



CORRECTIONAL SERVICE CANADA

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COVID-19: Guidance for Dental Services

JULY 9, 2020

COVID-19: GUIDANCE FOR DENTAL SERVICES

Document History

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COVID-19: GUIDANCE FOR DENTAL SERVICES

Introduction

Due to the risks associated with COVID-19, dental workplaces require careful planning and enhanced guidance to support the safe delivery of dental services. Dental workplaces are particularly vulnerable to viral transmission, due to nature of aerosol generating dental procedures, the proximity of the operating field to the upper respiratory tract, and the number of patients seen by a dental contractor in a day. This document provides interim guidance, in the context of the COVID-19 pandemic, for dental contractors in CSC. Dental contractors providing any in-person care amidst the COVID-19 pandemic must also adhere to the direction of provincial public health, and their governing college to promote their safety, as well as the safety of CSC's patients and staff.

This guidance document was developed using the best practice information currently available. It will be updated as new information becomes available.

Infection Prevention and Control

Modifications to dentistry practice in the context of COVID-19 are based on reducing the spread of infection. Infection prevention and control (IPC) practices within CSC are essential to promote the health and wellbeing of patients, employees, and contractors. It is important to note that this document focuses only on IPC measures for COVID-19 in dental settings; for additional information on IPC practices within CSC, please see [COVID-19 Infection Prevention and Control Preparedness Guidance](#) and [Infection Prevention and Control Guidelines](#). For further information related to CSC's interim measures related to COVID-19, please see the [COVID-19 Resources](#) on the Hub.

Infection Prevention and Control Measures for Dental Procedures (COVID-19)

Practice Requirements

General Infection Prevention and Control Measures

In addition to routine practices (see [Infection Prevention and Control Guidelines](#)):

- The dental room must have a closed door because of possible aerosol generating medical procedures (AGMP) such as high speed hand pieces, air water syringes, and ultrasonic instruments.
- The dental room must be decluttered as much as possible (this includes removing any non-dental equipment or supplies stored in the dental room, computers, etc.)
- Ensure the availability of 60-90% alcohol based hand rub (ABHR)¹ or other hand sanitizer approved by Health Canada for COVID-19² at entrance and throughout the office.
- A high efficiency particulate air (HEPA) filter should be used if air in the dental room is recycled.
- Only necessary personnel for the dental case must be in the immediate environment.
- Ensure appropriate signage is posted in common areas, including topics such as hand washing, respiratory hygiene, and physical distancing (See [CSC Posters and Resources](#) and [COVID-19 Wash Your Hands](#) for signage).
- See [COVID-19 Infection Prevention and Control Preparedness Guidance](#) for more information on IPC measures for COVID-19.

Cleaning

- Full cleaning and disinfecting of the dental room before procedures.
- Cleaning and disinfecting in between patients by dental contractor.

¹ **Public Health Agency of Canada (2020)**. Infection prevention and control for COVID-19: Interim guidance for long term care homes. Retrieved from: <https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/prevent-control-covid-19-long-term-care-homes.html>

² **Public Health Agency of Canada (2020)**. Hard-surface disinfectants and hand sanitizers (COVID-19): List of hand sanitizers authorized by Health Canada. Retrieved from: <https://www.canada.ca/en/health-canada/services/drugs-health-products/disinfectants/covid-19/hand-sanitizer.html>

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- **For AGMP's:** Following the appropriate settle time, dentists must ensure that operatories (including all clinical contact surfaces and equipment) are cleaned and disinfected prior to treating a new patient. This should include all surfaces and floor where droplets could settle.
- **For non-AGMPs:** Clean the operatory room clinical contact and housekeeping surfaces as per normal infection prevention and control (IPAC) protocol
- Full cleaning and disinfecting of the dental room at the end of the day.
- Cleaning and disinfection must be undertaken using appropriate hospital-grade low-level disinfectant that are registered in Canada with a Drug Identification Number (DIN) and labelled as effective for both enveloped and non-enveloped viruses.
- The use of an electrostatic machine is recommended at the beginning and end of the day, as well as after any AGMPs performed on known COVID-19 positive patients, if available at the institution and based on the availability of cleaning staff. Please note that use of an electrostatic machine is in addition to routine cleaning and disinfection, not a replacement.

