



SDHA

Saskatchewan Dental
Hygienists' Association

SDHA COVID-19 Pandemic IPC Interim Protocol *Updated*

Effective: December 10th, 2020

Approved by the SDHA Council
Protocol subject to change

All SDHA members are required to abide by this protocol when they return to practice

SDHA registrants are expected to follow the most current guidance. Those who fail to abide by this directive may be considered to be in professional misconduct and will be subject to appropriate action by the SDHA.

Introduction:

The SDHA COVID-19 Interim IPC Protocol was developed using the best available evidence to reduce transmission risk for of the SARS-CoV-2 (COVID-19). The currently available evidence suggests that complete elimination of risk is not possible. By implementing risk mitigating strategies outlined in this document, Dental Hygienists can reduce the impact of the known risks in their practice to protect themselves and their clients from infection. The updated protocol is based on a rapidly evolving landscape and should only to be applied to the COVID-19 asymptomatic client. This document does not replace regular standards of care, professional advice, application of clinical judgement or [ethical decision-making](#).

For employment and insurance questions related to returning to work, Dental Hygienists can refer to the CDHA, [Saskatchewan Labor Standards](#), [Worksafe Saskatchewan](#), [Government of SK Workplace Information](#), or Occupational Health & Safety. Dental Hygienists are reminded that the CDHA also provides access to social and mental health supports which may be useful to some during this stressful time.

SDHA Rationale for Updated Protocol:

- COVID-19 community spread continues at unprecedented rates and hospitalization numbers climb significantly in Saskatchewan. In response, it is imperative that the SDHA make updates to interim protocols in the interest of the public, our communities, our province and our members.
- The SDHA has worked collaboratively with the CDSS in confirming with Saskatchewan Public Health Authorities on requirements when performing Aerosol Generating Procedures (AGP)
- Members are required to use profession and clinical judgement in providing dental hygiene care
- Members are required to stay vigilant in response to COVID -19.

SDHA Objective:

- Resume dental hygiene best practice in coordination with the “Re-Open Saskatchewan Plan”
- Safety for clients, families, and communities
- Safety for dental hygienists, team members, and their families

SDHA Member Responsibility:

- Ensure up-to-date IPC facility manual includes the most current SDHA COVID-19 Pandemic IPC Interim Protocol.
- Ensure appropriate PPE from a reputable supplier. Resources for identifying counterfeit PPE. [Here](#).
- Continue to take measures as outlined by the Chief Medical Health Officer (CMHO) to promote physical distancing where possible, and where not, use appropriate PPE.
- Utilize clinical judgement when determining risk versus health benefit
- Continue to abide by [The Dental Disciplines Act](#), [SDHA Regulatory](#)

[Bylaws, SDHA Administrative Bylaws, Infection Prevention and Control Standards](#), and all additional SDHA updates relating to the COVID-19 pandemic.

Definitions:

COVID-19

The name of the infectious disease caused by a new coronavirus is called COVID-19. Although COVID-19 is not thought to be an airborne disease, such as measles or tuberculosis, under certain circumstances the virus can be aerosolized into particles much smaller than respiratory droplets (< 5 µm), allowing them to remain suspended in the air longer, to travel farther, and to be inhaled by a person, thus acting like an airborne disease. Aerosol particles bearing COVID-19 can be generated during medical and dental procedures when a client's saliva is agitated by mechanical forces, such as ultrasonics, slow speed handpiece, combination spray from an air-water syringe. Therefore, the risk can be reduced by limiting aerosols, use of appropriate PPE, and implementing appropriate aerosol protective measures.

Splatter

Controlling splatter, particularly splatter that includes saliva, is extremely important in preventing COVID-19 transmission. Credible scientific evidence shows that COVID-19 is very contagious with droplets. Uncontrolled splatter "gets everywhere" – on the patient's face and clothes, on the practitioner's face, hands, sleeves, clothing and on the floor. This splatter is easily transported, especially on clothing, to other areas of the office, including the washroom, the front desk, the break room, etc. This is one way the virus spreads and infects people. Evidence is beginning to show that health care workers are becoming infected not in the procedure room, but outside of the procedure room. During the COVID-19 pandemic splatter must be controlled with high volume evacuation (HVE) and careful handling of splattered PPE, clothing and surfaces. Absolute care is needed to ensure any splatter is not carried outside the procedure area. Splatter is the most common infectious risk in the dental office with an infectious virus. This risk can be managed if PPE, doffing, disinfection, and hand hygiene protocols are strictly followed.

