RETURN TO WORK GUIDELINES
FOR THE ORAL HEALTH PROFESSIONS OF NOVA SCOTIA

College of Dental Hygienists of Nova Scotia
Denturist Licensing Board of Nova Scotia
Nova Scotia Dental Technicians Association
Provincial Dental Board of Nova Scotia

JUNE 6, 2020
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Dear Registrant,

The four provincial oral health regulators, the College of Dental Hygienists of Nova Scotia (CDHNS), the Denturist Licensing Board of Nova Scotia (DLBNS), the Nova Scotia Dental Technicians Association (NSDTA), and the Provincial Dental Board of Nova Scotia (PDBNS), are please to provide a coordinated action plan and profession-specific protocols and guidance related to the safe resumption of care for the five oral health professions in Nova Scotia.

Like Premier Stephen MacNeill and Dr. Robert Strang (Chief Medical Officer of Health, CMOH), the oral health regulators are committed to a phased-in approach, with a slow and steady progression towards relaxing restrictions.

The purpose of this document: To provide a comprehensive package that consolidates standards, guidance, and expectations regarding provision of oral health care to Nova Scotians. It is focused on delivery of care during this next Phase/Stage – delivery of emergency and urgent care.

Intended audience: This document is for dental health care providers (DHCPs): registered dental assistants, registered dental hygienists, registered dental technicians, denturists, and dentists.

The direction in this document pertains to the delivery of care in community/private practice settings. These include, but are not limited to, private practice clinics, private mobile or community-based practices, and school-based practices.

DHCPs employed by hospitals, health authorities, and long-term care facilities are still bound by their regulatory body and should refer to any additional guidance provided by their employers, e.g. Nova Scotia Health Authority.

Objectives: To continue to minimize the risks and control the transmission of SARS-CoV2 during provision of oral health care by DHCPs.

Updates: As new evidence/data arises, these documents will be revised as necessary. All DHCPs are expected to remain current and comply with the most current version of the Protocols.

Roles and Responsibilities of each regulated professional: You must comply with the requirements of your regulatory body, including the relevant legislation and scopes of practice. If you have any questions regarding scope of practice, or the standards or protocols outlined in the profession-specific document, please contact your regulatory body directly. The contact information is found at the end of the profession specific section.

Document lay out: There are five sections within this document, one for each regulatory body, which includes the profession-specific protocols and guidance for each profession. There is a separate Table of Contents for each of the four sections. The fifth section that has all of the relevant appendices that are referred to in the profession-specific documents.

Education: The oral health regulators will provide registrants with educational resources and educational sessions regularly to ensure registrants are competent in the provision of care during the phased/staged return to practice. This is in addition to the resources included in the Appendices.
Sincerely,

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President, NSDTA

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Registrar, CDHNS

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COVID-19 REOPENING PLAN AND PROTOCOLS
FOR DENTAL HYGIENISTS IN ALL PRACTICE SETTINGS
STAGE 2: EMERGENCY AND URGENT CARE

Updated: June 6, 2020

These Protocols are current as of June 6, 2020 and will be updated as needed.
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1. Introduction

1.1 Background on the Novel Coronavirus

COVID-19 refers to the disease caused by the novel coronavirus, SARS-CoV-2. The research on the behaviour of this virus is rapidly evolving, but it is mainly thought to be spread through respiratory droplets when an infected person talks, coughs, or sneezes and by contact transmission. COVID-19 is quite contagious with significant asymptomatic spread and may cause serious complications for those individuals who are over 60 years old, immunocompromised, and/or with underlying health conditions. Although not considered to be an airborne spread disease, such as measles, there are circumstances whereby the virus may become aerosolized to much smaller particles (<5 um). These aerosols can then linger in the air longer, spread farther, and be inhaled, which could lead to infection. Dental hygiene procedures—such as the use of ultrasonic scalers, three-way syringes, and slow-speed handpiece instruments—can be capable of aerosolizing the client’s saliva. The risk of aerosol transmission can be reduced by avoiding aerosol generating procedures (if possible), using proper personal protective equipment (PPE), and adopting aerosol protective measures.\textsuperscript{1,2,3}

The SARS-CoV-2 virus, the virus that causes COVID-19, is expected to remain a critical threat and health issue until an acceptable vaccine and treatment is available.\textsuperscript{4}

1.2 Providing Oral Health Services During the Pandemic

Stage 1: On March 24, 2020, the Nova Scotia government issued a revised order under the Health Protection Act that limited regulated health professionals, with the exception of physicians, pharmacists, nurse practitioners, nurses, and paramedics, from engaging in private practice except for in-person emergency or urgent care services, including dental hygienists. Earlier in the week, on March 21, 2020, a separate order had been issued restricting dentistry to the provision of dental care to emergency services.

Throughout Stage 1, the College of Dental Hygienist of Nova Scotia (CDHNS) strongly recommended full closure of dental hygiene practices. Referrals were to be made, as necessary, to the approved Provincial Dental Board of Nova Scotia (PDBNS) Emergency Clinics. Referral information and the definition of oral health emergencies were circulated to all CDHNS Registrants.

Stage 2: Pursuant to the May 27, 2020, Order by the Chief Medical Officer of Health (CMOH) of Nova Scotia, effective June 5, 2020, all dental practices in Nova Scotia will be authorized to provide Stage 2 emergency and urgent dental and dental hygiene services in those practice settings. Pursuant to the revised order’s effective date, the CDHNS will remove its strong recommendation that dental hygiene practices remain closed and will support the initiation of emergency and urgent care in private dental hygiene practices. To provide these services, the protocols outlined in this document must be followed.

To develop the reopening plan and protocols for Nova Scotia dental hygienists, the CDHNS worked collaboratively with the Chief Medical Officer of Health (CMOH), Dr. Robert Strang; the Department of Health and Wellness (DHW); all provincial oral health regulators; the provincial oral health associations; Dalhousie’s Faculty of Dentistry; grassroots dental hygienists; other provincial dental hygiene regulators; and the Canadian Dental Hygienist Association (CDHA).

Stage 3: Unless advised otherwise, effective June 19\textsuperscript{th} non-urgent (non-essential) dental hygiene care will be permitted.
This document provides protocols for Stage 2—providing emergency and urgent oral health care. It is appropriate to provide needed care that—if left untreated—would become a more significant burden on our healthcare resources and significantly compromise client health. The need for such emergency and urgent care must be weighed against the risk of COVID-19 exposure to clients and dental healthcare providers (DHCP) and non-clinical staff.

CDHNS registrants are expected to adhere to the following protocols in conjunction with appropriate clinical judgment on making decisions when providing dental hygiene services or providing supportive care along with the oral health care team (e.g., in a dental or denturist practice) for emergency and urgent oral health care.

This is a fluid document that will be updated as new evidence-based information becomes available, including when the dental hygiene community proceeds to a subsequent stage of provision of clinical care. You are expected to follow the current protocols at all times. Refer to Section 11 for the Revision Log table.

1.3 Differences between the CDHNS Document and the PDBNS Document

The majority of dental hygienists provide clinical dental hygiene services in dental practice settings (e.g., community dental clinics). As much as possible, the CDHNS Protocols are congruent with the Provincial Dental Board of Nova Scotia’s (PDBNS) document entitled COVID-19 Reopening Plan for Dental Clinics – Emergency and Urgent Care.

The wording in this CDHNS document has been revised to align with dental hygiene practice and other practice settings that dental hygienists may provide care, such as dental hygiene practices and education. Some changes you may notice that do not affect the original intent of the PDBNS document are as follows:

- To minimize confusion between the NS government’s phases and the oral health field phases, the CDHNS has chosen to use the term “Stage” rather than “Phase” when referring to the changes in resumption to practice.
- The terms client and patient are used interchangeably.
- Sections have been reordered for chronological sequencing; some wording has been revised to improve clarity.
- As needed, clarification is provided around dental hygiene scope of practice.

Protocols that differ significantly between this CDHNS document and the PDBNS document are identified by red text. At all times, regardless of practice setting, dental hygienists are expected to comply with the CDHNS Protocols.

1.4 Dental Hygienists’ Roles and Responsibilities

Dental hygienists in Nova Scotia who are returning to practice are expected to follow the most current protocols and guidance provided by the CDHNS. If you fail to abide by these protocols, it may be considered professional misconduct and you may be subject to discipline, including licensing sanctions. You are reminded of the general principles:

- You are a regulated health care professional.
- It is your responsibility to comply with your regulatory body, the CDHNS. This includes adherence to relevant legislation (including the Dental Hygienists Act and Regulations), the
Standards of Practice ([Code of Ethics [CDHA 2012], Practice Standards [CDHA, 2010], these Protocols, and all CDHNS policies).

