



NEWFOUNDLAND & LABRADOR

COLLEGE OF  
DENTAL HYGIENISTS INC.

## COVID-19 Infection Prevention Control (IPC) Interim Guiding Document

**All Dental Hygienists registered with the NLCHP/NLCDH are required to review this document and abide by these guidelines.**

Approved By the Newfoundland and Labrador College of Dental Hygienists

May 22nd, 2020

Amendment Date: May 28th, 2020; July 25th, 2020; February 26th, 2021; March 1<sup>st</sup>,  
2021

***The following guidelines are subject to change***

**Dental Hygienists in Newfoundland and Labrador who are returning to work are expected to follow the most current guidance provided by the NLCHP/NLCDH. Those who fail to abide by this directive may be considered to be in professional misconduct and will be subject to appropriate action.**

**Rationale:** (Amended Feb 26th, 2021) The Government of Newfoundland and Labrador has announced a COVID-19 Alert Level System. This provides residents with an overview of the steps that will be taken in each alert level as directed by public health. Alert Levels will change with continued monitoring of COVID-19 in our communities. In Alert level 5 health care clinics are ordered to close. Closed clinics can offer urgent or emergent care and virtual options can be offered for non-urgent care. In Alert level 4 and 3, private health care clinics are able to resume with guidelines which allow Dental Hygienists to return to work. In Alert Level 2, amendments have been made to relax some guidelines. **It is the responsibility of each hygienist to know the current Alert level in their region and to follow the NLCDH policy for that Alert Level.** The NLCDH strategy for returning to dental hygiene practice is designed to respect the safety and well-being of both the clients and the dental hygienist. Any directive or orders given by the NL Department of Health or the Chief Medical Officer will take precedence over this document. Source: <https://www.gov.nl.ca/covid-19/alert-system/public-health-orders/>

**Objective:** To provide guidance, based on best practice, as dental hygienists transition to providing dental hygiene services during the COVID -19 pandemic in accordance with NL Public Health guidance. Source: <https://www.gov.nl.ca/covid-19/alert-system/>

**If appropriate Personal Protective Equipment (PPE) is unavailable, dental hygiene services must not be performed.**

**Please note, because COVID19 is a rapidly evolving health issue, the Protocols listed below may change based on new research.**

**The following information provides guidance on how to safely provide care when dental hygienists return to work.**

## **Characteristics of COVID-19**

SARS-CoV-2, the virus that causes COVID-19, is thought to be spread primarily through respiratory droplets when an infected person coughs, sneezes, or talks<sup>1</sup>. Airborne transmission from person-to-person over long distances is unlikely. However, COVID-19 is a new disease and we are still learning about how it spreads and the severity of illness it causes. The virus has

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<sup>1</sup> Bai Y, Yao L, Wei T, et al. Presumed asymptomatic carrier transmission of COVID-19. *JAMA*. Published online February 21, 2020. doi:10.1001/jama.2020.2565

been shown to survive in aerosols for hours and on some surfaces for days<sup>2</sup>. There are also indications that patients may be able to spread the virus while pre-symptomatic or asymptomatic<sup>3</sup>. Covid-19 is different from the flu, the common cold, and Sars-1 and will require increased precautions. Dental Hygienists were already providing the highest standards of infection control before COVID-19, and now precautions will be enhanced. With the introduction of variants of the Covid-19 virus, it is important for Dental Hygienists to be diligent in mitigating the risk to themselves and their clients.

## PPE

Dental hygienists are at a high risk for exposure to Covid -19 due to the procedures most commonly performed within their scope of practice. Therefore, it is extremely important that they protect themselves using the appropriate level of PPE available. If appropriate PPE is unavailable, oral health services must not be performed.

## Guidelines for Documentation

Due to the potential need for contact tracing in the case of a COVID-19 within your practice, proper documentation is imperative.

