



Denturist Licensing Board of Nova Scotia

GUIDELINES ON RETURN TO PRACTICE – STAGE

COMPREHENSIVE CARE

Revised June 14th – In effect June 19, 2020

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Denturist Licensing Board of Nova Scotia Reopening Protocols on Return to Practice

These guidelines are current as of June 14, 2020 and will be updated and modified as needed.

The following information is for members to use as a resource in, addition to appropriate clinical judgement when making decisions to provide dental care. 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 at all time. 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 serves as the template for this plan. Ensure this is reviewed with all staff before returning to work.

These guidelines are current as of June 14, 2020 and will be updated as needed.

On May 27, 2020, Premier Stephen MacNeil announced that on June 19th, 2020, all denture clinics will be authorized to provide comprehensive (urgent, non-urgent care). This guidance is to be followed and adapted according to the protocols outlined in this document.

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

DHCP and office staff must screen themselves daily for symptoms in Appendix C 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 C). 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 basis to travel to work to carry out their duties, such as health care workers, are exempt from the requirement to self-isolate-quarantine.

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, or
- Have travelled outside Nova Scotia (by air, car, bus or otherwise) in the past 2 weeks

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

This is indicated by a patient answering **NO** to all of the pre-screening questions or responds yes to only one of the COVID-19 symptoms. If following appropriate pre-screening, it is determined that the patient has no more than one of the COVID-19 symptoms and none of the risk factors, the patient can be treated 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.

Management of Patients Who Have Had COVID-19

People with COVID-19 who have ended home isolation can receive comprehensive treatment. 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**.

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

- 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 dentist receive specific COVID-19 consent from patients prior to delivering treatment. Verbal consent is appropriate. If verbal consent is obtained, document this on the patient's record. Please contact the DLBNS for a sample form. **This sample form has been designed by the PDBNS for use in dental practices. Denturists to revise the form accordingly.**
- Use 1% hydrogen peroxide or 0.5-2.0% 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 operator 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 (Appendix A) 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

(Appendix A)

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 dentist, 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 dentist 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 the DHCP 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

Even when staff screen for respiratory infection, inadvertent treatment of a patient who is later confirmed to have COVID-19 may occur. To address this, staff should request that the patient inform the dentist clinic if they develop symptoms or are diagnosed with COVID-19 within 14 days following the appointment.

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

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 patients risk level?”.

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 health status of the patient, 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. Denturist 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)

Fit-tested N95 respirators or the equivalent 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):

Setting	Staff	Patients Procedure/Activity	Type of PPE
Patient room	Dental Health Care Provider (DHCP)	Providing direct care (NAGP)	Surgical mask*, Eye/Face protection Protective clothing (scrubs) Gloves
		Aerosol-generating procedures (AGP)	Fit-tested N95 respirator or the equivalent (as approved by Health Canada) OR surgical mask AND face shield Eye/Face protection Gown/lab coat Gloves
	Disinfecting treatment rooms for NAGPs		Surgical mask* Eye/Face protection Protective clothing (scrubs) Gloves
	Disinfecting treatment rooms for AGPs		Surgical mask Eye/Face Protection Protective clothing (e.g. scrubs) Gloves
	Visitors	No visitors in room during AGP	
Reception	Front office staff	Arrival screening	Surgical Mask* or protective barrier around reception desk Maintain spatial distance of at least 2m when possible.

Alternatives to Respirators

The DLBNS strongly recommends the use of:

- A fit-tested N95 respirator (or Health Canada approved alternative) or
- A surgical mask with a full-face shield

It is imperative that denturists 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> 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.