- As a dental hygienist, your focus is on the public, and “your primary accountability is to the client” (CDHA, 2012, p. 2).\(^5\)
- You must maintain current knowledge of infection prevention and control (IPC), including protocols to reduce and mitigate the risk of spread of the novel coronavirus and the disease, COVID-19.

In accordance with the CDHA Code of Ethics, you are accountable for your own actions. Page 2 states, “Accountability pertains to taking responsibility for one’s actions and omissions in light of relevant principles, standards, laws, and regulations. It includes the potential to self-evaluate and be evaluated. It involves practising competently and accepting responsibility for behaviours and decisions in the professional context”.\(^5\)

The CDHNS recognizes that you may not always be in a decision-making role. You should not return to practice if the protocols outlined in this document cannot be followed; e.g., appropriate and required PPE is not available. Both the employer and the employee have responsibilities under the Occupational Health and Safety (OHS) legislation:
https://www.novascotia.ca/just/regulations/rxam-z.htm#ohs

Know the legislation and comply with it. For example, according to 7 (A) (2) of the Regulations, “before any work is undertaken, an employer must ensure that the necessary information, instruction, training, supervision, facilities and equipment are provided to implement any part of a policy, procedure, plan or code of practice applicable to a workplace.”

As you apply your professional judgment, consider the following: the client’s condition and risk factors, the incidences of COVID-19 cases in your region, workplace configuration and the availability or Personal Protective Equipment (PPE), and access to necessary cleaning and disinfecting supplies.

Any directives or orders from the DHW or the CMOH take precedence over any statements in this document.

Each practice setting/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. Provincial government inspectors may be performing spot checks of practices to assess compliance.

2. Stage 2: Emergency and Urgent Care

Use the following information to determine what constitutes emergency and urgent care. This guidance will be updated as COVID-19 restrictions change in Nova Scotia. Exercise appropriate clinical judgment to manage emergency and urgent oral health care needs.

During Stage 2, do not treat clients who present with COVID-19 risk factors, have 2 or more symptoms, or have been diagnosed with COVID-19, in community dental/dental hygiene practices. You may:
(1) Defer treatment until testing has been completed and comes back negative or resolved, or
(2) Refer client to one of the PDBNS-approved emergency dental clinics for care. (Visit http://pdbns.ca/covid19/emergency-dental-clinics for up-to-date approved emergency dental clinics.)
2.1 Emergencies

Oral health care emergencies are potentially life-threatening conditions that 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, as prescribed by a client’s dentist or physician;
- Pain that cannot be controlled with a course of antibiotics/analgesics, as prescribed by a client’s dentist or physician;
- Orofacial trauma; or
- Prolonged post-operative bleeding.

For dental hygienists who are part of an oral health care team managing emergency care in a dental office or dental facility, you may provide care during emergencies that fall within your scope (e.g., client pre-screening, radiographs, comprehensive health history review, and client follow-up) or areas listed in Table 2.

2.2 Urgent Care

Urgent oral health 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. During this stage, dental hygienists are to provide care to existing clients for the continuum of care as necessary. New clients may be seen if they are experiencing symptoms that fall within the emergency or urgent care definitions. Any conditions that are not listed under 2.1 Emergency Care and 2.2 Urgent Care are not to be provided during Stage 2.

Table 1 contains the full list of urgent care conditions identified by the PDBNS. Table 2 identifies the conditions that fall within the dental hygiene scope of practice. If a client presents with any condition outlined in Table 1 that is not within the scope of dental hygiene practice, or your individual scope of practice, refer the client to a community dental clinic for treatment of that condition.

Table 1: Full Listing of Urgent Care Conditions Identified by the PDBNS

<table>
<thead>
<tr>
<th>Urgent Care Conditions (PDBNS)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Severe dental pain from pulpal inflammation</td>
</tr>
<tr>
<td>2. Pericoronitis or third molar pain</td>
</tr>
<tr>
<td>3. TMJ/Facial pain that is not adequately managed pharmacologically</td>
</tr>
<tr>
<td>4. Time sensitive post-surgical follow-up appointments</td>
</tr>
<tr>
<td>5. Dental trauma, such as avulsion or luxation injuries</td>
</tr>
<tr>
<td>6. Dental treatment required prior to critical medical procedures</td>
</tr>
<tr>
<td>7. Surgical post-operative osteitis, dry socket dressing changes</td>
</tr>
<tr>
<td>8. Abscess, or localized bacterial infection, resulting in localized pain and swelling</td>
</tr>
<tr>
<td>9. Tooth fracture resulting in pain or causing soft tissue trauma</td>
</tr>
<tr>
<td>10. Final crown/bridge cementation if the temporary restoration is lost, broken, or causing gingival</td>
</tr>
</tbody>
</table>

Updated: June 6, 2020
Table 2 outlines the urgent care conditions that fall within the scope of dental hygiene practice, as defined in Section 22 of the Dental Hygienists Act and Sections 25 and 26 of the Dental Hygienist Regulations. The numbers in this list correspond with the conditions outlined in Table 1.

Regardless of the general scope of practice of dental hygiene, “a dental hygienist shall only engage in the practice of dental hygiene to the extent that the practice is within the member’s individual scope of practice” [Act, Section 23 (2)]; i.e., you must be individually competent (and authorized, if applicable), to perform any specific skills, techniques, or methods.

Table 2: Urgent Care Conditions that NS RDHs May Treat

<table>
<thead>
<tr>
<th>Correlated Number in Table 1</th>
<th>Urgent Care Conditions (NS RDHs)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. 11</td>
<td>Examination of abnormal tissue for the purpose of referral</td>
</tr>
<tr>
<td>2. 6</td>
<td>Dental hygiene treatment required prior to critical medical procedures (e.g., prior to chemo or hip/knee replacements)</td>
</tr>
<tr>
<td>3. 2</td>
<td>Pericoronitis or third molar pain</td>
</tr>
<tr>
<td>4. 8</td>
<td>Periodontal abscess, or localized bacterial infection resulting in localized pain and swelling</td>
</tr>
<tr>
<td>5. 14</td>
<td>Suture removal</td>
</tr>
<tr>
<td>6. 4</td>
<td>Time sensitive post-surgical follow-up appointments</td>
</tr>
<tr>
<td>7. 12</td>
<td>Snipping or adjusting an orthodontic wire or appliances piercing or ulcerating the oral mucosa, and orthodontic procedures necessary to prevent harm to the client, under the written order of a dentist, as per Dental Hygienist Regulations, Section 25 (d)</td>
</tr>
<tr>
<td>8. 15</td>
<td>Smoothing rough edges on appliances to prevent further tissue trauma if a client is experiencing pain or discomfort, when function is impeded</td>
</tr>
<tr>
<td>9. 13</td>
<td>Extensive dental caries, managed with interim measures (e.g., Atraumatic Restorative Therapy [ART], Interim Stabilization therapy [IST], silver diamine fluoride application)</td>
</tr>
<tr>
<td>10. 13</td>
<td>Defective restorations, managed with interim measures (e.g., ART/IST, silver diamine fluoride)</td>
</tr>
</tbody>
</table>
2.3 Non-Urgent Care

Non-urgent care is not to be performed during Stage 2. Examples of non-urgent dental hygiene care include:

- Initial or periodic oral examinations and recall visits, including routine radiographs
- Routine dental hygiene procedures and preventive therapies
- Orthodontic treatment initiation (done in compliance with Section 25 (d) of the Dental Hygienist Regulations)
- Aesthetic dental hygiene procedures (e.g., bleaching)
- Laser instrumentation
- Non-urgent periodontal treatments

2.4 Aerosol Generating Procedures (AGP) and Non-Aerosol Generating Procedures (NAGP)

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 clients. Avoid AGPs whenever possible. Examples of AGPs for dental hygienists are listed below.

Not all RDHs may be competent to use some of the equipment or techniques listed. If this is the case, you must restrict yourself until you are competent to perform it, in accordance with any relevant CDHNS Standards or Policies.

- three-way (“tri”) air-water syringe
- ultrasonic and sonic devices
- high-speed handpiece (RDHs must not remove tooth structure when using a handpiece)
- slow-speed handpiece in the presence of water/saliva
- lasers
- micro-abrasion
- air polishers

Non-aerosol generating procedures (NAGPs) are procedures with a lower likelihood of generating aerosols. This includes procedures like administration of local anesthetic, topical anesthetic, and non-injectable anesthetic. Use techniques to minimize the risk of aerosol generation (e.g., four-handed dentistry, high volume evacuation).

