

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

MANITOBA DENTAL ASSOCIATION

This guidance effective Monday November 16, 2020

Summary of Recent Changes in Red:

Community Transmission Definitions

Point of Care Risk assessment

Clarification related to treatment of COVID-19 positive and suspect patients

COVID-19 Alert App

Public Health Measures and Clarification related to Contact Tracing.

Health Canada Report for Health professionals

Doffing Guidance

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 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.

- Daily provincial updates and status reports by region: <https://www.gov.mb.ca/covid19/>
- COVID-19 Updates, Flights and Events with confirmed cases, and resources: <https://www.gov.mb.ca/covid19/updates/index.html>

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. <https://manitoba.ca/covid19/restartmb/prs/system.html>

Four levels of Community Transmission:



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.

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.**

DEFINITIONS – COVID-19 – SHARED HEALTH MB

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).

COVID-19 Suspect patients, Residents and/or Clients who have been tested and the result is pending OR those who, based on clinical symptoms or exposure history, need to be tested for COVID-19. Exposure history includes: close contact in the last 14 days with a known COVID-19 positive patient OR laboratory exposure to the virus in the last 14 days OR travel outside of Manitoba in the last 14 days (excluding travel to Western Canada, the Territories or Ontario west of Terrace Bay).

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

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 screening tool for Manitoba dentists. **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. **Be aware that the screening tool is updated frequently. Using the online tool may help to ensure the most updated version be used.**

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 MB 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 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.
- **Dentists are not expected to see patients identified as COVID-19 Positive patients or COVID-19 Suspect patients are in community dental clinics(practices) until COVID-19 Non-Suspect status is attained.** If, in their professional opinion, emergency dental care is medically necessary for a patient who has, or is suspected of having COVID-19, treatment should be provided in a hospital, tertiary care facility, or facility that can treat using transmission-based precautions.
- For patients with suspected or confirmed COVID-19, medical management through pharmacological modalities, where appropriate, is strongly recommended until they are deemed recovered.

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.
- Team members should be asked to regularly self-monitor for fever or symptoms consistent with COVID-19.
- Workplaces should be prepared to provide appropriate information if contacted by Public Health for contact tracing purposes.

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.

Effective communication and education in the dental setting is important to keeping a healthy dental team and to manage concerns over staff-to-staff transmission.

- 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.
- Whenever possible, maintain physical distance between team members.
- In Staff areas - Encourage physical distancing and disinfect touch surfaces.
- All Team members must wear a minimum ASTM level 1 mask whenever possible while they are in the dental setting, including in breakrooms or other spaces where they might encounter co-workers.
- Arrange breakrooms for eating and drinking that allow team members to remain at least 6 feet apart from each other whenever possible, especially when they are unmasked.
- 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>
- 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.
- **The Health Canada COVID-19 Alert app is now available to Manitoba residents. Its use is encouraged.**

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.
- 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. 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.
- 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.
- Where consistent physical distance cannot be established between patients and team members at the reception areas, a transparent barrier may be added to promote separation between staff and patients during transactions.
- Have ABHR available at checkout/payment area.
- Encourage Cashless or no-contact payment.

Mask guidance for Patients and Visitors:

- Patients and visitors must wear a mask or cloth face covering upon arrival to and throughout their stay in the dental setting.
- Patients who do not have a mask or cloth face covering they may be provided with one, if appropriate and as supplies allow.
- Patients may remove their mask or cloth face covering if necessary for dental treatment but should put it back on when leaving and treatment is complete.
- Visitors should be asked to provide their own mask or may be provided with one at the discretion of the clinic and as supplies allow. Cloth and other non-medical masks are acceptable.
- Children under the age of two and individuals with medical conditions unrelated to COVID-19, including breathing or cognitive difficulties, that prevent them from safely wearing a mask are exempt from this requirement. Children or adults who are unable to put on or remove their mask without assistance are similarly exempt.
 - <https://sharedhealthmb.ca/files/covid-19-mandatory-mask-memo.pdf>
 - <https://sharedhealthmb.ca/files/covid-19-masks-faq.pdf>

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 a patient who is at-risk of COVID-19, 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.

COVID-19 Exposure:

If a team member or patient become symptomatic while at a dental practice:

- Team member/patients who develop with COVID-19 symptoms or a temperature of 38 C or greater while at the site, should be given a mask and sent home immediately, avoiding public transport if possible.
- Team member/patients should complete the Shared Health screening tool once they have returned home, contact Health Links and be tested for COVID-19. Team members should identify themselves as a Health Care Provider. <https://sharedhealthmb.ca/files/memo-hcw-and-fr-testing-and-oh.pdf>
- Once a symptomatic individual has left the site, clean and disinfect all surfaces and areas with which they may have come into contact.
- The workplace should assess and record the names of all close contacts of the symptomatic staff/patient. This information will be necessary if the symptomatic staff/patient later tests positive for COVID-19.

Team member/patients diagnosed with COVID-19:

- If a team member or patient is confirmed to have COVID-19, and it is determined that other people may have been exposed to that person, Public Health will be in contact with the dental office setting to determine the level of exposure and provide the necessary public health guidance. Contact lists will be requested for contact tracing.
- Health care settings need to work cooperatively with PH to ensure those potentially exposed to the individual receive the correct guidance. Guidance will depend on level of exposure.

PUBLIC HEALTH MEASURES

Public Health MB - Interim Guidance Public Health Measures - *Managing Novel Coronavirus (COVID-19) Cases and Contacts in Community - updated Sept 30, 2020*

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

Highlights include:

- Health Care Workers
- Guidance on Contact Tracing
- Categories of Risk as determined by MB Public Health
- Period of communicability
- Definition of Close Contact

This document may change without notice. For the most updated information please visit the above link.

Contact Tracing within a dental setting:

To enable efficient contact tracing, dental health care settings should maintain an up-to-date contact list for all team members, including names, addresses and phone numbers. For the purposes of public health tracing of close contacts, facilities may need to be asked to provide:

- Roles and positions of persons working in the workplace
- Who was working onsite at any given date and time
- Names of patients in the workplace by date and time
- Names of staff members who worked on any given shift, and treated any given case.
- Length of contact, type of procedure completed.
- Determination if consistent and appropriate use of personal protective equipment.

If a team member or patient is confirmed to have COVID-19, and it is determined that other people may have been exposed to that person, Public Health MB may be in contact with the dental health care setting to provide the necessary public health guidance.

Records/contact lists will be requested for contact tracing and may be sought for up to 48 hours prior to the individual developing symptoms. Dental health care settings need to work cooperatively with Public Health MB to ensure those potentially exposed to the individual receive the correct guidance.

Recent publication from Health Canada for Health Professionals:

<https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/health-professionals/main-modes-transmission.html#shr-pg0>

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

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 antiviral rinses.
- 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 in a clinical setting.

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

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.

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>

- 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.

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.

DONNING AND DOFFING

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>

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**
 - Opening to the back
 - Tie at the neck and waste
 - Cover skin and clothing



3. Put on a **MASK** or **N95 RESPIRATOR**
 - 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**



5. Put on **GLOVES**
 - Perform **HAND HYGIENE**

Routine Practices

HOW to take off Personal Protective Equipment

Before leaving the patient room:



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