- Each office/clinical staff must conduct a report of their own self-assessment for COVID-19 prior to attending the dental practice for work. Your ability to work safely should be determined on a daily basis. Refer to the Covid-19: NLCDH Pre-screening Questionnaire (see appendix D) no more than 2 hours prior to entering the workplace. The results should be recorded including temperature in a log book (see appendix A for sample). The logbook should be kept by NLCHP registrant and made available if contact tracing for a client or staff member is required.
- Each client must be screened prior to appointment. Verification of screening must be documented in the client's chart. Screening can be done using the Covid-19: NLCDH Pre-screening Questionnaire (see appendix D)
- As per NLCDH Infection Control Policy, maintain daily monitoring of every sterilizer and document results. A record must be kept to show proof that sterilization has occurred in case required for contact tracing.
- If you or your client exhibit symptoms of Covid-19 or have been in contact with a presumptive or positive case, please refer to the [COVID-19 Self-assessment](#) or Call 811.

## Before Clinical Care Resumes

- Do a soft run with team members. Staff to receive appropriate training on protocols, procedures and materials. It is the responsibility of each hygienist to have a printed copy of Interim Protocols and that it is made available to staff.

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<sup>2</sup> van Doremalen N, Bushmaker T, Morris DH, et al. Aerosol and surface stability of SARS-CoV-2 as compared with SARS-CoV-1. *N Engl J Med*. Published online March 17, 2020.

<sup>3</sup> Bai Y, Yao L, Wei T, et al. (Ibid.)

- Maintain a clear working space and remove all unnecessary items from open shelves and countertops to minimize cross contamination and facilitate disinfection. Place all essential items in closed cupboards (ie: mask, gloves etc.)
- Perform all function tests required on the equipment prior to opening. Shock your dental unit water lines if you are returning from an extended break in practice. Consult the NLCDH Infection Control Policy and manufacturer's instructions.
- Ensure there is adequate stock of certified PPE from a reputable dealer.
- Remove all magazines, toys, etc., from waiting areas to prevent contamination.
- Provide signage on proper hand washing, respiratory and cough etiquette.
- Paper charts should be kept outside of the operatory as they increase the risk of cross contamination.
- Install appropriate physical barriers in the reception area (e.g. plexi-glass shield) as per provincial guidelines.

## Managing Clients

- Minimize the number of dental staff present in the practice at any given time. All staff providing direct client care or working in client care areas should wear a procedural mask at all times
- Reception/auxiliary staff must wear appropriate PPE (mask in the absence of plexiglass barrier).
- Client telephone pre-screening must be performed using an appropriate screening tool, such as the Covid-19: NLCDH Pre-screening Questionnaire (see appendix D) to ensure that only asymptomatic patients are being seen in person.
- Each dental hygiene appointment must have adequate time allotment to incorporate COVID screening and donning/doffing of PPE. Recommended infection control measures must be performed.
- Avoid overcrowding the clinic. Stagger appointment times and respect physical distancing by suggesting clients wait outside the practice before appointments (e.g. in their vehicle).
- Individuals accompanying clients should wait outside the practice (e.g. in their vehicle), unless absolutely required, such as a parent accompanying a young child or a client who requires assistance. The accompanying individual must also be screened with the Covid-19: NLCDH Pre-screening Questionnaire (see appendix D).
- Clients should arrive wearing a mask or one should be provided upon arrival. The mask should be worn prior to and after treatment is completed.
- Upon entering the practice, each client and accompanying attendant (if present) must perform hand hygiene, using a 60-90% ABHR (alcohol based hand rub) or clean hands with soap and running water. Some useful links:
  - **Handwash:** <https://www.canada.ca/en/public-health/services/publications/diseases-conditions/reduce-spread-covid-19-wash-your-hands.html>
  - **Handrub:** [https://www.who.int/gpsc/5may/How\\_To\\_HandRub\\_Poster.pdf?](https://www.who.int/gpsc/5may/How_To_HandRub_Poster.pdf?)

- Client screening for COVID-19 with temperature recording should be performed upon their arrival, prior to allowing entry to the operatory. Clients with temperature readings above 38 °C shall be refused treatment and referred to their family doctor/nurse practitioner or to call 8-1-1. Record in clients chart. (Consider purchasing a non-contact infrared thermometer)
- Minimize client contact with all surfaces, such as door handles, by having staff open/close all doors.

