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What are the workplace exclusions for DHCP?s and Office Staff with respect to exposure sites? (NEW, April 29, 2021)

There are some exposure sites that Public Health deems high risk and requires 14-day isolation for anyone present. These apply to all Nova Scotians, irrespective of where they work.

DHCP?s and office staff must take additional precautions in the exposure sites designated as moderate and high risk. DHCP and office staff must exclude themselves from work for 14 days, regardless of test results.

You will find the list of potential exposure locations by reviewing the Public Health Alerts.

A DHCP or office staff member has visited one of the moderate or high-risk exposure locations. What should they do? (NEW, April 29, 2021)

DHCP and office staff must immediately self-isolate, book a test at a Primary Assessment Center (PAC), isolate while awaiting results, and remain off work for 14 days post-exposure.

You will find the list of potential exposure locations by reviewing the Public Health Alerts.

Remember, regardless of potential exposure from the community, in accordance with Public Health and the protocols outlined in 4.6 of the CDHNS Protocols, if any staff member fails the daily screening for symptoms or risk factors, they must exclude themselves from work, i.e., be instructed not to come to work, or be sent home. They must complete the online assessment, or contact 811, and arrange for COVID-19 testing. They must await results of the testing and be cleared by Public Health before they can return to work.

What PPE is worn by a caregiver when accompanying a patient into a dental operator?

It is recommended that other individuals should not be present in the operator during patient care. If an individual such as a parent or other caregiver is present, then they must wear a mask and be 2m away from the patient. If this distance is not possible, then the individual must don the same PPE as the dental care providers. It is important that caregivers are not exposed to the patient's bacteria through spatter contamination.

How are curing lights, intra oral cameras, keyboards and mice disinfected?

Non-critical items pose the least risk of transmission of infection, as they have no contact with the patient. Non-critical items should be cleaned after use or, if contaminated, cleaned and then disinfected with an appropriate low-level disinfectant (e.g. chlorine-based products, 0.5% accelerated hydrogen peroxide, 3% hydrogen peroxide, 60 to 95% alcohols, iodophors, phenolics and quaternary ammonium compounds). Cleaning and disinfection of some non-critical items may be difficult or could damage surfaces. It may be preferable to use disposable barriers to protect these surfaces.

How are alginate or other impressions disinfected?

Impressions, prostheses, or appliances should be cleaned and disinfected as soon as possible after removal from the patient's mouth, before drying of blood or other organic debris. The manufacturer's instructions regarding the stability of specific materials during disinfection should be consulted. Wet impressions or appliances should be placed in an impervious bag prior to transportation to a commercial dental laboratory.

Are there any special precautions I should take before sending work to a dental lab?

Impressions, prostheses, or appliances should be cleaned and disinfected as soon as possible after removal from the patient's mouth, before drying of blood or other organic debris. The manufacturer's instructions regarding the stability of specific materials during disinfection should be consulted. Wet impressions or appliances should be placed in an impervious bag prior to transportation to a commercial dental laboratory. As a precautionary measure, labs should 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. Labs must clean and disinfect the area for receiving incoming cases immediately after decontamination of each case. Labs must clean and properly disinfect (whenever possible sterilize) items before sending them out, and must package and label to indicate "cleaned". Please see "Dental Laboratory Asepsis" p. 37 NSDA IPAC 2013.

The dental practice I work in is an open concept office. What are the barrier requirements between dental chairs?

There are a number of different factors to consider. These include spacing, physical barriers, air exchange in the clinic and mitigation strategies to reduce aerosols. There should be physical barriers of adequate height and length between operatories and 2 metres spacing between operatories.

If you practice in an open concept office with no physical barriers separating chairs and you are performing an AGP, treat one patient only in the space. This does not apply when performing a non-AGP procedure and physical distancing measures are met.

The air exchange in the clinic should be optimized to reduce the aerosols generated with AGPs. In addition, the use of dental dam (whenever possible) and the effective use of HVE and four-handed dentistry will significantly reduce aerosols.

The physical barriers between chairs must be solid so that they can be cleaned and disinfected. In addition to Plexiglas barriers, supplemental barriers, may be used to direct staff/ patient flow.

What is the site-specific back to work plan? Is it required?

