

PATHWAY AND INTERIM IPC GUIDANCE FOR PATIENT CARE DURING PHASE 2 OF THE COVID-19 RESPONSE

MANITOBA DENTAL ASSOCIATION

JUNE 1, 2020

INTRODUCTION

The Manitoba Dental Association (MDA) regulates dentistry and dental assisting in the public interest. As part of the COVID-19 response, on March 17, 2020 the MDA *strongly recommended that all non-essential and elective dental services should be postponed until further notice. Only emergency treatment should continue.* On May 4, 2020 the *provision of dentistry was extended to include both emergency and urgent dental care.* **As part of the staged approach to re-introduction, as it relates to what the Manitoba Government is referring to as *Restoring Safe Services Phase 2*, starting June 1, 2020 Manitoba dentists are permitted to return to full provision of dental services.**

Purpose of the document:

This document consolidates and revises previous MDA interim guidelines, guidance and considerations for the dental treatment of patients during the COVID-19 response. It is designed for use by Manitoba dentists and the dental assistants and should be read in conjunction with public health orders, as well as relevant provincial legislation, regulations and policies.

Members employed by hospitals, health authorities, and long-term care facilities should refer to guidance provided by their employers. The direction in this document pertains to the delivery of care outside of these settings. These include, but are not limited to, private practice clinics, private mobile or community-based practices, and school-based practices.

The document is informed by the best available evidence and expert opinion available at this time and is subject to revision as additional information and data becomes available. As new evidence becomes available, the document will be updated accordingly. In all circumstances, dentists should exercise reasonable and prudent judgement in assessing risk.

CONTINUITY OF CARE

During the COVID-19 pandemic, it is important to recognize that the obligations to our patients have not changed. All oral health care providers have continuing professional, legal and ethical responsibilities to oversee and manage all types of care. When making determinations to deliver in-person treatment, decisions must be based on professional judgment, informed consent protocols, and thorough risk assessment. Make referrals when appropriate.

Continuity of care requires that patients of record have access to their dentist and to their clinical record. Monitor your office voicemail and email; check your messages regularly and return calls and queries from your patients.

PUBLIC HEALTH, OUTBREAK LEVEL AND DENTISTRY

The information that follows is a general guide to current adjustments to the practice of dentistry based on current knowledge of the COVID-19 pandemic. The modifications to dentistry may change depending on the outbreak level in your community/region/province. Since outbreaks can be quite local, the modifications may be different for one community compared to another community. How dentistry is modified will depend on many factors, and you may expect changes as the level of outbreak changes, as declared by public health officials.

DEFINITIONS – COVID-19 – SHARED HEALTH MB

COVID-19 Positive patients, residents or clients are those who have been tested and have a positive test result and who have not been deemed “recovered” by Public Health or by Infectious Disease (if an inpatient).

COVID-19 Suspect patients, Residents and/or Clients are those who meet the criteria for COVID-19 testing AND who have been swabbed AND whose test result is pending.

COVID-19 Non-Suspect patients, residents or clients are those who do not meet the criteria for testing and/or those who have been tested and their results are negative and/or those who have been tested and their results are positive but they have been deemed “recovered” by Public Health, or by Infectious Disease (if an inpatient).

COVID-19 SCREENING

Screening is an effective management tool to help assess a patients’ COVID-19 risk. **This document refers only to the treatment of COVID-19 Non-suspect patients screened using the Shared Health MB screening tool with appropriate PPE.**

<https://sharedhealthmb.ca/covid19/screening-tool/>

Pre-appointment screening by phone and screening upon patient arrival should be carefully followed to ensure that only COVID-19 Non-suspect patients who pass the screening tool are considered for dental treatment in a community dental clinic(practice). Patients should be screened according to the most recent Shared Health MB screening tool.

Patients identified as COVID-19 Positive patients or COVID-19 Suspect patients are not to be seen in community dental clinics(practices) until COVID-19 Non-Suspect status is attained. If emergency dental care is medically necessary for a patient who has, or is suspected of having COVID-19, dental treatment should be provided in a facility that can treat the patient using the appropriate Airborne infection control protocols. These patients should not be treated in a regular dental setting.

ADMINISTRATIVE CONTROLS

Dentists and Dental Clinics must comply with current provincial public health measures, relevant legislation, regulations and policies. In addition to these, here are some administrative control measures.

Guidance for Patient Screening:

- Screen patients using the Shared Health screening tool before booking an appointment. <https://sharedhealthmb.ca/covid19/screening-tool/>
- Re-screen patients upon arrival at appointment using the Shared Health screening tool.
- **Patients identified through screening as COVID-19 Positive patients or COVID-19 Suspect patients are not to be seen in community dental clinics(practices) until COVID-19 Non-Suspect status is attained.**
- Patients who present with new respiratory symptoms or a temperature of 38 C or greater should be asked to immediately don a mask and be sent home and asked to contact Health Links – Info Santé.
- Pre-operative patient self-isolation may be employed prior to treatment, when deemed appropriate.