## Clinical Operatory Infection Control

- Clinical operatory must be prepared prior to client entry. New barriers and operatory set up must be completed while wearing clean gloves.
- Must have all necessary sterilized instruments still in autoclaved packaging and disposable items laid out for use (ie. saliva ejector/HVE inserts, monoject syringes, clean gauze).
- Consult Appendices B and C for donning and doffing of PPE
- It is recommended to use a preprocedural mouth rinse prior to examination of the oral cavity as per the CDC (Reference: [Guidance for Dental Settings | CDC](#))
- Have each client use 60-90% ABHR and wear a mask upon leaving the operatory.

## Working Attire (Amended February 26th, 2021)

It is recommended Dental hygienists adhere to best practice with respect to work attire.

- Avoid wearing rings, watches, earrings and wrist jewelry since it can act as a fomite for disease transmission.
- Use dedicated footwear at work.
- It is recommended that practitioners wear street clothes to and from work and change into scrubs upon arrival.
- Specific PPE requirements are listed in the following section.

### ***Protective Clothing***

Over gowns/lab coats are protective clothing that should have cuffs, a high neck and be long enough to cover the lap. They are intended to be client-specific items that must be changed if they become soiled or contaminated. Protective Clothing is considered contaminated if splash, spray, spatter and/or droplets were created during the procedure. Therefore, gowns/lab coats need to be changed between patients if procedures such as hand scaling or AGPs were performed. See appendices B and C for proper donning and doffing methods. Once removed, place the gown in a dedicated bag (disposable or able to be laundered) for transportation.

## Personal Protective Equipment (PPE) (Amended June 27<sup>th</sup>,2020)

### **PPE for Non-Aerosol Generating Procedures:**

- ASTM Level 3 mask or Higher
- Gloves
- Protective Eyewear (i.e. goggles, safety glasses with side shields or a full face shield that covers the front and sides of the face)
- Protective Clothing
  - disposable gowns or reusable gown/clean lab coat to be changed if contaminated

### **PPE for Aerosol Generating Procedures (Amended March 1st, 2021)**

For Dental Hygienist working in facilities located in areas with ***moderate to substantial community transmission*** or areas in **Alert Level 4 and 3:**

- Fit tested and fit checked N95 mask or an equivalent.
- Wear eye protection with Full face shield.
- Gloves
- Bouffant cap (recommended)
- Protective Clothing
  - Ideally, disposable gowns are preferred, but when disposables are not available a reusable gown or clean lab coat must be used for each client.

For Dental Hygienists working in facilities located in areas with ***no to minimal community transmission*** or areas in **Alert Level 2:**

- Fit tested and fit checked N95 mask or equivalent with full face shield **or** Level 3 surgical mask with a full face shield
- Gloves
- Bouffant cap (recommended)
- Protective Clothing
  - Ideally, disposable gowns are preferred, but when disposables are not available a reusable gown or clean lab coat must be used for each client.

Reference: [Guidance for Dental Settings | CDC](#)

See Appendices B and C for instructions on donning and doffing. Here are some useful resources <https://www.cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html>

## Aerosol Generating Procedures (Amended February 26<sup>th</sup>, 2021)

- During the COVID-19 pandemic, procedures causing aerosol production will be permitted *if the demonstrated health benefits of providing the treatment outweighs the risk of infection to clients/staff* and the procedure cannot be achieved by any other method of treatment.
- The risks associated with providing dental hygiene services can be directly related to the prevalence of COVID-19 in the community. Proper Screening of Clients is needed to mitigate risk.
- Given that patients may be able to spread the virus while pre-symptomatic or asymptomatic, it should be assumed that all patients can transmit the disease.

Aerosol generating procedures (AGPs) can generate aerosols that consist of small droplet nuclei in high concentration and present a risk for airborne transmission of pathogens that would not otherwise be spread by the airborne route (e.g. SARS-CoV-2, influenza). Some instruments used for clinical procedures, **including powered instrumentation, air polishers, high speed handpieces, low speed handpieces and the air-water syringe** have the potential to produce aerosols. Dental hygienists are responsible to evaluate the procedures they perform for production of aerosols and incorporate strategies to minimize the risks associated with pathogenic aerosols.

**Use professional judgement to determine whether an AGP is necessary for client care.**

If AGP's 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).

**MUST use high volume evacuation (HVE) or equivalent** to control aerosols at the source of their production. The NLCDH does not recommend substituting saliva ejectors for HVE to control aerosols.

