# PATHWAY AND INTERIM IPC GUIDANCE FOR PATIENT CARE DURING THE COVID-19 RESPONSE

## MANITOBA DENTAL ASSOCATION

Effective - July 1, 2022

## 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,* starting June 1, 2020 Manitoba dentists returned 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 facilities, 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 Continuum Of Pandemic Phases:

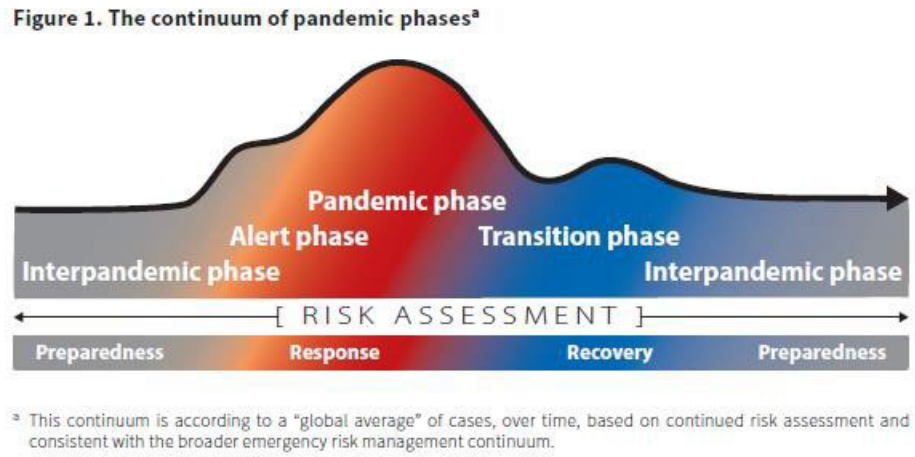



Figure 1 shows the World Health Organization's "Continuum of Pandemic Phases," displayed as a distribution curve of the hypothetical global average of pandemic cases over time based on a continued pandemic risk assessment.

### Public Health MB:

"Manitoba removed public health orders related to COVID-19 as of March 15, 2022, and is transitioning from an acute response to a longer-term response to ongoing COVID-19 cases in the community, with a focus on **recovery and preparedness**."

"Public health measures implemented during the acute phase of the pandemic slowed the transmission of COVID-19, reduced associated severe outcomes, and helped to maintain capacity in the health care system, but also had other significant impacts on society. Some of these impacts have been positive, but many have caused disruption and negative societal impacts. Removal of public health restrictions is now possible due to the decreasing incidence of infection and associated severe outcomes, high vaccination coverage, infection-acquired immunity, and availability of treatments for individuals at high risk of severe outcomes. However, **ongoing planning is required, including management of ongoing circulation of cases and interaction with other respiratory viruses, and potential emergence of new variants of concern (VOCs) that may be more transmissible, severe, and/or immune-evasive."**

Taken from Public Health: https://manitoba.ca/asset_library/en/coronavirus/interim_guidance.pdf

### Daily provincial updates and status reports by region:

https://www.gov.mb.ca/covid19/

The Province of Manitoba Pandemic Response System has been introduced to share the current level of risk, provide public health guidance to Manitobans and explain the range of measures in place to reduce the spread of COVID-19 in Manitoba. The province will update the provincial response level in response to the spread of the virus and other public health indicators. All Public Health Orders must be followed.

## Four levels of Community Transmission - Manitoba:

**Green: Limited Risk**

The spread of COVID-19 is broadly contained and a vaccine and/or effective treatment for COVID-19 is available. Transmission of the virus is at very low to undetectable levels between household and close contacts. There may be single or isolated small outbreaks, which are quickly contained. Community transmission is low to undetectable.

**Yellow: Caution**

Community transmission of COVID-19 is at low levels. Household and close contact transmission could be occurring in Manitoba. There may be single or isolated small cluster outbreaks which are quickly contained. Community transmission is low to undetectable.

**Orange: Restricted**

Community transmission of COVID-19 is occurring. However, the virus is being transmitted at levels that public health and the health system can manage. New clusters are more common, but can be controlled through testing and contact tracing. The health care system is able to manage COVID-19 case levels.

**Red: Critical**

Community spread of COVID-19 is not contained and/or there are significant strains on our health care system. The virus is being transmitted at levels that public health and the health system cannot manage. Extensive community transmission is occurring. There are widespread outbreaks and new clusters that cannot be controlled through testing and contact tracing. The health care system may be close to or over capacity.

https://www.manitoba.ca/covid19/restartmb/prs/system/index.html

## DEFINITIONS – COVID-19 – SHARED HEALTH MB

**Green Zone - COVID-19 Non-Suspect patients**, residents or clients are those who do not meet the criteria for testing and/or those deemed "recovered" by Public Health (if not admitted) or by Infection Prevention and Control (if admitted).

