PROVINCIAL DENTAL BOARD
OF NOVA SCOTIA

COVID-19 REOPENING PLAN FOR DENTAL CLINICS EMERGENCY AND URGENT CARE

Updated: June 6, 2020

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These guidelines are current as of June 6, 2020 and will be updated as needed.

Pursuant to the announcement of Premier Stephen McNeil on May 27, 2020, effective June 5, 2020, all dental offices in Nova Scotia will be authorized to provide Phase 2 **emergency and urgent** dental treatment in their offices while following the provisions outlined in this document.

Effective June 19th **non-urgent** dental treatment will be permitted (Phase 3).

At this time, it is appropriate to provide needed care that, if left untreated, would become a more significant burden on our healthcare resources and significantly compromise patient health. The need for such emergency and urgent care must be weighed against the risk of COVID-19 exposure to patients and dental healthcare providers (DHCP).

The following information is for members to use as a resource, in addition to appropriate clinical judgment, when making decisions to provide care for emergency and urgent dental treatment. This is a fluid document that will be updated/modified as new evidence-based information becomes available.

Each treatment facility is required to develop their own site-specific work plan. This document should serve as the template for this plan. Ensure this is reviewed with all staff before returning to work.

1. Emergency and Urgent Care

Please use the following information to assist you in determining what constitutes emergency and urgent care. This guidance will be updated as COVID-19 restrictions change in Nova Scotia. Dentists are required to exercise appropriate clinical judgement to manage emergency and urgent dental care for their patients and people in their communities.

1.1 Dental Emergencies

Dental emergencies are potentially life-threatening conditions which require immediate treatment. These conditions include:

- Odontogenic infection associated with intra-oral and/or extra-oral swelling that has not responded to antibiotics over the course of two to three days;
- Pain that cannot be controlled with a course of antibiotics/analgesics;
- Orofacial trauma; or
- Prolonged post-operative bleeding.

1.2 Urgent Dental Care

Urgent dental care focuses on the management of conditions that require immediate attention to relieve severe pain and/or risk of infection and on alleviating burden on hospital emergency departments. These conditions must be treated in a manner that is as minimally invasive as possible. These conditions include:

- Severe dental pain from pulpal inflammation;
- Pericoronitis or third molar pain;
- TMJ/Facial pain that is not adequately managed pharmacologically;
- Time sensitive post-surgical follow-up appointments;
- Dental trauma, such as avulsion or luxation injuries;
- Dental treatment required prior to critical medical procedures;

- Surgical post-operative osteitis, dry socket dressing changes;
- Abscess, or localized bacterial infection, resulting in localized pain and swelling;
- Tooth fracture resulting in pain or causing soft tissue trauma;
- Final crown/bridge cementation if the temporary restoration is lost, broken, or causing gingival irritation;
- Biopsy of abnormal tissue;
- Snipping or adjusting an orthodontic wire or appliances piercing or ulcerating the oral mucosa, and orthodontic procedures necessary to prevent harm to the patient;
- Extensive dental caries or defective restorations/implants – manage with interim measures;
- Suture removal;
- Denture or appliance adjustments or repairs when function is impeded; or
- Replacing temporary fillings on endo-access openings in patients experiencing pain.

1.3 Non-Urgent Dental Care

Non-urgent dental treatment is not to be performed under Phase 2. Examples of non-urgent dental care include:

- Initial or periodic oral examinations and recall visits, including routine radiographs;
- Routine dental hygiene procedures and preventive therapies;
- Orthodontic treatment initiation;
- Extraction of asymptomatic teeth;
- Restorative dentistry, including treatment of asymptomatic carious lesions;
- Aesthetic dental procedures;
- Laser instrumentation;
- Dental implant placement;
- Prosthodontic treatments RPD/FPD; or
- Non-urgent periodontal treatments.

1.4 Aerosol Generating Procedures and Non-Aerosol Generating Procedures

Aerosol generating procedures (AGPs) are procedures which 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. Coronavirus, influenza). These types of procedures are thought to be associated with a higher risk of disease transmission in COVID-19 positive patients. ***Avoid AGPs whenever possible***. Examples of AGPs in dentistry would include the use of (a/an):

- three-way air-water syringe;
- ultrasonic and sonic devices;
- high speed handpiece;
- slow speed handpiece in the presence of water/saliva;
- lasers;
- micro-abrasion; or
- air polishers.