The CDHNS supports the use of four-handed dentistry, including use of high-volume evacuation, by a licensed dental assistant during dental hygiene procedures that may require it. This is also of importance when a client is compromised and at more risk (e.g., swallowing issues and/or at risk of aspiration).
2.5 Additional Considerations for All Procedures

As noted in section 2.4, avoid AGPs whenever possible. If it is deemed that a dental hygiene procedure must be performed during Stage 2, consider the following strategies to minimize the potential for aerosol exposure to the dental hygienist and the client:

- Select the appropriate PPE based on the procedure being performed (see Section 7)
- 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 client expectorate the rinse back into the cup
- Use rubber dam isolation and/or other isolation techniques
- Use high-volume evacuation suction
- Use the four-handed dentistry technique (Note: In accordance with the Dental Assistant Regulations (Sections 6 and 7), the dentist must be on-site for a DA to assist the RDH with any intra-oral procedures listed in their Regulations.)
- Minimize water use when using handpieces (e.g., turn off water on high speed when appropriate)
- Perform hand scaling versus ultrasonic/sonic scaling, if possible, for dental hygiene therapy that falls under urgent care (e.g., treating a periodontal abscess or prior to medical treatment).
- Use the three-way air water syringe only when necessary; and minimize simultaneous use of air and water
- Review previous protocols and practices in your practice setting to see whether they can be revised to minimize risk and/or repeated need for donning and doffing PPE (e.g., can a runner be integrated into the practice workflow to perform certain procedures?)

3. Prior to Opening

As you work with all staff in your practice setting to prepare for provision of clinical oral health care services, consider the following:

- Evaluate current supply of PPE and new supplies needed
- Determine screening practice for COVID-19, following the current provincial requirements
- Set methods to reduce/eliminate aerosol production
- Revisit office policies that may be a barrier to clients staying home when sick, and preventing potential COVID-19 transmission, e.g., client cancellation policies (re: charging fees)
- Develop strategies for social distancing among clients and the team
- Discuss scheduling changes to allow for appropriate cleaning and disinfecting between clients, additional time required to perform procedures, and to manage other workflow changes (e.g., staggered appointments)
  - Stagger appointment times to facilitate physical distancing between clients and to reduce waiting room exposure
  - Schedule vulnerable/immunosuppressed client requiring care at an optimal time of day
  - Consider additional dates or times to manage backlog, if required
  - Staff may require additional time to become more proficient with new processes, or to perform procedures based on new protocols
• Ensure your practice setting’s IPC/OHS Standards are up-to-date and complete, including robust protocols around regular evaluation for quality improvement and compliance
• Establish an IPC/OHS Coordinator, if this was not done previously
• Complete necessary orientations to ensure that all staff members understand and comply with these protocols
• Establish/revise roles and responsibilities of each team member
• Establish policies, following applicable provincial/federal requirements, regarding staff screening for symptoms and update staff sick leave policies
• Plan logistics for a smooth re-opening e.g., office equipment maintenance; air and water lines; general clean and disinfection of office, including operatories; place supply orders
• Determine how changes will be communicated to clients (e.g., post signage that explains physical distancing, PPE requirements for the workplace, signage to alert visitors of the signs and symptoms of COVID-19 and how to practice proper etiquette) — visit https://novascotia.ca/coronavirus/staying-healthy/
• Remove all magazines, toys, and non-essential items from reception/waiting area and operatories to prevent contamination

4. Before the Appointment (Client Pre-Screening)

To protect clients and DHCPs from possible virus transmission, pre-screen clients via remote communications. Pre-screening questions must include:

• COVID-19 symptoms
• COVID-19 risk factors
• Underlying medical risk factors
• Nature of the chief complaint

Sections 4.1 and 4.2 list the COVID-19 symptoms and risk factors.

If the client’s chief complaint does not fall under conditions listed in 2.1 or 2.2, defer client treatment to a later Stage. Instruct the client to contact the practice if anything changes in their condition that would require care during Stage 2.

Refer to the decision-making flowchart on the next page.
4.1 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 headache
- New or worsening shortness of breath

*Please note:* These are the symptoms being assessed for provision of care; additional symptoms are being monitored for provincial surveillance purposes.

4.2 COVID-19 Risk Factors

- Close personal contact, without PPE, with a suspected or confirmed COVID-19 client 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) in a facility/”hot spot” with a known COVID-19 outbreak

4.3 Two or More COVID-19 Symptoms or Any Risk Factors Present

If the client responds **YES** to **two or more** of the COVID-19 symptoms, **or** if the client response **YES** to **any** of the risk factors, follow these protocols:

1) Confirm if client has been tested for COVID-19.
a) If no, direct client to call 811 for testing.
b) If yes, determine when results will be confirmed and use this information to develop your triage plan.

2) Assess whether the oral health condition falls under an emergency or urgent care.

a) Emergency Care
   i) Refer client referred to an approved PDBNS 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).

b) Urgent Care
   i) Refer client referred to an approved PDBNS 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).
   ii) Client should be managed pharmacologically, if appropriate, by the client’s dentist or physician.

c) Non-Urgent Care: Defer treatment until a future stage allows for provision of non-urgent care. Continue to monitor these clients to ensure their oral health conditions do not become an emergency or urgent.

4.4 Zero or One COVID-19 Symptom and No Risk Factors Present

If the client has either no COVID-19 symptoms or responds YES to only one of the COVID-19 symptoms, and if the client responds NO to all of the risk factors, treat the client in your practice setting using the protocols outlined in this document.

Always factor in the additional risk factors associated with a client’s underlying medical risk factors to determine if it is appropriate to treat a client in your practice setting versus referring to a specialist or PDBNS approved facility.

For dental hygiene practice owners, if the client presents with conditions listed in 2.1 or 2.2 that are not within your scope of practice, refer the client to a community dental practice and provide all relevant information and any additional assessments (e.g., radiographs).

4.5 Management of Clients Who Have Had COVID-19

People with COVID-19 who have ended home isolation can receive emergency and urgent care. In Nova Scotia, discontinuation of home isolation for clients 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 (off antipyretics) 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. Clients with COVID-19 will be informed of the end of self-isolation by Public Health. Refer to Nova Scotia’s Interim Guidance on Public Health Measures for more details. Clients 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 the necessary care using airborne precautions.

4.6 Daily Assessment for Staff

Symptoms for assessment of staff are different from the symptoms used to assess for provision of clinical care for clients. 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 other staff members who develop ANY new or worsening symptoms of COVID-19 must exclude themselves from the workplace.
and call 811. 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. Always ensure that the privacy of each employee is maintained when documenting these results.

**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.

### 4.7 Client Consent Forms

Consider obtaining specific COVID-19 consent from clients prior to delivering care. Verbal consent is appropriate. If verbal consent is obtained, document this consent in the client’s record.

See Appendix C for an example of a COVID-19 client consent form, developed by the PDBNS. This form has been designed by the PDBNS for use in dental practices. If you are a dental hygiene practice owner, revise the form accordingly.

### 5. During the Appointment

The movement of clients and staff, as well as their in-person contact, must be carefully managed, as outlined below.

#### 5.1 Clients

- Have clients notify the office (e.g., call from their vehicle) once they have arrived and direct them when it is appropriate to enter the clinic.
- Ensure provincial physical distancing requirements (2 metres; numbers of gatherings) are followed in reception/waiting areas (e.g., directing clients when to enter the clinic, use ground markings and barriers to manage office flow).
- Review screening questions again prior to allowing clients entry into the clinic.
- Have accompanying individuals wait outside of the office (exception being a legal guardian or a caregiver, who should also be screened).
- Encourage client to bring their own non-surgical or surgical masks to the appointment; if they do not have a mask, provide one for them for using during their visit.
- Ensure client performs hand hygiene (washes their hands or uses hand sanitizer) upon initial entry to the practice, proceeding directly to the operatory, if possible.
- Clients should NOT touch door handles. Have staff open all doors for clients.
- Have the client perform hand hygiene before they leave the practice.
- Record contact information for clients and any individual who may accompany the client to the appointment.

#### 5.2 Staff

- Any staff not working in client care areas (e.g., receptionists) or who do not have direct client 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.
- All staff providing direct client care or working in client care areas must wear a surgical mask at all times and in all areas of the workplace. This includes involvement in direct client contact and
in cases where they cannot maintain adequate physical distancing (2 metres) from clients and co-workers.

- Use of staff common areas (e.g., staff rooms) must be scheduled to enable staff to maintain physical distancing.
- Follow all appropriate IPC protocols before, during, and after the appointments (e.g., in non-clinical areas, such as the reception area, all touchable surface areas are to be cleaned and disinfected regularly with a Health Canada-approved surface cleaner).

6. After the Appointment

6.1 Client Is Leaving

As the client is leaving:

- Try to have paperwork completed before the client arrives at reception.
- Choose a touchless payment method, if possible.
- After the client leaves, clean and disinfect all client contact surfaces, including clothes hangers, door knobs, pen, etc.

