face shields provide further protection, especially from splatter, and can also be worn over spectacles or goggles.

Scrubs: garments designed to be simple, easy to launder, and cheap to replace. Originally used by surgeons and other operating room personnel, who would put them on during the process of sterilizing themselves before entering the operating room.

Lab coat (with or without cuff) or gown: a garment intended to be worn by health care personnel during surgical procedures to protect both the patient and health care personnel

from the transfer of microorganisms, body fluids, and particulate matter. Cuffs provide greater protection to arms and wrists.

Cap/bouffant: a loose cap, typically secured around the head with elastic, used to contain hair.

RESOURCES

The following websites and pages contain several resources that can be printed as stand-alone documents/posters for your dental office.

Additional online resources:

Government of Canada

Coronavirus disease (COVID-19): Awareness resources

<https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/awareness-resources.html>

Infection Prevention and Control Canada

Coronavirus (COVID-19) Posters, Graphics and Videos

<https://ipac-canada.org/posters-graphics-and-videos.php>

Canadian Centre for Occupational Health and Safety

Hand washing and other posters

<https://www.ccohs.ca/outbreaks/>

Dental Office Return to Work Screening Form

Each employee/dentist at the office must complete this form upon return to work.

Name	Signature	Date
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Risk Assessment Screening Questions

1. Do you have any of the following symptoms which are new or worsened if associated with allergies, chronic or pre-existing conditions: fever, cough, shortness of breath, difficulty breathing, sore throat, and/or runny nose?	YES NO
2. Have you returned to Canada from outside the country (including USA) in the past 14 days?	YES NO

In the past 14 days, at work or elsewhere, while not wearing appropriate personal protective equipment:

3. Did you have close contact* with someone who has a probable** or confirmed case of COVID-19?	YES NO
4. Did you have close contact* with a person who had acute respiratory illness that started within 14 days of their close contact* to someone with a probable** or confirmed case of COVID-19?	YES NO
5. Did you have close contact* with a person who had acute respiratory illness who returned from travel outside of Canada in the 14 days before they became sick?	YES NO
6. Did you have a laboratory exposure to biological material (i.e. primary clinical specimens, virus culture isolates) known to contain COVID-19?	YES NO

<https://www.albertahealthservices.ca/assets/info/ppih/if-ppih-covid-19-daily-fitness-for-work-screening-protocols.pdf>

If you answer “NO” to all of the above, you can proceed to work. If you develop symptoms, please complete a new questionnaire.

If you answer “YES” to any of the above, you are not permitted to attend work at this time and you must self-isolate and contact a medical office to determine if you require COVID-19 testing.

*Close contact includes providing care, living with or otherwise having close prolonged contact (within 2 meters) while the person was ill, or contact with infectious bodily fluids (e.g. from a cough or sneeze) while not wearing recommended personal protective equipment.

**Probable case is a person with clinical illness who had close contact to a lab-confirmed COVID-19 case, while not wearing appropriate personal protective equipment, OR a person with clinical illness who meets the COVID-19 exposure criteria, AND in whom laboratory diagnosis of COVID-19 is inconclusive. Clinical illness of a probable case is new onset/exacerbation of following symptoms: fever (over 38 degrees Celsius), cough, shortness of breath (SOB)/difficulty breathing, sore throat or runny nose. Exposure criteria for a probable case is a person who, in the 14 days before onset of illness: had any history of travel outside of Canada; OR had close contact with a confirmed or probable case of COVID-19; OR is a close contact of a traveler with acute respiratory illness who returned from outside Canada in the previous 14 days; OR had a laboratory exposure to biological material (e.g. primary clinical specimens, virus culture isolates) known to contain COVID-19.

Dentist & Office Staff Daily Screening Form

Date: _____

All dentists and office staff must confirm their absence of symptoms and have temperature taken each day. If symptoms are present, further investigation is needed by the managing dentist*.

Name:

Signature:

<ul style="list-style-type: none"> • Fever > 38° C YES NO • Cough YES NO • Sore throat YES NO • Shortness of breath YES NO 	<ul style="list-style-type: none"> • Difficulty breathing YES NO • Flu-like symptoms YES NO • Runny nose YES NO 	AM Temperature __ PM Temperature __
--	--	--

Name:

Signature:

<ul style="list-style-type: none"> • Fever > 38° C YES NO • Cough YES NO • Sore throat YES NO • Shortness of breath YES NO 	<ul style="list-style-type: none"> • Difficulty breathing YES NO • Flu-like symptoms YES NO • Runny nose YES NO 	AM Temperature __ PM Temperature __
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Name:

Signature:

<ul style="list-style-type: none"> • Fever > 38° C YES NO • Cough YES NO • Sore throat YES NO • Shortness of breath YES NO 	<ul style="list-style-type: none"> • Difficulty breathing YES NO • Flu-like symptoms YES NO • Runny nose YES NO 	AM Temperature __ PM Temperature __
--	--	--

Name:

Signature:

<ul style="list-style-type: none"> • Fever > 38° C YES NO • Cough YES NO • Sore throat YES NO • Shortness of breath YES NO 	<ul style="list-style-type: none"> • Difficulty breathing YES NO • Flu-like symptoms YES NO • Runny nose YES NO 	AM Temperature __ PM Temperature __
--	--	--

Name:

Signature:

<ul style="list-style-type: none"> • Fever > 38° C YES NO • Cough YES NO 	<ul style="list-style-type: none"> • Difficulty breathing YES NO • Flu-like symptoms YES NO 	AM Temperature __
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• Sore throat	YES	NO	• Runny nose	YES	NO	PM Temperature ___
• Shortness of breath	YES	NO				

Name:

Signature:

• Fever > 38° C	YES	NO	• Difficulty breathing	YES	NO	AM Temperature ___
• Cough	YES	NO	• Flu-like symptoms	YES	NO	
• Sore throat	YES	NO	• Runny nose	YES	NO	PM Temperature ___
• Shortness of breath	YES	NO				

Name:

Signature:

• Fever > 38° C	YES	NO	• Difficulty breathing	YES	NO	AM Temperature ___
• Cough	YES	NO	• Flu-like symptoms	YES	NO	
• Sore throat	YES	NO	• Runny nose	YES	NO	PM Temperature ___
• Shortness of breath	YES	NO				

Provincial regulations may require use of a provincial form and protocol. How “yes” answers are handled may be dictated by provincial regulation and may change with the public health alert level of the pandemic. A cautious approach is recommended.

Add

- Red or purple spots on hands or feet
- Reduced sense of smell or taste
- Other symptoms may be added

Patient Screening Form

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

The list of symptoms may be added to or amended over time.

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 outside of Canada in the last 14 days?	YES NO	YES NO
6. Have you returned from travel within Canada from a location known affected with COVID-19?	YES NO	YES NO
7. Is your workplace considered high risk?	YES NO	YES NO

Patient Vulnerability

8. Are you over the age of 60?	YES NO	YES NO
9. Do you have any of the following? Heart disease, lung disease, kidney disease, diabetes or any auto-immune disorder?	YES NO	YES NO

Any “yes” response for questions 1-7 must be discussed with the managing dentist immediately.

- Tell the patient when they arrive at the office, they will be asked to: sanitize their hands; answer the questions again; have their temperature taken; complete a form acknowledging the risk of COVID-19.

Advise the patient:

- Only patients are allowed to come to the office.
- If possible, to wait in their car until their appointment, call the office when they arrive.
- Following the Patient Screening. The patient should be informed of their status, the significance and whether they choose to have an examination and/or treatment if advised possible or whether it is better to defer or refer the patient for care.
- At this point the patient has been advised of the risks and benefits of treatment requested informed consent must be provided by the patient or their guardian or representative. Standard informed consent form for treatment should be available.

READ BEFORE ENTERING CLINIC

COVID-19 Pandemic Dental Risk

In response to covid-19, additional steps have been taken to further enhance your safety and the safety of our staff. Only individuals being treated are allowed to enter the clinic. Accompanying persons are not permitted to enter, with the exception of caregivers.

Delivery personnel are to contact the facility staff prior to entering.

Please review the following questions to confirm your fitness to enter the facility.

- 1. Do you currently have any of the following symptoms?**
 - Severe Cough**
 - Muscle pains**
 - Significant Nasal congestion**
 - Fever > 38 Degrees C**
 - Shortness of breath**
 - Headache**
 - Runny nose**
 - Reduced or lost sense of smell or taste**
- 2. Have you failed to use physical distancing in the last two weeks?**
- 3. Have you come into contact with anyone that has any of the above symptoms in the last two weeks?**
- 4. Have you come into contact with anyone suspected of having Covid-19 in the last 2 weeks?**
- 5. Have you come into contact with anyone diagnosed with COVID-19 in the past 2 weeks?**

If you have answered “yes” to any of the above questions,

DO NOT ENTER THE FACILITY.

Call our phone number below and you will be given the appropriate direction.

Only enter the clinic if you answered “No” to all the questions above.

Return to Practice Checklist

Are you ready? **RETURN TO PRACTICE CHECKLIST**

- All staff are briefed on changed protocols.**
- Reception modified to limit contact.**
- Waiting area updated.**
- Washrooms well supplied.**
- All staff completed Return to Work Screening Form.**
- Daily Employee Screening Log binder available.**
- Surface disinfection schedule established. Disinfection supplies readily available in all areas**
- Patient greeting/screening process established, staff assigned.**
- Plan to limit movement in office, especially between clinical and non-clinical areas, is ready.**
- All staff understand PPE expectations. Competent in donning and doffing PPE.**
- Dental equipment tested and water lines shocked if needed.**
- Sterilizers all appropriately tested before returned to service.**

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

Filter Class	Description
N95, N99, N100	Filters at least 95%, 99%, 99.97% of airborne particles. Not resistant to oil.
R95, R99, R100	Filters at least 95%, 99%, 99.97% of airborne particles. Somewhat resistant to oil.
P95, P99, P100	Filters at least 95%, 99%, 99.97% of airborne particles. Strongly resistant to oil.
HE (High Efficiency Particulate Air)	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

Strategies for Optimizing the Supply of N95 Respirators

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

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.

<https://www.cdc.gov/infectioncontrol/guidelines/environmental/appendix/air.html#tableb1>

Donning & Doffing of PPE

Donning of PPE:

If at any time you feel you have made an error, please use hand hygiene techniques and wash and areas you feel may have been exposed

Begin by checking which procedures are being done on this patient to see which PPE is required. Hair should be pulled back and jewelry should be removed or minimized.

Perform hand hygiene for at least 20 seconds, rubbing palms, wrists, in between fingers, back of hands and along the nail beds.

Don gown by first closing the back of the neck. Tie waist ensuring all clothing is covered.

Donning N95 mask:

Place fit-tested N95 mask over nose and under chin. Place top strap at crown of head. Stretch bottom strap to back of neck. Mould the nose strip to ensure fit and tight seal. Perform a seal test by putting hands at top and bottom of mask while breathing out to feel if any air escapes.

For droplet contact precautions, secure eye protection and face shield.

Put on gloves one at a time, making sure they are snug over the sleeve of the gown, ensuring no skin is exposed.

Doffing of PPE:

Remove the first glove by pulling it up and away from middle of your palm turning the glove inside out. Hold the entire glove in the other hand. To remove other glove, place a finger inside the glove pushing it off wrapping it inside out, balling up both gloves together and throwing into garbage. Remove the gown by opening at the neck and then untying at the waist. From the back of the neck, pull the gown away from you. Only touch the inside of the gown and roll it into a ball. Throw it into garbage. Perform hand hygiene for 15 – 20 seconds. Remove face shield by pulling strap and shield away from you. Remove N95 mask by pulling straps away from you and pulling mask off dropping into garbage. Perform hand hygiene again for 15 – 20 seconds. When doffing a procedure mask, pull elastics away from ears, release from chin and drop into garbage.

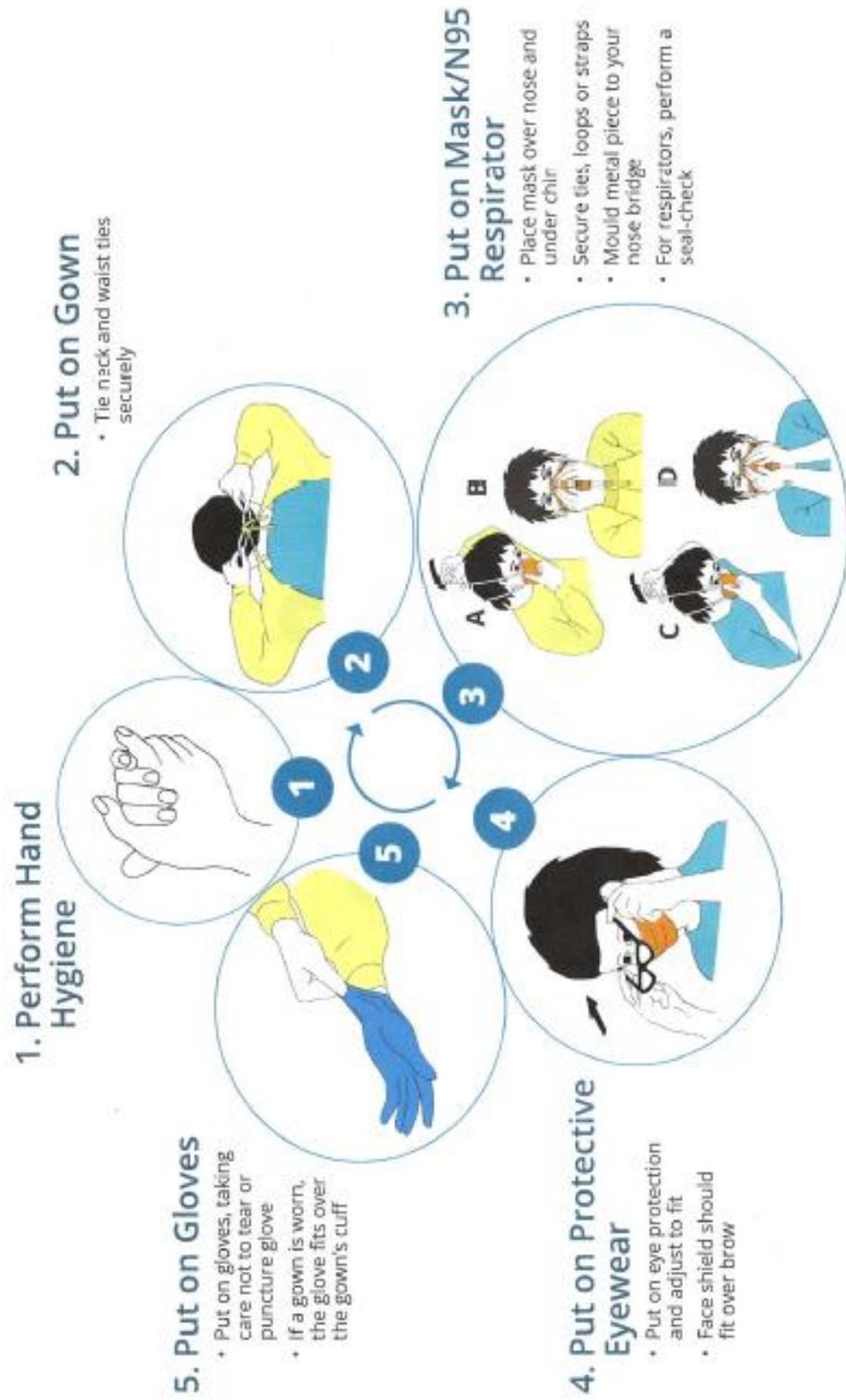
- Disposable PPE should be disposed of within the operatory.
- Reusable PPE should be left in the operatory and be disinfected along with the operatory or sterilized.
- Glasses and face shields are to be cleaned and disinfected between each patient.

For teaching videos please visit this site from Vitalité Health Network
English

<https://www.youtube.com/playlist?list=PL7ApdZUkX0i1FvICbDTN19UviDYP2xTJk>

Also, see gov.nl.ca/COVID-19, Business and employees /info for Health Care workers

Recommended Steps: Putting On Personal Protective Equipment (PPE)



For more information, please contact Public Health Ontario's Infection Prevention and Control Department at ipac@ohppp.ca or visit www.publichealthontario.ca.

Recommended Steps: Taking Off Personal Protective Equipment (PPE)

1. Remove Gloves

- Remove gloves using a glove-to-glove / skin-to-skin technique
- Grasp outside edge near the wrist and peel away, rolling the glove inside-out
- Reach under the second glove and peel away
- Discard immediately into waste receptacle



2. Remove Gown

- Remove gown in a manner that prevents contamination of clothing or skin
- Starting with waist ties, then neck ties, pull the gown forward from the neck ties and roll it so that the contaminated outside of the gown is to the inside. Roll off the arms into a bundle, then discarded immediately in a manner that minimizes air disturbance.

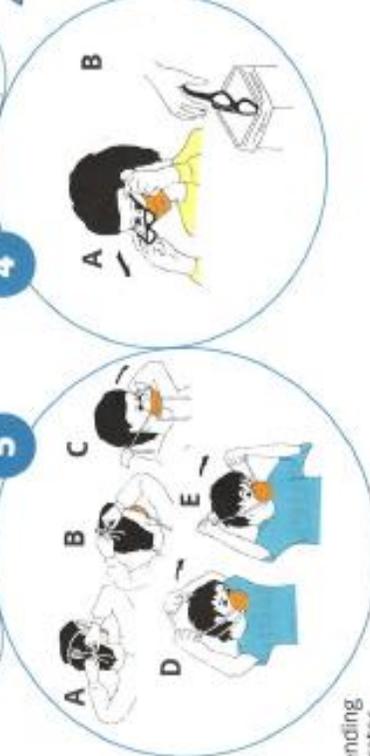
6. Perform Hand Hygiene



3. Perform Hand Hygiene

5. Remove Mask/ N95 Respirator

- Ties/ear loops/straps are considered 'clean' and may be touched with hands
- The front of the mask/respirator is considered to be contaminated
- Untie bottom tie then top tie, or grasp straps or ear loops
- Pull forward off the head, bending forward to allow mask/respirator to fall away from the face
- Discard immediately into waste receptacle



4. Remove Eye Protection

- Arms of goggles and headband of face shields are considered to be 'clean' and may be touched with the hands
- The front of goggles/face shield is considered to be contaminated
- Remove eye protection by handling ear loops, sides or back only
- Discard into waste receptacle or into appropriate container to be sent for reprocessing
- Personally-owned eyewear may be cleaned by the individual after each use