### **Air clearance and Ventilation** (Amended March 1st, 2021)

Aerosol clearance is directly dependent on the ventilation system in your operatory. The time required for aerosol clearance is determined by air changes per hour (ACH). ACH in a space can be affected by many factors including the physical layout of the office, the ventilation systems, the height of the ceiling and presence of doors, among other factors. Depending on the ACH, it can take from over 3 hours (180 min) to less than 10 min for the room to clear. ACH in a clinical setting can be determined by HVAC/ventilation professionals and can be modified, if needed.

An assessment of ACH **MUST** be determined before proceeding with AGP treatment

**As recommended by NL Public Health and the CDC, AGP's should be performed in a room with a closed door whenever possible.** The room should have only essential dental healthcare providers present. The door should remain closed post procedure until sufficient air

exchanges have cleared the room. For facilities with open floor plans, to prevent the spread of pathogens there should be at least 6 feet of space and physical barriers between patient chairs. Easy-to-clean floor-to-ceiling barriers will enhance effectiveness of portable HEPA air filtration systems (check to make sure that extending barriers to the ceiling will not interfere with fire sprinkler systems). Reference: [Guidance for Dental Settings | CDC](#)

The following chart lists **SOME** common procedures associated with aerosol production and identifies some examples of risk mitigation strategies. **This list is not exhaustive and does not replace conducting a practice-specific hazard assessment for risk mitigation.** The strategies used in your clinic should reflect your clinic’s specific needs for risk mitigation. When performing AGP’s, the DH must assess the risk and apply as many mitigation measures as possible.

(Amended March 1st, 2021)

Procedures at Risk for Aerosol Generation	Suggested Examples of Risk Mitigation During Clinical Procedure	Required Risk Mitigation during Clinical Procedure
Ultrasonic/ Power Instrumentation	<ul style="list-style-type: none"> <li>● Substitute with hand scaling</li> <li>● Four-handed dentistry technique</li> <li>● Closed door operator</li> </ul>	<ul style="list-style-type: none"> <li>● MUST Use HVE to control aerosols and spray</li> </ul>
Air polishing	<ul style="list-style-type: none"> <li>● Substitute with polishing using a low speed handpiece</li> <li>● Four-handed dentistry technique</li> <li>● Closed door operator</li> </ul>	<ul style="list-style-type: none"> <li>● MUST use HVE</li> </ul>
Low speed handpieces (e.g. polishing)	<ul style="list-style-type: none"> <li>● Use selective polish instead of full mouth polish</li> <li>● Do not use combination of air-water syringe to rinse</li> <li>● Closed door operator</li> </ul>	<ul style="list-style-type: none"> <li>● MUST use HVE to control droplets, spatter and potential aerosols</li> </ul>



Air-water syringe	<ul style="list-style-type: none"> <li>• Substitute rinsing with a monojet syringe instead</li> <li>• Closed door operator</li> </ul>	<ul style="list-style-type: none"> <li>• Must use HVE if air or Air/water combined is needed.</li> </ul>
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Source: <https://www.crdha.ca/media/249942/covid-19-return-to-work-version-3-with-appendices.pdf>

## Non-aerosol generating procedures (NAGP)

- Intraoral/Extraoral cancer screening assessment
- Periodontal assessment, including communicating periodontal diagnosis and treatment plan
- Communicate oral hygiene instruction
- Debridement using manual instrumentation
- Administration of local anesthetic, topical anesthetic, and non-injectable anesthetic
- Intraoral/extra oral radiographs
- Impressions
- Saliva ejector and/or High-Volume Evacuation (HVE preferred)
- Preventive procedures such as the application of topical agents (fluoride, silver diamine fluoride, desensitizing agents, etc.)
- Dry teeth with a cotton roll or gauze

## Post Appointment Infection Control

- Safety glasses or face shields, masks and gloves must be worn during decontamination procedures.
- Single use barriers must be used and replaced between clients. All clinical surfaces must be inspected, cleaned, and disinfected.
- Components of dental devices that are permanently attached to the dental unit water lines (e.g., attachments for saliva ejectors, high-speed air evacuators, etc.) must be disinfected and covered with surface barriers that are changed after each use. Discard single use attachments in appropriate non-touch receptacle.
- Radiographic equipment (e.g., tube heads and control panel) must be cleaned and disinfected between clients or protected with surface barriers that are changed and surface disinfected between clients.
- Items that are not single-use disposable must be transported to a medical device reprocessing area in a covered container then decontaminated, appropriately processed, packaged, sterilized and stored in a clean, dry, covered area.
- For disinfection recommendations, refer to [Health Canada Hard surface disinfectants](#) for disinfectants, following manufacturer's instruction.

