

TRUE Dental

Updated May 20, 2020

Policy updates and Procedures:

In dentistry we encounter a great number of pathogens on a regular basis. Universal precautions are in place to prevent the transmission of these pathogens from any one individual to another. It may be that our current infection control measures are enough to limit the risk of transmission of SARS-CoV-2 (the virus that causes COVID-19). Respiratory viruses are not a new problem in the dental setting. Nonetheless, we are taking increased safety measures to further decrease the risk of SARS-CoV-2 transmission in the office. We are not able to guarantee no risk of transmission but each additional step listed below will act as an additional filter to limit the possibility of infection. As with all dental visits or procedures this is a discussion of risk. Some individuals will be considered a higher risk and this may require limitations to treatment or no treatment at all.

Background: COVID-19 is caused by the virus SARS-CoV-2. An individual may be infected with SARS-CoV-2 and be unaware of it. He/she may then transmit the virus to others without knowing it. SARS-CoV-2 is a respiratory virus that is primarily transported in large droplets. These droplets can be formed even when speaking but are primarily generated when coughing or sneezing. These droplets fall to the ground or nearby surfaces soon after leaving the mouth, they do not travel far (<2m), and they do not remain in the air for long. During certain dental procedures these droplets can be aerosolized. An aerosolized droplet can linger in the air for many hours, travel great distances, and easily be inhaled by others. Thus, two levels of precaution will be added to the measures we are already taking in the office to limit the spread of disease.

A. Contact/droplet precautions (these limit the potential of a virus contained in a respiratory droplet being transmitted to another person)

1. Limit contact with others:

- i. Fewer people in the office at one time, physical distancing of >2m.
- ii. Frequent disinfection of office surfaces

2. Contain respiratory droplets: Previously, a face mask was advised (surgical preferred but cloth is adequate) for all individuals in the office due to the risk that anyone could be infected with this virus; as of May 6th 2020 the BCCDC no longer considers this necessary because of the current epidemiology of COVID-19 in this province.

3. Disinfect droplet contaminated surfaces frequently and routinely. This virus can survive on many surfaces for an extended period of time.

B. Aerosol precautions (these limit the potential of a virus contained in an aerosolized respiratory droplet being transmitted to another person).

1. Limit or avoid aerosol generating procedures

2. Limit inhalation of aerosols (enhanced PPE).

3. Limit spread of aerosols

- i. High volume evacuation/suction

4. Disinfect contaminated surfaces after aerosol generation

- Waiting for aerosols to settle prior to surface disinfection. Not outlined in CDSBC return to practice guidelines.
- Increase relative humidity in operatory to 40-45% (to reduce the amount of virus in the air as well as to cause rapid fallout of

particles below the respiratory zone). May not be possible with the set up we have.

Changes to the routine:

General office stuff:

1. Exterior signage: no unscheduled visits; must be screened prior to entering the facility.
2. Slim waiting area: no books, magazines, toys; just chairs that can be disinfected and placed >2m apart.
3. Clear barriers/shields at front desk with contactless hand sanitizer. Frequent and routine disinfection of office surfaces.
4. Slim operatories: nothing on the counters except what is needed for the procedure.
5. Reduce traffic: limit number of people in the office and operatories, limit traffic in and out of operatories, avoid overlapping appointment start and end times.
6. Package/shipment disinfection protocols.

Staff:

1. All team members and dentists will self monitor for COVID-19 symptoms and will not report to work if they have any.
2. Must pass screening every day; answer questionnaire, and have temperature taken. We have a staff log book for this.
3. Limit to essential staff.
4. Work clothes are not worn home; wear scrubs and also have separate work shoes. Change into separate set of street clothes and footwear before leaving work. Work clothes should be placed

in a bag and laundered after every shift. Also staff instructed to shower immediately upon returning home after every shift.

5. Respiratory hygiene, includes wearing a mask when physical distancing when it is possible. If you must cough, please cough into your elbow not your hand.

