



College of  
Dental Hygienists  
of Nova Scotia

**FREQUENTLY ASKED QUESTIONS (FAQ) FOR CDHNS  
REGISTRANTS  
ON THE  
COVID-19 REOPENING PLAN AND PROTOCOLS  
FOR DENTAL HYGIENISTS IN ALL PRACTICE SETTINGS  
STAGE 2: EMERGENCY AND URGENT CARE**

**Updated: June 3, 2020**

## Table of Contents

INTRODUCTION .....	1
1. SAFE PRACTICE QUESTIONS .....	2
1.1 Why are airborne precautions (settling times) not being implemented for aerosol generating procedures (AGPs)? .....	2
1.2 Are there recommendations for Aerosol Settling Times? .....	3
1.3 I am a DHCP over the age of 60 years and have underlying medical conditions. Am I safe to return to work? .....	3
1.4 Do I need an N95 respirator? .....	4
1.5 I am worried I may be made to work without proper PPE. What do I do? .....	5
1.6 I am a DHCP and I am worried I will be exposed to COVID-19. ....	5
2. OFFICE DESIGN .....	5
2.1 In open concept offices are there spacing requirements between clients? .....	5
2.2 Are there any modifications required to close off operatories? / If a client passes pre-screening, am I allowed to perform an AGP procedure if I do not have an enclosed room with walls and doors? / Is it ok to do an AGP in an unenclosed room next to another unenclosed room? .....	5
2.3 What are your recommendations on multiple chairs in the same open bay room? .....	6
3. COMPARISON TO OTHER JURISDICTIONS .....	6
3.1 Why are the return to practice guidelines so different between provinces? How do we respond to clients? .....	6
4. MULTI- DENTIST PRACTICES .....	6
4.1 We have a large dental office with many employees. Are we able to open all our operatories with our full staff? .....	6
4.2 In a multi-dentist practice can each DHCP see clients at the same time? .....	7
5. PROVISION OF CARE .....	7
5.1 (CDHNS question only) You've provided two dates in the return to practice document, what procedures can I perform as of June 5, 2020? .....	7
5.2 Will the dental practice be able to deliver aligners when I go back to work? .....	8
5.3 Why are you not allowing new orthodontic cases to proceed? .....	8
6. GUARDIANS AND PERSONAL CARE WORKERS (PCWs) .....	8
6.1 What about guardians, caregiver or personal care workers (PCWs?) My office is near a nursing home and I frequently see their residents at my practice, some of whom are in wheelchairs and accompanied by a PCW. Are there special precautions to take? Will the PCW be allowed in the operatory? .....	8
7. SCREENING .....	9

7.1 One of my staff (or co-worker) has seasonal allergies and failed the screening. What should be done? .....	9
7.2 One of my clients has seasonal allergies and failed the screening. What should I do? .....	9
7.3 What if people are not truthful when answering their screening protocols, what should I do? .....	9
7.4 What about asymptomatic carriers who may present for emergency and urgent dental care? .....	9
8. CLEANING AND DISINFECTION.....	10
Are there any special precautions I should take before sending work to a dental lab? .....	10
8.1 How are alginate or other impressions disinfected? .....	10
8.2 How are curing lights, intra oral cameras, keyboards and mice disinfected. ....	10
9. MISCELLANEOUS.....	11
9.1 What will the Oral Health Regulators do when the next wave of COVID-19 occurs? .....	11
9.2 Does my office have to reopen on the day Dr. Strang lets us go back? .....	11

# INTRODUCTION

The College of Dental Hygienists of Nova Scotia (CDHNS) remains committed to a collaborative approach with all stakeholders during this pandemic, including the Provincial Dental Board of Nova Scotia (PDBNS), the Licensing Board of Denturists of Nova Scotia (LBDNS), the Nova Scotia Dental Technicians Association (NSDTA), the Chief Medical Officer of Health (CMOH), Dr. Robert Strang, and the Dept of Health and Wellness.