Personal Protective Equipment (PPE)

The following PPE is required for all dental procedures in CSC: N95 mask (or equivalent KN95 mask approved by Health Canada), face shield, gown, and gloves.

- CSC staff and contract dental providers, must be trained in personal infection prevention and control practices including donning and doffing PPE ([COVID-19 Update Personal Protective Equipment](#)).
- Although not all dental procedures are AGMPs, to avoid changing from a procedural medical mask to an N95 mask while attending to the patients, CSC will require that an N95 mask be used for all procedures.
- Staff and contract dental providers must have been fit tested for an N95 mask. If KN95 masks are used, they do not require fit testing. However these masks still require the user to perform a seal check prior to entering the dental room (see [COVID-19 Update Personal Protective Equipment](#) for KN95 seal check instructions).
- An N95 mask may be used for the entire duration of the clinic provided it has not been manipulated and is not visibly soiled, damp, damaged or difficult to breathe through.
- A face shield is mandatory and may be used for the duration of the clinic as well, provided it is disinfected between patients and discarded if it is visibly soiled, damaged or difficult to see through (see [Reuse Face Shields COVID-19](#)). Regular glasses and loupes can be worn under the face shield in addition, if desired/required.
- Gown and gloves should be changed between each patient, at the appropriate, separated donning and doffing stations.

Please see [COVID-19 Update Personal Protective Equipment](#) for PPE guidance that staff and contractors must adhere to while in CSC institutions, which includes universal masking protocols to be followed at all times in between dental procedures.

Security

- The dental room should ideally have a door that allows the correctional officer to have a clear view into the room.
- All persons in the room must wear personal alarms.
- If a correctional officer is waiting outside the dental room, the officer must have the appropriate (PPE) available in case entry to the dental room is required.
- No casual entry into the dental room is permitted during procedures. Place a sign on the door to indicate this (see Appendix A).
- If the correctional officer remains in the room, the officer must wear full PPE including an N95 mask.

Please see the **CSC Dental Relaunch Checklist** (see Appendix B) for a list of considerations when preparing for the relaunch of dental services.

Patient Flow

- Dental contractors should perform a point-of-care risk assessment for all patients prior to commencing the appointment to determine if the patient is experiencing symptoms (see [COVID-19 Update Personal Protective Equipment](#) for more information about this assessment) and must brief the patient on the risk of transmission of COVID-19 related to dental aerosols.

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- If the patient is experiencing symptoms, the inmate should return to their cell and not enter the dental clinic. The appointment should be rescheduled to a later date (at least 14 days later) if possible. Refer to [COVID-19 Algorithm for Symptomatic Inmates](#).
- If a patient experiencing symptoms requires urgent/emergency dental attention, the dentist may use their clinical judgement to decide whether or not to proceed with the dental procedure.
- Each patient is to have their temperature taken (recorded in OSCAR measurements) prior to commencing the appointment.
 - If the patient's temperature is above 38°C, the patient should not be placed in the dental room, but the dentist should assess if the fever may be related to a dental infection.
 - If there is any indication that the fever may be related to a dental infection or if the patient requires urgent/emergency dental attention for another reason, the dentist may use their clinical judgement to decide whether or not to proceed with the dental procedure.
- All staff, including dental contractors, should be screened by operations for symptoms of COVID-19 upon entering the institution.
- Four handed dentistry (the dentist and the assistant working as a team to provide dental care) should be practiced at all times.
- Prior to leaving the appointment, patients should be instructed to monitor for symptoms and notify Health Services if symptoms develop within the 14 day period after the appointment. Health Services staff must then follow the [COVID-19 Algorithm for Symptomatic Inmates](#) and notify the dental contractors involved in the appointment.

During the Appointment

Have the inmate perform hand hygiene (either with ABHR, another hand sanitizer approved by Health Canada for COVID-19, or soap and water) upon arriving.

Perform hand hygiene and don PPE consisting of gown, N95 mask, face shield, and gloves for all cases by the dental contract staff and security if there is any possible risk of the need for their intervention.

