

# CDSS Alert – COVID-19 Pandemic: Level 2 IPC Interim Protocol Update

April 14, 2020

All CDSS members are required to review this CDSS Alert and complete the *new* [CDSS Emergency Dental Provider Form. \(Click HERE\)](#)

## Current Protocol

- A dental emergency exists if professional judgement indicates that a person needs immediate attention to address oral trauma, pain, infection, bleeding or other associated medical complications.
- Emergency patients should be managed by a telephone or email screening risk assessment tool.
- CDSS members are **not to provide routine or urgent care** to patients. CDSS members are strongly recommended to only provide emergency dental care that fits within the above description.
- All CDSS members must operate under the current CDSS Standards and Alerts relating to this COVID-19 pandemic.
- **Level 1 - All CDSS members** must maintain contact with their patients and manage emergencies using Pharmacotherapeutics whenever possible. If patients cannot be managed at this Level 1, they should be referred to Level 2A or 2B or Level 3 providers.
  - If you have a patient that requires Level 2A or 2B emergency dental care and cannot currently provide that level of emergency care, please contact the CDSS at: [tania@saskdentists.com](mailto:tania@saskdentists.com). This list of 2A and 2B providers will be for internal use of the CDSS office only.
  - If you have a patient that requires Level 3 emergency dental care, please contact the Level 3 SHA emergency dental clinic.
    - Regina: [www.provincialoralsurgery.com](http://www.provincialoralsurgery.com)
    - Saskatoon: [www.saskatoonoralsurgery.ca](http://www.saskatoonoralsurgery.ca)

## Level 2 IPC COVID-19 Pandemic Interim Protocol Update

### Rationale for providing this interim protocol update:

- As COVID-19 community spread increases and the knowledge that **COVID-19 infected asymptomatic individuals** could be spreading the COVID-19 virus to others in the population, the CDSS feels it prudent to provide a **Level 2 IPC COVID-19 Pandemic Interim Protocol Update** for all CDSS dental facilities that are currently seeing emergency dental patients.
- To reconfirm dental emergency patients should be managed by prescreening risk assessment followed by a second on-site risk assessment including a temperature recording.
- Level 2 Emergency Dental Care can be divided into 2 groups:
  - Level 2A-Non-Aerosol Generating Procedure (NAGP)
  - Level 2B-Aerosol Generating Procedure (AGP)
- **Aerosol Generating Procedures are to be avoided if possible.**

## Level 2A - Consultation and Non-Aerosol Generating Procedure (NAGP)

### IPC Interim Protocol

1. Mandatory routine precautions as per the SOHP Infection Prevention Control (IPC) Standard for Oral Health Care Facilities (04-01 to 04-05).
2. Enhanced cleaning, including twice daily cleaning of high touch surfaces.
3. Mandatory PPE for NAGP includes: Level 2 or Level 3 Mask, Goggles or Face Shield, Gloves. PPE for Front office staff is listed in Appendix B.
4. A 1% hydrogen peroxide mouth rinse for 60 seconds must be performed by the patient and expectorated into the same dispensing cup prior to examination and procedures within the oral cavity.
5. Recommend extraoral radiographs. Minimize the use of intraoral radiographs to prevent the possible formation of aerosols.
6. Utilize a rubber dam with sealing material.
7. Utilize hand instruments only.
8. Utilize four-handed dentistry.
9. Utilize high volume suction evacuation
10. Do not use air water syringes.
11. Do not use ultrasonic instruments.
12. Do not use high-speed rotary handpieces.
13. Patient should don a mask and perform Alcohol Base Hand Rub (ABHR) prior to exiting the operatory room.
14. Clean the operatory room clinical contact and housekeeping surfaces as per normal protocol SOHP Infection Prevention Control (IPC) Standard for Oral Health Care Facilities (04-01 to 04-05).

## Level 2B -Aerosol Generating Procedure (AGP)

### IPC Interim Protocol

- **Aerosol-Generating Procedure (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, or air-water syringes at any point in the procedure. **It is strongly recommended not to perform AGPs whenever possible.**
- **COVID-19:** The name of the infectious disease caused by a new coronavirus called SARS-CoV-2. 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 SARS-CoV-2 can be generated during medical and dental procedures when a patient's saliva is agitated by mechanical forces, such as an ultrasonic scaler, a high-speed handpiece, or spray from an air-water syringe. Therefore, the risk of aerosol transmission can be reduced by avoiding their generation in the first place, by utilizing appropriate PPE, and implementing appropriate aerosol protective measures.
- **Aerosol-Protective Measures:** Actions aimed at mitigating the risk associated with aerosols; these include a hydrogen peroxide pre-procedural mouth rinse, wearing PPE for high-risk situations, the use of a rubber dam with a sealing material (eg. OraSeal or Kool-Dam), and the use of high-volume evacuation/suction.

1. Mandatory PPE for Dentists and Chairside assistants for AGP includes: Cap or Bonnet, Gown or Lab Coat, properly fit N95 Respirators (fit test with documentation of style and size within the last two years), Goggles or Face Shield, Gloves (to cover gown or coat cuffs), and gown or barrier for patient. **If all mandatory PPE are not available, or staff is not fit tested for N95 respirator and educated in proper donning and doffing of PPE, patients requiring AGP cannot be treated and the provider can only be classified as a 2A Provider.**
2. COVID-19 Pandemic Emergency Treatment Consent should be obtained for both patient and staff.
3. AGP operatory rooms must be isolated rooms with 4 floor to ceiling walls and a door. **If no operatories with a door are available, patients requiring AGP cannot be treated and the facility can only be classified as a 2A Provider doing only NAGP.**
4. Enhanced cleaning, including twice daily cleaning of high touch surfaces.
5. AGP operatory rooms require the removal of all unnecessary cabinets, fixtures, and non-essential supplies or products, including pictures or artwork.
6. AGP operatory rooms must have an adjacent Donning and Doffing Anteroom.
7. [Donning and Doffing Video](#)
  - a. Donning Station of Anteroom – “Clean” Side
    - i. Includes: Caps or Bonnets, Gowns or Lab Coats, Masks, N95 Respirator, Goggles or Face Shields, Gloves, Alcohol Base Hand Rub (ABHR)
  - b. Doffing Station of Anteroom – “Decontamination” Side
    - i. Includes: Laundry Receptacle with Lid, Garbage Receptacle with Lid, Eye Protection Disinfection Receptacle with Lid.
8. PPE must be donned in the “Clean” Side of the Anteroom AND immediately before entering the AGP Operatory Room - do not go anywhere else once the PPE is donned.
  - a. Put on a gown and cap or bonnet.
  - b. Perform hand hygiene.
  - c. Properly fit a N95 Respirator (secure the straps, mold the metal nose piece to the nose bridge, and perform a seal check).
  - d. Perform hand hygiene.
  - e. Put on gown or lab coat.
  - f. Perform hand hygiene.
  - g. Put on appropriate eye protection – goggles or face shield.
  - h. Perform hand hygiene.
  - i. Put on gloves to cover the gown or lab coat cuffs.
9. The operatory door shall remain closed during the procedure. Only the dentist, dental assistant and patient will be permitted in the operatory during treatment. The operatory door should only be opened once to discharge the patient and for clinical staff to exit.
10. Aerosol Generating Procedure signage should be placed at the entrance to the room (Appendix A)
11. Implement Aerosol Protective and Minimization Procedures.
  - a. A 1% hydrogen peroxide mouth rinse for 60 seconds must be performed by the patient and expectorated into the same dispensing cup prior to examination and procedures within the oral cavity.
  - b. Recommend extraoral radiographs. Minimize the use of intraoral radiographs to prevent the possible formation of aerosols.
  - c. Utilize a rubber dam with sealing material.
  - d. Utilize four-handed dentistry
  - e. Attempt to minimize the use of high-speed rotary handpieces.

- f. Attempt to minimize the use of air water syringes.
  - g. Utilize high volume suction evacuation.
  - h. Do not use ultrasonic instruments.
12. Patient should don a mask and perform ABHR prior to exiting the operatory room.
  13. The patient is discharged and guided to the reception area for post op instructions, processing, and exit.
  14. PPE must be doffed in the AGP Operatory Room and the “Decontamination Side” of the Anteroom.
    - a. In the AGP Operatory Room:
      - i. With gloved hands, remove the gown and gloves.
        - With gloved hands only touching the outside of the gown, grasp the gown and pull away from the body without rapid movements, roll gown inside out into a bundle, simultaneously remove gloves inside out, and discard gown and gloves immediately. Perform hand hygiene.
        - With gloved hands only touching the outside of the lab coat, open the lab coat and remove away from the body without rapid movements, roll lab coat inside out into a bundle, simultaneously remove gloves inside out, discard gloves immediately, and transfer the lab coat to the “Decontamination Side” of the Anteroom laundry receptacle careful to avoid contact with “clean” surfaces. Perform hand hygiene.
    - b. Exit the AGP Operatory Room, close the AGP Operatory Room door, and in the “Decontamination Side” of the Anteroom.
      - i. Perform hand hygiene.
      - ii. Remove eye protection – goggles or face shield – at the sides careful not to touch facial skin with the hands and place in disinfection receptacle or garbage receptacle.
      - iii. Remove the cap or bonnet by grasping at the rear and pulling forward off the head and place in the laundry receptacle or discard in the garbage receptacle.
      - iv. Remove N95 Respirator without touching the front of the mask and discard in the garbage receptacle or stored in a sealed labeled receptacle for possible future decontamination.
      - v. Perform hand hygiene.
      - vi. Put on a clean surgical mask.
15. The operatory door and room must remain closed and settle for 120 minutes after AGPs before cleaning.
16. After 120 minutes settle time, clean the operatory room clinical contact and housekeeping surfaces as per normal protocol - SOHP Infection Prevention Control (IPC) Standard for Oral Health Care Facilities (04-01 to 04-05).

### **General PPE Considerations for COVID-19 Pandemic**

1. Abide by PPE precautions as per the SOHP Infection Prevention Control (IPC) Standard for Oral Health Care Facilities (03-01 to 03-05).
2. Hand Hygiene
  - a. Alcohol Based Hand Rub (ABHR) should be available in the following locations:

- i. Clinic entrances and exits
    - ii. Operatory Rooms entrances and exits
    - iii. Donning Doffing Anterooms entrances and exits
    - iv. Reprocessing and Sterilization areas
    - v. Clean Supplies Room entrances
    - vi. Soiled Utility Room exits
  - b. ABHR should not be placed adjacent to a sink.
- 3. Eye Protection
  - a. Eye protection, including safety glasses, goggles, and face shields, should be decontaminated as per the manufacturer's instructions.
- 4. Protective Clothing
  - a. Clean protective clothing, including scrub uniforms and lab coats, should be transported to the clinic in a new plastic bag and donned at the clinic if laundry facilities are not available on site.
  - b. Soiled protective clothing, including scrub uniforms and lab coats, should be doffed at the clinic. The soiled protective clothing should be laundered at the clinic or transported in a plastic bag to be laundered at home, and the plastic bag discarded.
- 5. Reception
  - a. Patients presenting with an emergency dental condition will immediately use ABHR and be provided with a face mask, then use ABHR again.
  - b. If the patient presents with a family member or friend the same precautions will apply to them. They shall be encouraged to wait outside the dental clinic if practical; only the patient will be allowed to proceed to the operatory unless a young child requires a parent to be present.

## Appendix A


Example of aerosolize settling time documents to be posted outside each treatment room door:

**COVID-19** 

**AEROSOL GENERATING  
MEDICAL PROCEDURES  
IN PROGRESS!**

**DO NOT  
ENTER**

 Saskatchewan Health Authority [saskatchewan.ca/COVID19](https://saskatchewan.ca/COVID19)  
April 5, 2020

**COVID-19** 


**AGMP COMPLETED AT:**

**SETTLE TIME:**

MINUTES

(IF SETTLE TIME NOT IDENTIFIED USE 120 MINUTES)

**SAFE TO ENTER ROOM AT:**

 Saskatchewan Health Authority [saskatchewan.ca/COVID19](https://saskatchewan.ca/COVID19)  
April 5, 2020

## Appendix B

**Table 1:** Adapted from: World Health Organization. “Rational use of Personal Protective Equipment for Coronavirus Disease 2019 (COVID-19).” February 27, 2020: 1-7

Setting	Staff or patients	Procedure Activity	Type of PPE
Patient Room	Dentists/RDA	<u>Low Risk</u> Providing direct Care (Non-AGMP)	<ul style="list-style-type: none"> <li>- Level 2 or 3 mask</li> <li>- Eye protection (goggles or Face Shield)</li> <li>- Scrubs</li> <li>- Gloves</li> <li>- If contact with patient then lab coat or gown</li> </ul>
		<u>Intermediate and High Risk</u> Aerosol Generating medical procedures (AGMP) only when needed	<ul style="list-style-type: none"> <li>- N95 Respirator (Fitted)</li> <li>- Goggles</li> <li>- Face Shield</li> <li>- Cap/bouffant</li> <li>- Gown/lab coat (with cuff)</li> <li>- Gloves</li> </ul>
	Disinfecting treatment rooms for non-AGMPs	Can disinfect immediately	<ul style="list-style-type: none"> <li>- Level 1 mask as a minimum</li> <li>- Eye protection</li> <li>- Gloves</li> </ul>
	Disinfection treatment rooms for AGMPs	Wait to disinfect (120 mins)	<ul style="list-style-type: none"> <li>- Level 1 mask as a minimum</li> <li>- Eye protection</li> <li>- Gloves</li> </ul>
	Visitors	NO Visitors in room during AGMP	
Triage	Door greeter/triage	Preliminary screening (vitals including temp)	<ul style="list-style-type: none"> <li>- Level 1 mask as a minimum</li> <li>- Eye protection</li> <li>- Gloves</li> <li>- Scrubs</li> <li>- Maintain social distancing</li> </ul>