Every dental office must have a back to work site plan as directed by the Chief Medical Officer of Health and Occupational Health and Safety. This plan is to be office specific using the Guidelines developed in the COVID -19 Reopening Plan for Denture Clinics document that can be found on the DLBNS website.

What about asymptomatic carriers who may present for dental care?

At this point in time, there is limited evidence of transmission of SARS-CoV-2 from people who are asymptomatic and never develop symptoms. Most evidence from other respiratory viruses suggest that transmission events predominantly occur with the peak of symptoms (highest fever, levels of coughing, sneezing and rhinorrhea).

During the development of the COVID-19 Return to Work Guidelines for the Oral Health Professions of Nova Scotia, there was a great deal of thought and research put into answering this very question. Input was received from Nova Scotia's Chief Medical Officer of Health, infectious disease experts, Occupational Health and Safety, and Public Health.

To summarize, there is minimal data on cultivatable viral loads with SARS-CoV-2 in asymptomatic, pre-symptomatic, and pauci-symptomatic infection, and on the proportion of transmission which may be attributed to these categories. The risk mitigating (not eliminating) measures included in the COVID-19 Return to Work Guidelines for the Oral Health Professions of Nova Scotia, including screening protocols, enhanced infection control, and additional PPE requirements have been implemented to reduce the potential for transmission from the asymptomatic carrier. These steps are intended to keep the public and Dental Healthcare Providers (DHCPs) safe.

Is it necessary to carry out pre-screening of patients as well as screening on the day of the appointment?

The importance of screening cannot be over-emphasized. Screening helps to identify patients who are possibly infected with COVID-19 before they enter a clinic, receive care and possibly transmit the virus in the process. Pre-screening (telephone screening) should be done prior to the day of the appointment (when feasible), in addition to in-person screening on the day of the appointment. Screening must include COVID-19 symptoms and COVID-19 risk factors.

Are DHCP and staff sitting in an office far from patients required to wear a mask?

You are not required to wear a mask if you are alone.

What about patients who do not have the mental capacity to wear a mask?

Exemptions to wearing a mask may include ? anyone with a valid medical reason for not wearing a mask, anyone who is reasonably accommodated under the Human Rights Act of Nova Scotia, and anyone who is unable to remove the mask without assistance.

Are patients who claim to have a medical reason for not wearing a mask required to wear one?

For information regarding the exemptions for wearing a mask, please go to: <https://novascotia.ca/coronavirus/masks/#Exemptions>

It is up to the DHCP's discretion regarding the evidence that a patient should provide about the medical reason for not wearing a mask. DHCP's should use their clinical judgement in such circumstances which may include contacting a patient's physician to understand the reason why a mask cannot be worn.

For additional information regarding public mask use, please go to:

<https://novascotia.ca/coronavirus/masks/>

One of my patients has a cold and failed the screening. What should I do?

If a patient in the past 48 hours has had, or is currently experiencing:

A fever (measured temperature greater than 38.0) or fever like symptoms (chills or sweats)

OR

A new or worsening cough

OR

Two or more of the following symptoms (new or worsening):

? Sore throat? Runny nose/nasal congestion? Headache? Shortness of breath

If a patient fails screening, it is impossible to say with certainty that they do not have COVID-19 and they must complete the on-line assessment and if unable to do so be directed to call 811. Therefore, unless it is a true dental emergency their treatment should be delayed and managed pharmacologically.

If it is a true dental emergency they 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).

One of my staff has a cold and failed the screening. What should I do?

If a member of the office staff fails the daily screening, they must be instructed not to come to work or sent home. They must complete the on-line assessment and if unable to do so, contact 811 and arrange for COVID-19 testing. They must await results of the testing and be cleared by Public Health before they can return to work.

If a staff member in the past 48 hours has had, or is currently experiencing:

A fever (measured temperature greater than 38.0) or fever like symptoms (chills or sweats)

OR

Cough (new or worsening)

OR

Two or more of the following symptoms (new or worsening):

? Sore throat? Runny nose/nasal congestion? Headache? Shortness of breath

If a staff member fails screening, it is impossible to say with certainty that they do not have COVID-19. Therefore, they should not be present at work in order to reduce the risk of transmission and directed to call 811.