6.2 Client Follow-Up

Institute a policy to contact all clients who receive emergency and urgent oral health care, 48 hours after receiving treatment. Ask clients if they are exhibiting any signs or symptoms of COVID-19. If a client reports signs or symptoms of COVID-19, refer the client to 811. Office staff are to follow the Centres for Disease Control and Prevention (CDC) guidelines: https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html

6.3 Handling Packages and Items

- 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”.

CDHNS COVID-19 Reopening Plan and Protocols for Dental Hygienists in All Practice Settings

Stage 2: Emergency and Urgent Care

Updated: June 6, 2020
7. Personal Protective Equipment (PPE)

According to the Canadian Centre for Occupational Health and Safety (CCOHS), there are several ways to control workplace hazards, including the risk of exposure to viruses such as the novel coronavirus:

- **Elimination (including substitution):** Remove the hazard from the workplace, or substitute (replace) hazardous materials or machines with less hazardous ones e.g., screening.
- **Engineering Controls:** Includes designs or modifications to practices, equipment, ventilation systems, and processes that reduce the source of exposure.
- **Administrative Controls:** Controls that alter the way the work is done, including timing of work, policies and other rules, and work practices such as standards and operating procedures (including use of four-handed dentistry, training, housekeeping, equipment maintenance, and personal hygiene practices).
- **Personal Protective Equipment (PPE):** Equipment worn by individuals to reduce exposure such as contact with chemicals or exposure to noise.

These methods are known as the “hierarchy of controls”, with PPE being the lowest in that hierarchy. PPE should never be the only method used to reduce exposure, except under very specific circumstances, because PPE may “fail” (stop protecting the worker) with little or no warning. For example, "breakthrough" can occur with gloves, clothing, and respirator cartridges. (Canadian Centre for Occupational Health and Safety, 2020)

This document provides other methods to help reduce workplace exposure risks, such as elimination (e.g., pre-screening, deferral or referral of care), engineering and administrative controls—and in this document, we are focusing on the new risk, the novel coronavirus.

Historically, the use of personal protective equipment (PPE) in the oral health field 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** include:

- Hand hygiene
- Use of PPE
- Respiratory hygiene/cough etiquette
- Sharps safety
- Safe injection practices
- Cleaning and disinfecting environmental surfaces.

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. 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 the oral health field, 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 client (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 oral health 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.

7.1 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 clients during the global COVID-19 pandemic.** They must be used for treating all clients, 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.\(^9\),\(^10\)

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.

The DHCP may choose what type of eye protection 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.

Want to know more about selecting appropriate eye protection? Visit https://www.ccohs.ca/oshanswers/prevention/ppe/glasses.html

Eye protection (goggles and/or face shield) must be removed and reprocessed after each client encounter and/or more frequently if it becomes visibly soiled or difficult to see through. If a disposable face shield is reprocessed, rather than disposed after a single use, it should be dedicated to one DHCP. 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 client care area if they need to remove their eye protection.

**Cleaning and Disinfecting Eye/Face Protection**

Adhere to recommended manufacturer instructions for cleaning and disinfecting eye/face 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, consider the following:

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

If an item is labelled single-use disposable, it is not to be reused. Other items are reusable and may be reprocessed, in accordance with Manufacturer’s Instructions.

### 7.2 Gowns/Lab Coats

Gowns/lab coats are long-sleeved garments that are intended to be client-specific items of protective clothing. Gowns/lab coats 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. **They must be removed prior to seeing the subsequent client.** \(^{11,12,13}\)

It is strongly recommended that gowns that tie at the back are used during AGPs rather than lab coats. If lab coats must be selected, in addition to long sleeves, preferable features include closures (snaps, buttons) that can be fastened and secured. \(^{13}\)

Gowns/lab coats can be disposable and made of synthetic fibre or a washable cloth gown. Washable cloth gowns/lab coats are also referred to as “reusable linens”. If resources are limited and disposable PPE items are not available, use reusable items (e.g., a washable cloth gown) and launder properly after each use, or send to an appropriate external laundering facility. See details in Safe Management of Reusable Linens (Laundry).

### 7.3 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. Table 3 outlines the ASTM mask standards. The main difference between ASTM levels is their resistance to penetration by synthetic blood at different velocities to simulate different types of bleeding.

**Table 3: ASTM Standards - Designation: F2100 – 19 Standard Specification for Performance of Materials Used in Medical Face Masks**

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Level 1 Barrier</th>
<th>Level 2 Barrier</th>
<th>Level 3 Barrier</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bacterial filtration efficiency, %</td>
<td>≥95</td>
<td>≥98</td>
<td>≥98</td>
</tr>
<tr>
<td>Differential pressure, mm H(\text{2}O)/cm(^2)</td>
<td>&lt;5.0</td>
<td>&lt;6.0</td>
<td>&lt;6.0</td>
</tr>
<tr>
<td>Sub-micron particulate filtration efficiency</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>at 0.1 micron, %</td>
<td>≥95</td>
<td>≥98</td>
<td>≥98</td>
</tr>
<tr>
<td>Resistance to penetration by synthetic blood</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>minimum pressure in mm Hg for pass result</td>
<td>80</td>
<td>120</td>
<td>160</td>
</tr>
<tr>
<td>Flame spread</td>
<td>Class 1</td>
<td>Class 1</td>
<td>Class 1</td>
</tr>
</tbody>
</table>
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 client 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/](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. 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.14,15,16

Table 4: Adapted from: World Health Organization. “Rational use of Personal Protective Equipment for Coronavirus Disease 2019 (COVID-19).” (February 27, 2020)

<table>
<thead>
<tr>
<th>Setting</th>
<th>Staff</th>
<th>Clients Procedure/Activity</th>
<th>Type of PPE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Client room</td>
<td>Dental Health Care Provider (DHCP)</td>
<td>Providing direct care (NAGP)</td>
<td>Surgical mask*,15,16,17</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Eye/Face protection 9,10</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Protective clothing (scrubs)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Gloves</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Aerosol-generating procedures (AGP)**</td>
<td>Fit-tested N95 respirator or alternative15,16,17</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Eye/Face protection 9,10</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Gown/lab coat13,18,11</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Gloves</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Surgical mask*,15,16,17</td>
</tr>
</tbody>
</table>
### Setting and Staff for NAGPs

- **Clients Procedure/Activity:** Disinfecting treatment rooms for AGPs
- **Type of PPE:**
  - Eye/Face protection\(^9,10\)
  - Protective clothing (scrubs)
  - Gloves

### Setting and Staff for Visitors

- **Clients Procedure/Activity:** No visitors in room during AGP
- **Type of PPE:**
  - Surgical Mask\(^*,15,16,17\)
  - Eye/Face Protection\(^9,10\)
  - Gown/lab coat\(^13,18,11\)
  - Gloves

### Setting and Staff for Reception

- **Clients Procedure/Activity:** Arrival screening
- **Type of PPE:**
  - Surgical Mask\(^*,15,16,17\) or protective barrier around reception desk
  - Maintain spatial distance of at least 2m when possible.

*ASTM I, II or III

** Including legal guardian or caregiver, when essential

### 7.4 Alternatives to Respirators

It is strongly recommended that you use 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. (Refer to Health Canada’s website for the most up-to-date information.) A surgical mask with a full-face shield can be considered as an acceptable alternative if an N95 respirator is not available.\(^21,22\) Use your clinical judgment and complete a risk assessment when deciding to use an alternative to an N95 respirator.

### 7.5 Facility Requirements

Facility Requirements as outlined by in the PDBNS Interim Guidance Document:

- The PDBNS suggests placing a transparent barrier (plexiglass/plastic) at the reception desk to ensure separation between staff and clients during transactions, or that reception staff wear a surgical mask.
- 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.

In Nova Scotia, the risk of community transmission is very low. Further, since all clients who have COVID-19 risk factors or symptoms are either deferred until they are confirmed negative or recovered, or referred to facilities that have the necessary infrastructure to provide airborne precautions (as outlined in Section 4.3), the CDHNS concurs with these decisions for dental hygiene practices as well. The CDHNS
will continue to monitor incoming evidence and local epidemiology, along with all stakeholders. As necessary, these requirements will be revised.

### 7.5.1 Ventilation

Ventilation is a common control for preventing exposure to toxic material. Well-designed and well-maintained ventilation systems can remove toxic vapors, fumes, mists or other airborne contaminate from the workplace preventing staff exposure. Effective ventilation can reduce airborne hazards. Use of high evacuation ventilation is strongly recommended as a best practice.

### 7.5.2 Environmental Cleaning

Routine practices, which include cleaning and disinfection of surfaces, are important to control the spread of COVID-19. In addition to this, any high touch surfaces that are visibly soiled should be immediately cleaned and disinfected.