Non-aerosol generating procedures (NAGPs) are procedures with a lower likelihood of generating aerosols.

1.5 Additional Considerations for all Procedures

- Follow the proper donning and doffing of PPE (see Appendix A);
- Use 1% hydrogen peroxide or 0.2% povidone-iodine to rinse for a minimum of 30 seconds and have the patient expectorate the rinse back into the cup;
- Use rubber dam isolation and/or other isolation techniques;
- Use of high-volume suction to limit aerosols;
- Four-handed dentistry; and,
- Minimize water use when using handpieces (e.g. turn off water on high speed when performing endodontic access and when smoothing off fractured cusps, remove caries using a slow speed handpiece without water, etc.)

2. Before the Appointment

- Stagger appointment times to facilitate physical distancing between patients and to reduce waiting room exposure; and,
- Remove all magazines/toys etc. from waiting area to prevent contamination.
- Encourage patients to bring their own non-surgical or surgical masks to the appointment

Pre-Screening

Patients who request treatment due to an emergent or urgent dental condition need to be pre-screened via remote communications. This is important to protect both patients and DHCPs from possible virus transmission. Pre-screening questions must include COVID-19 symptoms, COVID-19 risk factors, underlying medical risk factors, and the nature of the chief complaint.

2.1 COVID-19 Symptoms

- Fever (greater than 38°C) or feverish chills, sweats, muscle aches, light-headedness;
- New or worsening cough;
- Sore throat (difficulty swallowing);
- New or worsening runny nose;
- New or worsening shortness of breath; or
- New or worsening headache.

2.2 COVID-19 Risk Factors

- Close personal contact, without PPE, with a suspected or confirmed COVID-19 patient within the past 2 weeks;
- Travel outside of Nova Scotia (by air, car, bus or otherwise) in the past 2 weeks; or
- Resides or works in a facility with a known COVID-19 outbreak.

2.3 Symptoms or Risk Factors Present in Patients

This is indicated by a patient responding ***YES*** to two or more of the COVID-19 symptoms or any of the COVID-19 risk factors in the above screening assessment questions.

If the patient has 2 or more of the symptoms listed above ***and*** has not been tested for COVID-19, direct them to call 811. Similarly, if the patient has any risk factors for COVID-19, treatment should be deferred unless it is a true dental emergency. If it is not a true dental emergency, the patient should be managed pharmacologically until such time as their COVID-19 status is known. Patients with 2 or more COVID-19 symptoms or any COVID-19 risk factors, who are assessed and found to have a true dental emergency, should be referred to a facility that has the infrastructure to provide dental care using **airborne precautions** (i.e. operatories with floor to ceiling walls and doors, appropriate negative pressure ventilation, and PPE).

2.4 No Symptoms and No Risk Factors Present in Patients

This is indicated by a patient answering ***NO*** to all the pre-screening questions or responds yes to only one of the COVID-19 symptoms.

If following appropriate telephone pre-screening, it is determined that the patient has no more than one of the COVID-19 symptoms and none of the risk factors, and they fall into a treatment category that is **emergent or urgent** (see definitions and examples listed above), the patient can be treated using the principles outlined in this document.

2.5 Management of Patients Who Have Had COVID-19

People with COVID-19 who have ended home isolation can receive emergency and urgent dental care. In Nova Scotia, discontinuation of home isolation for patients with COVID-19 occurs at the direction of NS Public Health if at least ten days have passed since onset of the first symptom or laboratory confirmation of an asymptomatic case, the case did not require hospitalization, or the case is afebrile and has improved clinically.

Absence of a cough is not required for those known to have a chronic cough or for those who are experiencing reactive airways post-infection. Patients with COVID-19 will be informed of the end of self-isolation by Public Health. Patients who have tested positive for COVID-19 and have not yet ended home isolation should not be treated unless life threatening, and if so, they should be referred to the appropriate centre that can provide dental care using **airborne precautions**.

