

COVID-19: College of Dental Hygienists of Ontario (CDHO) Guidance on IPAC in Dental Hygiene Practice

The purpose of this document is to provide guidance to dental hygienists on managing Infection Prevention and Control related to COVID-19. This document outlines the conditions under which dental hygiene care may be provided. Dental hygienists who are unable to meet these conditions must **not** provide client care.

Guiding principles

Oral healthcare providers must follow directives from the Chief Medical Officer of Health, government and regulatory authorities to provide safe and effective treatment to their clients.

The following principles should underpin return to practice guidance:

1. The health and safety of clients, the public and practitioners is our top priority.
2. Guidance will be based on best available evidence and data. In the absence of clear evidence, guidance will prioritize caution and safety.
3. Clients must have continuity of care. Clients of record should have reliable access to their oral healthcare providers to ensure they get the guidance and support they need.
4. Client needs for access to oral healthcare must be balanced with the risks of spreading COVID-19.
5. Technology should be used to assess risks and triage client needs remotely.
6. Communication with clients is critical. Risks or changes to care related to COVID-19 must be highlighted.

In preparation for returning to practice, dental hygienists should assess the risk to clients, personnel, those attending the facility and themselves. Prepare to manage these risks by:

- Developing policies, protocols and procedures, to limit symptomatic and asymptomatic [transmission](#) within the practice setting.

- Everyone entering the facility, including staff, clients and visitors, must wear a [face covering](#) or mask (e.g., a procedural/surgical mask, cloth covering or other appropriate face covering) and perform hand hygiene. Those who arrive without appropriate face covering or mask should be provided with one.
- Appointment scheduling should be done as to limit exposure to others not involved in a client's treatment.
- Manage visitors/individuals needed to accompany clients such as children or individuals with special needs.
- Managing access and movement within the facility.
- Putting screening procedures in place for fever and symptoms of COVID-19 in clients, staff and visitors (i.e. telephone and on site, taking temperature to check for fever).
- Minimizing the use and effect of aerosols.
- Preparing the practice environment to reduce risk.
 - Replacing cloth on waiting room and operatory chairs to material that can be disinfected, and assessing areas accessed by staff only, etc.
 - Installing hand hygiene stations and having masks available for clients/visitors.
 - Installing barriers to facilitate physical distancing where possible (i.e. Plexiglass).
 - Making modifications to treatment areas to contain transmission (doors, elimination of openings between rooms, ventilation/air exchange system).
 - Removing unnecessary items from treatment areas, and reading materials and toys in common areas.
 - Assessing the need for and posting signs/alerts in addition to those [required by Public Health Ontario](#), and in particular to facilitate [physical distancing](#) requirements.
- Planning environmental controls/housekeeping (i.e. increasing frequency of cleaning/disinfecting to at least twice daily), pens (request that clients bring their own or give to client after use) wiping of key-pads, door knobs, common area chairs.
- Taking inventory of PPE, procuring all required PPE and ensuring adequate supplies will be available in the practice environment when needed.
- Planning for the elimination of unnecessary staff contact with clients by providing for appropriate physical distancing of at least 2 metres when not providing client care.
- [Provide training to workers 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 process, proper hand washing practices and other routine infection control precautions and including staff monitoring themselves for symptoms of COVID-19/seeking medical advice if experiencing symptoms.
- Employers, who may be Registered Dental Hygienists, have duties under the *Occupational Health and Safety Act* (OHSA) to protect the health and safety of their workers.
- Developing mechanisms to monitor and evaluate protocols and practices for the safe provision of client care and updating as indicated.

Dental hygienists who are unable to meet all requirements must assist their clients in finding another appropriate care provider.

Where it has been determined that care can be provided safely, the following guidance must be followed:

Before client arrival:

- Perform client screening for [symptoms of COVID-19](#) using regular screening questions from the [Ministry of Health's COVID-19 Patient Screening Guidance Document](#). Dental hygienists are no longer required to take or record temperatures as part of routine screening, however, they may choose to do so at their own discretion (e.g., using a non-contact infrared thermometer). Dental hygienists must not treat clients who screen positive. These clients should be advised to contact their primary care provider or [Telehealth Ontario](#) at 1-866-797-0000 for further guidance.
- Assess suitability for providing client care remotely as per the [Guideline for Inclusion of Tele-dental Health in Dental Hygiene Practices](#).

Upon arrival and during the appointment:

- Manage points of entry and exit to facilitate access and movement within the facility (i.e. separate entry and exit doors and signage for one-way travel where possible).
- Provide advice to clients upon arrival (i.e. mandatory use of [face coverings](#) while in the facility, [proper cough etiquette](#), performing accepted hand hygiene with either 70%–90% alcohol-based [hand rub](#) or [washing hands with soap and running water](#), etc.) and monitor adherence to protocols.
- Given the lack of direct evidence, the College does not currently require or recommend the use of pre-procedural oral rinses, however, dental hygienists may choose to use them at their own discretion. Refer to the Public Health Ontario document [COVID-19 in Dental Care Settings](#) for current evidence regarding the use of pre-procedural rinses.
- Staff must adhere to [Routine Practices and Additional Precautions](#) and the [CDHO IPAC Guidelines](#) including the applicable [droplet and contact precautions](#) at all times (i.e. proper [hand hygiene](#), [putting on and removal of PPE](#) including eye protection, [universal use](#) of masks [authorized by Health Canada](#), and [gowns](#), proper cleaning and disinfection of client-contact surfaces and operatories between each client, etc.).
- Limit/avoid aerosol-generating procedures by utilizing appropriate procedures with the least likelihood of producing aerosols.
- Where aerosol-generating procedures cannot be avoided:
 - Use appropriate PPE (i.e. N95 respirator that has been fit-tested and seal-checked) where aerosols are anticipated (e.g., use of A/W syringe, ultrasonic or powered scalers, high- or slow-speed handpieces, etc.).
 - Perform procedures in an operatory with floor-to-ceiling walls with closed doors.
 - If possible, use a rubber dam and/or high-volume suction to minimize aerosols and possible exposure to infectious agents.
 - Refer to the Public Health Ontario document [COVID-19 in Dental Care Settings](#) for fallow time considerations, including:
 - Fallow time required is determined based on the number of air changes per hour (ACH) required to remove airborne contaminants from a closed room.
 - An HVAC assessment will provide the information needed to determine the fallow time for any particular room. Each room must be assessed individually as the ACH is dependent upon various factors and may not be consistent across the entire office.

- The Canadian Standards Association (CSA) air change standards for dental settings is 9 ACH for dental operatories. For an operatory with 9 ACH, 15 minutes will allow almost 90% turnover of the original air and 30 minutes will result in almost 99% turnover.
- Once the ACH for an operatory has been determined, dental hygienists may use this table to confirm the fallow time to achieve a 99% turnover for that operatory.
- According to Public Health Ontario, fallow time begins once the client and clinician leave the room and the door is closed.
- Your HVAC technician can provide recommendations to increase the ACH and to reduce the fallow time required.
- When seeing several members living in the same household consecutively (i.e. a parent and children), considerations include:
 - Without allowing for a fallow period between AGDPs of potentially infectious (asymptomatic or pre-symptomatic) family members, the concentration of SARS-CoV-2 virus in the air could increase if the preceding family member is infected, especially:
 - in a poorly ventilated space; and
 - as the number of infected family members undergoing AGDPs increases.
 - In such a scenario, the lack of the fallow period following the AGDPs may not allow for adequate clearance of the virus. This may result in the next patient being exposed to SARS-CoV-2.
 - Though household members may already have prolonged, close, unprotected contact, exposure to mechanically induced aerosols (e.g., during a fallow period) may pose an additional risk for viral transmission.
- Ensure that paper charts are protected from aerosols.

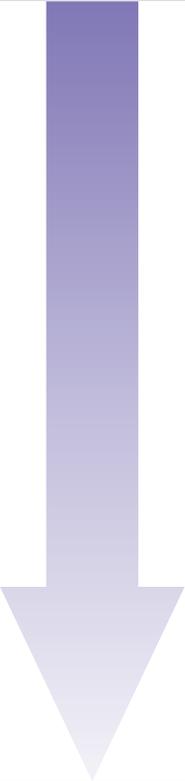
After the appointment:

- Provide advice to clients upon departure (i.e. performing accepted hand hygiene with either 70%–90% alcohol-based [hand rub](#) or [washing hands with soap and running water](#), informing staff if experiencing symptoms of COVID-19 in the next 14 days, etc.).
- Review and monitor protocols and practices and updates as needed.

Where applicable, the guidance above applies when providing mobile services. Additional considerations for providing services in a client’s home include:

- Follow the [Ministry of Health’s COVID-19 Guidance: Home and Community Care Providers](#).
- Consider others living or providing services in the home including other healthcare workers who may be exposed, particularly if aerosol-generating procedures are performed.
- Contact surfaces (e.g. countertop) in the treatment area of the client’s home should be cleaned and disinfected before leaving the home.
- Contact surfaces in vehicles including door handle (internal and external), driver window controls, steering wheel, gear lever and handbrake should be cleaned and disinfected where applicable.

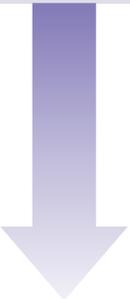
Mask Selection Guide

Level of Protection	Mask	Indications	Use
	N95 respirator (fit-tested and seal-checked) or the equivalent, as approved by Health Canada	Used for procedures likely to produce aerosols	All Aerosol-Generating Dental Procedures (AGDPs)
	ASTM ¹ Level 3 – High Barrier	Used for procedures where heavy levels of spray and/or spatter (not aerosol) may occur	Use when there is a high risk of sprays and/or spatter exposure
	ASTM Level 2 – Moderate Barrier	Used for procedures where moderate levels of spray and/or spatter (not aerosol) may occur	Use when there is a moderate risk of sprays and/or spatter exposure
	ASTM Level 1 – Low Barrier	Used for procedures with low levels of spray and/or spatter (not aerosol), client or staff isolation. Provides minimal protection	General use for procedures and exams that don't involve aerosols, spray or spatter
	Surgical Molded Utility Mask	Simple physical barrier	Use for dry, short procedures that do not produce fluid, spray or aerosols

¹ American Society for Testing and Materials rates masks according to several parameters including resistance to penetration of fluids, breathability, bacterial filtration efficiency and filtration of sub-micron particles.

Gown Selection Guide

For further information, see the [CDHO Guidance on Isolation Gowns](#).

Level of Protection	Gown	Indications	Use
	Surgical	Prevent the transfer of microorganisms and body fluids when being in a sterile environment is required	Healthcare providers wear these gowns when they are working in a sterile environment
	Isolation	Prevent the transfer of microorganisms and body fluids in client isolation situations	Protect the clothing of healthcare providers, visitors and clients from contamination

Adapted from: <https://www.canada.ca/en/health-canada/services/drugs-health-products/medical-devices/covid19-personal-protective-equipment/gowns.html>

Summary of PPE Recommendations

Setting	Individual	Activity	Type of PPE or procedure
Client treatment room	Dental hygienist	Aerosol-generating procedures	<ul style="list-style-type: none"> • N-95 respirator (fit-tested and seal-checked) or the equivalent, as approved by Health Canada • Isolation gown • Gloves • Eye protection (goggles or face shield)
	Visitors accompanying clients	Entering the room of a client having aerosol-generating procedures	<p>If the visitor is a household member of the client (e.g., a parent/child), then no PPE, other than a mask (ASTM level 1–3) for source control, is required as the visitor would have already been exposed in the household.</p> <p>If the visitor is not a household member of the client (e.g., a worker who supports a client with disabilities), using a precautionary principle, the visitor wears a mask (ASTM level 2 or 3) and eye protection, and stands at least two metres (six feet) from the head of the dental chair where the work is being performed.</p> <p>Where physical distancing cannot be maintained and visitor is close to or involved in the procedure, PPE should include an N95 respirator (fit-tested) and eye protection.</p>
	All staff including dental hygienist	Non-aerosol-generating procedures	<ul style="list-style-type: none"> • ASTM level 2 or 3 procedure/surgical mask • Gloves • Eye protection (goggles or face shield) • Isolation gown (optional based on risk assessment)
Triage/Reception area	Dental hygienist/front office staff	Preliminary screening not involving direct contact	<ul style="list-style-type: none"> • Mask (ASTM level 1–3) • Maintain physical distancing • Physical barrier recommended
	Dental hygienist	Preliminary screening involving direct contact (i.e. temperature reading)	<ul style="list-style-type: none"> • Mask (ASTM level 1–3) • Isolation gown • Gloves • Eye protection (goggles or face shield)
Administrative/ staff areas	All staff including dental hygienist	Administrative tasks that do not involve contact with clients	<ul style="list-style-type: none"> • Mask (ASTM level 1–3) • Maintain physical distancing
Reception/ Waiting room	All staff	Any activity that does not involve contact with client suspected or confirmed of having COVID-19	<ul style="list-style-type: none"> • Mask (ASTM level 1–3) • Maintain physical distancing • Physical barrier recommended

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Summary of PPE Recommendations (cont'd)

Setting	Individual	Activity	Type of PPE or procedure
Reprocessing area	All staff	Activities where aerosols are anticipated	<ul style="list-style-type: none"> • N95 respirator (fit-tested and seal-checked) or the equivalent, as approved by Health Canada • Isolation gown • Heavy-duty utility gloves • Eye protection (goggles or face shield)
		Activities where sprays, splashes or spatter are anticipated	<ul style="list-style-type: none"> • Mask (ASTM level 2–3) • Isolation gown • Heavy-duty utility gloves • Eye protection (goggles or face shield)

Please note, this is a living document, and subject to revision as new information becomes available. In light of the fact that we have only really known about COVID-19 for a short period of time, [robust evidence for some of the recommendations is scarce](#) but is based on the best information available at the time of publication.

College publications, such as this, contain practice parameters and standards which should be considered by all registrants in the care of their clients and in the practice of the profession. College publications are developed in consultation with professional practice leaders and describe current professional expectations. It is important to note that these College publications may be used by the College or other bodies in determining whether appropriate standards of practice and professional responsibilities have been maintained.

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