This is a current list of products that meet Health Canada’s criteria for use against SARS-CoV-2 (the virus that causes COVID-19): https://www.canada.ca/en/health-canada/services/drugs-health-products/disinfectants/covid-19/list.html

### 7.5.3 Waste Management

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

### 7.6 Safe Management of Reusable Linens (Laundry)

All linen used in the direct care of clients 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. \(^{18,20}\)

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 practice setting.
8. Infection Prevention and Control Measures

8.1 Considerations

  - Remember that if there is any discrepancy between this document and the NSDA document, you must follow these protocols.
  - Revisit your practice setting’s IPAC protocols to determine if any updates or revisions are required, e.g., review these protocols, consider Canadian Standards Association Standards for community health care settings.
  - The 2013 NSDA IPAC document is currently under review. For the time being, this will be the standard for dental and dental hygiene private practices until new IPAC Guidelines/Standards are adopted.
- 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 client. Before purging is carried out, handpieces and air/water syringe tips must be removed from the waterlines.
- 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.
- Ensure that cleaning staff are fully-versed in the enhanced cleaning protocol for COVID-19 (refer to PPE table).
- Regularly clean and disinfect high-touch surfaces in the front desk area, waiting room/reception area, 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](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.
    - Use a 70% -90% alcohol-based hand sanitizer, as noted in the NSDA IPAC Guidelines.
- 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.


Members are responsible for all aspects of dental hygiene in which the member practices, and for any individuals that are being supervised by the member.
• Maintain current knowledge of infection prevention and control and keep up to date on COVID-19 information.
• Educate staff on COVID-19, how it spreads, risk of exposure, including those who may be at higher risk (i.e. have underlying health conditions) and procedures to follow including reporting, proper hand washing practices and other routine infection control precautions.

The *Occupational Health and Safety Act, 1996* requires employers to take every reasonable action to protect the health and safety of workers. It also makes employers responsible for providing PPE, maintaining it in good condition and ensuring that the required PPE is worn by employees. Under this Act, employees also have the responsibility to use PPE required by law and the employer.

If members require any further clarification on any treatment decisions, they can contact the CDHNS at info@cdhns.ca.

10. References

7. [https://www.cdc.gov/oralhealth/infectioncontrol/pdf/safe-care2.pdf](https://www.cdc.gov/oralhealth/infectioncontrol/pdf/safe-care2.pdf)
8. [https://www.cdc.gov/infectioncontrol/basics/transmission-based-precautions.html](https://www.cdc.gov/infectioncontrol/basics/transmission-based-precautions.html)
15. [https://www.cdc.gov/niosh/nptt/topics/respirators/disp_part/default.html](https://www.cdc.gov/niosh/nptt/topics/respirators/disp_part/default.html)
17. [https://www.cdc.gov/infectioncontrol/guidelines/environmental/background/laundry.html#g6](https://www.cdc.gov/infectioncontrol/guidelines/environmental/background/laundry.html#g6)
20. https://www.cdc.gov/infectioncontrol/guidelines/environmental/background/laundry.html
11. Revision Log

<table>
<thead>
<tr>
<th>Date</th>
<th>Section</th>
<th>Change: Word changes highlighted in yellow</th>
</tr>
</thead>
<tbody>
<tr>
<td>June 6, 2020</td>
<td>1.2</td>
<td>This is a fluid document that will be updated as new evidence-based information becomes available, including when the dental hygiene community proceeds to a subsequent stage of provision of clinical care. You are expected to follow the current protocols at all times. Refer to Section 11 for the Revision Log table.</td>
</tr>
</tbody>
</table>
| June 6, 2020 | 4.6    | Symptoms for assessment of staff are different from the symptoms used to assess for provision of clinical care for clients. 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 other staff members who develop ANY new or worsening symptoms of COVID-19 must ("must" now bolded) exclude themselves from the workplace and call 811. 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. Always ensure that the privacy of each employee is maintained when documenting these results. 

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. |
| June 6, 2020 | Appendix B | New intro added: If DHCPs or office staff have any of the following new or worsening signs or symptoms, or have any of the risk factors listed below, they must exclude themselves from work and they must contact 811 and arrange for COVID-19 testing. Appendix B’s table has an updated list of symptoms and now includes the listing of the risk factors. The full list was not put into this table – refer to Appendix B. |
Denturist Licensing Board of Nova Scotia

Guidelines on Return to Practice Emergency and Urgent Treatment

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

Denturist Licensing Board of Nova Scotia Guidelines on Return to Practice Emergency and Urgent Treatment

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

It is appropriate to provide needed care, that if left untreated, becomes a more significant burden on our health care resources and significantly compromise patient health. The need for this emergent and urgent care must be weighed against the risk of COVID-19 exposure to patients and dental healthcare providers.

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

Offices must maintain infection prevention and control standards, if at any time these standards cannot be maintained and proper personal protective equipment {mask (min level 2 or 3), eyewear (glasses with side protection or face shield), gowns, gloves and proper air filtration} is not available to provide services then your office must revert to mandatory closure.

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.
Emergency, Urgent Care and Non-Urgent Care

Please use the following information to assist you in determining emergency, urgent care, and non-urgent care. This guidance is to be followed and adapted to, as COVID-19 restrictions change in Nova Scotia. Denturists are required to exercise appropriate clinical judgement to manage emergency and urgent dental care for their patients and people in their communities.

A. Dental Emergencies

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

This condition includes:

- A complication with a fixed denture which cannot be removed by the patient. (This does not fall within a denturist’s scope of practice in Nova Scotia)

B. 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. These should be treated in a manner that is as minimally invasive as possible.

These conditions include:

- Denture adjustments or repairs when mastication is impeded
- Procedures related to aftercare for immediate dentures i.e. tissue conditioners not including relines.

C. Non-Urgent Dental Care

Non-Urgent Dental Care is any dental care not included under Urgent Dental Care. Examples of Non-Urgent Dental Care include:

- Relines, Rebases, Denture Cleanings
- New Denture Fabrication (CUD, CLD, PUD, PLD)

Aerosol Generating Events (AGE’s) and Non-Aerosol Generating Events (N-AGE’s)

Aerosol Generating Event’s (AGE’s) are events that can generate aerosols that consist of small droplets in high concentration and present a risk for airborne transmission (e.g., Coronavirus, influenza).

AGE’s should be avoided whenever possible. Examples of AGE’s would include the use of:

- High Speed Handpiece
- Slow Speed Handpiece/ Bench Lathe
- Patient Sneezing, Coughing, or Gagging
- Ultrasonic

Non-Aerosol Generating Events have a lower likelihood of generating aerosols.
Daily Assessment for Office/Clinic Staff and Patients  
(Revised: June 4, 2020)

Denturists and office staff must screen themselves daily for symptoms in Appendix D and risk factors as listed below. Any staff member who develops ANY new or worsening symptoms of COVID-19 must exclude themselves from the workplace call 811. Consider using a chart to record the screening results (see Appendix D). 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.

Procedures to Provide Services

1. Telephone contact is made with patient.

   Patients who request treatment to treat an urgent or non-urgent dental condition need to be pre-screened via remote communications. This is important to protect both patients and Denturists 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.

   Encourage patients to bring their own non-surgical or surgical masks to the appointment.

2. Pre-screening questions must include the following:

   **COVID-19 Symptoms:**

   **Ask do you have:**
   - Fever or feverish (greater than 38°C) or feverish chills, sweats, muscle aches, light headedness
   - New or worsening cough
   - Sore throat (difficult swallowing)
   - New or worsening runny nose
   - New or worsening headache
   - New or shortening of breath

   If the patient has responded **YES** to two or more of the screening assessment questions listed above and has not been tested for COVID-19, direct them to call 811.

   **COVID-19 Risk Factors:**

   **Ask if they have experienced any of the following:**
   - 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 in a facility with a known COVID-19 outbreak

   If patient responds **YES** to **two** or more of the above screening assessment questions for risk factors, **Delay Treatment** until such time they can answer **No.**
3. No COVID-19 Symptoms or No Risk Factors

If the patient responds **NO** to all the pre-screening questions, or responds **YES** to only two of the COVID-19 symptoms, and they fall into a treatment category that is urgent or non-urgent (see definitions/examples listed above), treat the patient in your clinic using the protocols outlined in this document.

Complete an inventory of Personal Protective Equipment to ensure that you can complete treatment with each patient.

All staff providing direct patient care or working in patient care areas must wear a surgical/procedure mask continuously, 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 meters) from patient 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, unless a preferred physical barrier (e.g. plexiglass or clear vinyl) is in place or if physical distancing (2 meters) cannot be maintained.

Remove all magazines/chairs etc. from waiting area to prevent contamination.

Inside the treatment area, remove all nonessential items for direct patient care.

Encourage patients to bring their own non-surgical or surgical masks to the appointment

Patients should NOT touch door handles – staff should be opening all doors for patients. Once inside office, ask patients to refrain from using their cell or mobile device, if they forget ask them to use hand sanitizer again.