2.6 Daily Assessment for Office/Clinic Staff

Symptoms for assessment of DHCPs and office staff are different from the symptoms used to assess provision of clinical care for patients. The risk factors are the same. All DHCPs and office staff must screen themselves daily for symptoms and risk factors outlined in Appendix B. DHCPs and staff who develop ANY new or worsening symptom of COVID-19 as outlined in Appendix B must exclude themselves from the workplace and call 811. DHCPs and staff who have any of the risk factors outlined in Appendix B must exclude themselves from the workplace. Consider using a chart to record the screening results (see Appendix B). If a member of the office tests positive for COVID-19, they must remain out of the workplace until determined to be recovered by Public Health.

Please note: Healthy people who have to cross the Nova Scotia land border on a regular ongoing basis to travel to work to carry out their duties, such as health care workers, are exempt from the requirement to self-isolate or self-quarantine.

2.7 Patient Consent Forms

It is recommended that dentists receive specific COVID-19 consent from patients prior to delivering treatment. Verbal consent is appropriate.

See Appendix D for an example of a COVID-19 patient consent form.

3. During the Appointment

It is recommended that dentists carefully manage patient and staff flow and contact. This includes the following:

- Have patients notify your office once they have arrived and direct them when it is appropriate to enter the clinic.
- It is acceptable to use waiting rooms if social distancing measures are enforced.
- Review screening questions prior to allowing patients entry into the clinic.
- Accompanying individuals should wait outside of the office (exception being a legal guardian or a caregiver, who should also be screened).
- Ensure that the patient washes their hands or uses hand sanitizer upon initial entry to the office and proceeds directly to the operatory if possible.
- All staff providing direct patient care or working in patient care areas must wear a surgical mask at all times and in all areas of the workplace. This includes involvement in direct patient contact and in cases where they cannot maintain adequate physical distancing (2 metres) from patients and co-workers.
- Any staff not working in patient care areas (e.g. receptionists) or who do not have direct patient contact must wear a surgical/procedural mask at all times in the workplace if a physical barrier (e.g. plexiglass) is not in place or if physical distancing (2 metres) cannot be maintained.
- Use of staff common areas (e.g. staff rooms) must be scheduled to enable staff to maintain physical distancing.
- Patients should NOT touch door handles – staff should be opening all doors for patients.
- All touchable surface areas should be disinfected on a regular basis with a Health Canada-approved surface cleaner.
- Inside the treatment area, remove all non-essential items for direct patient care.
- Have the patient wash their hands (or use hand sanitizer) before they leave the office.
- Record contact information for patients and any individual who may accompany the patient to the appointment.

4. After the Appointment

As the patient is leaving:

- Try to have paperwork completed before the patient arrives at reception.
- Choose a touchless payment method, if possible.

- After the patient leaves, disinfect all patient contact surfaces, including clothes hangers, doorknobs, etc.

4.1 Patient Follow-Up

A policy must be instituted to contact all patients who receive emergency and urgent dental care 48 hours after receiving treatment. Patients must be asked if they are exhibiting any signs or symptoms of COVID-19. If a patient reports signs or symptoms of COVID-19, refer the patient to 811. Office staff should follow the Centres for Disease Control and Prevention (CDC) guidelines which can be found here: https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html.

5. Personal Protective Equipment

Historically, the use of personal protective equipment (PPE) in dentistry was intended to protect DHCPs against bloodborne pathogens. Use of PPE only forms part of our profession's standard precautions, formerly known as universal precautions. **Standard precautions** now include:

- Hand hygiene;
- Use of PPE;
- Respiratory hygiene/cough etiquette;
- Sharps safety;
- Safe injection practices; and
- Clean and disinfected environmental surfaces.[1]

When a pathogenic outbreak occurs within a community or healthcare facility, transmission-based precautions should be implemented in addition to standard precautions. **Transmission-based precautions** include contact, droplet, and airborne precautions, depending on the route of transmission of the pathogen.[2] Some pathogens such as SARS-Cov2, which causes the disease known as COVID-19, are spread primarily via droplets but can also be transmissible via airborne/aerosol spread. In dentistry, the latter occurs primarily during an AGP. **Research is currently ongoing to determine the relationship between AGPs and transmission of the COVID-19 virus. Until such studies have been completed, transmission-based precautions should be implemented in addition to standard precautions. This will ensure the safety of the public and of DHCPs.**