Patients:

1. Things are different for right now as we are making every effort to ensure the safety of our staff and our patients.

a. Limiting number of people in the building

- i. Schedule visit over the phone; do not visit office without an appointment
- ii. COVID-19 status will be screened over the phone with a questionnaire.
- iii. Come to dental visit alone (or with parent/guardian/care aid as necessary).

b. Limiting social contact while in the office:

- i. Arrive on time and not early.
- ii. COVID-19 status will be screened again upon entry; including temperature. If patient was screened on the telephone within 24 hours then we do not need to screen again, just ask if any changes since you last spoke. For now temperature taken in operatory. (See form below)

- iii. Any accompanying guest of a patient should also be screened for signs and symptoms of COVID-19 during patient check in.
- iv. Waiting room will appear very plain
- v. Front desk will establish a contact list of all people entering the practice including date and time of entry and exit.
- vi. Barriers will be in place at the front desk. Until then staff can wear a level 1 mask.

c. Decreasing transmission of respiratory virus

- i. Limit conversation to what is necessary during the visit (no cell phone calls).
- ii. Limit contact with any surfaces in the office.
- iii. Wash hands or use hand sanitizer frequently and routinely. Hand hygiene is the most effective way to prevent spread of the disease. Please see BCCDC flow chart on proper hand washing.
- iv. Additional protective equipment will be used by the staff. Donning and doffing protocols relating to personal protective equipment are attached at the end of the document from the BCCDC.

What's needed to prepare for a patient visit:

1. Assess patient COVID-19 status → phone call screening questions.

If deemed **high risk** then

- May consider age as a factor (>70) that would increase risk.
- Comorbidities, pulmonary disease, cardiac disease, diabetes, immunocompromised or immunosuppressed.

- **High risk** patient should not come to enter the office.
 - Call the office if there are any change to the responses to the screening questions.
 - Positive history of COVID-19.
 - Two ways to determine if risk is consistent with general population:
 1. 2 negative COVID-19 tests greater than 24 hours apart
 2. Minimum 3days since resolution of symptoms and 10days since initial presentation of symptoms.
2. Reassess COVID-19 status with screening and temperature upon entrance to the facility.
- Temperature above 37.5°C is deemed **high risk**.
 - Patient deemed high risk should leave the facility immediately, call 8-1-1, and self-isolate at home.
 - Determine procedural risk (aerosol generating or not) and modify PPE
 - If a patient has increased age or health related concerns that increase their risk consider booking them at the beginning of the day and determine if they need to be seen in person or not.
3. Aerosol generating procedure (elevates risk of SARS-CoV-2 transmission). These include use of all rotary handpieces, ultrasonic and sonic scalers, triplex syringe, air abrasion and air polishing.

A. Mask requirements: {we are short level 3 masks so we have to be cautious and conserve, wear it with shield and then save it in paper bag and reuse.}

- Low risk AGPs use ASTM level 3 mask
- High risk or COVID-19 positive
 - Use N95 respirator

B. Surgical gown. {gown service in 2-3 weeks for all AGPs, may revise as needed}

C. Eye protection and face shield.

D. Surgical cap/hair cover.

4. Non aerosol Generating Procedures

- ASTM level 3 mask, eye protection and gloves

5. Complete procedure

- Don PPE (See flow chart from BCCDC)
 - v. Hand hygiene (70-95% alcohol based hand sanitizer or 20 seconds with soap and water).
 - vi. Surgical gown → Face mask → eye protection
- Pre-rinse with 1% H₂O₂ for 30 seconds
- Rubber dam
 - Will limit the percentage of saliva and thus virus in aerosols

- For the patient bibs, drape (as needed) and eye protection will be provided to the patient.
- Doff PPE (follow flow chart BCCDC)
 - i. Gloves (from external surfaces at wrist) → surgical gown (from internal surfaces at back) → eye protection → mask (from strings at ears)
 - ii. BCCDC recommends hand hygiene after each PPE item is removed (see flow charts).
- Disinfect op, ensure appropriate disinfection time for given surface cleaning agent.
- Appropriate PPE should be used to clean a room. Gown, gloves, mask and protective eyewear. If wearing a gown a fresh gown is needed for cleaning.
- Patients and guests should wash their hands/sanitize before leaving the operatory.