4. If proceeding with providing services, please follow the below guidelines:

- Coordinate a time for the patient to attend the office, only 1 patient in the office at a time and your office doors should remain locked to the general public to mitigate risk. If the patient is a new patient, then the initial patient questionnaire should be completed over the telephone to ensure reduced patient interaction when attending the office.

- It is suggested that the patient remain in their car or outside office upon arrival and to contact you by phone to check-in. Any non-essential escorts/family members should not be permitted unless absolutely necessary.

- Allow a minimum of 15 minutes between scheduled appointments to allow for proper disinfecting and sterilization.

- When patient enters office and checks-in have a table set up with disinfecting wipes and/or disinfecting spray with paper towel and hand sanitizer.

- It is recommended, prior to escorting patient to the operatory, that you take their temperature using a forehead noncontact thermometer only (safe temperature is below 38 °C) and take a pulse oximeter reading (a normal oximeter oxygen level reading is between 95% and 100%).
If the patient’s temperature is under 38°C then direct them to use the hand sanitizer and they should immediately be escorted to the operatory by personnel who must be wearing personal protective equipment: mask (level 2 or 3), eyewear (glasses with side protection or faces shield) and gloves. If the patient’s temperature is over 38°C, then they must immediately leave and must not return for no less than 10 days.

- Patient consent forms: It is recommended that the denturist receive specific COVID-19 consent from patients prior to delivering treatment. See (Appendix C) for an example of a COVID-19 patient consent form. This form has been designed by the PDBNS for use in dental practices. If you are a denturist, revise the form accordingly.

- 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.

- Continue services with patient and at all times maintain proper infection prevention and control standards while wearing personal protective equipment: mask (level 2 or 3), eyewear (glasses with side protection or face shield) gloves. (gown if procedure requires grinding)

***It is recommended that a denture adjustment does not leave the operatory to mitigate risk and cross-contamination.

***If at any point you are required to leave the operatory to go to the lab then the denture MUST be disinfected and you must remove gloves, perform hand hygiene and replace gloves and while in lab wear gown. Before returning to the operatory, the denture MUST be disinfected and you must remove gown, remove gloves, perform hand hygiene and replace gloves. ***Follow the proper donning and doffing of PPE (see Appendix A)

***A suction unit/dust collector with a HEPA filter system or equal is to be utilized in both operatory and laboratory when using a handpiece or bench motor. This is to be used in conjunction with proper disinfection procedures. It is important to contact the manufacturer of your specific suction unit to determine suitability and effectiveness.

- When services are completed and no further patient contact is required remove gloves, perform hand hygiene, (if you are also working reception remove remaining PPE as shown on page 17) and escort the patient immediately out of the office unless payment is required. If payment is required, then personnel completing payment with patient must wear mask (minimum level 1) and gloves and ask the patient to limit contact with items other than those required to complete payment. If payment processing device is used ensure it is wiped down and gloves are immediately discarded and perform hand hygiene.

- Wipe down and disinfect any and all surfaces that were or could have been touched.

- Disinfect work surfaces and sterilize all instruments used in the operatory and laboratory. Any instruments that cannot be sterilized must be disinfected.

- Record contact information for patients and any individual who may accompany the patient to the appointment.

- Remove personal protective equipment: gloves, gown, eyewear (glasses with side protection or face shield), mask (level 2 or 3), disinfect glasses and perform hand- hygiene. (Follow removal of PPE on page 17).
If the patient becomes symptomatic during the clinical visit:

If a patient becomes symptomatic (cough, sore throat, runny nose, fever, shortness of breath) during a clinical visit, the following requirements apply:

- The symptomatic patient should be given a mask and sent home immediately in a private vehicle avoiding public transportation if possible.
- They should complete the online self-assessment tool once they have returned home and be tested for COVID-19.
- Once the symptomatic patient has left the clinic, clean and disinfect all surfaces and areas with which they may have come into contact.
- The employer should immediately assess and record the names of all close contacts of the symptomatic patient.
- The information will be necessary if the symptomatic patient tests positive for COVID-19.

Potential Exposure Guidance

Even with the strictest screening procedures in place, it is possible that a non-symptomatic patient or healthcare professional who attended to the denture clinic for services may, after the fact, test positive for COVID-19. The denturist, when they become aware of the patient’s positive test or onset of symptoms, must contact all patients and staff who were in the clinic in the 48 hours leading up to and past the positive patient’s positive test result or their onset of symptoms. The denturist should ask the patients or staff if they are experiencing any COVID-19 signs or symptoms (fever, sore throat, shortness of breath). If the patient reports any signs or symptoms, have them call 811.

If a denturist or support staff becomes symptomatic your office must revert to mandatory closure until such time that a positive or negative Covid-19 test becomes available. If results are negative, operations may resume but if results are positive then the office must contact all patients that could have come into contact with your office 2 days prior to positive test results and you must remain closed for no less than 14 days, upon which time you may return to the office for deep cleaning and then re-open in accordance with these guidelines.

After the Appointment As the patient is leaving:

- Try to have paperwork completed before the patient arrives at reception.
- Please refrain from accepting cash and cheques as payment options, if possible.
- After the patient leaves, disinfect all patient contact services, including coat hangers, doorknobs, etc.

Patient Follow-Up A policy should be instituted to contact all patients who received emergency and urgent dental care 48 hours after receiving treatment. Patients should 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 Centre for Disease Control and Prevention (CDC) guidelines which can be found here: https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assessment-hcp.html
Reminder:

The following applies to the Denturist office and all Personnel in the office:

MUST maintain a 6-foot distance between yourself and others (other than as required to provide services to patient).

Street clothes (including shoes) MUST be changed immediately to clinic clothes (scrubs or designated clothes) upon arrival to office and changed back to street clothes when leaving office. The office clothes must immediately be bagged and washed whether on-site or by a laundry service.

Method of Personal Protective Equipment is as follows: mask (level 2 or 3), eyewear (glasses with side protection or face shield), hand hygiene then gloves, gown for aerosol creating or grinding procedures.

MUST maintain proper record keeping procedures.

Some clinics may need to remain closed due to shortage of Personal Protective Equipment (PPE) or for other personal reasons. However, all Licensed Denturists are required to remain available to patients via electronic communication methods by forwarding phones, checking messages, and contacting patients who may require ongoing support.

It is important to note that patient appointments will need to be limited to maintain public health measures and to mitigate risks to patients, staff and practitioners. There should be a sense of an urgent need for the patient to attend your office. The question you should ask is “can the patient wait to have this procedure and what is this patient’s risk level?”

Personal Protective Equipment

Personal Protective Equipment

When a pathogenic outbreak occurs within a community or health care 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.

Dental health care professionals 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 (AGE vs non-AGE). There are several types of PPE recommended to mitigate risk during the provision of dental care. These include eye/face protection (goggles, face shields, safety glasses), respiratory protection (surgical masks, fit tested respirators), gowns (disposable, reusable) and gloves.
1. Eye/Face Protection

Safety glasses and/or face shields are recommended to be used when treating patients during the global COVID-19 pandemic. They should be used for treating all patients regardless of the type of procedure being performed (AGE vs N-AGE).

Eye protection should 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 person and reprocessed whenever it is visibly soiled or removed (e.g., when leaving the isolation area) prior to putting it back on. Denturists should take care not to touch their eye protection. If they touch or adjust their eye protection, they must immediately perform hand hygiene. Denturists 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.

2. Gowns

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. 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. If resources are limited and disposable PPE items are not available, use reusable items (e.g. disinfectable cotton gowns or lab coats) and disinfect properly after each use.
3. Masks (Level 2 and 3) and Respirators (N95)
Fitted N95 respirators are recommended when performing aerosol procedures, however ASTM level 2 and 3 surgical masks are acceptable if you do not have access to N95.

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.

The biggest challenge (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 which concisely outlines strategies to address this very issue. 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.

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

<table>
<thead>
<tr>
<th>Setting</th>
<th>Staff</th>
<th>Patients Procedure/Activity</th>
<th>Type of PPE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient room</td>
<td>Dental Health Care Provider (DHCP)</td>
<td>Providing direct care (NAGP)</td>
<td>Surgical mask*, Eye/Face protection, Protective clothing (scrubs), Gloves</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Aerosol-generating procedures (AGP)</td>
<td>Fit-tested N95 respirator or alternative, Eye/Face protection, Gown/lab coat, Gloves</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Disinfecting treatment rooms for NAGPs</td>
<td>Surgical mask*, Eye/Face protection, Protective clothing (scrubs), Gloves</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Disinfecting treatment rooms for AGPs</td>
<td>Surgical mask*, Eye/Face Protection, Gown/lab coat, Gloves</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Visitors</td>
<td>No visitors in room during AGP</td>
</tr>
<tr>
<td>Reception</td>
<td>Front office staff</td>
<td>Arrival screening</td>
<td>Surgical Mask* or protective barrier around reception desk</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Maintain spatial distance of at least 2m when possible.</td>
</tr>
</tbody>
</table>
Alternatives to Respirators

The DLBNS 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. It is imperative that dentists use their clinical judgment and a risk assessment when deciding to use an alternative to an N95 respirator.