- Dental hygienists should become familiar with the proper donning /doffing of PPE to minimize self-contamination. See Appendices B and C for pictorial.

**Handwash:** <https://www.canada.ca/en/public-health/services/publications/diseases-conditions/reduce-spread-covid-19-wash-your-hands.html>

**Handrub:** [https://www.who.int/gpsc/5may/How\\_To\\_HandRub\\_Poster.pdf?](https://www.who.int/gpsc/5may/How_To_HandRub_Poster.pdf?)

## Additional Resources and References

[https://oralhealth.cochrane.org/sites/oralhealth.cochrane.org/files/public/uploads/covid19\\_dental\\_reopening\\_rapid\\_review\\_07052020.pdf](https://oralhealth.cochrane.org/sites/oralhealth.cochrane.org/files/public/uploads/covid19_dental_reopening_rapid_review_07052020.pdf)

### Health Canada

[www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection.html](http://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection.html)

<https://www.canada.ca/en/health-canada/services/drugs-health-products/medical-devices/masks-respirators-covid19.html>

<https://www.canada.ca/en/health-canada/services/drugs-health-products/disinfectants/covid-19.html>

### CDC

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/dental-settings.html>

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assessment-hcp.html>

<https://www.cdc.gov/niosh/topics/hcwcontrols/recommendedguidanceextuse.html>

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/dental-settings.html#PPE>

[Guidance for Dental Settings | CDC](#)

### WHO

<https://www.who.int/emergencies/diseases/novel-coronavirus-2019>

### American Dental Hygienists Association

[https://www.adha.org/resources-docs/ADHA\\_TaskForceReport.pdf](https://www.adha.org/resources-docs/ADHA_TaskForceReport.pdf)

### College of Registered Dental Hygienists of Alberta

<https://www.crdha.ca/media/249886/covid-19-return-to-work-guidelines-may-4-2020.pdf>

<https://www.crdha.ca/media/249890/covid-19-return-to-work-guidelines-may-26-2020-final.pdf>

<https://www.crdha.ca/media/249942/covid-19-return-to-work-version-3-with-appendices.pdf>

### College of Dental Hygienist of Manitoba

<https://cdhm.info/may-26-cdhm-interim-infection-prevention-control-ipc-guidance-effective-june-1st-2020/>

### New Brunswick College of Dental Hygienists

<https://www.nbcdh.ca/wp-content/uploads/2020/06/Directives-Final-June-2020-.pdf>

### Government of NL

[https://www.health.gov.nl.ca/health/publichealth/cdc/PPE\\_Putting\\_It\\_On.pdf](https://www.health.gov.nl.ca/health/publichealth/cdc/PPE_Putting_It_On.pdf)

[https://www.health.gov.nl.ca/health/publichealth/cdc/PPE\\_Taking\\_It\\_Off.pdf](https://www.health.gov.nl.ca/health/publichealth/cdc/PPE_Taking_It_Off.pdf)

<https://www.811healthline.ca/covid-19-self-assessment/>

**Appendix A:**

<b>Name</b>	<b>Date</b>	<b>Time</b>	<b>Temperature</b>	<b>Comments</b>

## Appendix B

# Protect Yourself - Protect Others Personal Protective Equipment

## Putting it on in 5 easy steps

### 1. Hands

- Clean your hands with sanitizer or soap and water.

### 2. Gown

- Tie at top.
- Then tie at waist.
- Ensure the opening is in back and it covers your skin and clothes.



### 3. Mask

- Put on a procedure or surgical mask.
- Mold the metal to fit your nose.
- A fit check must be performed with each use.



Alternate: N95 respirator if indicated.

### 4. Eye Protection

- Put on eye protection.



Alternate: Combo mask/eye shield.

### 5. Gloves

- Pull on gloves and ensure they cover the cuffs of your gown.



**\*Remove all PPE, with the exception of N95, before leaving patient room.**

Adapted with permission from the Winnipeg Regional Health Authority

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## Appendix C

# Protect Yourself - Protect Others Personal Protective Equipment

## Taking it off in 6 easy steps

### 1. Gloves

- Remove gloves.
- Clean your hands with sanitizer or soap and water.



### 2. Gown

- Untie neck. Untie waist.
- Hook fingers under opposite cuff. Pull over hand.
- Use gown-covered hand to pull gown over other hand.
- Pull gown off without touching outside of gown.
- Roll up inside out/discard.



### 3. Hands

- Clean your hands with sanitizer or soap and water.

### 4. Eye Protection

- Remove by handles and place in reprocessing bin or garbage.



### 5. Mask/N95 respirator

- Remove using loops or ties; do not touch mask.
- N95 should be removed outside of the room after the door has been closed. Place in garbage.



### 6. Hands

- Clean your hands immediately after removal of PPE or anytime you suspect your hands are contaminated during PPE removal.

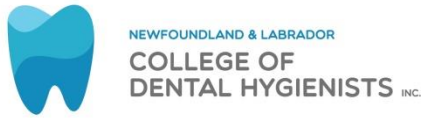


\*Remove all PPE, with the exception of N95, before leaving patient room.

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Adapted with permission from the Winnipeg Regional Health Authority

## Appendix D:



### COVID-19: NLCDH Pre-Screening Questionnaire

To prevent the spread of COVID-19, Dental Hygienist and all staff should be pre-screened prior to entering the clinic. Pre-screening should also be performed for persons/clients who may come into contact with workers where physical distancing measures cannot be maintained.

Name:	Date:
Date of Birth:	Temperature:

#### Self-Declaration by DH or Client:

If you answer **YES** to questions 1-8, defer treatment and contact 811. Questions 9-11 will help you determine the level of risk for each client.

- Are you sick or exhibiting any of the following symptoms?
  - Fever (including chills/sweats)
  - Dry cough (new or worsening)
  - Shortness of breath or difficulty breathing
  - Runny nose or congested nose (not related to seasonal allergies or known cause/condition)
  - Sore throat or difficulty swallowing
  - Headache
  - Acute loss of smell or taste
  - Unusual fatigue, lack of energy
  - New onset of muscle aches
  - Loss of appetite
  - Vomiting or diarrhea for more than 24 hours
- In the last 14 days, have you been in close contact with a known case of COVID-19?
  - Yes  No
- Have you received a notification from the COVID Alert app that you may have been exposed to COVID-19?
  - Yes  No
- Have you been in close contact with a presumptive or confirmed positive case of COVID-19 or someone isolating?
  - Yes  No

5. Were you outside of Newfoundland & Labrador in the last 14 days? (This excludes the communities along the Labrador-Quebec border including Labrador City, Wabush, Fermont, the Labrador straits area and Blanc Sablon)
- Yes  No
6. In the last 14 days, did you have close contact with an ill person who travelled outside of Newfoundland & Labrador?
- Yes  No
7. Do you require a COVID-19 test as a result of an advisory from Public Health? (e.g., a flight or a public place connected to a COVID-19 case)
- Yes  No
8. In the last 14 days, did you work at or visit a place with a COVID-19 outbreak? (e.g., work camp, bar, wedding, funeral, etc.)
- Yes  No
9. Are you a:
- Canadian Rotational Worker (applies only to residents of Newfoundland and Labrador who travel to work in a worksite within Canada).
  - Migrant Worker (temporary, foreign worker)
  - Recent Refugee
  - International Student or Student who travelled internationally
10. Do you work in the following within Newfoundland and Labrador?
- Healthcare (hospital, long-term care, personal care home, home supports, paramedicine, first responders)
  - Coast guard
  - RNC
  - RCMP
  - Fire Services
  - Correctional Facilities
  - Transportation of essential goods
  - Grocery Store
  - Daycare Centre
  - Shelter
  - Transition House
  - Other housing programs servicing vulnerable populations
11. Do you attend any of the following within Newfoundland and Labrador?
- Daycare
  - Shelter
  - Transition House