Guidance for Team Member Screening:

- Daily screening of the complete dental team is an effective way to monitor for the continued health of the team. Daily dentist and staff screening focuses on this principle by confirming that team members are not experiencing any fever or symptoms of COVID-19. The Shared Health screening tool can be used daily to screen team members.

Guidance for Team Members:

Until the pandemic recedes, effective therapy is available, or a vaccine is developed and administered to the vast majority of the population, COVID-19 remains a risk for everyone, including the dental team and especially vulnerable populations.

- Ensure team members practice strict adherence to hand hygiene and respiratory hygiene.
- Team members should self-monitor for COVID-19 symptoms before reporting to work and refrain from attending the clinic if symptoms are present.
- Team members with COVID-19 symptoms or a temperature of 38 C or greater should be sent home for isolation and team member to call Health Links, identifying themselves as a Health Care Provider.
- Whenever possible, maintain physical distance between team members. When not possible, an ASTM Level 1 mask should be worn.
- In Staff areas - Encourage physical distancing and disinfect touch surfaces.
- When possible, change into a separate set of street clothes and footwear before leaving work. Work clothing (e.g. scrubs) may be placed in a bag and laundered after every shift.

Guidance for Patient Flow:

- Minimize movement of patients within the facility.
- Stagger appointment times to facilitate physical distancing.
- Maintain a single point of entry.
- Take measures to prevent congestion in common spaces.
- Post external signs indicating COVID-19 physical distancing protocols, along with floor markings where service is provided or lines form. (Shared Health Link)
- Consider posting notices to promote hand hygiene, physical distancing and respiratory etiquette. (Shared Health Link)
- Offer Alcohol Based Hand Rub(ABHR) 60-90% available at the entrance/exit for patient, accompanying individuals, and staff use. Promote patients and people attending with patients to sanitize hands upon entry and exit to facility using an ABHR.
- Limit, where appropriate, attendance by accompanying individuals in clinic and in operatories.
- Patients may wear masks or may be provided with an ASTM Level 1 mask upon arrival.
- Minimize use of waiting rooms. Strategies may include waiting in car if possible, and physical distancing for those in waiting rooms. When possible, escort patients directly to operatory upon arrival.
- Remove non-essential items such as magazines and toys and close play areas in waiting rooms.
- Sanitize work/service areas frequently. Identify high touchpoint non-treatment areas such as countertops, door handles and transaction pads for frequent sanitation.
- Prepare washrooms by posting hand-washing instructions, ensuring adequate supply of soap and disposable towels, and make a trash can available.
- Consider adding a transparent barrier at the reception desk to promote separation between staff and patients during transactions. Where consistent physical distance cannot be established between patients and other team members, an ASTM level 1 mask may be worn.
- Have ABHR available at checkout/payment area.
- Encourage Cashless or no-contact payment.

Hand Hygiene:

Strict hand hygiene is of paramount importance. Team members should wash or disinfect hands thoroughly:

- Upon entry into the dental office.
- Before and after any contact with patients.
- After contact with contaminated surfaces or equipment.
- In between procedures and after removing PPE depending on the procedure, following established PPE protocols.

Respiratory Etiquette:

Patients and staff should:

- Cough or sneeze into their elbow sleeve or a tissue;
- Throw away used tissues and immediately perform hand hygiene;
- Refrain from touching their eyes, nose or mouth with unwashed hands; and
- Refrain from sharing any food, drinks, unwashed utensils, cigarettes, or vaping devices.

Guidance for Vulnerable Patients:

If an in-person appointment is required for an older patient or patient with chronic illness, consider scheduling these as the first appointments of the day.

Dental Laboratory Asepsis:

Effective communication and coordination between the dental facility and commercial dental laboratory is essential. Impressions, prostheses or appliances must be cleaned and disinfected before transport to the lab. Finished devices, prostheses and appliances delivered to the patient must be free of contamination. Keep paper prescriptions separate from wet impressions.

AEROSOL GENERATING PROCEDURES:

- Aerosol Generating Procedures (AGPs) may represent a risk for droplet transmitted influenzas and other respiratory diseases. In dentistry, aerosols may be produced by high speed handpieces, 3-in-1 air/water syringe, ultrasonic scalers, among others.

Table 1: Dental devices and procedures known to produce airborne contamination

Device and/or procedure	Contamination
Ultrasonic and Sonic Scalers	Considered the greatest source of aerosol contamination; use of a high-volume evacuator will reduce the airborne contamination by more than 95%
Air Polishing	Bacterial counts indicate that airborne contamination is nearly equal to that of ultra-sonic scalers; available suction devices will reduce airborne contamination by more than 95%
Air-Water Syringe	Bacterial counts indicate that airborne contamination is nearly equal to that of ultra-sonic scalers; high-volume evacuator will reduce airborne bacteria by nearly 99%
Tooth Preparation with Air Turbine Handpiece	Minimal airborne contamination if a rubber dam is used
Tooth Preparation with Air Abrasion	Bacterial contamination is unknown; extensive contamination with abrasive particles has been shown

From: Harrel SK, Molinari J. *Aerosols and splatter in dentistry: A brief review of the literature and infection control implications*. J Am Dent Assoc. 2004;135:429–437. [https://jada.ada.org/article/S0002-8177\(14\)61227-7/pdf](https://jada.ada.org/article/S0002-8177(14)61227-7/pdf)

To provide in person care where aerosol generation is anticipated, ensure treatment on screened, non-suspect patients with appropriately donned and doffed Personal Protective Equipment (PPE). In addition, aerosol reduction techniques may be employed such as:

- Rubber dam isolation
- High-Volume Evacuation (HVE)
- 4 handed dentistry
- Limit use of air and water simultaneously with 3-in-1 air/water syringe.
- Hand instrumentation when possible.
- Extra-oral radiography when appropriate.
- Pre-procedural hydrogen peroxide rinse.
- Disinfection of rubber dam isolated teeth prior to AGP.

PERSONAL PROTECTIVE EQUIPMENT(PPE) GUIDANCE:

The PPE guidance below refers only to the treatment of COVID-19 Non-suspect patients.

Non-aerosol Generating Procedures (non-AGPs)

- ASTM Level 2 or 3 mask
- Goggles or Face Shield or protective eyewear
- Gloves

Aerosol Generating Procedures (AGPs)

- Fitted N95 mask or equivalent with appropriate protective eyewear or ASTM Level 3 Mask and face shield
- Gloves
- Lab Coat or gown
- Bouffant/cap

Notes about Masks:

- Health Canada has expanded equivalent alternate standards including non-medical N95 respirators, commercial-grade N95 respirators, and respirators approved under standards used in other countries that are similar to NIOSH-approved N95 respirators. See Government of Canada <https://www.canada.ca/en/health-canada/services/drugs-health-products/medical-devices/masks-respirators-covid19.html>.
- Counterfeit masks/respirators are an increasing problem. For information on verifying the authenticity of a mask, see: <https://www.cdc.gov/niosh/npptl/usernotices/counterfeitResp.html>
- During PPE shortages, conservation strategies for PPE may be employed. Extended use and Re-use of PPE according to Shared Health MB. <https://sharedhealthmb.ca/files/ppe-provincial-requirements-faqs.pdf>

EQUIPMENT AND AREA SPECIFIC GUIDANCE

Disposable equipment and supplies

Single-use disposable equipment and supplies should be used whenever possible and discarded into a no-touch waste receptacle after each use. All reusable equipment should, whenever possible, be dedicated for use by one patient. If this is not feasible, equipment should be cleaned first and then disinfected or otherwise reprocessed according to manufacturer's instructions and facility protocols.

HVAC / air flow – The air exchanges/hour (ACH) in a space can be affected by many factors including the physical layout of the office. Before making any changes to the dental office, it is important to understand the MDA does not require dental practices to make alterations to existing office designs. It is appropriate to reduce aerosols at source with aerosol reduction techniques.

Figure B - Donning

Personal Protective Equipment

HOW to put on Personal Protective Equipment

	1. Perform HAND HYGIENE before entering a client's environment
	2. Put on a long sleeved GOWN <ul style="list-style-type: none">• Opening to the back• Tie at the neck and waste• Cover skin and clothing
	3. Put on a MASK or N95 RESPIRATOR <ul style="list-style-type: none">• Secure loops or ties• Shape metal piece to the bridge of your nose• For N95 Respirators perform a seal check
	
	4. Put on EYE PROTECTION
Perform HAND HYGIENE	
	5. Put on GLOVES <ul style="list-style-type: none">• Pull gloves over gown cuffs

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Figure C – Doffing

Routine Practices 12

HOW to take off Personal Protective Equipment



1. Remove GLOVES
 - Grasp at the palm and remove, pulling the glove inside-out
 - Scoop under the second glove and remove
 - Place gloves in garbage

2. Remove GOWN
 - Untie neck, then waist
 - Scoop fingers under cuff; pull over hand
 - Use gown covered hand to pull gown over other hand
 - Pull gown off without touching the outside
 - Roll gown inside out
 - Place in laundry hamper or garbage as appropriate

3. Perform HAND HYGIENE