Facility Requirements

At present, the DLBNS does not require dental practices to make major infrastructure changes, changes to existing office designs (i.e. floor to ceiling walls and doors).

The DLBNS 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.

Ventilation is a common control for preventing exposure to toxic material. Well-designed and well-maintained ventilation systems can remove toxic vapours, fumes, mists or other airborne contaminant from the workplace preventing staff exposure. Effective ventilation can reduce airborne hazards. Use of high evacuation ventilation is strongly recommended as a best practice.

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 two meters should be maintained in the handling of packages. Consider contactless shipping and receiving methods such as leaving the package on a door step. If physical distancing cannot be maintained, proper PPE (i.e., surgical/procedure masks 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”.

Safe Management of Linen (laundry)

All linen used in the direct care of patients should 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.

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. Those bags used should be disposed of 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.

**TRAINING ON INFECTION PREVENTION AND CONTROL PROTOCOLS**

Members are responsible for all aspects of denture technology practice in the denture clinic in which the member practices.

- Maintain current knowledge of infection prevention and control and keep up to date on COVID-19 information.

- Educate staff on COVID-19, how it spreads, risk of exposure, including those who may be at higher risk (i.e. have underlying health conditions) and procedures to follow including reporting, proper hand washing practices and other routine infection control precautions.

The *Occupational Health and Safety Act, 1996* requires employers to take every reasonable action to protect the health and safety of workers. It also makes employers responsible for providing PPE, maintaining it in good condition and ensuring that the required PPE is worn by employees. Under this Act, employees also have the responsibility to use PPE required by law and the employer.
Infection Prevention and Control Measures

(based on the IPAC guideline for Denturists- v.2)

Primary Considerations:

- Regularly disinfect high touch surfaces in the front desk area, waiting room, and staff room using a Health Canada approved disinfection product [https://www.canada.ca/en/health-canada/services/drugs-health-products/disinfectants/covid-19/list.html](https://www.canada.ca/en/health-canada/services/drugs-health-products/disinfectants/covid-19/list.html) and ensure use of appropriate contact times.

- Emphasize hand hygiene as an important measure for preventing the transmission of microorganisms. Hand hygiene can be performed using soap and running water or an alcohol-based hand rub. Minimum time for hand washing is 20 seconds and for alcohol-based hand rubs follow minimum times recommended by manufacturer.

- When placing instruments in an ultrasonic cleaner prior to the sterilization process, the lid must be kept on the unit to ensure aerosols are not created.

- All Denturists must practice social distancing when possible.

- Use a covered container for transport of soiled instruments from operatory to sterilization area, disinfecting container between uses. Ensure the disinfecting product is approved by Health Canada.

- Do not store disposables, gloves, supplies, gauze, tissues, in open area of the treatment room. Clear the treatment areas of all items other than those necessary to carry out the treatment.

Other Considerations:

Ensure garbage containers are waterproof and have tight fitting lids, preferably operated by a no touch mechanism. Plastic bags should be used to line the container and do not overfill.
COVID-19 Guidance

INTRODUCTION

This document will guide Registered Dental Technicians in making the appropriate considerations for returning to practice. We have engaged with The Provincial Dental Board of Nova Scotia, the associations, the Department of Health and Wellness and our national counterparts to provide this guidance.

The directives from the Department of Health and Wellness and the Chief Medical Officer of Health take precedence over guidance in this document. The NSDTA relies on members to use their professional judgement in deciding whether they can return to practice. Considerations include incidences of COVID-19 cases in the area, workplace configuration and the availability of Personal Protective Equipment (PPE) and cleaning supplies. As the situation evolves and more is known about COVID-19, the NSDTA will update the guidance contained in this document.
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INFECTION PREVENTION AND CONTROL STANDARD
This document highlights considerations necessary during the COVID-19 pandemic.

COMMUNICATION
Changes to protocols upon the return of practice should be communicated to staff and clients. Signage should be posted that explains physical distancing and Personal Protective Equipment (PPE) requirements of the workplace. There should also be signage to alert visitors of the signs and symptoms of COVID-19 and how to practice proper etiquette:

• Government of NS: [https://novascotia.ca/coronavirus/staying-healthy/- cough-sneeze](https://novascotia.ca/coronavirus/staying-healthy/- cough-sneeze)

WORKPLACE CONSIDERATIONS
The NSDTA recognizes that members practice in a variety of settings (e.g. clinical, education) and may not always be in a decision-making role. Members should not return to practice if these guidelines cannot be followed, or appropriate and required PPE is unavailable.

The Government of NS has specific guidelines for preventing the spread of COVID-19. However, many common practices can be applied such as removing unnecessary items at reception and limiting the sharing of stationary.

Physical Distancing
• A minimum physical distance of two meters should always be maintained. Ways to ensure appropriate physical distancing include holding team meetings outdoors, staggering shift times, limiting the number of individuals present at one time, and using ground markings and barriers to manage traffic flow.
• If physical distancing cannot be maintained or if a proper physical barrier (e.g. plexiglass) is not in place, an appropriate mask must always be worn.

Hand Hygiene
• Places of practice must have sufficient supplies and effective access to perform frequent hand hygiene. This can be done using sinks supplied with soap and water, or with alcohol-based hand sanitizer (greater than 70% alcohol content).
• Hand hygiene should be performed according to NS Public Health guidelines: [https://novascotia.ca/coronavirus/Hand-Washing-Poster.pdf](https://novascotia.ca/coronavirus/Hand-Washing-Poster.pdf) and posted in applicable areas.

Clothing
• Workplace and protective clothing, including gowns and lab-coats, should not be worn outside the workplace.
• Protective clothing should be changed at least daily, or if it becomes visibly soiled or significantly contaminated by potentially infectious fluids or materials.
• Change clothing at work and bag your clothes. If the workplace does not supply uniform and laundry, set up a decontamination station at home.
Ventilation
- Ventilation is a common control for preventing exposure to toxic material. Well-designed and well-maintained ventilation systems can remove toxic vapors, fumes, mists or other airborne contaminate from the workplace preventing staff exposure. Effective ventilation can reduce airborne hazards. Use of high evacuation ventilation is strongly recommended as a best practice.

Environmental Cleaning
- Routine practices, which include cleaning and disinfection of surfaces, are important to control the spread of COVID-19. In addition to this, any high touch surfaces that are visibly soiled should be immediately cleaned and disinfected.
- This is a current list of products that meet Health Canada’s criteria for use against SARS-CoV-2 (the virus that causes COVID-19): https://www.canada.ca/en/health-canada/services/drugs-health-products/disinfectants/covid-19/list.html

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

PERSONAL PROTECTIVE EQUIPMENT
Personal protective equipment (PPE) is critical to the health and safety of all healthcare workers, as well as the patients you care for. The use of PPE is always mandatory when providing laboratory services. Professional judgement should be used to determine the appropriate PPE for the activity being performed.
- PPE is only effective when it is in good condition and put on (donned) and removed (doffed) correctly. Steps to putting on and taking off PPE: https://www.cdc.gov/hai/pdfs/ppe/PPE-Sequence.pdf
- Use PPE appropriately to prevent unnecessary use of limited supplies and other PPE resources (e.g., N95 masks).
- N95 masks, or suitable alternatives, should be reserved for performing aerosol generating procedures on items that have had direct patient contact and when providing AGP services directly to patients.

LABORATORY PROCEDURES
Measures must be taken in the practice of dental technology to prevent the transmission of COVID-19. It is mandatory to perform hand hygiene before and after any contact with a dental protheses, impressions, orthodontic appliances, other prosthodontics, materials, instruments, and equipment.
Handling Packages and Items

- 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”.

Aerosol Generating Medical Procedures

An aerosol-generating procedure is defined as an activity that creates either fine, solid, particulate matter or liquid droplets in the air. Currently, there is inadequate scientific research to assess the risk of aerosol-generating procedures in oral healthcare setting including dental laboratories. However, aerosols may be generated by high-speed, low-speed and other rotary handpieces, ultrasonic and other similar devices. Examples include polishing or grinding of patient dental prostheses or devices (i.e. have been in the patient’s mouth) for the purpose of adjustment or repair.

