



FAQs for the *COVID-19 Return to Work Guidelines for Dental Hygienists* - Effective May 19, 2020

1. CRDHA has indicated it is inappropriate to use lab coats as an alternative to gowns. Why?

The CRDHA has stated that at this time, lab coats are not acceptable. This was included because lab coats do not typically include cuff sleeves, high collars or extend to cover the knees while sitting, resulting in inadequate coverage of the practitioner. There also may be risk of cross contamination during doffing procedures of lab coats.

The risk for dental hygienists in providing dental hygiene services for droplet and contact transmission of infections is higher than other health professions due to the proximity of the dental hygienist to the client and the nature of dental hygienists working within the oral cavity. There is also a risk that a dental hygienist's clothing may transmit pathogens through contact transmission. At this time, although there is screening for symptomatic cases of COVID-19, there is uncertainty of transmission of COVID-19 through pre-symptomatic and asymptomatic clients (COVID-19 Scientific Advisory Group Rapid Response Report <https://www.albertahealthservices.ca/assets/info/ppih/if-ppih-covid-19-rapid-response-asymptomatic-transmission.pdf>). For these reasons, the approach of the CRDHA is to recommend the highest level of protection.

It has been identified by various health organizations that gowns are the first choice for protective clothing for any procedure that may generate droplets or aerosols (Alberta Health Services Contact and Droplet Precautions <https://www.albertahealthservices.ca/ipc/hi-ipc-contact-and-droplet-precautions-info.pdf>). Gowns are manufactured specifically so they can be donned and doffed in a manner that prevents cross-contamination and has adequate coverage of the practitioner to prevent contamination of clothing. Depending on your office's risk hazard assessment, you may also wish to include shoe covers and hair covers (bouffants) as PPE for client care.

At this time, offices may be experiencing difficulty acquiring manufactured disposable and reusable gowns due to shortages in supply. The CRDHA recognizes that some alternatives may be available and advises the following principles are followed when selecting barrier PPE (Government of Canada. Personal protective equipment against COVID-19: Medical gowns <https://www.canada.ca/en/health-canada/services/drugs-health-products/medical-devices/covid19-personal-protective-equipment/gowns.html>):

- Moisture-resistant or moisture-impervious fabric
- Full coverage of the practitioner from neckline of scrubs to knees when seated
- Sleeves with elastic cuffs that are able to fit under the cuff of the examination glove
- Secures at the neck and waist, preferably at the back
- If gown-alternative secures at the front, consider how to don and doff to avoid cross-contamination (gown will be contaminated at the front)

- Must be changed between clients
- If not disposable, will need to be laundered as per manufacturer instructions (AHS Linen in Community-based Services <https://www.albertahealthservices.ca/assets/healthinfo/ipc/hi-ipc-linen-community.pdf>)

The CRDHA would like to remind its registrants, in all clinical settings, of the OHS requirements for employers of dental health professions. In all settings, as per OHS, there must be:

- A risk hazard assessment completed
- Policy and procedures in place to eliminate or mitigate risks
- Training provided to staff around risk mitigation, including donning and doffing of PPE

You can refer to the links below to help guide you in risk hazard assessments for your practice setting:

- Alberta Personal Protective Equipment Guideline for Care of Individuals with Suspect or Confirmed COVID-19 in Health Care Settings <https://www.alberta.ca/assets/documents/covid-19-healthcare-ppc-guidance.pdf>
- Occupational Health and Safety Administration Dentistry Workers and Employers <https://www.osha.gov/SLTC/covid-19/dentistry.html>

Additional resources for use of gowns as protective clothing:

- World Health Organization. Rational use of personal protective equipment for coronavirus disease 2019 (COVID-19) https://apps.who.int/iris/bitstream/handle/10665/331215/WHO-2019-nCov-IPCPPE_use-2020.1-eng.pdf
- Government of Canada. Routine Practices and Additional Precautions for Preventing the Transmission of Infection in Healthcare Settings <https://www.canada.ca/en/public-health/services/publications/diseases-conditions/routine-practices-precautions-healthcare-associated-infections.html>
- Government of Canada. Infection prevention and control for COVID-19: Second interim guidance for acute healthcare settings <https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/health-professionals/infection-prevention-control-covid-19-second-interim-guidance.html#a8.7>
- Interior Health. Droplet Precautions <https://www.interiorhealth.ca/AboutUs/QualityCare/IPCManual/Droplet%20Precautions.pdf>