Aerosol Generating Procedures (AGP)

Any dental procedure where aerosolized particles are expected to be generated by dental instrumentation. This includes the use of ultrasonic scalers, high-speed handpieces, surgical handpieces or air-water syringes at any point in the procedure. When assessing the quantifiable risk of transmission of COVID-19 during an AGP, the Dental Hygienist must take into account the duration of a procedure, client factors (such as respiratory disease, diabetes, hypertension and obesity), the ability to employ risk mitigating factors (pre-procedural rinse, screening and HVE) and the probability of their success. Natural exposures, which include contact transmission and both droplet and aerosol caused by coughing, sneezing and exposure to respiratory droplets during expiration, must also be factored in. Consideration of naturally generated aerosols is also very important in assessing the overall risk during a dental visit.

Before Returning to Practise:

- Dental Hygienists are required to self-monitor when determining fitness to practice. Should a member present with any signs or symptoms of COVID-19 as outlined by Saskatchewan Health Authorities or answer 'YES' to any question in the SHA screening tool, they are required to contact the HealthLine 811 for further instruction and inform their employer that they are unfit to work.
- Ensure you have adequate and reputable PPE available
- Communicate with dental team to ensure safety precautions are understood

Risk Mitigating Factors:

- Clients should be pre-screened by telephone
- Assess temperature using a thermometer (<38°C) on each client prior to procedures
- Pre-screening should be confirmed on the arrival of appointment. Clients presenting as COVID-19 positive or suspect should defer their dental hygiene appointment. The client should also be referred to an appropriate health care provider or contact the Healthline 811.
- Have visible reminders for clients to maintain physical distancing, proper cough and respiratory etiquette, and hand hygiene.
- Clients are to perform hand hygiene upon entry and exit of dental facility and operatory
- **A pre-procedural antiviral mouth rinse**
- Have specific days or early in the day times for vulnerable clients, for example older adults and those with underlying health conditions
- Schedule fewer appointment times
- Stagger hygiene appointment times
- Permit one escort to accompany minors or clients who require special accommodations. Escort should be pre-screened by telephone using the screening tool and wear a face covering.
- Perform enhanced cleaning of high-touch surfaces
- Consider disposable gown/covering for client during high-risk AGP
- Remove non-essential supplies or products from operatories, including pictures or artwork
- **Minimize length of time High-Risk AGP are produced**

Dental Hygienists are not to treat clients identified as COVID-19 Positive, COVID-19 Pending or until a COVID-19 (positive or pending) have a confirmed negative status from health authorities.

Low-Risk Aerosol Generating Procedures (formerly NAGP)

Eliminating or reducing aerosols considerably reduces the transmission risk and protects clients, staff and practitioners. Risk is determined by procedure length, salivary based aerosols and ability to mitigate risk.

Procedures include:

- Intraoral/extraoral cancer screening assessment
- Radiographs necessary for determining periodontal diagnosis (recommend extraoral radiographs to minimize risk)
- Periodontal assessment, including communicating periodontal diagnosis and treatment plan
- Communicate oral hygiene instruction only, no intraoral demonstrations
- Debridement (hand instrumentation only)
- Administration of local anesthetic, topical anesthetic, and non-injectable anesthetic
- Use saliva ejector
- Use High-Volume Evacuation (HVE)
- Preventive procedures such as the application of topical agents (fluoride, silver diamine fluoride, desensitizers, etc.)
- Dry teeth with cotton roll/pellet or gauze
- Flossing performed by operator
- Rinsing and expectorating into disposable cup OR rinsing with monoject syringe and saliva ejector/HVE
- **Use of A/W syringe, air or water can be used independently of one another, used in combination is considered high risk**
- Pit and fissure sealants using clinical judgement

PPE Requirements for Low-Risk AGP:

- ASTM Level 2 or Level 3 mask;
- Eye protection: face shield with side protection (may be worn with safety glasses, safety goggles, or magnification loupes)
- Gloves
- Long-sleeved disposable gown OR lab coat
- Surgical cap/bonnet (optional)
- Mandatory routine precautions as per the SOHP Infection Prevention Control Standard for Oral Health Care Facilities

High-Risk Aerosol Generating Procedures

During the COVID-19 pandemic, procedures causing high-risk aerosol production should be done **ONLY** when:

- The health benefit outweighs the risk of infection and cannot be achieved by any other method
- Client has been appropriately screened and presents as asymptomatic for COVID-19
- The practitioners' community presents with a low incidence of disease
- Appropriate PPE & Environmental Controls are available

HVE is required for all high-risk AGP.