DHCPs must always use appropriate PPE, particularly during a global pandemic such as COVID-19. PPE requirements differ based on the status of the patient (healthy, low risk, high risk, confirmed positive), as well as the nature of the procedure (AGP vs NAGP). There are several types of PPE recommended to mitigate risk during the provision of dental care. These include eye/face protection (e.g. goggles, face shields, and safety glasses), respiratory protection (e.g. surgical masks and fit-tested respirators, such as N95s), disposable or reusable gowns, and gloves.

5.1 Eye/Face Protection

Eye protection has always been recommended as part of standard precautions for the practice of dentistry. Goggles and/or face shields are recommended to be used when treating patients during the global COVID-19 pandemic. They must be used for treating all patients, regardless of the type of procedure being performed (AGP vs. NAGP). Goggles have the advantage of forming a protective seal around the eyes, which prevents droplets from entering around or under them. The disadvantages of goggles are that they do not provide splash or spray protection to other areas of the face, they tend to fog, and they may become uncomfortable with extended use.[3, 4]

The advantages of face shields are that they provide a barrier for the entire face to aerosols, droplets, and splatter; they are more comfortable; and they are easy to don and doff. The disadvantage of face shields is that they lack a peripheral seal. There are different types of face shields which may be used depending on the clinical situation. For instance, a full-face shield would be indicated during an AGP, whereas a visor attached to a surgical mask would be considered acceptable for NAGPs. The CDC suggests that the bare minimum for eye protection is safety glasses that have extensions to cover the side of the eyes, but these should only be used if access to a higher level of protection is not available.

It is at the discretion of the DHCP as to what type of eye protection they choose to wear. The important concept - regardless of whether goggles, a face shield, or a combination of both are used - is that the PPE must protect the eyes of the DHCP from splatter, droplets, and aerosols that may be generated during the provision of dental care.

Extended use of eye protection is the practice of wearing the same eye protection for repeated close contact encounters with several different patients, without removing the eye protection between patient encounters. Extended use of eye protection can be applied to disposable and reusable devices. Eye protection must be removed and reprocessed if it becomes visibly soiled or difficult to see through. If a disposable face shield is reprocessed, it should be dedicated to one DHCP and disinfected whenever it is visibly soiled or is removed. Eye protection must be discarded if damaged (e.g. the face shield can no longer fasten securely to the provider, if visibility is obscured, or if reprocessing does not restore visibility). The DHCP should take care not to touch their eye protection. If they touch or adjust their eye protection, they must immediately perform hand hygiene. The DHCP should leave the patient care area if they need to remove their eye protection.

Disinfection

DHCPs should adhere to recommended manufacturer instructions for cleaning and disinfection of their eye protection and ensure that the disinfectant solution is approved by Health Canada (https://www.canada.ca/en/health-canada/services/drugs-health-products/disinfectants/covid-19/list.html). When manufacturer instructions for cleaning and disinfection are unavailable, such as for single use disposable face shields, consider the following:

- While wearing gloves, carefully wipe the inside, followed by the outside, of the face shield or goggles using a clean cloth saturated with neutral detergent solution or cleaner wipe.
- Carefully wipe the *outside* of the face shield or goggles using a wipe or clean cloth saturated with a Health Canada approved disinfectant solution.
- Wipe the outside of the face shield or goggles with clean water or alcohol to remove residue.
- Fully dry (air dry or use clean absorbent towels).
- Remove gloves and perform hand hygiene.