**Orange Zone - COVID-19 Suspect patients**, residents or clients are those who have been tested based on symptoms or contact/travel status and the result is pending OR a person who, based on clinical symptoms or exposure history, needs to be tested for COVID-19, regardless of vaccination status.

**Red Zone - 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 (if not admitted) or by Infection Prevention and Control (if admitted).

### COVID-19 Screening:

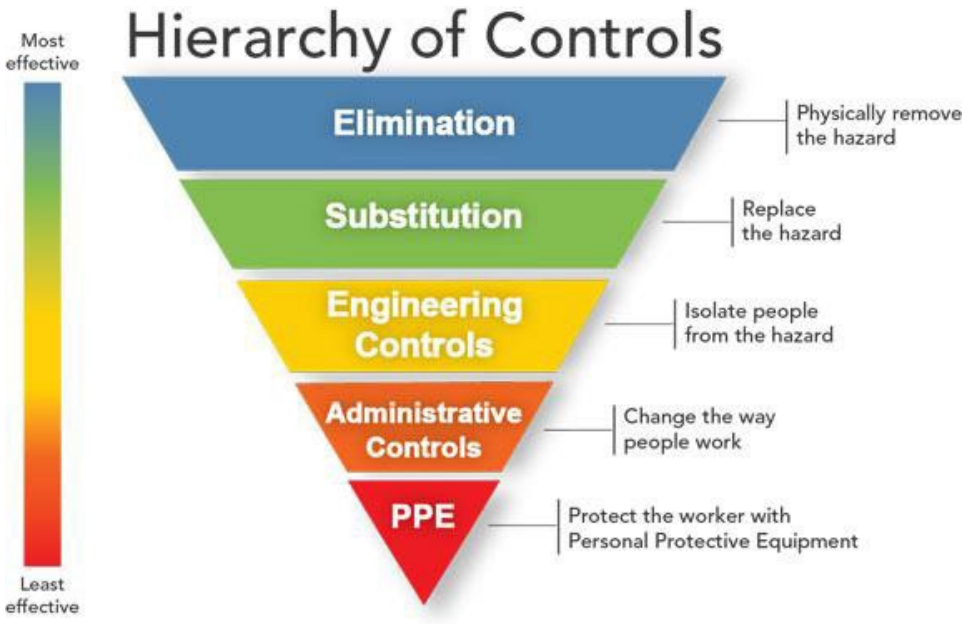
Continue screening protocols in your practice so you can accurately plan for in-person care.

Screening is an effective management tool to help assess a patients' COVID-19 risk. Because public health authorities are able to frequently update and manage the online Shared Health MB screening tool based on the most current epidemiology, this is the preferred COVID-19 screening tool for Manitoba dentists. Screen patients for symptoms of respiratory infection upon entry.

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

## CONTROL MEASURES

Figure 2. COVID-19 Manitoba Health and Seniors Care (MHSC) Infection Prevention and Control Personal Protective Equipment (PPE) Guidance




## I. Public Health Measures(Elimination And Substitution)

### Public Health Guidance:

Testing, Case Management, Contact Tracing Requirements, Exposure Management, Isolation Recommendations visit Public Health MB - Interim Guidance Public Health Measures - *Managing Novel Coronavirus (COVID-19) Cases and Contacts in Community* – Frequently Updated.

https://manitoba.ca/asset_library/en/coronavirus/interim_guidance.pdf

### Vaccines for COVID-19:

Vaccination continues to be an effective preventative tool for all Manitobans in the fight on COVID-19. The MDA strongly recommends vaccination against COVID-19 for all dentists and dental assistants.

- Health Canada information on authorized COVID-19 vaccines:

https://www.canada.ca/en/public-health/services/diseases/coronavirus-disease-covid-19/vaccines.html

- Health Canada information related to COVID-19 mRNA Vaccines:

https://www.canada.ca/en/health-canada/services/drugs-health-products/covid19-industry/drugs-vaccines-treatments/vaccines/type-mrna.html

## II. Engineering Controls

Engineering controls reduce the risk of exposure to an infectious agent or infected source hazard by applying building structure or ventilation strategies. Engineering controls do not depend on an individual's compliance with exposure prevention strategies. These controls are usually established and controlled within the building infrastructure, thereby eliminating an individual's choice about their application and reducing the opportunity for individual error.

Every workplace has unique design characteristics – each with differing consideration of engineering controls. Examples of engineering controls are:

- Design to minimize movement of patients within the facility.
- Measures to prevent congestion in common spaces.
- Separations/Partitions.
- Point of Care Alcohol Based Hand Rub stations (ABHR).
- Prepare washrooms by posting hand-washing instructions, ensuring adequate supply of soap and disposable towels, and make a disposal receptacle available.
- Where consistent physical distance cannot be established between patients and team members, transparent barriers may be added to promote separation.

### 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 recommended to reduce aerosols at source with aerosol reduction techniques.

Health Canada - Guidance on Indoor ventilation during the COVID-19 pandemic:
https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/guidance-documents/guide-indoor-ventilation-covid-19-pandemic.html - a4

## III. Administrative Controls

Dentists and Dental Clinics must comply with current provincial public health measures, relevant legislation, regulations and policies.

Administrative controls provide an infrastructure of policies, procedures, and practices intended to prevent exposure to and transmission of microorganisms to a susceptible host during the provision of service. To be effective, administrative controls must be implemented at the point of first encounter with a suspect or known infected source and be continued until the source leaves the setting (interaction ends), or the source is no longer infectious. Inherent in the development and practice of administrative controls is ensuring sufficient resources are supplied to allow implementation of the controls.

### Administrative Control Guidance for Team Members:

- Team members should be asked to regularly self-monitor for fever or symptoms consistent with COVID-19 or other acute respiratory infection and refrain from attending the clinic if symptoms are present.
- Ensure team members practice strict adherence to hand hygiene and respiratory hygiene.
- Whenever possible, maintain physical distance between team members.
- Post visual alerts (signs, posters) in staff common areas (lunchroom, sterilization room, washroom) regarding hand hygiene, physical distancing, respiratory etiquette. https://sharedhealthmb.ca/covid19/providers/posters/
- Communicate with the dental office team about the importance of remaining vigilant inside and outside the office. https://www.manitobadentist.ca/covid-19-resources.cfm
- All team members must wear a minimum ASTM level 1 mask and eye protection whenever possible while they are in the dental setting.
- In non-clinical staff only areas - encourage physical distancing and disinfect high touch surfaces. Masks and face coverings may be used at the discretion of team members.

### Return to Work Guidance for team members:

Shared Health publishes return to work guidance that will change periodically in response to evolving national and international evidence-based recommendations.

https://sharedhealthmb.ca/covid19/providers/oesh-resources/

### Administrative Control Guidance for Patients and Visitors:

- Identify patients with symptoms of COVID-19 or other acute respiratory infection when scheduling appointments for routine clinic visits. If possible, ask that they defer routine clinic visits until the symptoms of their acute infection have subsided.
- Accompanying individuals with symptoms of acute infection should not visit unless the visit is essential (e.g., parent, guardian or primary caretaker). In that case, they should be instructed and supervised in precautions to take to minimize transmission of infection.
- Screen patients for symptoms of respiratory infection upon entry.

- While temperature measurement may be employed, pre-appointment screening for COVID symptoms using the Shared Health Screening Tool remains best practice for all patients.
- Minimize movement of patients within the facility and take measures to prevent congestion in common spaces. Floor markings may be helpful where congestion occurs or lines form.
- Consider posting notices to promote hand hygiene, physical distancing and respiratory etiquette. https://sharedhealthmb.ca/covid19/providers/posters/
- Offer Alcohol Based Hand Rub (ABHR) 60-90% available at the entrance/exit for patient, accompanying individuals, and staff use.
- When possible, minimize use of waiting rooms and promote separation and/or physical distancing for those in waiting rooms. Remove non-essential items when appropriate.
- Sanitize high touch surfaces frequently.
- Prepare washrooms by posting hand-washing instructions, ensuring adequate supply of soap and disposable towels, and make a trash can available.
- Encourage Cashless or no-contact payment.

## Mask guidance for Patients and Visitors:

- According to Health Canada, masks are one of the most effective individual public health measures that we can use to protect ourselves and others from COVID-19. https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/prevention-risks/about-non-medical-masks-face-coverings.html
- It is recommended that patients and visitors wear a mask or cloth face covering upon arrival to and throughout their stay in the dental setting.
- It is prudent for dental practices to continue promoting mask use.
- Practitioners must apply their knowledge, skill and judgement to reduce the risk for everyone present at the clinic. Protocols must not restrict the access to care or the quality of care you provide.
- Communicate your clinic masking policy expectations to patients and visitors.

## 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.

## 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.

## ROUTINE PRACTICES (formerly universal precautions or standard precautions)

Routine Practices are the foundation for preventing the transmission of microorganisms during care in all healthcare settings. It is a comprehensive set of Infection Prevention and Control (IP&C) measures developed for use in the routine care of all persons at all times in all healthcare settings (acute, community or long-term care).

Routine Practices aim to minimize or prevent healthcare-associated infections in everyone in the healthcare setting including the person receiving care, all staff, visitors, contractors, and so on. Following Routine Practices can reduce the transmission of microorganisms in all healthcare settings. **Provincial guidance from MB Health, Seniors, and Active Living provides a summary of guidance related to Recommendations for Routine Practices in all Health Care Settings:**

**https://www.gov.mb.ca/health/publichealth/cdc/docs/ipc/rpap.pdf**

Details of Routine Practices for Provincial guidance related to the following areas:

1. Point of Care Risk Assessment
2. Hand Hygiene
3. Source Control
4. Patient Placement and Accommodation
5. Patient Flow
6. Aseptic Technique
7. Use of Personal Protective Equipment
8. Sharps Safety and Prevention of Exposure to Bloodborne Pathogens
9. Cleaning and Disinfection of Non-Critical Patient Care Equipment
10. Environmental Cleaning
11. Handling of Linen, Waste, Dishes and Cutlery
12. Education of Patients, Families and Visitors
13. Visitor Management

### Risk Assessment:

Point of care risk assessment to be undertaken for all patients at all times. **Consideration for level of transmission in areas of outbreak or when extensive community transmission has occurred will affect risk assessment and determination of need for care, level of caution and level of PPE employed.**

**Adjustments to the practice of dentistry and facilities is 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.

For more on point of care risk assessment see:

**https://www.gov.mb.ca/health/publichealth/cdc/docs/ipc/rpap.pdf**

## IV. Personal Protective Equipment (PPE) Guidance:

The PPE tier provides a physical barrier between the uninfected individual and an infectious agent or infected source.

**Green Zone - COVID-19 Non-Suspect patients may be treated with Routine Practices. Level of PPE employed may vary based on Point of Care Risk Assessment.**

Point of care risk assessment to be undertaken for all patients at all times. **Consideration for level of transmission in areas of outbreak or when extensive community transmission has occurred will affect risk assessment and determination of need for care, level of caution and level of PPE employed.**

The following provides guidance related to PPE recommendations for Routine Practices:

### Non-aerosol Generating Procedures (non-AGPs) – Routine Practices

- ASTM Level 1, 2 or 3 Mask*
- Eye protection**
- Gloves

### Aerosol Generating Procedures (AGPs) – Routine Practices

- ASTM Level 3 Mask
- Eye protection**
- Gloves

*Mask is procedure dependent – See Table 1
**Eye protection can be a face shield, goggles or safety glasses with side shields recommended.

- See Provincial guidance form MB Health, Seniors, and Active Living https://www.gov.mb.ca/health/publichealth/cdc/docs/ipc/rpap.pdf provides a summary of guidance related to Recommendations for Routine Practices in all Health Care Settings:
    - Lab Coats or Gowns as well as Bouffant/cap may be employed for Routine Practices as determined by the Point of Care Risk Assessment for some procedures.
    - When eye protection is required, wear it over prescription glasses. Prescription glasses by themselves are not adequate for eye protection.
    - When possible, change into a separate set of street clothes and footwear before leaving work. Work clothing (e.g. washable scrubs) may be placed in a bag and laundered after every shift. Uniforms may be laundered at home.

| | ASTM Level 1 | ASTM Level 2 | ASTM Level 3 |
|---|---|---|---|
| **Fluid Resistance, mmHg** | 80(low) | 120(moderate) | 160(high) |
| **Bacterial Filtration Efficiency (BFE)** | ≥ 95% | ≥ 98% | ≥ 98% |
| **Particle Filtration Efficiency (PFE) @ 0.1micron** | ≥ 95% | ≥ 98% | ≥ 98% |
| **Breathability - Delta P, mm $H_2O/cm^2$** | < 4.0 | < 5.0 | < 5.0 |
| **Flame Spread** | Class 1 | Class 1 | Class 1 |

Table 1 - ASTM F2100 Medical Face Mask Material Requirements by Performance Level

## 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 2) In most instances, significant reduction in contamination is demonstrated when employing the use of high-volume evacuation whenever possible.

