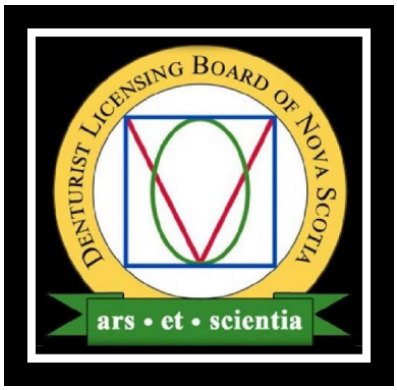

Denturist Licensing Board of Nova Scotia

GUIDELINES ON RETURN TO PRACTICE – STAGE 3

COMPREHENSIVE CARE

Updated July 2, 2020

Effective July 3, 2020

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

These Guidelines are current as of July 3, 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 decision to provide dental care. This is a fluid document and will be updated/modified as new evidenced-based information becomes available.

Offices must maintain infection prevention and control standards at all times. If at any time these standards cannot be maintained and proper personal protective equipment (Masks – Level 1, 2, or 3), eyewear (glasses with side protection or face shield), gowns, gloves and proper air filtration) is not available to provide services, your office must then 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 and must be reviewed with all staff before returning to work.

Table of Contents

On May 27, 200, Premier Stephen MacNeill announced that on June 19, 2020, all denture clinics will be authorized to provide Phase 3 **comprehensive** (urgent, non-urgent care). This guidance is to be followed and adapted according to the protocols outlined in this document.

1.0 Procedures

1.1 Aerosol Generating Events (AGE's) and Non-Aerosol Generating Events Non-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

2.0 Procedures Before Appointment

2.1 Telephone Contact with Patient

Patients who request treatment to treat an urgent or non-urgent dental condition need to be pre-screened via remotely. 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 nature of the complaint. Encourage patients to bring their own non-surgical mask to the appointment.

2.2. Before the Appointment

- Promote physical distancing between patients.
- Remove all magazines/toys etc. from waiting area to prevent contamination; and
- Patients should wear a non-medical mask to their appointment.

2.3 COVID-19 Symptoms

- Fever (greater than 38°) 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

2.4 COVID-19 Risk Factors

- Close personal contact without PPE, with suspected or confirmed COVID-19 patients within the past 2 weeks, or
- Travel outside Atlantic Canada (Nova Scotia, New Brunswick, Prince Edward
- Island and Newfoundland and Labrador (by air, car, bus or otherwise) in the past 2 weeks

2.5 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).

2.6 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, the patient can be treated using the principles outlined in this document.

2.7 Management of Patients Who Have Had COVID-19

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

2.8 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.

3.0 During the Appointment

3.1 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.

- 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. 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.

- It is recommended that that you 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 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 (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.

3.2 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 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.

4.0 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.

4.1 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 denturist clinic if they develop symptoms or are diagnosed with COVID-19 within **2 days** following the appointment. https://www.cdc.gov/coronavirus/2019-ncov/hcp/dental-settings.html#Management

5.0 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.

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 may 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 health status of the patient, as well as the nature of the procedure (AGP vs NAGP). There are several types of PPE recommended to mitigate risk during the provision of dental care. These include eye/face protection (e.g. goggles, face shields, and safety glasses), respiratory protection (e.g. surgical masks and fit-tested respirators, such as N95s), disposable or reusable gowns, and gloves.

5.1 Eye/Face Protection

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

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

It is at the discretion of the DHCP as to what type of eye protection they choose to wear. The important concept - regardless of whether goggles, a face shield, or a combination of both are used - is that the

PPE must protect the eyes of the DHCP from splatter, droplets, and aerosols that may be generated during the provision of dental care.

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

5.2 Disinfection

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

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

5.3 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.

5.4 Masks (Level 1, 2 and 3) and Respirators (N95)

Masks and Respirators (N95)

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

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

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

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

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

There are several classes of filters for NIOSH-approved filtering facepiece respirators. Ninety-five percent is the minimal level of filtration that will be approved by NIOSH. Examples include N95, Surgical N95, N99, N100, R95, R99, P95, P99, and P100. The N, R, P designations refer to resistance to oil which is not applicable to dentistry and is different than resistance to fluid. Always check to ensure that your

respirator is fluid resistant, and, if it is not, create fluid resistance by adding a surgical mask or full-face shield as mentioned above.