5.2 Lab Coats/Gowns

Lab coats/gowns are long-sleeved garments that are intended to be **patient-specific items** of protective clothing and must be removed prior to seeing the subsequent patient. Lab coats/gowns are worn over regular clinic clothing, such as uniforms or scrubs, during AGPs or during procedures likely to generate splatter or droplets of blood, body fluids, secretions, or excretions. Gowns can be disposable and made of synthetic fibre or a washable cloth gown. Reusable items must be disinfected properly after each use.[5, 6, 7]

5.3 Masks and Respirators (N95)

Surgical masks, also known as medical masks, are affixed to the head with straps and cover the user's nose and mouth. They provide a physical barrier to fluids and particulate materials. The mask is considered a device by the FDA when it is intended for medical use and meets certain fluid barrier protection standards and Class I or Class II flammability tests. ASTM level 1, 2, and 3 masks all satisfy that definition. Cloth or homemade masks do not meet the definition of a surgical mask and are not considered PPE. A table outlining the ASTM standards is provided below. The main difference between ASTM levels is their resistance to penetration by synthetic blood at different velocities to simulate different types of bleeding.

Table 1: ASTM Standards - Designation: F2100 – 19 Standard Specification for Performance of Materials Used in Medical Face Masks

Characteristic	Level 1 Barrier	Level 2 Barrier	Level 3 Barrier
Bacterial filtration efficiency, %	≥95	≥98	≥98
Differential pressure, mm H_2O/cm^2	<5.0	<6.0	<6.0
Sub-micron particulate filtration efficiency at 0.1 micron, %	≥95	≥98	≥98
Resistance to penetration by synthetic blood, minimum pressure in mm Hg for pass result	80	120	160
Flame spread	Class 1	Class 1	Class 1

Surgical masks are not designed to provide a seal and do not prevent leakage of air around the edge of the mask during breathing. This is a major limitation for protection against small-particle aerosols (droplet nuclei) when compared to respirators. Respirators include filtering facepiece respirators (FFR), such as N95s, elastomeric half-face respirators, and powered air purifying respirators (PAPRs).

Commercial and surgical grade N95 respirators are of similar structure and design. Both types of respirators should comply with NIOSH standards. However, only the surgical grade N95 will comply with both NIOSH and FDA standards. The main difference between the two grades is that commercial N95 respirators are not tested for fluid resistance of any type. Therefore, surgical grade respirators are preferred for patient care.

There are several classes of filters for NIOSH-approved filtering facepiece respirators. Ninety-five percent is the minimal level of filtration that will be approved by NIOSH. Examples include N95, Surgical N95, N99, N100, R95, R99, P95, P99, and P100. The N, R, P designations refer to resistance to oil which is not applicable to dentistry and is different than resistance to fluid. Always check to ensure that your respirator is fluid resistant, and, if it is not, create fluid resistance by adding a surgical mask or full-face shield as mentioned above.

If surgical N95 respirators are not available and there is a risk that the worker may be exposed to high velocity droplets or splatters of blood or body fluids, a face shield or surgical mask must be worn over the commercial N95 respirator to provide the fluid resistance necessary. NIOSH and FDA standards

are recognized by Health Canada. During pandemic times, with limited supply of PPE, non-NIOSH respirators produced in other countries with similar standards have been deemed acceptable by the CDC. See link below for a list of acceptable alternatives (P2, P3, PFF2, PFF3, KN/KP95, KN/KP100, FFP2, FFP3, DS/DL2, DS/DL3, Special, 1st) https://blogs.cdc.gov/niosh-science-blog/2020/04/23/imported-respirators/

The biggest challenge DHCPs face regarding PPE is supply. There is a global supply deficit of approved PPE, especially N95 respirators. As such, there have been strategies developed to optimize the supply of PPE. We encourage registrants to review the CDC document above, which concisely outlines strategies to address that issue.[7] If commercial respirators are used as an alternative to NIOSH-approved N95 respirators, they must be fit-tested and used with a face shield to protect against fluid penetration.[8, 9, 10, 11]

Table 2: Adapted from: World Health Organization. "Rational use of Personal Protective Equipment for Coronavirus Disease 2019 (COVID-19)." (February 27, 2020):

Setting	Staff	Patients Procedure/Activity	Type of PPE
Patient room	Dental Health Care Provider (DHCP)	Providing direct care (NAGP)	Surgical mask*,[9,10,11] Eye/Face protection [3,4] Protective clothing (e.g. scrubs) Gloves
		Aerosol-generating procedures (AGP)	Fit-tested N95 respirator or alternative[9,10,11] Eye/Face protection [3,4] Gown/lab coat[7,12,5] Gloves
	Disinfecting treatment rooms for NAGPs		Surgical mask*,[9,10,11] Eye/Face protection [3,4] Protective clothing (e.g. scrubs) Gloves
	Disinfecting treatment rooms for AGPs		Surgical mask*,[9,10,11] Eye/Face Protection [3,4] Gown/lab coat[7,12,5] Gloves
	Visitors	No visitors during AGPs **	
Reception	Front office staff	Arrival screening	Surgical Mask*,[9,10,11] or protective barrier around reception desk Maintain spatial distance of at least 2m when possible.