1. Close the door to the procedure room and place a sign on the door that indicates the door should not be opened during the procedure (See Appendix A).
2. Have the patient perform a rinse with a 1% hydrogen peroxide solution for 30 seconds and then repeat for another 30 seconds.
3. High volume suction (HVS) is to be used.
4. Use rubber dam whenever possible.
5. Once the procedure is complete, the inmate should be directed to perform hand hygiene first and then don their mask prior to leaving the room.
6. Change gloves (performing hand hygiene as outlined in [COVID-19 Update Personal Protective Equipment](#)).
7. Clean and disinfect operatory using hospital-grade disinfectant while wearing PPE.
8. Doffing of PPE by dental personnel is performed in the designated area and disposed of into the designated no-touch waste receptacle. Follow continuous masking requirements as outlined in the [COVID-19 Update Personal Protective Equipment](#).
9. Ensure the door remains closed post-procedure and is not used for another inmate until settle time is completed.

Settle time

The "settle time" is the amount of time needed for infectious airborne organisms that may be created during an AGMP to settle out of room air or infectious aerosols and land on surfaces. Settle time starts following an AGMP when a pathogen (e.g., COVID-19) has the potential to be aerosolized during the procedure.

If the dental procedure was an AGMP:

- The wait time of either:
 - 15 minutes for AGMPs performed using dental dams for the entire procedure, hydrogen peroxide pre-procedural mouth rinse, proper PPE, and high-volume suction; **OR**
 - 2 hours for AGMPs performed without any one or more of the following: dental dam for the entire procedure, hydrogen peroxide pre-procedural mouth rinse, proper PPE, or high-volume suction (for example, a surgical extraction, where a rubber dam cannot be used),

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begins as soon as the room is emptied³. The dental room door needs to remain closed for the settle time duration⁴ and no other procedures can take place in this time. The time that the door can be opened should be marked clearly on the door (see Appendix C). Once the wait time has expired full cleaning is performed.

If the dental procedure was not an AGMP:

- There is no wait time necessary and routine practices for cleaning/disinfecting the room prior to the next case can proceed according to established practice standard.

Note: If an institution is situated in an area with a low community incidence of COVID-19, a revised approach to reduce the settle time may be considered.

Scheduling

To optimize the number of appointments available in a dental clinic, consider scheduling appointments in such a way that maximizes the number of patients requiring non-AGMPs and minimizes the number of patients requiring AGMPs. This will reduce wait times in between appointments and increase the number of patients seen in a day. For example, consider starting the clinic with non-AGMPs such as dentures, inquiries/checks, triaging, etc. Schedule appointments that will involve the use of high speed hand pieces, air water syringes, ultrasonic instruments, or other AGMPs for the end of the work day, where possible, to better accommodate the settle time.

Consider scheduling patients at a higher risk of severe illness from COVID-19 (older age, those with underlying medical conditions, etc.) at the beginning of the day, first after lunch or on a separate day.

³ **The College of Dental Surgeons of Saskatchewan (2020)**. CDSS Alert – COVID-19 Pandemic: IPC Interim Protocol Update. Retrieved from:
https://saskdentists.com/images/pdf/temp_files/Alerts_Memos/20200608_CDSS_Alert_Phase_3.pdf

⁴ **Centers for Disease Control (2020)**. Guidelines for Environmental Infection Control in Health-Care Facilities (2003): Table B.1. Air changes/hour (ACH) and time required for airborne-contaminant removal by efficiency. Available at: <https://www.cdc.gov/infectioncontrol/guidelines/environmental/appendix/air.html#tableb1>