On May 31, 2020, following approval by the CMOH, all four oral health regulators circulated the *COVID-19 Return to Work Guidelines for the Oral Health Professions of Nova Scotia*. This included the protocols and guidelines from all four oral health regulators. **As noted in this document, each regulated oral health professional must comply with the requirements of their regulatory body, including the relevant legislation and scopes of practice. For dental hygienists in all practice settings, you are to comply with the protocols set out by the CDHNS.**

The majority of dental hygienists provide clinical dental hygiene services in dental practice settings (e.g., community dental clinics). As much as possible, the CDHNS Protocols are congruent with the PDBNS's document entitled *COVID-19 Reopening Plan for Dental Clinics – Emergency and Urgent Care*.

The Frequently Asked Questions (FAQs) in this document are based on the questions the Provincial Dental Board and the CDHNS received during and following the PDBNS webinars "*COVID-19 Reopening Plan for Dental Clinics: Presentation and Your Questions Answered*" on Friday, May 29 and Saturday, May 30, 2020. Please note that the term "COVID-19" is used for both the disease and the virus which causes it (SAR- CoV-2). *We are still preparing responses to further questions and will be revising this document as we provide further responses.*

**The CDHNS was not involved in the development of the PDBNS FAQ responses circulated on June 3, 2020. From the CDHNS' perspective, it appears that some of the statements regarding N95 mask usage in the PDBNS responses are inconsistent with the protocols and guidelines outlined in the PDBNS Guidelines and the CDHNS Protocols. There also appears to be one inconsistency with the staff screening FAQ response (7.1 in our document). The CDHNS remains committed to compliance with the protocols set out in the *COVID-19 Return to Work Guidelines for the Oral Health Professions of Nova Scotia*.**

The wording in this CDHNS document has been revised to align with dental hygiene practice and other practice settings that dental hygienists may provide care, such as dental hygiene practices and education. Some changes you may notice that do not affect the original intent of the PDBNS FAQ document are as follows:

- To minimize confusion between the NS government's phases and the oral health field phases, the CDHNS has chosen to use the term "**Stage**" rather than "Phase" when referring to the changes in resumption to practice.
- The terms *patient* and *client* are used interchangeably.
- Some wording has been revised to improve clarity or additional insights e.g., Question 1.2 includes the text "and pass the pre-screening assessment". This protocol is included in the dentistry and dental hygiene protocols as an expected step; it was merely not emphasized in the PDBNS's original response.
- As needed, clarification is provided around dental hygiene scope of practice.

**FAQ Responses that differ significantly between this CDHNS document and the PDBNS document are identified by red text. At all times, regardless of practice setting, dental hygienists are expected to comply with the CDHNS Protocols.**

*Did you know? According to the [Centre for Disease Control \(CDC\) Interim Infection Prevention and Control Guidance for Dental Settings During the COVID-19 Response \(June 3, 2020\)](#), "extended use of PPE is not intended to encourage dental [dental hygiene] facilities to practice at a normal patient volume during a PPE shortage, but only to be implemented in the short term when other controls have been exhausted."*

## 1. SAFE PRACTICE QUESTIONS

### *1.1 Why are airborne precautions (settling times) not being implemented for aerosol generating procedures (AGPs)?*

**There is a lack of sound scientific data to address the many questions pertaining to aerosols as they relate to dental procedures.**

In many instances, this has led to the reliance of extrapolating information from other scientific reports to provide answers. This is especially true in determining the need for "settling times" between AGPs based on the ventilatory parameters (Air Changes per Hour, ACH) of the treatment area.

The most recent CDC Guidance for Dental Settings <sup>(1)</sup> states that "If your community is experiencing no transmission or minimal community transmission\*, dental care can be provided to clients without suspected or confirmed COVID-19 using strict adherence to Standard Precautions." (**\*No transmission or minimal community transmission** is defined as evidence of isolated cases or limited community transmission, case investigations underway, no evidence of exposure in large communal setting.) **We are fortunate that we are currently in this category in Nova Scotia.**

The data from an *experimental model* performed in a laboratory suggests that aerosol and fomite transmission of SARS-CoV-2 is plausible, since the virus can remain viable and infectious in aerosols for hours and on surfaces (especially stainless steel, glass and plastic) for days. Findings from *clinical* studies did not demonstrate evidence of aerosol transmission of the virus <sup>(2,3,4)</sup>. With the implementation of risk mitigation measures, (high volume suction, H2O2 rinses, rubber dam, four-handed technique, minimizing AGPs, etc.), it is logical to assume the demonstrated risk of transmission of the virus by these means would be reduced significantly in a clinical setting.