If I have a patient who has confirmed that they were in a location that has been identified by a Public Health Alert AND been instructed by Public Health to self-isolate AND/OR be tested for Covid-19, can this patient be treated?

The list of locations identified by Public Health Alerts can be found at the following link: [Potential Covid-19 Exposures](#)

The oral health regulators take direction from the CMOH when situations such as this arise.

If the patient screens positive for any of the COVID-19 risk factors, 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 by teledentistry until such time as their COVID-19 status is known. Patients who screen positive for symptoms and/or risk factors and 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).

Hierarchy controls state the importance of pre-screening and screening. Therefore, all offices must

continue to ensure patients pass the screening questions for COVID-19 symptoms and COVID-19 risk factors. The importance of screening cannot be over-emphasized, and this provides a good example of why it is important to perform pre-screening (telephone screening) prior to the office visit, as well as a re-screening on the day of the appointment. Screening helps to identify patients who are possibly infected with COVID-19 before they enter a clinic, receive care and possibly transmit the virus in the process.

Is Hydrogen Peroxide still appropriate for use as a pre-procedural mouth rinse?

Use of a PPMR is considered to be one mitigation strategy to control the risk of exposure to viruses, such as the novel coronavirus. For more information, please consult the cited reference.

Vergara-Buenaventura A, Castro-Ruiz C. Use of mouthwashes against COVID-19 in dentistry [published online ahead of print, 2020 Aug 15].Br J Oral Maxillofac Surg. 2020;doi:10.1016/j.bjoms.2020.08.016

After careful review of the current information, Nova Scotia's oral health regulators have concluded there is no compelling reason to remove hydrogen peroxide from the PPMR options.

Will oral health care providers be administering the vaccine in Nova Scotia?

We are looking at community clinic models and how a broad range of potential immunizers (such as dentists and dental hygienists) could, with additional training, play a role at these clinics. There is much work to be done on this but we are engaging with the Regulated Health Professions Network on this topic.

When will oral health care providers receive the COVID 19 vaccine during the roll out in Nova Scotia?

According to the Chief Medical Officer of Health, oral health care providers would be part of the large group of health care workers not directly involved in assessing or treating possible COVID patients. This group would be part of phase 2 which we anticipate beginning in late April.

I have a patient who has travelled outside of NS /PE/ NB in the past 14 days and they do not fit into to any of the self-isolation exemption categories. Can I treat their family?

No. If the patient (traveller) is self-isolating in the same household as the family member, you are not to treat the family member until they have finished their mandatory self-isolation. If there is a safe and completely isolated section of a home where the traveller can self-isolate, then other people living there do not have to self-isolate as well. This also applies to anyone else who is in the residence where that individual is isolating e.g., roommates.

As of Nov 9, 2020, the NS Government has updated their restrictions and the Order. People travelling into Nova Scotia from outside NS/PE for non-essential reason must self-isolate alone or with others who are self-isolating for the same period. If there are other people in the same household, they must also self-isolate for the full 14 days as well. The list of people deemed to be travelling for essential purposes is located [here](#).

If the individual is experiencing a dental emergency, refer to the protocols listed in section 2.4 of the COVID-19 REOPENING PLAN FOR DENTURE CLINICS STAGE 3 COMPREHENSIVE CARE for full details on how to appropriately triage someone's oral health care needs.

What are the differences between rotational workers and essential workers?

Essential workers are workers, such as truck drivers, who have been exempted from self-isolation requirements when arriving in Nova Scotia. This exemption applies even if the essential worker has travelled outside of Canada.

Rotational workers are residents of Nova Scotia who work in another part of Canada. If rotational workers travel outside of Canada, they must respect all self-isolation requirements under Nova Scotia's Health Protection Act. Rotational workers, such as workers in the oil fields, may receive oral health care treatment within 14 days of returning to Nova Scotia from their work within Canada, however any rotational worker that has travelled outside of Canada cannot receive oral health treatment within 14 days of being outside of Canada.

Essential workers, however, such as truck drivers, can receive oral health care treatment within 14 days of returning from a trip outside of Canada.

For both essential workers and rotational workers triage and manage oral health care needs by tele-dentistry whenever possible. Oral health care providers are to use their clinical judgement

regarding the scheduling of appointments and treatment performed. While rotational workers and essential workers may book an appointment within 14 days of returning to Nova Scotia, they are not exempt from pre-screening and screening and must pass these requirements to be treated at a denture clinic.

Can an essential worker receive oral health care in a denturist clinic without waiting for 14 days after they return to Nova Scotia?

Essential workers in Nova Scotia must follow the COVID-19 Protocol for Exempt Travelers under the authority of the Chief Medical Officer of Health which can be found here:

<https://novascotia.ca/coronavirus/docs/COVID-19-Protocol-for-exempt-travellers-en.pdf>

Healthy workers in the trade and transportation sector who are employed in the movement of goods and people across the Nova Scotia border by land, air, or water, including truck drivers, crew, maintenance and operational workers on any plane, train, or food production plants.

Canadian military personnel, Coast Guard and RCMP; and First responders, including police, fire and EHS paramedic workers. This also includes members of their immediate household.

Triage and manage the oral health care needs of essential workers (and the members of their household) by tele-dentistry whenever possible. While these workers are not required to self isolate

for 14 days, they must pass pre-screening and screening requirements to be treated in a dental office. The Chief Medical Officer of Health notes that screening protocols are the best control measure. With COVID-19 testing, there is the issue that a single negative test is not a good way to screen out COVID-19 given the limitations of our current testing technology when testing asymptomatic individuals (up to 20% false negative).

It is recommended to perform non- aerosol generating procedures whenever possible for individuals with a self-isolation exemption. If an aerosol generating procedure is necessary, the office must: Schedule the patient at the end of the day; or? Institute airborne precautions; or? Refer to an office that can implement airborne precautions.

Can rotational workers receive oral health care in denturist offices without waiting for 14 days after they return to Nova Scotia?

On September 11 the Chief Medical Officer of Health, Dr. Robert Strang, indicated that rotational workers who reside in Nova Scotia but work outside the Province may attend necessary (urgent and routine) medical appointments, including oral health appointments, without waiting for 14 days after returning to Nova Scotia.

A rotational worker is a resident of Nova Scotia who has a set schedule where they alternate between living in Nova Scotia and working in another Canadian Province or territory in Canada, such as an Alberta oil worker. The directive only applies to rotational workers who travel to another province or territory in Canada to work. It does not apply to rotational workers who work outside of Canada. If a rotational worker has travelled outside of Canada, they must wait 14 days from the date that they return to Canada to book an appointment, unless they have an emergency. Triage and manage the oral health care needs of rotational workers by tele-dentistry whenever possible. While these individuals are not required to self-isolate for 14 days, they must pass pre-screening and screening requirements to be treated in a denturist clinic. The Chief Medical Officer of Health notes that screening protocols are the best control measure. With COVID-19 testing, there is the issue that a single negative test is not a good way to screen out COVID-19 given the limitations of our current testing technology when testing asymptomatic individuals (up to 20% false negative).

It is recommended to perform non- aerosol generating procedures whenever possible for individuals with a self-isolation exemption.

If an aerosol generating procedure is necessary, the office must:

Schedule the patient at the end of the day; orInstitute airborne precautions; orRefer to an office that can implement airborne precautions.

I have a patient who has just returned from a region in another province within the Atlantic bubble that has been designated as a higher risk region than the rest of that province. Are we allowed to treat them?

The oral health regulators take direction from the CMOH when situations such as this arise. The CMOHs in the Atlantic Provinces are in regular contact with each other. As long as there is no community transmission of COVID-19 in the higher risk zone, then people who have been in that zone are to self-monitor their health and do the on-line assessment <https://covid-self-assessment.novascotia.ca/en>. Restrictions on dental care are not necessary.

Hierarchy controls state the importance of pre-screening and screening. Therefore, all offices must continue to ensure patients pass the screening questions for COVID-19 symptoms and COVID-19 risk factors.

The importance of screening cannot be over-emphasized, and this provides a good example of why it is important to perform pre-screening (telephone screening) prior to the office visit, as well as a re-screening on the day of the appointment. Screening helps to identify patients who are possibly infected with COVID-19 before they enter a clinic, receive care and possibly transmit the virus in the process.