Including: proper HVE device (8mm opening), proper positioning of HVE device and proper main vacuum unit

Procedures Include:

- Air-water syringe used in combination
- Ultrasonic/power instrumentation
- Air polishing
- Selective polishing/prophy

If choosing to selective polish, ensure there is a clear health benefit for the client. Utilize HVE to control splatter, droplets and potential aerosols.

PPE Requirement for High-Risk AGP:

- **N95 Respirator** (fit tested with documentation) (Full face shield preserves respirator. Layering with additional mask is not advised).
- Eye protection: face shield with side protection (may be worn with safety glasses, safety goggles, or magnification loupes)
- Gloves
- Long-sleeved disposable gown OR lab coat extending from the neck to the lap while sitting and **MUST** be changed between clients
- Surgical cap/bonnet
- Shoe coverings (optional)

Environmental Controls for High-Risk AGP:

- High-risk AGP operatory rooms **must** be isolated rooms from floor to ceiling with an entry that must be closed and secured during the AGP.
- Temporary isolation rooms can be designed with plastic and a framed or zippered door.
- Clinical staff should limit their movement in/out of the treatment area during this time to minimize airborne contamination of the adjacent spaces.
- The operatory door should remain closed during the procedure.

- Only the practitioner and client should be permitted in the operatory during treatment. The operatory door should be opened only one time to allow the client and practitioner to exit.
- Aerosol Generating Procedure signage should be placed at the entrance to the room
- All Donning/Doffing procedures should be followed.
- “Settle time” following a High-Risk AGP is dependent on the Air Changes per hour (ACH) for the Aerosol Controlled Environment (ACE). If the number of ACH is known a specific “settle time” can be calculated using the Settle Time Table Below

Table 1: Time in Minutes Needed (by number of air exchanges per hour) to Reduce Airborne Contaminants by 99%. Adapted from Airborne Contaminant Removal –Centers of Disease Control, USA

Air exchanges per hour	99%
2	138
4	69
6	46
12	23
15	18
20	14

- If the number of ACH is unknown, the “settle time” for an ACE has been determined to be 120 minutes or 2 hours
- Following the appropriate “settle time”, clean the operatory as per SOHP Infection Prevention and Control Standards in the Oral Health Care Facility.

Donning/Doffing

More than one donning method may be acceptable. Training and practise using your office’s procedure is critical. The following are examples of proper donning and doffing processes:

Donning

1. Perform initial hand hygiene
2. Inspect PPE before donning, ensure good condition and correct size
3. Don surgical cap/bonnet
4. Perform hand hygiene

5. Don fit-tested N95 Respirator (secure the straps, mold the metal nose piece to the nose bridge, and perform a seal check)
6. Perform hand hygiene
7. Don surgical gown/lab coat
8. Perform hand hygiene
9. Don face shield/protective eyewear
10. Perform hand hygiene
11. Don gloves to cover surgical gown/lab coat cuff

Doffing

1. Doff gloves and perform hand hygiene
2. Doff bouffant cap and perform hand hygiene
3. Doff gown by putting gown in front of you and rolling up away from you, discard in waste or soiled laundry, then perform hand hygiene
4. Exit operatory
5. Doff face shield and discard, doff eye protection (touching only side arms) and disinfect, perform hand hygiene
6. Doff mask by grabbing only the ear loops and perform hand hygiene

Additional Resources

[CDC Recommendations](#)

[SHA Donning/Doffing Checklist](#)

Documentation Requirements for Contact Tracers

Ensure your contact information is up to date with employers and other applicable parties, including name, address and phone number. For public health contact tracing, the following may be required:

- Role and position at the workplace
- Date and time present at workplace
- Names of patients treated, by date, time, length, and procedure type** should the health benefit risk support the decision to use AGP- time spent should be minimized and recorded for this purpose. **
- Determination of consistent and appropriate use of PPE.

If someone in the workplace has been confirmed to have COVID-19 and it is determined that other people may have been exposed to that individual, the SHA will be in contact with the oral health care facility to provide guidance. Dental Hygienists must work cooperatively with the SHA to ensure those potentially exposed received appropriate guidance.

Informed Consent MUST be obtained and documented

Discussed the diagnosis of periodontal disease; purpose, description, benefits, and **risks** of the proposed treatment; **alternative** treatment options; the prognosis of no treatment; and **cost**. The client asked questions and demonstrates that he/she understands all information presented during the discussion. Informed consent was obtained for the attached treatment plan.