5. Follow up with patient.

- a. Patient should report any COVID-19 symptoms that present in the next 14 days, we will formulate in post visit email.

References:

CDSBC. "Transitioning Oral Healthcare to Phase 2 of the Covid-19 Response Plan." May 15, 2020

Alberta Dental Association and College. "Expectations and Pathway for Patient Care during the Covid-19 Pandemic." May 12, 2020

American Dental Association. "Return to Work Interim Guidance Toolkit." Updated April 24th 2020

Centers for Disease Control and Prevention. "Coronavirus Disease 2019 (COVID-19) in Dental Settings; Interim Infection Prevention and Control Guidance for Dental Settings During the COVID-19 Response." (revised April 27th 2020)

Centers for Disease Control and Prevention. "Coronavirus Disease 2019 (COVID-19) in Dental Settings; Interim Infection Prevention and Control Guidance Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 in Healthcare Settings." Revised April 13th 2020.

College of Dental Surgeons of British Columbia. "Expectations and Pathway for Patient Care during the COVID-19 Pandemic." Published April 30th 2020.

American Dental Hygienists' Association. "ADHA Interim Guidance on Returning to Work." As of April 30th 2020.

British Columbia Centre for Disease Control. "Personal Protective Equipment." British Columbia Centre for Disease Control. "Infection Prevention and Control (IPC) Protocol for Surgical Procedures During COVID-19: Adult." May 6th 2020.

Alberta Dental Association and College. "Guidelines on Emergency and Urgent Treatment." Effective May 4th 2020.

Kelowna Centre for Emergency Dental Care. "Infection Control Protocol." British Columbia COVID-19 Symptom Self-Assessment Tool powered by Thrive Health. <https://bc.thrive.health>

Disinfection Tracking of common areas (modify after talking with front end)

[illegible]

Sample Patient Screening Form

Here is a sample form to screen patients before their appointment and when they arrive for their appointment.

Staff screener: _____

Patient Name: _____ Patient age: _____

Who answered: ☐ Patient ☐ Other (specify) _____

Contact Method: ☐ Phone ☐ email ☐ Other _____

Identify yourself and explain the purpose of the call, which is to determine whether there are any special considerations for their dental appointment. Have the patient answer the following questions.

Screening Questions	Pre-Screen	In-Office
1. Do you have a fever or have felt hot or feverish anytime in the last 10 days? Patient temperature at appointment: _____. If elevated, provide mask to patient.	YES NO	YES NO
2. Do you have any of these symptoms: New or worsening cough? New or worsening shortness of breath? Difficulty breathing? Sore throat or painful swallowing? Runny nose?	YES NO	YES NO
3. Have you experienced a recent loss of smell or taste?	YES NO	YES NO
4. Have you been in contact with any confirmed COVID-19 positive patients, or persons self-isolating because of a determined risk for COVID-19?	YES NO	YES NO
5. Have you returned from travel outside of Canada in the last 14 days?	YES NO	YES NO
6. Have you returned from travel within Canada from a location known affected with COVID-19 in the last 14 days?	YES NO	YES NO
7. Is your workplace considered high risk?	YES NO	YES NO

Patient Vulnerability

8. Are you over the age of 65?	YES NO	YES NO
9. Do you have any of the following? Heart disease, lung disease, kidney disease, diabetes or any auto-immune disorder?	YES NO	YES NO

- Any "yes" response for questions 1-7 must be discussed with the managing dentist immediately.
 - Tell the patient when they arrive at the office, they will be asked to: sanitize their hands; answer the questions again; have their temperature taken; complete a form acknowledging the risk of COVID-19.
- Advise the patient:
 - Only patients are allowed to come to the office.
 - If possible to wait in their car until their appointment, call the office when they arrive.