Dental procedures that involve the use of high energy instruments, such as high-speed air turbines and ultrasonic scalers, are more likely to produce smaller particle size aerosols. Procedures that use powered, low velocity rotary instruments (specifically below 60,000 rpm) lead to reduced contamination risk manageable using routine infection prevention and control practises and procedural mitigation as commonly used in dentistry such as high-volume evacuation.

Estimated RPM of some commonly employed rotary instruments in dentistry include:

- Air turbine high speed handpiece 430,000 RPM or lower
- Electric high speed handpiece 200,000 RPM or lower
- Electric slow speed handpiece 40,000 RPM or lower
- Air driven slow speed handpiece 22,000 RPM or lower
- Air driven gear reduction Prophy Angle 5,500 RPM or lower

Aerosol mitigation methods include:

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

**Table 2: Dental devices and procedures known to produce airborne 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 (Air-Powder 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

**Notes about Masks and AGPs:**

- Masks and eye protection may be used for an extended period, including repeated interactions with multiple patients unless it becomes damaged, wet or soiled. https://sharedhealthmb.ca/files/extended-use-of-face-masks.pdf
- 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.
- Respirators with exhalation valves are not recommended for source control and should not be used during surgical procedures as unfiltered exhaled breath may compromise the sterile field. If only a respirator with an exhalation valve is available and source control is needed, the exhalation valve should be covered with a facemask that does not interfere with the respirator fit.
- Non-medical masks or cloth face coverings are not considered personal protective equipment (PPE). Health Canada Non-Medical Mask guidance: https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/prevention-risks/about-non-medical-masks-face-coverings.html
- Evidence to support a safe return to clinical practise by oral health professionals in Canada during the COVID-19 pandemic: A report prepared for the Office of the Chief Dental Officer of Canada. https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/health-professionals/evidence-safe-return-clinical-practice-oral-health.html?utm_source=Canada.ca&utm_medium=Email&utm_campaign=McGill_report_update1_covid_Nov2020_eng - a12

## DONNING AND DOFFING

Practice caution at all times, particularly during high risk moments such as when donning and doffing PPE. Remember that Doffing (taking off PPE) is often identified as where a breach may occur and is the riskier of the two procedures for the provider. Please take additional care.

Donning Shared Health Video: https://youtu.be/B5ew8020fwc
Doffing Shared Health Video: https://youtu.be/Lly8DjGcvDM

https://sharedhealthmb.ca/files/infection-prevention-and-control-learning-booklet.pdf

## ENHANCED PRACTICES FOR COVID-19 SUSPECT OR POSITIVE PATIENTS

Routine Practises and Enhanced Practices must be employed for patients considered COVID-19 **Suspect** or **Positive** cases:

**Orange Zone - COVID-19 Suspect patients**, residents or clients are those who have been tested based on symptoms or contact/travel status and the result is pending OR a person who, based on clinical symptoms or exposure history, needs to be tested for COVID-19, regardless of vaccination status.
**Red Zone - 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 (if not admitted) or by Infection Prevention and Control (if admitted).

- In person care should be limited to emergency treatment.
- Emergency treatment includes treatment due to a significant infection, acute pain that cannot be managed pharmacologically, oro-facial trauma or prolonged bleeding, all of which as a result require immediate care.
- Until deemed recovered, medical management through pharmacological modalities, where appropriate, is strongly recommended.
- Scheduling and managing to limit the opportunity for contact with other patients, oral health care providers and team (e.g. at the end of the clinic day or session).
- The number of team members present should be limited to only those necessary for the procedure.
- AGPs should be kept to a minimum and procedures completed in one appointment whenever possible. Minimize exposure time of team members to the symptomatic patient.
- Consideration of extraoral forms of radiographic imaging, such as a panoramic radiograph and extraoral bitewing radiographs may be appropriate.
- Maintaining a 2-metre separation from other patients and team members not directly involved in their care.
- Considering referral to providers and settings where additional precautions are in place.
- If applicable, advocates or visitors accompanying patients with symptoms of or a diagnosis of COVID-19 should follow droplet and contact precautions.

**Non-aerosol Generating Procedures (non-AGPs) – Droplet and Contact Precautions**

- ASTM Level 3 mask
- Goggles or Face Shield
- Gloves
- Lab Coat or Gown***
- Bouffant/cap

**Aerosol Generating Procedures (AGPs) – AGP precautions**

- Fitted N95 respirator
- Goggles or Face Shield
- Gloves
- Lab Coat or gown***
- Bouffant/cap

*** *Gown may be disposable or reusable*