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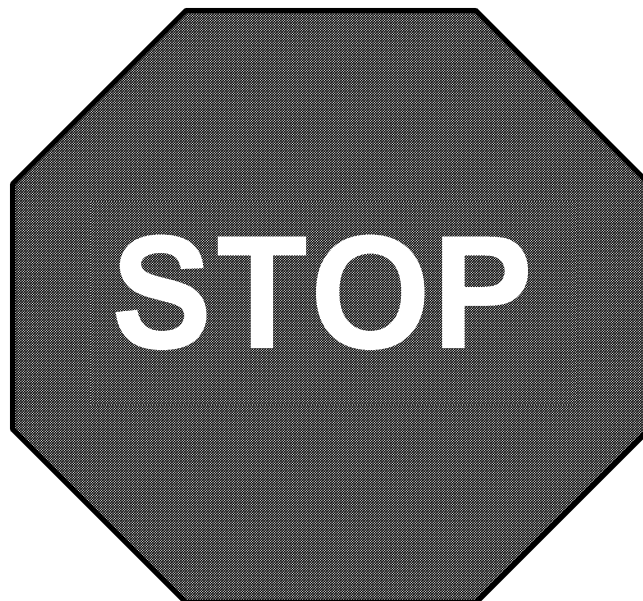
References and Resources

Alberta Dental Association and College (2020). *Expectations and Pathway for Patient Care during the COVID-19 Pandemic. Guidelines for Stage 1: Alberta Relaunch for Dental Practice*. Retrieved from https://www.dentalhealthalberta.ca/wp-content/uploads/2020/05/Expectations-and-Pathway-for-Patient-Care-during-the-COVID-19-Pandemic_5.25.2020.pdf

Public Health Ontario (2020). *COVID-19: Infection Prevention and Control Requirements for Aerosol-Generating Medical Procedures*. Retrieved from <https://www.publichealthontario.ca/-/media/documents/ncov/ipac/ipac-aerosol-generating-procedures>

Royal College of Dental Surgeons of Ontario (2020). *COVID-19: Managing Infection Risks During In-Person Dental Care*. Retrieved from https://az184419.vo.msecnd.net/rcdso/pdf/standards-of-practice/RCDSO_COVID19_Managing_In_Person_Care.pdf

Appendix A - Door Signage for Dental Procedures



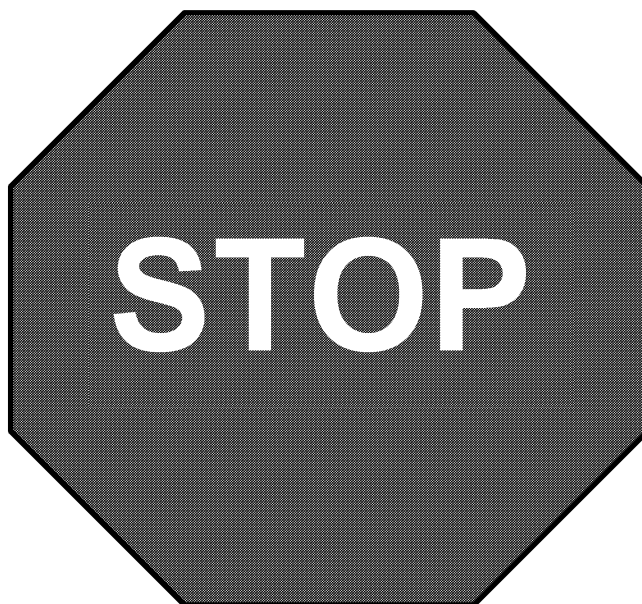
**DENTAL PROCEDURE
IN PROGRESS**

DO NOT ENTER

Appendix B – CSC Dental Relaunch Checklist

- All staff are briefed on new protocols for providing dental services during the COVID-19 pandemic
- All staff have been fit tested for an N95 mask
- The dental room is free of clutter (meaning it contains only dental equipment/supplies)
- All staff understand PPE expectations and have been trained in the donning and doffing of PPE
- PPE stations are located just outside dental room (according to COVID-19 Update Personal Protective Equipment guidance)
- 60-90% ABHR or other hand sanitizer approved by Health Canada for COVID-19 is available at the entrance and throughout the office
- Appropriate signage is visible in common areas (such as hand hygiene, respiratory etiquette, physical distancing, etc.)
- A door sign is available to stop any entrance to the dental room while a procedure is underway
- Cleaning plan is established to ensure appropriate cleaning and disinfection before patients, between patients, and after patients
- Schedule allows for appropriate settle time after appointments that require AGMPs

Appendix C - Door Signage for AGMP Settle Time



AGMP COMPLETED AT:

SETTLE TIME:

SAFE TO ENTER ROOM AT: