



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

Phase 4 Update – Effective July 13th, 2020
All CDSS members are required to review this CDSS Alert

Rationale for providing this interim protocol update:

- As COVID-19 community spread continues to decline in Saskatchewan, the CDSS feel it is reasonable for dentists to cautiously move to Phase 4 of re-open Saskatchewan Dentistry.
- ***New*** Members are required to use professional and clinical judgement in providing dental care. On June 25, 2020, the CMHO released the current Saskatchewan statistics showing that 22% of all confirmed COVID-19 positive cases in Saskatchewan were in asymptomatic individuals. This confirms COVID-19 is still in our communities and continues to be spread from asymptomatic individuals. Continued vigilance against the COVID-19 virus is required.

CDSS objective:

- Safe transition to dental care in Saskatchewan in coordination with the Re-Open Saskatchewan Plan.
- Safety for patients, families and communities.
- Safety for dental providers, staff and their families.

CDSS members must:

- Update their IPC facility manual for this COVID-19 Pandemic and organize staff orientation and training sessions for all clinical and non-clinical staff.
- Make sure to have adequate PPE and facility requirements for the types of procedures being provided in the facility.
- Continue to take measures as outlined by the Chief Medical Health Officer (CMHO) to promote physical distancing where possible, and where not, use appropriate personal protective equipment (PPE).
- ***New*** CDSS members are required to be familiar and follow all CDSS standards, guidelines, policies and [bylaws](#). Members can access these documents on the [CDSS members website](#) under, Professional Resources / Professional Practice Standards.

Several epidemiologists warn of a second wave or outbreak and the CDSS advise members to maintain the capacity to easily return to previous Phases if directed by the CDSS or the CMHO. This includes maintaining a supply of PPE and maintaining facility requirements if a return to a previous phase is required.

“RE-OPEN SASKATCHEWAN” – A Summary for Dentists

A Methodical and Phased-In Approach to re-open Saskatchewan has been announced by the CMHO and the Government of Saskatchewan to start on May 4, 2020.

Re-Open Saskatchewan is a plan built on a methodical and phased-in approach to slowly and responsibly lift restrictions on businesses and services. Flattening the curve and strengthening the system will remain priorities, as will our ability to manage the current COVID-19 pressures by building capacity in the coming weeks and months. Key elements will include increased testing and contact tracing, as well as the preparation of additional space and critical equipment.

Restrictions will be lifted in stages, with consideration given to socioeconomic factors and the risk of transmission. They will be implemented via public health orders and the timing will be dictated by evidence of transmission.

As restrictions are gradually lifted, the Government of Saskatchewan and its Chief Medical Health Officer, will carefully monitor the daily number of reported cases and other important indicators. They will also monitor to ensure that:

- Transmission of the virus is controlled.
- The provincial health system has enough capacity to test, isolate and treat every case, as well as trace every contact.
- Outbreak risks are minimized in special settings, such as health care facilities.
- Preventive measures are established in workplaces, schools and other essential gathering places.
- The risks of importing the virus from outside the province can be managed.
- Communities and businesses are educated, engaged and empowered to adjust to the new realities brought about by COVID-19.
- Individuals identified by a Medical Health Officer as having novel coronavirus disease (COVID-19) must immediately go into mandatory self-isolation until it is determined they no longer pose a public health threat.
- Individuals identified by a Medical Health Officer as a close contact of a person or persons with COVID-19 must go into mandatory self-isolation for 14 days from the last date of exposure.

The following recommendations should remain in place through all five phases:

- Vulnerable individuals, such as seniors and those with underlying health conditions, should continue to exercise caution and minimize high-risk exposures, such as public outings. Protective measures for vulnerable populations.
- Individuals should continue working from home if they can do so effectively.
- Physical distancing must be maintained, wherever possible.
- People must stay at home when they are sick.
- Personal hygiene will continue to be a key prevention measure.
- Enhanced cleaning and disinfection should take place in workplaces, public spaces and recreational facilities.

Although the public health order regarding the size of gatherings does not apply to businesses and workplaces, they are expected to follow the recommended public health measures, including:

- Physical distancing for staff and clients.
- Regular cleaning and disinfection.
- Frequent handwashing and sanitizing.
- Use of PPE where required and appropriate.
- Keeping staff who demonstrate or report COVID-19 symptoms out of the workplace.

More in depth understanding of the Re-Open Saskatchewan plan please refer to the full document – [HERE](#)

Physical Distancing:

It will be challenging to practice physical distancing in your office. Work with your team to develop a process for patient flow into and through the practice to encourage physical distancing and minimize interaction with other staff or patients. Protocols should also be developed which should include:

- Limiting the total number of people at the workplace and where they are assigned to work.
- Staggered start times, breaks and lunches.
- Suspending all group activities and gatherings.
- Alter the workplace layout of the floor by moving furniture or using visual cues such as tape on the floor to enhance physical distancing.
- Lunchrooms and break rooms must be arranged to follow physical distancing practices. Staff should bring their own dishes and utensils from home and bring home for washing or use disposable utensils.
- Meals should minimize use of appliances. Any appliances used with high touch surfaces such as microwaves or refrigerators should be disinfected after use.
- ***New*** Please be aware that current research shows the social area within an office (lunch rooms, shared offices and washrooms) have the highest risk for transmission of SARS-CoV-2.

Preamble: CDSS COVID-19 Pandemic: IPC Protocol

The CDSS thanks the dentists of Saskatchewan for the emergency dental care provided to the people of Saskatchewan during the active phase of the COVID-19 pandemic. This is a difficult time for all of Saskatchewan. You are supporting your community and making a difference in the containment of COVID-19 in our province. The Premier announced on April 23, 2020 that Saskatchewan will slowly re-open. This means that dentistry can slowly and methodically be re-introduced into Saskatchewan.

The CDSS recognizes that dental facilities and communities vary in size and complexity. This document sets out protocols for dental care delivery. **CDSS members must use clinical judgement and weigh the risks in any given treatment situation when implementing these pandemic protocols.**

No guidance can eliminate all risk, but these protocols provide a framework that assists in identifying and mitigating the risks to which the dental profession and patients may be exposed. The COVID-19 landscape is evolving rapidly with new information appearing daily. **The CDSS interim protocols are based on the best evidence available from reliable sources, and when evidence is not available the CDSS will err on the side of caution.** Accordingly, a sixty-minute full mouth root surface debridement is assessed to more likely to pose a greater risk than a 15-minute cavity preparation under rubber dam with the use of high-volume suction, which in turn presents a greater risk than a dental examination without the use of an air water syringe.

This protocol will be updated as the pandemic evolves. Dental care providers **MUST** use appropriate PPE based on the location and type of dental care they are providing. Fit testing for N95 respirators can be accessed through a 'Qualified Fit Tester' that members can contact.

Overview of Procedures

Similar to Re-Open Saskatchewan, the CDSS is implementing a plan to Re-Open Dentistry, again built on a methodical and phased-in approach to slowly and responsibly restart dental care in Saskatchewan. Dental care will be phased in. The following plan is based on published triage systems for dentistry taking into account the following key objectives:

- A controlled reintroduction of dental care to prevent COVID-19 transmission in Saskatchewan.
- To support the medical system by keeping dental emergencies out of hospital emergency rooms.
- All face-to-face emergent dental treatment for patients who have been identified as high risk for COVID-19 or have been confirmed as COVID-19 positive **MUST** be provided by a SHA Level 3 provider in the appropriate facility.

General Definitions:

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.

Splatter:

Controlling splatter, particularly splatter that includes saliva, is extremely important in preventing COVID-19 transmission. Credible scientific evidence shows that SARS-CoV-2 is very contagious with droplets. Uncontrolled splatter "gets everywhere" – on the patient's face and clothes, on the dentist's or hygienist's face, hands, sleeves, clothing and on the floor. This splatter is easily transported, especially on clothing, to other areas of the office, including the washroom, the front desk, the break room, etc. This is one way the virus spreads and infects people. Evidence is beginning to show that health care workers are becoming infected not in the procedure room, but outside of the procedure room. During the COVID-19 pandemic, splatter must be controlled with high volume evacuation (HVE) and careful handling of splattered PPE, clothing and surfaces. Absolute care is needed to ensure any splatter is not carried outside the procedure area. Splatter is the most common infectious risk in the dental office with an infectious virus. This risk can be managed if PPE, doffing, disinfection, and hand hygiene protocols are strictly followed.

Aerosol-Generating Procedure (AGP):

Any dental procedure where aerosolised particles are expected to be generated by dental instrumentation. This includes the use of ultrasonic scalers, high-speed handpieces, surgical handpieces or air-water syringes at any point in the procedure. When assessing the quantifiable risk of transmission of SARS CoV-2 during an AGP, the SOHP must take into account the duration of a procedure, patient factors (such as respiratory disease, diabetes, hypertension and obesity), the ability to employ mitigation factors (pre-procedural rinse,

dental dam and HVE) and the probability of the success of these mitigating factors. Natural exposures, which include contact transmission and both droplet and aerosol caused by coughing, sneezing and exposure to respiratory droplets during expiration, must also be factored in. Consideration of naturally generated aerosols is also very important in assessing the overall risk during a dental visit.

Aerosol Controlled Environment (ACE):

AGP operatory rooms must be isolated rooms from floor to ceiling with an entry or entries that must be closed and secured during the AGP. As the risk of treating an asymptomatic COVID-19 positive patient begins to drop the use of aerosol-protective measures may help to mitigate risk of treating patients in an open operatory. **Several epidemiologists warn of a second wave or outbreak and the CDSS advise members to maintain the capacity to easily return to previous Phases if directed to by the CDSS or the CMHO. This includes maintaining a supply of PPE and maintaining facility requirements if a return to a previous phase is required.**

Aerosol-Protective Measures:

Actions aimed at mitigating the risk associated with aerosols. These **must** include:

- Patient Risk Assessment Screening (SHA COVID-19 Screening Tool --- Click [HERE](#) or refer to page 10);
- Thermometer temperature vital sign screening (<38°C);
- A hydrogen peroxide pre-procedural mouth rinse;
- ***New*** Appropriate PPE for AGP;
- The use of high-volume evacuation/suction;
- Air management recommendations (aerosol settling time).

PHASE 4 (Update Effective July 13, 2020)

Phase 4 includes recommendations for dentists to consider as they continue to use professional clinical judgement in providing dental care during a public health pandemic. CDSS encourages members to review these recommendations with their dental staff.

Aerosol generation during dental procedures will dictate the “how and where” these procedures are completed. **Phase 4 protocol continues to have Aerosol Generating Procedures divided into three categories:**

- **Low Risk Aerosol Generating Procedures**
- **Moderate Risk Aerosol Generating Procedures**
- **High Risk Aerosol Generating Procedures**

These categories are for patients who do not meet the criteria for COVID-19 based on the SHA COVID-19 Screening Tool. (Click [HERE](#) or refer to page 10)

At this time, the standard should be for each dental facility to utilize professional judgement in collaboration with their dental teams to provide the highest level of PPE and maintain the safest facility requirements.

The CDSS may update or modify this Phase as the COVID-19 Pandemic evolves depending on the accumulation of evidence-based research, trends, and data.

Risk Mitigation Factors **Recommended for Phase 4:**

1. Ongoing staff training
2. Communicate arrangements and protocols for physical distancing.
3. Display clear signage and information for staff and patients.
4. Minimize the use of public toilets.
5. Encourage patients to wear a face covering when physical distancing is not possible.
6. Patient Risk Assessment Screening (SHA COVID-19 Screening Tool – Click [HERE](#) or refer to page 10).
7. Thermometer temperature vital sign screening (<38°C).
8. Use of safety screens or surgical masks at the reception area.
9. Patient hand hygiene.
10. Remind patients to leave all personal items in the vehicle.
11. Pandemic informed consent.
12. Preprocedural hydrogen peroxide rinse.
13. Vulnerable patient appointment times – specific days or early in the day (manage mobility devices appropriately)
14. Minimize the procedure time.
15. Minimize the volume of aerosol.
16. Fewer appointment times.
17. ***New*** Stagger appointment times / stagger open concept operatories.
18. Escort to accompany minor patients only.

COVID-19 Pandemic: IPC Interim Protocol - Phase 4 **Low Risk Aerosol Generating Procedure (AGP) or Non-Aerosol Generating Procedure (NAGP)**

(ie. examinations, hand scaling, simple extractions, orthodontic procedures, crown cementations etc.)

1. Routine precautions as per the SOHP Infection Prevention Control (IPC) Standard for Oral Health Care Facilities (04-01 to 04-05).
2. Recommend enhanced cleaning, including frequent cleaning of high touch surfaces.
3. Recommend 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.
4. Recommend Patients perform ABHR prior to exiting the operatory room.
5. 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).

COVID-19 Pandemic: IPC Interim Protocol - Phase 4 **Moderate Risk Aerosol Generating Procedure (AGP) AGP with **Dental Dam** and All Aerosol Protective Measures (Dental dam must be used for the entire procedure)**

1. Routine precautions as per the SOHP Infection Prevention Control (IPC) Standard for Oral Health Care Facilities (04-01 to 04-05).
2. ***New*** Recommended PPE for Moderate Risk AGP: gown or lab coat, Level 2 or Level 3 surgical mask, **glasses with side shields**, goggles or face shield, gloves (to cover gown or coat cuffs), and a barrier for patient.
3. Facility Requirement for a Moderate Risk AGP operatory room: an open concept operatory. **The continued use of an Aerosol Controlled Environment (ACE) may still be utilized at the discretion of the dentist.**
4. Recommend Aerosol **Protective Measures.**
5. Recommend enhanced cleaning, including frequent cleaning of high touch surfaces.

6. Recommend Patients perform ABHR prior to exiting the operatory room.
7. 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).

COVID-19 Pandemic: IPC Interim Protocol – Phase 4 High Risk Aerosol Generating Procedure (AGP) AGP without Dental Dam and All Aerosol Protective Measures

(ie. complex extractions, implant surgery, ultrasonic instrumentation, prophy/polish or any other dental AGP done without a dental dam).

1. Recommended PPE for High Risk AGP includes: cap or bonnet, gown or lab coat, Level 2 or Level 3 surgical mask, face shield, gloves (to cover gown or coat cuffs), and gown or barrier for patient. Continued use of a properly fit KN95 or N95 respirator (fit test with documentation) may still be utilized at the discretion of the dentist. Given the shortage of N95 respirators many health care providers are wearing an N95 respirator and covering it with a face shield to prevent droplets and or splatter on the N95 respirator. With this technique the N95 respirator may be used for multiple patients during one operative day.
2. ***New*** Recommended Facility Requirement for a High Risk AGP operatory: operatory should be an isolated room from floor to ceiling, with an Air Controlled Environment (ACE), and an entry or entries that must be closed and secured during the AGP.
3. Temporary isolation rooms can be designed – hoarding with plastic and a framed or zippered door.
4. Clinical staff should limit their movement in/out of the closed treatment operatory (intraoral radiographs permitted) during this time to minimize airborne contamination of the adjacent spaces.
5. An Aerosol Generating Procedure signage should be placed at the entrance to the room (Appendix A)
6. Recommend Aerosol Protective Measures.
7. High Risk AGP operatory rooms should have a Donning and Doffing anteroom or hallway area.
Donning Station (“Clean” side or area) Includes: Caps or Bonnets, Gowns or Lab Coats, Masks, Kn95 or N95 Respirator, Goggles or Face Shields, Gloves, Alcohol Base Hand Rub (ABHR)
Doffing Station (“Decontamination” side or area) Includes: Laundry Receptacle with Lid, Garbage Receptacle with Lid, Eye Protection Disinfection Receptacle with Lid.
8. PPE must be donned and doffed in an appropriate manner as described in Phase 1, 2, and 3.
9. ***New*** Mandatory minimum droplet settling time for a High Risk AGP is 15 minutes.
10. Following the mandatory 15-minute settling 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).

A General Note on Environmental Controls

SARS-CoV-2 is very contagious within droplets. Aerosols also contain SARS-Cov-2 from an infected patient when saliva is aerosolized during dental treatment. However, what is not known at this time is how infective these aerosols are. For these reasons, until further evidence can establish just how infective the virus is, additional precautions beyond standard precautions are required during the active phase of the pandemic.


Droplet precautions are utilized to reduce transmission through droplets and splatter. These are included in physical distancing protocols, hand hygiene, coughing etiquette, and wearing a mask for both staff and patients. They also include chairside protocols such as rubber dam and high-volume

suction (HVE), which are also extremely effective in limiting the spread of any aerosols produced. However, not all aerosols are eliminated with these controls and further measures are required prior to a terminal clean of the operatory.


Airborne precautions include allowing time for the aerosol to condense into droplets. This is known as fallow time. This will ultimately determine how fast one can clean the operatory and see the next patient. It will vary depending on the ventilation and filtration systems (HVAC) present and whether the operatory is enclosed or not. There are many ways to decrease fallow time, including supplemental ventilation or HEPA/UV filtration through portable units to improve the air changes per hour (ACH) within the operatory and effectively “clean the air”. Confining the aerosol to smaller, enclosed rooms will accommodate more effective aerosol control and ACH.


It is very important that every office address these necessary precautions in accordance with CDSS Protocols with customized controls to your own clinical setting.


Appendix A:

COVID-19 

**AEROSOL GENERATING
MEDICAL PROCEDURES
IN PROGRESS!**



 Saskatchewan Health Authority 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
April 5, 2020

**COVID – 19 Screening Tool
Community Screening – Home Visit**

Date: _____ Time: _____

INITIAL ALL APPLICABLE BOXES

- In-Person Screen Telephone Screen Screen documented in EMR (no need to retain paper copy)

Patient Identifier: _____

Patient Name: _____

Date of Birth: _____

HSN: _____

This screening tool is NOT screening for seasonal or environmental allergies but meant to capture new symptoms, or worsening of long-standing symptoms.

It is recognized that testing criteria continues to expand but screening criteria are limited to those below.

Ask patient if they have ANY of the following:		Yes	Date of Onset	No
Have you had a fever?		<input type="checkbox"/>		<input type="checkbox"/>
New or worsening respiratory symptoms NOT ATTRIBUTABLE to seasonal or environmental allergies i.e. cough, shortness of breath or difficulty breathing, sore throat, runny nose?		<input type="checkbox"/>		<input type="checkbox"/>
New onset atypical symptoms including chills, aches and pains, headache, loss of sense of smell or taste? Use clinical judgement, clients at extremes of age can have unusual presentations		<input type="checkbox"/>		<input type="checkbox"/>
Anyone else living in their home feeling sick?		<input type="checkbox"/>		<input type="checkbox"/>
Anyone in home, including client, had an AGMP in the last 2 hours?		<input type="checkbox"/>		<input type="checkbox"/>
In the last 14 days, have they or others in the home:	Traveled outside of Saskatchewan or Canada?	<input type="checkbox"/>		<input type="checkbox"/>
	Spent time (i.e. >15 min) with people outside their extended household where they were not able to maintain physical distance or use appropriate PPE for the situation (note: appropriate PPE includes cloth masks for non-medical situations)	<input type="checkbox"/>		<input type="checkbox"/>
	Had close (within 2 metres) or prolonged contact with a confirmed/probable case of COVID-19 without proper PPE?	<input type="checkbox"/>	IF "YES" Use Droplet/Contact Plus Precautions	<input type="checkbox"/>
	Lived in or visited a community or facility designated as an area of concern re: COVID-19? Consult current list.	<input type="checkbox"/>		<input type="checkbox"/>
	Anyone visited them that lives in or has visited a community or facility designated as an area of concern re: COVID-19? Consult current list.	<input type="checkbox"/>		<input type="checkbox"/>

This screening tool is not intended to replace your point of care risk assessment.

Screening results should dictate the need for precautions. Previous testing does not impact screening results.

Patient Answers	Action		ID
	All "NO"	Proceed with visit. Wear surgical mask and any additional PPE required to provide patient care.	
Any "YES"	Asymptomatic	<ul style="list-style-type: none"> If physical distancing cannot be maintained during the visit, increase PPE as required. Advise patient to self-monitor. Advise to "self-isolate" for 14 days from return of international travel or date of close contact. 	
	Symptomatic	<ul style="list-style-type: none"> If visit not essential, consider postponing visit or referral to Assessment and Treatment Site, if available and patient is mobile. Ask patient to move at least 2 meters from entry way. Use Droplet/Contact PPE – don PPE in the entry way of the home. If AGMP within 2 hours of scheduled visit time, reschedule visit to allow for settle time (2 hours). If previously unknown, document precautions for upcoming visits. Advise patient to self-isolate. 	

Swab or arrange for swab if symptoms consistent with COVID-19 as per discussion with MRP:

N/A

Not sent – rationale: _____

Sent on (Date): _____

Signature/Designation: _____