Also, with the use of rigid screening measures, moderate, high risk, and confirmed COVID positive clients will be identified and should not be booked for urgent or emergent care. **Should a client fail the screening criteria and they are found to have a true dental emergency, they must be referred to a facility that can perform care using airborne precautions.**

As outlined in the guideline, contact and droplet (transmission-based) precautions should be implemented in addition to standard precautions as an additional safety measure. This will ensure the safety of the public and dental health care practitioners (DHCPs).

**Research is currently ongoing to determine the relationship between AGPs and transmission of the COVID-19 virus. The document is fluid and will be updated as new scientific information becomes available.**

The PDBNS and the CDHNS encourage registrants who are practice owners to consult an HVAC specialist to ensure their systems are working and properly serviced.

#### **References for this question:**

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

2. <https://www.publichealthontario.ca/-/media/documents/ncov/research/research-nejm-aerosol-surface-stability.pdf?la=en>

3. Cheng VCC, Wong SC, Chen JHK, et al. Escalating infection control response to the rapidly evolving epidemiology of the coronavirus disease 2019 (COVID-19) due to SARS-CoV-2 in Hong Kong. *Infect Control Hosp Epidemiol*. 2020;41(5):493-498.

4. Ng K, Poon BH, Kiat Puar TH, et al. COVID-19 and the Risk to Health Care Workers: A Case Report [published online ahead of print, 2020 Mar 16]. *Ann Intern Med*. 2020; L20-0175.

### *1.2 Are there recommendations for Aerosol Settling Times?*

The PDBNS and CDHNS have instituted a number of stringent safety protocols, which as a result, mean that **settling times are not required**.

All dental and dental hygiene practices are required to have stringent screening protocols of clients. Clients are screened when an appointment is booked and again prior to entering the clinic. Clients are screened for COVID-19 risk factors or symptoms. **Clients displaying any of the identified COVID-19 risk factors or two of the symptoms are not provided dental/dental hygiene treatment until they no longer display the symptoms.** There is an exception for life saving emergencies, but these clients must be seen in specialized clinics.

**Please note:** The process outlined in the CDHNS and PDBNS documents (symptoms and risk factor decision-making) is for assessing provision of care; additional symptoms are being monitored for provincial surveillance purposes. According to the CMOH protocols, clients are still to be referred to 811 for testing even if they only have **one symptom**. However, the decision to treat is based on **two symptoms**.

In addition, all DHCPs are required to wear personal protective equipment (PPE) that effectively reduces the risk of transmission. For aerosol generating procedures, this includes a **fitted N95 mask, or an appropriate alternative, if N-95s are not available in the marketplace** e.g., a surgical mask and full-face shield. **(See the CDHNS Protocols, Table 2 in Section 7 and Table 2 in Section 5 of the PDBNS document, for full details for all PPE to be worn, based on procedures being performed.)**

We recommend reviewing the NSDA IPAC document prior to returning to practice. Dental and dental hygiene practices are also required to institute enhanced infection control protocols such as, proper donning and doffing of PPE, use of rubber dam, and use of high-volume suction to limit aerosols.

Given all of these precautions and measures required, settling times between procedures are not required based on the scientific literature at present.

**The COVID-19 Return to Work Guidelines for the Oral Health Professions of Nova Scotia require special clinic settings for those clients that are COVID-19 positive, have two or more COVID-19 symptoms, or respond yes to any of the COVID-19 risk factors.**

### *1.3 I am a DHCP over the age of 60 years and have underlying medical conditions. Am I safe to return to work?*

The COVID-19 Return to Work Guidelines for the Oral Health Professions of Nova Scotia were developed with the safety of both the public and DHCPs in mind. Numerous measures have been implemented in the document to protect the public and DHCPs from contracting COVID-19.