2. Will a level 3 surgical mask and full face-shield provide me with the same level of protection as a N95 mask?

The CRDHA is recommending that dental hygienists use the highest level of protection for practitioners. This has been identified as an N95 mask, however the research that we have reviewed has indicated that a level 3 surgical mask and face-shield offers appropriate protection in the event an N95 is not available. If you have any questions about the use of personal protective equipment, please refer to the manufacturer's instructions for use, or contact Occupational Health and Safety (<https://www.alberta.ca/occupational-health-safety.aspx>).

References: (con't next page)

- Centres for Disease Control. Interim Infection Prevention and Control Guidance for Dental Settings During the COVID-19 Response. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/dental-settings.html>
- American Dental Association. Interim Mask and Face Shield Guidelines. https://success.ada.org/~media/CPS/Files/COVID/ADA_Interim_Mask_and_Face_Shield_Guidelines.pdf

3. Why can other professions do procedures that create aerosols that the CRDHA is restricting, such as using power instrumentation?

The CRDHA has taken a more conservative approach and has implemented a phased approach to re-opening in the absence of consistent and confirmed research. The rationale for this approach is to begin with the highest level of protection for dental hygienists and the public, and then adjust the level of protection as the science emerges to justify this measure.

The CRDHA continues to review the evidence to provide guidance on how to mitigate the risk with aerosol generating procedures.

4. How should my office deal with recall exams? Is the dentist supposed to don and doff new PPE to come into my operatory to do the exam?

Each individual practice setting will have to evaluate this aspect of their practice to determine how to best mitigate this risk for the client. This should be included in the practice's risk hazard assessment and the practice should develop clear policy and procedure to follow. If practitioners are moving from operatory to operatory, implement risk mitigation strategies to protect the client from cross-contamination.

5. How much wait time should I leave between two clients? Is there any downtime between clients when aerosol producing procedures are performed (such as selective polish)?

This question is dependent on the specific physical layout of the office, the ventilation systems and the height of the ceiling, among other factors.

The time required for aerosol clearance is determined by air changes per hour (ACH). Depending on the ACH, it can take from over 3 hours (180 min) to less than 10 min. ACH in a clinical setting can be determined by HVAC/ventilation professionals and can be modified, if needed.

If procedures such as a selective polish are necessary for client care, minimize the time spent on the procedures and perform them closer to the beginning of the appointment to allow for any aerosols produced to settle (dependent on individual facility air clearance time).

The CRDHA recommends that you have your clinic evaluated for ACH to determine how much downtime may be needed between clients at your practice.

Reference:

- Centres for Disease Control. Guidelines for Environmental Infection Control in Health-Care Facilities
<https://www.cdc.gov/infectioncontrol/guidelines/environmental/appendix/air.html#tableb1>

6. What is the rationale for the approach the CRDHA took in this version of the guidelines?

This is an unprecedented time in guideline development for the safe delivery of oral health services.

There is a high level of variance between countries and jurisdictions in the approach for re-opening dental health practices as there is a scarcity of high-level research to use as guidance. The CRDHA has taken a more conservative approach and has implemented a phased approach to re-opening in the absence of consistent and confirmed research. The rationale for this approach is to begin with the highest level of protection for dental hygienists and the public, and then adjust the level of protection as the science emerges to justify this measure.

A Cochrane Rapid Review has identified through a review of internationally produced guidance on re-opening, that while all guidance emphasized activities that minimize risk and support high-quality clinical care, there is currently no evidence that suggests one approach is better than another. The CRDHA continues to review the evidence as it becomes available and will adjust the recommendations as needed.

Reference:

- COVID-19 Dental Services Evidence Review (CoDER) Working Group. Recommendations for the re-opening of dental services: a rapid review of international sources.
<https://oralhealth.cochrane.org/news/recommendations-re-opening-dental-services-rapid-review-international-sources>