

## **COVID-19:** College of Dental Hygienists of Ontario (CDHO) Guidance on Returning to Dental Hygiene Practice

Under the government-declared State of Emergency and [Directive #2](#), only healthcare professionals providing emergency/urgent care fall into the category of essential services. Routine dental hygiene care is not considered an emergency or urgent service and is to be postponed until the government declares that non-essential services can be resumed. The primary consideration of the CDHO remains the provision of safe dental hygiene care to the public of Ontario.

The purpose of this document is to provide guidance to dental hygienists who are planning for the return to practice when the government declares it safe to do so. This document outlines the conditions under which dental hygiene care may be provided. Dental hygienists who are unable to meet these conditions must **not** return to practice.

### **Guiding principles**

Oral healthcare providers must follow directives from the Chief Medical Officer of Health, government and regulatory authorities to provide safe and effective treatment to their clients.

The following principles should underpin return to practice guidance:

1. The health and safety of clients, the public and practitioners is our top priority.
2. Return to practice will occur in well-defined stages to balance a return to the 'new normal' with the risks of spreading COVID-19, including the risks of a second wave of COVID-19.
3. Guidance will be based on best available evidence and data. In the absence of clear evidence, prioritize caution and safety.
4. Clients must have continuity of care. Clients of record should have reliable access to their oral healthcare providers to ensure they get the guidance and support they need.
5. Client needs for access to oral healthcare must be balanced with the risks of spreading COVID-19.
6. Technology should be used to assess risks and triage client needs remotely.
7. Any treatment plan must prioritize care with the lowest risk of COVID-19 transmission.
8. Communication with clients is critical. Risks or changes to care related to COVID-19 must be highlighted.

**In preparation for returning to practice, dental hygienists should assess the risk to clients, personnel, those attending the facility and themselves. Prepare to manage these risks by:**

- Developing policies, protocols and procedures, to limit symptomatic and asymptomatic [transmission](#) within the practice setting
  - Everyone entering the facility, including staff, clients and visitors, must wear a [face covering](#) or [mask](#) and perform hand hygiene
  - Appointment scheduling should be done as to limit exposure to others not involved in a client's treatment
  - Manage visitors/individuals needed to accompany clients such as children or individuals with special needs
  - Having clients wait in car or hallway until called
  - Managing access and movement within the facility
  - Putting screening procedures in place for fever and symptoms of COVID-19 in clients, staff and visitors (i.e. telephone and on site, taking temperature to check for fever)
  - Minimizing the use and effect of aerosols
- Preparing the practice environment to reduce risk
  - Replacing cloth on waiting room and operatory chairs to material that can be disinfected, and assessing areas accessed by staff only, etc.
  - Installing hand hygiene stations and having masks available for clients/visitors
  - Installing barriers to facilitate physical distancing where possible (i.e. Plexiglass)
  - Making modifications to treatment areas to contain transmission (doors, elimination of openings between rooms, ventilation/air exchange system)
  - Removing unnecessary items from treatment areas, and reading materials and toys in common areas
  - Assessing the need for and posting signs/alerts in addition to those [required by Public Health Ontario](#), and in particular to facilitate [physical distancing](#) requirements
- Planning environmental controls/housekeeping (i.e. increasing frequency of cleaning/disinfecting), pens (request that clients bring their own or give to client after use) wiping of key-pads, door knobs, common area chairs
- Taking inventory of PPE, procuring all required PPE and ensuring adequate supplies will be available in the practice environment when needed
- Planning for the elimination of unnecessary staff contact with clients
- [Provide training to workers on COVID-19](#), how it spreads, risk of exposure, including those who may be at higher risk (i.e. have underlying health conditions) and procedures to follow, including reporting process, proper hand washing practices and other routine infection control precautions and including staff monitoring themselves for symptoms of COVID-19/seeking medical advice if experiencing symptoms
- Developing mechanisms to monitor and evaluate protocols and practices for the safe provision of client care and updating as indicated.

**Dental hygienists who are unable to meet all requirements must assist their clients in finding another appropriate care provider.**

Where it has been determined that care can be provided safely, the following guidance must be followed:

**Before client arrival:**

- Perform client screening for [symptoms of COVID-19](#) using regular screening questions from the [Ministry of Health's COVID-19 Patient Screening Guidance Document](#) and by requesting or taking and recording client temperature. Clients who screen positive must not attend the facility and should be advised to contact their primary care provider or [Telehealth Ontario](#) at 1-866-797-0000 for further guidance. Dental hygienists must contact their local public health unit to report a person who has or may have COVID-19.
- Assess suitability for providing client care remotely as per the [Guideline for Inclusion of Tele-dental Health in Dental Hygiene Practices](#)

**Upon arrival and during the appointment:**

- Manage points of entry and exit to facilitate access and movement within the facility (i.e. separate entry and exit doors and signage for one-way travel where possible)
- Provide advice to clients upon arrival (i.e. mandatory use of [face coverings](#) while in the facility, [proper cough etiquette](#), performing accepted hand hygiene with either 70%–90% alcohol-based [hand rub](#) or [washing hands with soap and running water](#), etc.) and monitor adherence to protocols
- Prior to treatment, consider having clients rinse with 1% hydrogen peroxide for 30 seconds to reduce the salivary load of oral microbes
- Staff must adhere to [Routine Practices and Additional Precautions](#) and the [CDHO IPAC Guidelines](#) including the applicable [droplet and contact precautions](#) at all times (i.e. proper [hand hygiene](#), [putting on and removal of PPE](#) including eye protection, [universal use](#) of masks [authorized by Health Canada](#), and [gowns](#), proper cleaning and disinfection of client-contact surfaces, etc.)
- Limit/avoid aerosol-generating procedures by utilizing appropriate procedures with the least likelihood of producing aerosols
- Where [aerosol-generating procedures cannot be avoided](#):
  - Use appropriate PPE (i.e. N95 mask) where aerosols are anticipated (i.e. use of A/W syringe, ultrasonic or powered scalers, high- or slow-speed handpieces, etc.)
  - Perform procedures in an operatory with floor-to-ceiling walls with closed doors
  - Wait three hours prior to cleaning and disinfecting operatories following the use of aerosol-generating procedures to allow aerosols to clear or settle. Doors should remain closed
  - Ensure that paper charts are protected from aerosols.

**After the appointment:**

- Provide advice to clients upon departure (i.e. performing accepted hand hygiene with either 70%–90% alcohol-based [hand rub](#) or [washing hands with soap and running water](#), informing staff if experiencing symptoms of COVID-19 in the next 14 days, etc.)
- Review and monitor protocols and practices and updates as needed.

**Where applicable, the guidance above applies when providing mobile services. Additional considerations for providing services in a client's home include:**

- Follow the [Ministry of Health's COVID-19 Guidance: Home and Community Care Providers](#)

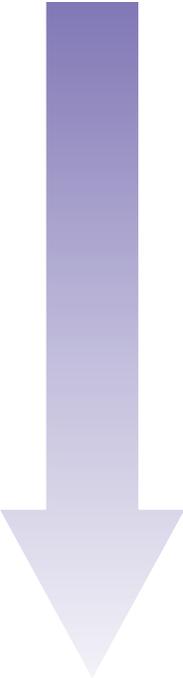
- Consider others living or providing services in the home including other healthcare workers who may be exposed, particularly if aerosol-generating procedures are performed
- Contact surfaces (e.g. countertop) in the treatment area of the client's home should be cleaned and disinfected before leaving the home
- Contact surfaces in vehicles including door handle (internal and external), driver window controls, steering wheel, gear lever and handbrake should be cleaned and disinfected where applicable.

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**Please note, this is a living document, and subject to revision as new information becomes available. In light of the fact that we have only really known about COVID-19 for about 120 days, [robust evidence for some of the recommendations is scarce](#) but is based on the best information available at the time of publication.**

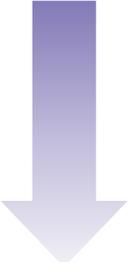
*College publications, such as this, contain practice parameters and standards which should be considered by all registrants in the care of their clients and in the practice of the profession. College publications are developed in consultation with professional practice leaders and describe current professional expectations. It is important to note that these College publications may be used by the College or other bodies in determining whether appropriate standards of practice and professional responsibilities have been maintained.*

### Mask Selection Guide

| Level of Protection   | Mask                                     | Indications   | Use  |
|---|--|---|--|
|  | N95                                      | Used for procedures likely to produce aerosols  | All Aerosol Generating Procedures (AGP's)  |
|   | ASTM <sup>1</sup> Level 3 – High Barrier | Used for procedures where heavy levels of spray and/or spatter (not aerosol) may occur  | Use when there is a high risk of sprays and/or spatter exposure                    |
|   | ASTM Level 2 – Moderate Barrier          | Used for procedures where moderate levels of spray and/or spatter (not aerosol) may occur   | Use when there is a moderate risk of sprays and/or spatter exposure                |
|   | ASTM Level 1 – Low Barrier               | Used for procedures with low levels of spray and/or spatter (not aerosol), client or staff isolation. Provides minimal protection | General use for procedures and exams that don't involve aerosols, spray or spatter |
|   | Surgical Molded Utility Mask             | Simple physical barrier   | Use for dry, short procedures that do not produce fluid, spray or aerosols         |

<sup>1</sup> American Society for Testing and Materials rates masks according to several parameters including resistance to penetration of fluids, breathability, bacterial filtration efficiency and filtration of sub-micron particles.

### Gown Selection Guide

| Level of Protection   | Gown      | Indications   | Use   |
|---|-----------|---|---|
|  | Surgical  | Sterile textile gowns   | Healthcare providers wear these gowns when they are working in a sterile environment  |
|   | Isolation | Prevent the transfer of microorganisms and body fluids in client isolation situations | Protect the clothing of healthcare providers, visitors and clients from contamination |

Adapted from: <https://www.canada.ca/en/health-canada/services/drugs-health-products/medical-devices/covid19-personal-protective-equipment/gowns.html>

### Summary of PPE Recommendations

| Setting               | Individual                           | Activity   | Type of PPE or procedure   |
|-----------------------|--------------------------------------|--|--|
| Client treatment room | Dental hygienist                     | Aerosol-generating procedures                                      | <ul style="list-style-type: none"> <li>• N-95 mask</li> <li>• Isolation gown</li> <li>• Gloves</li> <li>• Eye protection (goggles or face shield)</li> </ul>   |
|                       | Visitors accompanying clients        | Entering the room of a client having aerosol-generating procedures | <ul style="list-style-type: none"> <li>• N-95 mask</li> <li>• Isolation gown</li> <li>• Gloves</li> <li>• Eye protection (goggles or face shield)</li> </ul>   |
|                       | All staff including dental hygienist | Non-aerosol generating procedures                                  | Routine practices and droplet and contact precautions including: <ul style="list-style-type: none"> <li>• Mask (Level 1–3)</li> <li>• Isolation gown</li> <li>• Gloves</li> <li>• Eye protection (goggles or face shield)</li> </ul> |
| Triage                | Dental hygienist/front office staff  | Preliminary screening not involving direct contact                 | If able to maintain spatial distance of at least 2 m or separation by physical barrier <ul style="list-style-type: none"> <li>• Routine practices</li> </ul>   |

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### Summary of PPE Recommendations (cont'd)

| Setting                | Individual                           | Activity   | Type of PPE or procedure   |
|------------------------|--------------------------------------|--|--|
| Triage                 | Dental hygienist                     | Preliminary screening involving direct contact (i.e. temperature reading)                        | Routine practices and droplet and contact precautions including: <ul style="list-style-type: none"> <li>• Mask (Level 1–3)</li> <li>• Isolation gown</li> <li>• Gloves</li> <li>• Eye protection (goggles or face shield)</li> </ul> |
| Administrative areas   | All staff including dental hygienist | Administrative tasks that do not involve contact with clients                                    | Routine practices  |
| Reception/Waiting room | All staff                            | Any activity that does not involve contact with client suspected or confirmed of having COVID-19 | Routine practices and additional precautions based on risk assessment  |

May 21, 2020