It is imperative that **all practice settings/treatment facilities** develop their own unique site-specific plan to return to practice. The PDBNS and CDHNS return to practice guidelines/protocols are intended to serve as the template for developing these site-specific action plans. **“Provincial government inspectors may be performing spot checks of practices to assess compliance” (pg. 3 of the CDHNS Protocols).**

DHCPs may decide to take additional precautions, based on their own situations. For example, they may feel it appropriate to use the highest level of PPE to treat all clients, they could implement airborne precautions for *all* clients into their site-specific plan. They could also consider delaying their return to practice until such time as they feel it appropriate, given their specific situation.

#### 1.4 Do I need an N95 respirator?

**The CDHNS remains committed to the protocols outlined in the COVID-19 Return to Work Guidelines for the Oral Health Professions of Nova Scotia approved by the CMOH.** According to Section 7 of the CDHNS document and Section 5 of the PDBNS document, when an AGP is performed on any client, a fitted N95 mask is strongly recommended. If an N95 respirator is not available, an appropriate alternative may be considered.

As per Sections 5 of the PDBNS document and Section 7 of the CDHNS document, it is imperative that DHCPs use their clinical judgment and a risk assessment when deciding to use an alternative to a fitted N95 respirator. In addition to face protection, wear the appropriate PPE as outlined in Table 2 of these sections.

“The research on the behaviour of this virus is rapidly evolving, but it is mainly thought to be spread through respiratory droplets when an infected person talks, coughs, or sneezes and by contact transmission. COVID-19 is quite contagious with significant asymptomatic spread and may cause serious complications for those individuals who are over 60 years old, immunocompromised, and/or with underlying health conditions. Although not considered to be an airborne spread disease, such as measles, there are circumstances whereby the virus may become aerosolized to much smaller particles (<5 µm). These aerosols can then linger in the air longer, spread farther, and be inhaled, which could lead to infection. Dental hygiene procedures —such as the use of ultrasonic scalers, three-way syringes, and slow-speed handpiece instruments—can be capable of aerosolizing the client’s saliva. The risk of aerosol transmission can be reduced by avoiding aerosol generating procedures (if possible), using proper personal protective equipment (PPE), and adopting aerosol protective measures.”<sup>1,2,3</sup> (Section 1.2 CDHNS Protocols)

There is further research that is being considered regarding the decision around use of alternatives to the fitted N95 respirators:

- Recently completed research by Radonovich *et al* published in the Journal of the American Medical Association in 2019<sup>(1)</sup>. This was a prospective study following thousands of health care workers caring for patients in various settings with respiratory illnesses over four flu seasons. The study concluded that “Among out-patient health care personnel, N95 respirators vs medical masks as worn by participants in this trial resulted in no significant difference in the incidence of laboratory-confirmed influenza.”
- A second study was by Long *et al* published in the Journal of Evidence Based Medicine in 2020 titled *Effectiveness of N95 respirators versus surgical masks against influenza: A systematic review and meta-analysis* also supports the use of a surgical mask with a face-shield. This study included six randomized controlled trials in total and concluded “The use of N95 respirators compared with surgical masks is not associated with a lower risk of laboratory-confirmed influenza.

#### References for this question:

1. <https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection.html>
2. <https://www.who.int/news-room/q-a-detail/q-a-similarities-and-differences-covid-19-and-influenza>
3. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/dental-settings.html>

4. Radonovich LJ, Simberkoff MS, Bessesen MT, et al. N95 respirators vs medical masks for preventing influenza among health care personnel: a randomized clinical trial. *JAMA*. 2019;322(9):824-833

5. Long Y, Hu T, Liu L, Chen R, Guo Q, Yang L, Cheng Y, Huang J, Du L. Effectiveness of N95 respirators versus surgical masks against influenza: A systematic review and meta-analysis. *J Evid Based Med*. 2020 Mar 13

### *1.5 I am worried I may be made to work without proper PPE. What do I do?*

The CDHNS remains committed to the protocols outlined in the submitted *COVID-19 Plan Return to Work Guidelines for the Oral Health Professions of Nova Scotia*.

No dental (or dental hygiene) office employee can be required to work without the proper PPE as outlined in the *PDBNS Guidelines and the CDHNS Protocols*.