It is strongly recommended that aerosol generating medical procedures be avoided whenever possible. If an aerosol will be generated, the following requirements must be met:

- Enhanced PPE and precautions must be used when engaging in aerosol generating procedures on dental protheses, impressions, orthodontic appliances, other prosthodontics, materials, instruments, and equipment that have had direct patient contact (i.e. N95 mask or equivalent as per Health Canada, gloves, eye protection AND face shield, and protective gown). In the absence of an N95 mask, consider surgical mask and face shield as an alternative to an N95. The proper use of an N95 mask requires each person to be appropriately fitted prior to use.
- A dedicated space, such as a containment box, to prevent the spread of aerosols to other parts of the workplace.

PATIENT CARE

The risks to in-person care should be weighed against the benefits. Appointments should only be scheduled if there is a clean and dedicated patient area, and if PPE requirements can be met. The NSDTA recognizes that each practice setting is arranged and functions differently. Professional judgement must be used to make the necessary adjustments to enhance protection of patients and staff. When these guidelines cannot be met, the patient must not be seen.
Prior to the Appointment

- Patients should be screened over the phone for COVID-19 using the screening questions developed by the Government of Canada: https://www.csc-scc.gc.ca/001/006/001006-1009-en.shtml. If there is a positive result, the patient should contact their primary care provider or call 811 to determine next steps.
- Notify patients of policies that limit transmission of COVID-19 such as requiring individuals accompanying them to wait outside of the workplace (e.g. in their car or hallway) unless absolutely required (e.g., a parent accompanying a young child or a patient who requires accommodation).

The Appointment

- A surgical/procedure mask should always be worn when providing direct patient care or working in patient care areas. This is in addition to the use of required PPE as part of droplet and contact precautions which include isolation gown, gloves, eye protection (goggles or face shield).
- Patients should be required to perform hand hygiene with either 70-95% alcohol-based hand rub or soap and running water upon initial entry to the workplace.
- Encourage patient to bring their own non-surgical or surgical masks to the appointment; if they do not have a mask, provide one for them for using during their visit.
- Record contact information for patients and any individual who may accompany the client to the appointment.
- Patients should rinse with 1% hydrogen peroxide, or equivalent, for at least 30 seconds prior to procedures in the oral cavity.
- Clean and properly disinfect (whenever possible sterilize) all instruments or devices which have had direct patient contact.

COVID-19 PROTOCOLS

Screening

Protocols must be used to ensure that the Member and individuals they supervise determine their fitness to work on an ongoing basis. Those who screen positive or exhibit symptoms should not enter the workplace.

Potential Exposure Guidance

Workplaces must consider how they will respond should staff or visitors screen or test positive for COVID-19. COVID-19 is a designated disease of public health significance and must be reported to the local public health unit.

- A process should clearly identify who is responsible for reporting probable and confirmed cases to the local public health unit, ensuring proper documentation and implementing any advice given by the public health unit.
- All individuals who experience COVID-19 symptoms should conduct the Government of Nova Scotia’s COVID-19 Self-Assessment and follow the recommendations.
• Patients and visitors should be advised to inform office staff if they experience any symptoms of COVID-19 within the next 14 days.

TRAINING ON INFECTION PREVENTION AND CONTROL PROTOCOLS
Members are responsible for all aspects of dental technology practice in the laboratory in which the member practices and which is being supervised by the member.

• Maintain current knowledge of infection prevention and control and keep up to date on COVID-19 information.
• Educate staff on COVID-19, how it spreads, risk of exposure, including those who may be at higher risk (i.e. have underlying health conditions) and procedures to follow including reporting, proper hand washing practices and other routine infection control precautions.

The Occupational Health and Safety Act, 1996 requires employers to take every reasonable action to protect the health and safety of workers. It also makes employers responsible for providing PPE, maintaining it in good condition and ensuring that the required PPE is worn by employees. Under this Act, employees also have the responsibility to use PPE required by law and the employer.

RESOURCES (TO BE UPDATED)
https://novascotia.ca/coronavirus/working-during-covid-19/
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.³⁴
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](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

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Level 1 Barrier</th>
<th>Level 2 Barrier</th>
<th>Level 3 Barrier</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bacterial filtration efficiency, %</td>
<td>≥95</td>
<td>≥98</td>
<td>≥98</td>
</tr>
<tr>
<td>Differential pressure, mm H₂O/cm²</td>
<td>&lt;5.0</td>
<td>&lt;6.0</td>
<td>&lt;6.0</td>
</tr>
<tr>
<td>Sub-micron particulate filtration efficiency at 0.1 micron, %</td>
<td>≥95</td>
<td>≥98</td>
<td>≥98</td>
</tr>
<tr>
<td>Resistance to penetration by synthetic blood, minimum pressure in mm Hg for pass result</td>
<td>80</td>
<td>120</td>
<td>160</td>
</tr>
<tr>
<td>Flame spread</td>
<td>Class 1</td>
<td>Class 1</td>
<td>Class 1</td>
</tr>
</tbody>
</table>

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. 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.

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

<table>
<thead>
<tr>
<th>Setting</th>
<th>Staff</th>
<th>Patients Procedure/Activity</th>
<th>Type of PPE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient room</td>
<td>Dental Health Care Provider (DHCP)</td>
<td>Providing direct care (NAGP)</td>
<td>Surgical mask*,9,10,11</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Eye/Face protection 3,4</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Protective clothing (e.g. scrubs)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Gloves</td>
</tr>
<tr>
<td></td>
<td>Disinfecting treatment rooms for NAGPs</td>
<td>Aerosol-generating procedures (AGP)</td>
<td>Fit-tested N95 respirator or alternative8,9,10,11</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Eye/Face protection 3,4</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Gown/lab coat7,12,5</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Gloves</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Surgical mask*,9,10,11</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Eye/Face protection 3,4</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Protective clothing (e.g. scrubs)</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Gloves</td>
</tr>
<tr>
<td></td>
<td>Disinfecting treatment rooms for AGPs</td>
<td>No visitors during AGPs **</td>
<td>Surgical mask*,9,10,11</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Eye/Face Protection 3,4</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Gown/lab coat7,12,5</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Gloves</td>
</tr>
<tr>
<td></td>
<td>Visitors</td>
<td>Arrival screening</td>
<td>Surgical Mask*,9,10,11 or protective barrier around reception desk</td>
</tr>
<tr>
<td></td>
<td>Front office staff</td>
<td></td>
<td>Maintain spatial distance of at least 2m when possible.</td>
</tr>
</tbody>
</table>

*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. 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.

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

- 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](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

2. https://www.cdc.gov/infectioncontrol/basics/transmission-based-precautions.html
8. FDA Enforcement Policy for Face Masks and Respirators During the Coronavirus Disease (COVID-19) Public Health Emergency (Revised) U.S. Department of Health and Human Services Food and Drug Administration April 2020
12. https://www.cdc.gov/infectioncontrol/guidelines/environmental/background/laundry.html

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.

Developed by Infection Prevention & Control.
Last revised April 10, 2020.
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 hands 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 (cont.)
   - 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 were wearing 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
Appendix B: COVID-19 Self-Screening Tool (Option 1)

If DHCPs or office staff have any of the following **new or worsening** signs or symptoms, or have any of the risk factors listed below, they must exclude themselves from work and they must contact 811 and arrange for COVID-19 testing.

<table>
<thead>
<tr>
<th>Sign or Symptom</th>
<th>Yes or No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fever greater than 38 deg C</td>
<td></td>
</tr>
<tr>
<td>Chills</td>
<td></td>
</tr>
<tr>
<td>Muscle aches</td>
<td></td>
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<tr>
<td>Cough</td>
<td></td>
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<tr>
<td>Sore throat</td>
<td></td>
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<tr>
<td>Loss of smell/taste</td>
<td></td>
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<tr>
<td>Unusual fatigue</td>
<td></td>
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<tr>
<td>Runny nose</td>
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<tr>
<td>Congestion</td>
<td></td>
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<tr>
<td>Sneezing</td>
<td></td>
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<tr>
<td>Hoarse voice</td>
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<tr>
<td>Headache</td>
<td></td>
</tr>
<tr>
<td>Diarrhea</td>
<td></td>
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</tbody>
</table>

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

*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 XXXXX, 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
Oral Health Community Reopening Plan

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.
## COVID-19 Self Screening Tool

### Name:

<table>
<thead>
<tr>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y/N AM PM Date</td>
<td>Y/N AM PM Date</td>
<td>Y/N AM PM Date</td>
<td>Y/N AM PM Date</td>
<td>Y/N AM PM Date</td>
</tr>
</tbody>
</table>

Is it a new symptom?

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<thead>
<tr>
<th>Measured Temp.</th>
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<tbody>
<tr>
<td>AM</td>
</tr>
<tr>
<td>PM</td>
</tr>
<tr>
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<tr>
<td>Headache</td>
</tr>
<tr>
<td>Diarrhea</td>
</tr>
<tr>
<td>Pulse oximeter read</td>
</tr>
</tbody>
</table>

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