If surgical N95 respirators are not available and there is a risk that the worker may be exposed to high velocity droplets or splatters of blood or body fluids, a face shield or surgical mask must be worn over the commercial N95 respirator to provide the fluid resistance necessary. NIOSH and FDA standards are recognized by Health Canada. During the 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/. If commercial respirators are used as an alternative to NIOSH-approved N95 respirators, they must be fit-tested and used with a face shield or surgical mask to protect against fluid penetration.[8, 9, 10, 11]

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

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

*ASTM I, II or III

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

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.

6.0 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".

6.1 Long Term Care Facilities and In-Home Care

Ensure that all protocols outlined in the guidelines for PPE as well as physical distancing are adhered to, when possible, and that appropriate screening for COVID-19 symptoms and COVID-19 risk factors, are carried out.

For example, if the patient is in a single-family dwelling, apartment, or relative's home, ensure that you obtain all of the necessary details to ensure that you can provide safe and effective care. Examples of considerations are below:

- Determine where the patient is located in the home in relation to any facilities you require, e.g., ready access to clean handwashing facilities.
- Determine the likelihood that you will need to provide services that generate AGPs. If so, ensure that your plan encompasses how you will protect the patient's furniture and other personal items from these aerosols (within the 6 foot radius).
- Are there other individuals in the house? Will they be in the home at that time? Do they need to provide assistance to you/the patient when you're providing care?

If you are providing care to a bedridden patient in a long-term care facility, or other community-based facility, contact the facility directly to confirm that you are able to provide care. Request a copy of their site-specific work plan prior to the visit. Typically, third party providers, including denturists, will be required to provide evidence that there is a written plan that will meet the facility's standards, in addition to the Denturist protocols. In addition to the above, you may need to determine if the patient is in a private, semi-private, or four-person room; does a staff member need to be with the patient while you're providing care?

6.2 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.

7.0 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.

7.1 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.

References

1. https://www.cdc.gov/oralhealth/infectioncontrol/pdf/safe-care2.pdf
2. https://www.cdc.gov/infectioncontrol/basics/transmission-based-precautions.html
3. https://www.aao.org/Assets/7231d8d7-0332-406b-b5b6-681558dd35d3/637215419697630000/goggles-vs-faceshields-pdf?inline=1
4. https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/eye-protection.html
5. Lai MY, Cheng PK, Lim WW. Survival of severe acute respiratory syndrome coronavirus. Clinical Infectious Diseases, 2005, 41(7):67–71.
6. World Health Organization. "Infection prevention and control of epidemic- and pandemic-prone acute respiratory infections in health care." 2014
7. https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/isolation-gowns.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
9. https://www.canada.ca/en/health-canada/services/drugs-health-products/medical-devices/masks-respirators-covid19.html
10. https://www.cdc.gov/niosh/npptl/topics/respirators/disp_part/default.html
11. https://www.cdc.gov/coronavirus/2019-ncov/hcp/respirators-strategy/index.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhcp%2Frespirators-strategy%2Fcrisis-alternate-strategies.html
12. https://www.cdc.gov/infectioncontrol/guidelines/environmental/background/laundry.html
13. COVID-19: Guidance for infection prevention and control in healthcare settings. Version 1.0. Adapted from Pandemic Influenza: Guidance for Infection prevention and control in healthcare settings 2020
14. https://www.cdc.gov/infectioncontrol/guidelines/environmental/background/laundry.html
15. Long Y, Hu T, Liu L, Chen R, Guo Q, Yang L, Cheng Y, Huang J, Du L. Effectiveness of N95 respirators versus surgical masks against influenza: A systematic review and meta-analysis. J Evid Based Med. 2020 Mar 13
16. Radonovich LJ, Simberkoff MS, Bessesen MT, et al. N95respirators vs medical masks for preventing influenza among health care personnel: a randomized clinical trial. *JAMA*. 2019;322(9):824-833