*ASTM I, II or III

** exception being a legal guardian or a caregiver, who should also be screened

5.4 Alternatives to Respirators

The PDBNS strongly recommends the use of a fit-tested N95 respirator for AGPs. Health Canada has approved the use of commercial-grade respirators, such as a KN95, in a healthcare setting during the COVID-19 outbreak as an alternative. A surgical mask with a full-face shield can be considered as an acceptable alternative if an N95 respirator is not available.[15, 16] It is imperative that dentists use their clinical judgment and a risk assessment when deciding to use an alternative to an N95 respirator.

5.5 Facility Requirements

At present, the PDBNS does not require dental practices to make major infrastructure changes, such as air filtration upgrades or changes to existing office designs (i.e. floor to ceiling walls and doors). The PDBNS is not recommending observing "settling times" based on air changes per hour (ACH) at present. The PDBNS does suggest placing a transparent barrier (plexiglass/plastic) at the reception desk to ensure separation between staff and patients during transactions, or that you ensure that reception staff wear a surgical mask.

For waste with potential or known COVID-19 contamination, manage like any other general or sharps waste. COVID-19 is not a Category A infectious substance. Follow the waste management guideline in your region for COVID-19.

A physical distance of at least 2 meters should be maintained in the handling of packages. Consider contactless shipping and receiving methods such as leaving the package on a doorstep. If physical distancing cannot be maintained, proper PPE (I.e. surgical/procedure mask and gloves) should be worn. Dispose of all single-use shipping materials (e.g., plastic bags) that have contacted the received items. If the items are reusable, properly disinfect (whenever possible sterilize) them according to manufacturer's instructions. As a precautionary measure, treat all received items as contaminated. Increased caution should be used when handling items that have had direct patient contact. These items must be thoroughly disinfected or sterilized, as appropriate, before proceeding. Clean and disinfect the area for receiving incoming cases immediately after decontamination of each case. Clean and properly disinfect (whenever possible sterilize) items before sending them out. Package and label to indicate "cleaned".

5.6 Safe Management of Linen (Laundry)

All linen used in the direct care of patients must be managed as 'infectious' linen. Linen must be handled, transported, and processed in a manner that prevents exposure to the skin and mucous membranes of staff and contamination of their clothing and the environment. Disposable gloves and a gown or apron should be worn when handling infectious linen.[13, 14]

Single bags of sufficient tensile strength are adequate for containing laundry, but leak-resistant containment is needed if the laundry is wet and capable of soaking through a cloth bag. Bags containing contaminated laundry must be clearly identified with labels, color-coding, or other methods so that staff responsible for laundry can handle these items safely. Dispose the used bags into the normal waste stream

Laundry services for healthcare facilities are provided either on or off-premises using the following protocol:

- separately from other linen;
- in a load not more than half the machine capacity; and
- at the maximum temperature the fabric can tolerate, then ironed or tumbled-dried.

DHCPs must change into and out of uniforms at work and not wear them outside the office.