If during the screening process, the patient has COVID-19 symptoms or they respond ?yes? to any of the risk factors, protocols in the COVID-19 Return to Work Guidelines for the Oral Health Professions of Nova Scotia (Joint RTW Guidelines) must be followed.

As with all patients, it is important to use a risk mitigation methods and risk reduction methods, including appropriate patient care decisions regarding when to use AGPs versus non-AGPs. You will find a list of Additional Considerations for all Procedures in Section 2.3 (CDHNS) and Section 1.2 (Denturists and PDBNS) that are intended to keep everyone safe while providing oral health care.

If a dentist enters a room during an AGP, what PPE is needed?

DHCPs must always use appropriate PPE, particularly during a global pandemic such as COVID-19. If an AGP procedure is being performed, then a fit-tested N95 respirator or the equivalent (as approved by Health Canada), or a surgical mask and face shield must be worn, as well as a surgical gown/lab coat and gloves.

A member of the staff has tested positive for COVID. What precautions do I take?

If a dental office is identified by Public Health as a source of original exposure for a COVID-19 case, or a source of exposure of others by a COVID-19 case, the dental office will be contacted by Public Health.

If you have been contacted by Public Health, in addition to co-operating with them you should ensure that you and your staff continue to monitor for symptoms through diligent daily screening.

All DHCPs and office staff must screen themselves daily for symptoms and risk factors. DHCPs who develop any new or worsening symptoms of COVID -19 must exclude themselves from the workplace and call 811.

I treated a patient in my office that subsequently tested positive for COVID-19. Which precautions do I take?

If a dental office is identified by Public Health as a source of original exposure for a COVID-19 case, or a source of exposure of others by a COVID-19 case, the dental office will be contacted by Public Health.

If you have been contacted by Public Health, in addition to co-operating with them, you should ensure that you and your staff continue to monitor for symptoms through diligent daily screening.

All DHCPs and office staff must screen themselves daily for symptoms and risk factors. DHCPs who develop any new or worsening symptoms of COVID-19 must exclude themselves from the workplace and call 811.

Do patients need to wear a mask?

The Answer is yes.

As indicated in the Provincial Dental Board of Nova Scotia's document titled "COVID ? 19 Reopening Plan for Dental Clinics Phase 3 ? Comprehensive Care" and as approved by the Chief Medical Officer of Nova Scotia, patients must wear a non-medical mask to their appointment or be provided with a mask (non-medical or surgical) when they arrive. Nova Scotia Public Health states, "You should wear a non-medical mask? if you're going out to access medical care or other essential health services.?"

Patients wearing a non-medical mask will need to take it off prior to starting their treatment and be asked to put the mask back on when treatment is completed.

Are mid thigh lab coats ok?

Lab coats 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 are to be worn over regular clinic clothing, such as uniforms or scrubs, during AGPs or during procedures likely to generate splatter or droplets. Lab coats should be closed to the neck if possible, with buttons, zippers or other fasteners. The length of the lab coat can vary, but the length of the lab coat sleeves should be full arm length, not short sleeves. It is preferred if the lab coat sleeves could be tucked inside the treatment gloves, but if this is not possible, then proper hand hygiene must include the wrists and any exposed skin on the forearms.

Can I reuse my N95 mask if I put a medical mask over top?

Commercial and surgical grade N95 respirators are of similar structure and design. 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. 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. 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. This will also facilitate the possibility of re-using the N95 respirator, as it will protect it from becoming moist or visibly soiled requiring its disposal. DHCPs are to use their own judgement regarding when to replace their mask.

In open concept offices, are there spacing requirements between patients?

If you practice in an open concept office with no physical barriers between chairs and you are performing an AGP, you must only have the patient being treated in the space and no others. This does not apply if providing a non-AGP and social distancing measures can be met.

An office may consider installing barriers such as a plexiglass barrier between chairs in order to treat more than one patient at a time when performing an AGP.

Is it necessary to carry out telephone screening as well as in-office screening of patients?

The importance of screening cannot be over-emphasized. Screening helps to identify patients who are possibly infected with COVID-19 before they enter a clinic, receive care and possibly transmit the virus in the process. Pre-screening (telephone screening) should be done prior to the office visit, as well as in-office screening during the appointment and must include COVID-19 symptoms and COVID-19 risk factors.