If you feel you are not being provided with proper PPE as outlined in the *COVID-19 Return to Work Guidelines for the Oral Health Professions of Nova Scotia*, we recommend that first and foremost, you should have a discussion with your employer. It is the responsibility of all clinics to follow the protocols set out in the *PDBNS Guidelines and the CDHNS Protocols*, if dental hygienists work in that clinic. you may contact Nova Scotia Occupational Health and Safety or your regulatory body to have your concerns addressed.

**Both employers and employees have responsibilities under Occupational Health and Safety legislation. Review the [Nova Scotia government's guidance for employer and employees on how to keep workplaces safe and prevent the spread of COVID-19](#), as well the [Nova Scotia government's occupational health and safety guidance](#).**

### *1.6 I am a DHCP and I am worried I will be exposed to COVID-19.*

The *COVID-19 Return to Work Guidelines for the Oral Health Professions of Nova Scotia* contain a number of measures to protect clients and all dental office personnel. These measures include rigorous screening protocols, enhanced infection control, and additional PPE requirements.

**The Chief Medical Officer of Health (CMOH) has determined that based on the current epidemiology and the joint plan developed by all four oral health regulators, it is appropriate to return to the provision of oral health care in the Province.**

## 2. OFFICE DESIGN

### *2.1 In open concept offices are there spacing requirements between clients?*

If you practice in an "open concept" office with no physical barriers separating chairs **and** you are performing an AGP, **treat one client only** in the space, and no others. This does not apply if providing a non-AGP and social distancing measures can be met.

### *2.2 Are there any modifications required to close off operatories? / If a client passes pre-screening, am I allowed to perform an AGP procedure if I do not have an enclosed room with walls and doors? / Is it ok to do an AGP in an unenclosed room next to another unenclosed room?*

The *CDHNS Protocols* and the *PDBNS COVID-19 Return to Practice Plan* have instituted a number of stringent safety protocols. The result is that major office changes are not required.



All offices are required to have stringent screening protocols of clients. Clients are screened when an appointment is booked and again prior to entering the clinic. Clients are screened for COVID-19 risk factors or symptoms. Clients displaying any of the identified COVID-19 risk factors or symptoms are not provided dental treatment until they no longer display the symptoms. There is an exception for life saving emergencies but these clients must be seen in specialized clinics.

**For AGPs, there can only be one client at a time in an operatory room.** Legal guardians and personnel support workers can enter the operatory as long as they wear appropriate PPE and pass the COVID-19 screening questions.

In addition, all DHCPs are required to wear PPE that effectively reduces the risk of transmission. For AGPs this would include an N95 mask, or acceptable alternative, **if an N95 mask is unavailable**, along with the other PPE outlined in the *COVID-19 Return to Work Guidelines for the Oral Health Professions of Nova Scotia*.

We recommend reviewing the NSDA IPAC document prior to returning to practice. Dental and dental hygiene offices are also required to institute enhanced infection control protocols such as proper donning and doffing of PPE, use of rubber dam, and use of high-volume suction to limit aerosols.

Given all the precautions and measures required, major office changes are not required based on the scientific literature.

The *COVID-19 Return to Work Guidelines for the Oral Health Professions of Nova Scotia* suggests placing a transparent barrier (plexiglass/plastic) at the reception desk to ensure separation between staff and clients during transactions, or that you ensure that reception staff wear a surgical mask.

All health care private practices who are re-opening must also comply with the [additional guidance provided by the Nova Scotia Government](#).

### *2.3 What are your recommendations on multiple chairs in the same open bay room?*

**For AGPs, only one client at a time may be in the same open bay room.** If necessary, legal guardians, caregivers, or personal care/support workers can enter the operatory as long as they wear appropriate PPE and pass the pre-screening assessment. If no AGP procedures are being performed in the room, social distancing requirements must be followed e.g., ensuring chairs are 2 meters apart.

## 3. COMPARISON TO OTHER JURISDICTIONS

### *3.1 Why are the return to practice guidelines so different between provinces? How do we respond to clients?*

Return to practice is guided by each province's regulatory body working in conjunction with public health officials. Since the roll-out of returning to practice is occurring at different stages across Canada, each province will have its own specific guidelines to follow.

## 4. MULTI- DENTIST PRACTICES

### *4.1 We have a large dental office with many employees. Are we able to open all our operatories with our full staff?*

**There is no limit on the number of DHCPs in your office.** The 10-person limit for social gatherings now permitted by the Chief Medical Officer of Health does not apply to health care providers. If social distancing among staff cannot be maintained, then surgical masks must be worn at all times when social distancing is not possible. You should have the appropriate number of staff required to effectively

operate your office and provide care in a safe environment. All health care private practices who are re-opening must also comply with the [additional guidance provided by the Nova Scotia Government](#).

#### *4.2 In a multi-dentist practice can each DHCP see clients at the same time?*

It is recommended that client and staff flow and contact is carefully managed in each practice. Everyone must do their part, employers and employees.

This includes the following:

- Have clients notify your office once they have arrived and direct them when it is appropriate to enter the clinic.
- It is acceptable to use waiting rooms if social distancing measures are enforced.
- Conduct client flow as to best maintain proper social distancing
- Provide clients with a mask or have them bring a mask from home to be worn in the office.

As the client is leaving:

- Try to have paperwork completed before the client arrives at reception.
- Choose a touchless payment method, if possible.

[Review the sections of the CDHNS Protocols on Before, During and After the Appointment for further strategies that can be implemented. You may also find additional considerations in the \[additional guidance provided by the Nova Scotia Government\]\(#\).](#)

## 5. PROVISION OF CARE

### *5.1 (CDHNS question only) You've provided two dates in the return to practice document, what procedures can I perform as of June 5, 2020?*

Because all oral health regulators have planned for a phased-in approach to resuming delivery of care in the community, two additional phases/stages are proposed:

**Stage/Phase 2, June 5, 2020: Urgent and Emergency Care may be provided by DHCPS.** Section 2 of the CDHNS Protocols (found in Tab 2 of the combined *COVID-19 Return to Work Guidelines for the Oral Health Professions of Nova Scotia* document provides further details on the PDBNS procedures for this Stage and the dental hygiene specific procedures that would fall within this stage.

- Section 2.2 outlines what would comprise urgent care. Table 2 in this section outlines the procedures that may fall within dental hygiene scope during this phase/stage.
- **Non-urgent care is not to be performed during Stage 2.**

**Stage/Phase 3, June 19, 2020 (proposed date for this stage):** it is proposed that Stage/Phase 3 will begin for community oral health private practices on June 19, 2020. **During this phase, all oral health care practitioners can begin to provide non-essential/non-urgent care.** Most of the services that dental hygienists provide fall within this Stage. Section 2.3 of the CDHNS Protocols provides examples of procedures/conditions that are considered non-essential/non-urgent care. These are also listed below:

- Initial or periodic oral examinations and recall visits, including routine radiographs
- Routine dental hygiene procedures and preventive therapies
- Orthodontic treatment initiation (done in compliance with Section 25 (d) of the Dental Hygienist Regulations)
- Aesthetic dental hygiene procedures (e.g., bleaching)
- Laser instrumentation
- Non-urgent periodontal treatments

*Please note: The COVID-19 Return to Work Guidelines for the Oral Health Professions of Nova Scotia is a fluid document that will be updated as new evidence-based information becomes available, including when the dental hygiene community proceeds to a subsequent stage of provision of clinical care. You are expected to follow the current protocols at all times.*

### *5.2 Will the dental practice be able to deliver aligners when I go back to work?*

Orthodontic procedures necessary to prevent harm to the client **are** allowed as a type of urgent care. **If the aligners are necessary to prevent harm, then they can be delivered.**

### *5.3 Why are you not allowing new orthodontic cases to proceed?*

At this time, it is appropriate to provide needed care that, if left untreated, would become a more significant burden on our healthcare resources and significantly compromise client health.

The need for such emergency and urgent care must be weighed against the risk of COVID-19 exposure to clients and dental healthcare providers (DHCP).

Snipping or adjusting an orthodontic wire or appliances piercing or ulcerating the oral mucosa, and orthodontic procedures necessary to prevent harm to the client falls within urgent care.

**The initiation of orthodontic treatment is considered non-urgent and is not permitted under emergency and urgent care., which is not to be performed during Stage/Phase 2.**

**For dental hygienists with the necessary competencies, provision of orthodontic care must be performed under the written order of a dentist, as per Dental Hygienist Regulations, Section 25 (d).**

## **6. GUARDIANS AND PERSONAL CARE WORKERS (PCWs)**

### *6.1 What about guardians, caregivers, or personal care workers (PCWs)? My office is near a nursing home and I frequently see their residents at my practice, some of whom are in wheelchairs and accompanied by a PCW. Are there special precautions to take? Will the PCW be allowed in the operatory?*

In some exceptions, such as this, clients can be accompanied by a family member, legal guardian, caregiver, or PSW. On the day of the appointment, the accompanying person (e.g., PSW), is required to follow the same screening protocol prior to entering the office. If the accompanying person remains with the client in the operatory when an AGP is being performed, they must also wear the necessary PPE outlined in the *COVID-19 Return to Work Guidelines for the Oral Health Professions of Nova Scotia*. Another example would be a client who has developmental disabilities and requires a guardian, family member, or PSW present.

**Because clients in nursing homes are considered high risk you may want to consider scheduling them first thing in the morning if possible, or at another optimal time of day for your workflow scheduling. At this time, many facilities are not allowing residents to be taken into the community. Confirm the protocols with the facility and the individual who has decision making powers for the resident regarding health care needs/services before providing care to any residents in your practice.**

**Confirm if there is a known COVID-19 outbreak within the facility.** If there is, the client would not satisfy the screening criteria and should be referred to a facility that has the ability to treat the emergency using airborne precautions.

## 7. SCREENING

### *7.1 One of my staff (or co-worker) has seasonal allergies and failed the screening. What should be done?*

If an office staff member fails the daily screening, they must be instructed not to come to work or be sent home. They must contact 811 and arrange for COVID-19 testing. They must await results of the testing and be cleared by Public Health before they can return to work.

**As per 2.6 of the CDHNS Protocols and 4.6 of the PDBNS Guidelines, “DHCPs who develop ANY symptom of COVID-19 must exclude themselves from the workplace and call 811.”**

Not all seasonal allergy symptoms are symptoms of COVID-19, for example itchy or watery eyes are not on the list.

### *7.2 One of my clients has seasonal allergies and failed the screening. What should I do?*

If a client has two of the COVID-19 symptoms that has been identified by the Chief Medical Officer of Health, it is impossible to say with certainty that they do not have COVID-19. Therefore, unless it is a true dental emergency, their treatment should be delayed and managed pharmacologically.

If it is a **true dental emergency**, (as defined in the *COVID-19 Return to Work Guidelines for the Oral Health Professions of Nova Scotia*), refer the client to a facility that has the infrastructure to provide dental care using **airborne precautions** (i.e. operatories with floor to ceiling walls and doors, appropriate negative pressure ventilation, and PPE).

Not all seasonal allergy symptoms are symptoms of COVID-19, for example itchy or watery eyes are not on the list.

### *7.3 What if people are not truthful when answering their screening protocols, what should I do?*

**Most clients will answer the protocol truthfully.**

Clients who request treatment need to be pre-screened via remote communications. This is important to protect both clients and DHCPs from possible virus transmission. Pre-screening questions must include COVID-19 symptoms, COVID-19 risk factors, underlying medical risk factors, and the nature of the chief complaint.

It is recommended that the DHCPs receive specific COVID-19 consent from clients prior to delivering treatment. Verbal consent is appropriate. Clients will have to declare that they do not have two or more symptoms.

If clients are showing two or more obvious symptoms, **refer or defer care**. Use the flowchart in section 4 of the *CDHNS protocols* to assist you in your decision-making.

### *7.4 What about asymptomatic carriers who may present for emergency and urgent dental care?*

At this point in time, there is limited evidence of transmission of SARS-CoV-2 from people who are asymptomatic and never develop symptoms. Most evidence from other respiratory viruses suggest that transmission events predominantly occur with the peak of symptoms (highest fever, levels of coughing, sneezing and rhinorrhea).

During the development of the *COVID-19 Return to Work Guidelines for the Oral Health Professions of Nova Scotia*, there was a great deal of thought and research put into answering this very question. Input

was received from Nova Scotia's Chief Medical Officer of Health, infectious disease experts, Occupational Health and Safety, and Public Health.

**To summarize, there is minimal data on cultivatable viral loads with SARS-CoV-2 in asymptomatic, presymptomatic, and pauci-symptomatic infection, and on the proportion of transmission which may be attributed to these categories.** The risk mitigating (not eliminating) measures included in the *COVID-19 Return to Work Guidelines for the Oral Health Professions of Nova Scotia*, including screening protocols, enhanced infection control, and additional PPE requirements have been implemented to reduce the potential for transmission from the asymptomatic carrier. These steps are intended to keep the public and DHCPs safe.

**Reference for this question:** <https://www.albertahealthservices.ca/assets/info/ppih/if-ppih-covid-19-rapid-response-asymptomatic-transmission.pdf>

## 8. CLEANING AND DISINFECTION

*Are there any special precautions I should take before sending work to a dental lab?*

Please see "Dental Laboratory Asepsis" p. 37 *NSDA IPAC 2013*. Below is a short synopsis:

- \*Clean and disinfect impressions, prostheses, or appliances as soon as possible after removal from the client's mouth, before drying of blood or other organic debris.
- \*Consult the manufacturer's instructions regarding the stability of specific materials during disinfection.
- \*Place wet impressions or appliances in an impervious bag prior to transportation to a commercial dental laboratory.
- As a precautionary measure, labs should treat all received items as contaminated. Increased caution should be used when handling items that have had direct client contact. These items must be thoroughly disinfected or sterilized, as appropriate, before proceeding.
- Labs must clean and disinfect the area for receiving incoming cases immediately after decontamination of each case.
- Labs must clean and properly disinfect (whenever possible sterilize) items before sending them out, and must package and label to indicate "cleaned".

\*NSDA IPAC 2013 – States "should".

### *8.1 How are alginate or other impressions disinfected?*

Impressions, prostheses, or appliances should be cleaned and disinfected as soon as possible after removal from the client's mouth, before drying of blood or other organic debris. Consult the manufacturer's instructions regarding the stability of specific materials during disinfection. Wet impressions or appliances should be placed in an impervious bag prior to transportation to a commercial dental laboratory.

### *8.2 How are curing lights, intra oral cameras, keyboards and mice disinfected.*

Non-critical items pose the least risk of transmission of infection, as they have no contact with the client.

Clean non-critical items after use. Or, if contaminated, clean and disinfect the item with an appropriate low-level disinfectant (e.g. chlorine-based products, 0.5% accelerated hydrogen peroxide, 3% hydrogen peroxide, 60 to 95% alcohols, iodophors, phenolics and quaternary ammonium compounds).

Cleaning and disinfection of some non-critical items may be difficult or could damage surfaces. It may be preferable to use disposable barriers to protect these surfaces. **When you remove disposable barriers,**

clean and/or disinfect the items, as necessary, if cross-contamination occurs. To prevent cross-contamination, consider office policies that state that items such as keyboards or mice in the office should only be handled with clean hands or clean gloves.

## 9. MISCELLANEOUS

### *9.1 What will the Oral Health Regulators do when the next wave of COVID-19 occurs?*

We are all hopeful that the next wave of COVID-19 will be manageable. With that said, we will approach any next wave in the same manner we approached this crisis. We will work closely with the other oral health regulators, the Dept of Health and Wellness, and the Chief Medical Officer of Health (CMOH). The ultimate decision on the overall Provincial plan is the responsibility of the CMOH. **The safety of the public as well as all DHCPs and other staff members will guide all of our actions.**

### *9.2 Does my office have to reopen on the day Dr. Strang lets us go back?*

The COVID-19 plan is permissive in that it describes the requirements for going back to work in an oral health private practice clinic. The practice owner is not required to reopen their clinics BUT if they do not reopen, they are required to attend to the oral health care needs of their clients and the public by ensuring alternate arrangements for care are made.

It is the responsibility of the RDH to ensure that public health and CDHNS standards and legislation, including the *Covid-19 Reopening Plan and Protocols for Dental Hygienists in all Practice Settings*, are followed. **“Provincial government inspectors may be performing spot checks of practices to assess compliance” (pg. 3 of the CDHNS Protocols).**