6. Infection Prevention and Control Measures

6.1 Considerations

- We recommend reviewing the NSDA IPAC document prior to returning to practice. (https://nsdental.org/wp-content/uploads/2019/01/ClinicalResource-20181204-NSDA-InfectionPreventionControl.pdf)
- Ensure that cleaning staff are fully versed in the enhanced cleaning protocol for COVID-19 (refer to PPE table).
- Regularly disinfect high-touch surfaces in the front desk area, waiting room, and staff room using a Health Canada approved disinfectant. (https://www.canada.ca/en/health-canada/services/drugs-health-products/disinfectants/covid-19/list.html).
- Emphasize hand hygiene as an important measure for preventing the transmission of microorganisms. Hand hygiene can be performed using soap and running water or a hand sanitizer. The minimum time for hand washing is 20 seconds. For alcohol-based hand sanitizers, follow the minimum times recommended by the manufacturer.
- When placing instruments in an ultrasonic cleaner prior to the sterilization process, the lid must be kept on the unit to ensure that aerosols are not created.
- All DHCPs must practice social distancing when possible.
- Do not store disposables, supplies, gauze, tissue, and local anaesthetic in open areas of the treatment room. Clear the treatment areas of all items other than those necessary to carry out the treatment.
- Upon return to practice, waterlines must be purged by flushing them thoroughly with water for at least 2 minutes at the beginning of each day and for 30 seconds following each patient. Before purging is carried out, handpieces and air/water syringe tips must be removed from the waterlines.

7. References

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If members require any further clarification on any treatment decisions, they can contact the PDBNS at feedback.pdbns@eastlink.ca

Appendix A: Donning and Doffing PPE

GUIDE TO PUTTING ON PERSONAL PROTECTIVE EQUIPMENT

Droplet & Contact Precautions (Universal Masking)

1 Procedure/surgical mask

Process will depend on what face/eye protection is available

Scenario 1- If goggles or full-face shield is available, leave mask on and proceed to Step 2.

Scenario 2- If mask needs to be replaced with a mask with visor or N95, perform hand hygiene, remove original mask, and store as per guidance. Proceed to Step 2.

2 Hand Hygiene

Perform hand hygiene.

Alcohol-based hand rub is preferred. Use soap and water if hand are visibly soiled.

3 Long-sleeved gown

- Select level of gown based on fluid exposure risk.
- Make sure the gown covers from neck to knees to wrist.
- Tie at back of neck and waist.

4 N95 Respirator (if applicable)

- Required for AGMPs for patients with unknown, novel or emerging pathogens.
- Refer to manufacturer for specific donning instructions.
- Perform a 'seal check' with each use.
- N95 respirators must be 'fit tested' prior to use.

5 Face/Eye Protection

- Put on mask with visor or goggles or full shield as available.
- Place over the eyes or face.
- Adjust to fit
- **NOTE**: Eyeglasses are not considered protective eyewear.

6 Gloves

- Put on gloves.
- Pull the cuffs of gloves over the cuffs of the gown.

FOR NOVEL AND EMERGING PATHOGENS: Initiate Contact & Droplet Precautions and wear gloves, gowns, procedure/surgical mask and face/eye protection when within 2 metres of patient.

nova scotia health authority

Developed by Infection Prevention & Control-
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GUIDE TO REMOVING PERSONAL PROTECTIVE EQUIPMENT

Droplet & Contact Precautions (Universal Masking)

1 Gloves

- Outside of glove is contaminated.
- Use glove to glove, skin-to-skin technique.
- Discard in garbage

2 Hand Hygiene

Perform hand hygiene.

Alcohol-based hand rub is preferred. Use soap and water if hand are visibly soiled.

3 Long-sleeved gown

- Carefully unfasten ties. DO NOT rip off.
- Grasp the outside of the gown at the back by the shoulders and pull down over the arms.
- Turn the gown inside out during removal.
- Carefully fold into bundle.
- Place disposable gown in garbage or place non-disposable gown in laundry hamper.

4 Hand Hygiene

Perform hand hygiene.

Alcohol-based hand rub is preferred. Use soap and water if hands are visibly soiled.

5 Face/Eye Protection

- Handle only by headband or earpieces.
- Carefully pull away from the face.
- Place non-disposable face/eye protection in designated area for disinfection & disposable items in garbage.

6 Mask OR N95 Respirator

Scenario 1- LEAVE MASK ON if wearing full face shield and mask is not visibly soiled or mask integrity is affected by moisture/ humidity. Proceed to Step 7.

Scenario 2: If you wore goggles or wearing mask with visor, mask must be removed. Do not touch front of mask, allow to fall away from face & discard.

N95 must be removed outside of room.

7 Perform Hand Hygiene

8 Exit Patient Room. Remove N95 (if applicable). Perform Hand Hygiene

9 If Applicable, Obtain New Mask or Apply Stored Mask

nova scotia health authority

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Appendix B: COVID-19 DHCP Self Screening Tool

If DHCP or staff has any ONE of the following **new or worsening** signs or symptoms, or have any of the risk factors listed below, they must not report to work and they must contact 811 and arrange for COVID-19 testing.

Sign or Symptom	**Yes or No**
Fever > 37.8 deg C	
Chills	
Muscle aches	
Cough	
Sore throat	
Loss of smell/taste	
Unusual fatigue	
Runny nose	
Congestion	
Sneezing	
Hoarse voice	
Headache	
Diarrhea	

Risk Factors	**Yes or No**
Close personal contact, without PPE, with a suspected or confirmed COVID-19 patient within the past 2 weeks	
Travel outside of Nova Scotia (by air, car, bus or otherwise) in the past 2 weeks *	
Resides or works in a facility with a known COVID-19 outbreak	

* Healthy people who have to cross the Nova Scotia land border on a regular ongoing basis to travel to work to carry out their duties, such as health care workers, are exempt from the requirement to self-isolate or self-quarantine.

Appendix C: COVID-19 Pandemic Emergency and Urgent Dental Treatment Consent Form

Patient name: _____

I understand that the novel coronavirus causes the disease known as COVID-19. I understand that the novel coronavirus has a long incubation period during which carriers of the virus may not show symptoms and still be contagious.

I understand that some dental procedures create water spray which is one way that the novel coronavirus may spread. The ultra-fine nature of the spray can linger in the air for minutes to sometimes hours. This may transmit the novel coronavirus. _____ (Initial)

I understand that, due to the frequency of visits of other dental patients, the characteristics of the novel coronavirus, and the characteristics of dental procedures, I have an elevated risk of contracting the novel coronavirus simply by being in a dental office. _____ (Initial)

I have been made aware of the Provincial Dental Board of Nova Scotia's May 27,2020 guidelines. I understand that, due to the current pandemic, all non-urgent and non-emergent dental care is not allowed. _____ (Initial)

I confirm I am seeking treatment for an urgent or an emergent condition. _____ (Initial)

I confirm that I am not presenting any of the following symptoms of COVID-19 identified by:

- Fever > 38°C _____ (Initial)
- Cough _____ (Initial)
- Sore Throat _____ (Initial)
- Shortness of Breath _____ (Initial)
- Difficulty Breathing _____ (Initial)
- Flu-like symptoms _____ (Initial)
- Runny Nose _____ (Initial)
- Headache _____ (Initial)

I confirm that I do not have any of the following medical conditions which would put me in a high risk category: diabetes, cardiovascular disease, hypertension, lung diseases including moderate to severe asthma, being immunocompromised, having active malignancy, or over age 60. _____ (Initial)

OR

I do have some/all of the medical conditions listed above and my dentist and I have discussed the risks, and I agree to proceed with treatment. _____ (Initial)

I confirm that I am not currently positive for the novel coronavirus. _____ (Initial)

I confirm that I am not waiting for the results of a laboratory test for the novel coronavirus. _____ (Initial)

I verify that I have not returned to Nova Scotia from anywhere outside of the Province whether by car, air, bus or train in the past 14 days. _____ (Initial)

I understand that any travel from anywhere outside of Nova Scotia requires self-isolation for 14 days from the date a person has returned to Nova Scotia. _____ (Initial)

I understand that Nova Scotia's Chief Medical Officer of Health has asked individuals to maintain physical distancing of at least 2 metres (6 feet) and that it is not possible to maintain this distance and receive dental treatment. _____ (Initial)

I verify that I have not been identified as a contact of someone who has tested positive for the novel coronavirus or been asked to self-isolate by the Province of Nova Scotia or any other governmental health agency. _____ (Initial)

LIST DENTAL TREATMENT(S):

_____

_____

I verify that the information I have provided on this form is truthful and accurate. I knowingly and willingly consent to have the above listed emergency or urgent dental treatment completed during the COVID-19 pandemic.

_____

SIGNATURE OF PATIENT

Printed Name_____**Date**_____

_____

SIGNATURE OF DENTIST

Printed Name_____**Date**_____