



CDSS Alert – COVID-19 Pandemic: IPC Interim Protocol Update

Phase 3 Update – Effective June 15th, 2020

Several epidemiologists warn of a second wave or outbreak and as a result the CDSS advise members to maintain the capacity to return to previous Phases if directed to by the CDSS or the CMHO.

All CDSS members are required to review this CDSS Alert

Some oral health care facilities may choose to remain closed or reduce their hours of operation due to shortage of PPE or recent facility requirement changes. However, all CDSS members are required to maintain contact information for patient dental emergencies.

Rationale for providing this interim protocol update:

- As COVID-19 community spread continues and the knowledge that COVID-19 infected asymptomatic individuals could be spreading the COVID-19 virus to others in the population, the Ministry of Health and CDSS feel it is prudent to phase the return back to practice.
- Dental profession community support for the Re-Open Saskatchewan Plan.

CDSS objective:

- Safe Transition to Non-Emergency Dental Care in Saskatchewan in coordination with the Re-Open Saskatchewan Plan.
- Safety for patients, families and communities.
- Safety for dental providers, staff and their families.

CDSS members must:

- Update their IPC facility manual for this COVID-19 Pandemic and organize staff orientation and training sessions for all clinical and non-clinical staff.
- Make sure to have adequate PPE and facility requirements for the types of procedures being provided in the facility.
- Continue to take measures as outlined by the Chief Medical Health Officer (CMHO) to promote physical distancing where possible, and where not, use appropriate personal protective equipment (PPE).
- Continue to operate under all current CDSS Standards, Bylaws and CDSS Alerts relating to this COVID-19 pandemic.

“RE-OPEN SASKATCHEWAN” – A Summary for Dentists

A Methodical and Phased-In Approach to re-open Saskatchewan has been announced by the CMHO and the Government of Saskatchewan to start on May 4, 2020.

Re-Open Saskatchewan is a plan built on a methodical and phased-in approach to slowly and responsibly lift restrictions on businesses and services. Flattening the curve and strengthening the system will remain priorities, as will our ability to manage the current COVID-19 pressures by building capacity in the coming weeks and months. Key elements will include increased testing and contact tracing, as well as the preparation of additional space and critical equipment.

Restrictions will be lifted in stages, with consideration given to socioeconomic factors and the risk of transmission. They will be implemented via public health orders and the timing will be dictated by evidence of transmission.

As restrictions are gradually lifted, the Government of Saskatchewan and its Chief Medical Health Officer, will carefully monitor the daily number of reported cases and other important indicators. They will also monitor to ensure that:

- Transmission of the virus is controlled.
- The provincial health system has enough capacity to test, isolate and treat every case, as well as trace every contact.
- Outbreak risks are minimized in special settings, such as health care facilities.
- Preventive measures are established in workplaces, schools and other essential gathering places.
- The risks of importing the virus from outside the province can be managed.
- Communities and businesses are educated, engaged and empowered to adjust to the new realities brought about by COVID-19.
- Individuals identified by a Medical Health Officer as having novel coronavirus disease (COVID-19) must immediately go into mandatory self-isolation until it is determined they no longer pose a public health threat.
- Individuals identified by a Medical Health Officer as a close contact of a person or persons with COVID-19 must go into mandatory self-isolation for 14 days from the last date of exposure.

The following recommendations should remain in place through all five phases:

1. Vulnerable individuals, such as seniors and those with underlying health conditions, should continue to exercise caution and minimize high-risk exposures, such as public outings. Protective measures for vulnerable populations.
2. Individuals should continue working from home if they can do so effectively.
3. Physical distancing must be maintained, wherever possible.
4. People must stay at home when they are sick.
5. Personal hygiene will continue to be a key prevention measure.
6. Enhanced cleaning and disinfection should take place in workplaces, public spaces and recreational facilities.

Although the public health order regarding the size of gatherings does not apply to businesses and workplaces, they are expected to follow the recommended public health measures, including:

- Physical distancing for staff and clients;
- Regular cleaning and disinfection;
- Frequent handwashing and sanitizing;
- Use of PPE where required and appropriate; and
- Keeping staff who demonstrate or report COVID-19 symptoms out of the workplace.

More in depth understanding of the Re-Open Saskatchewan plan please refer to the full document – [HERE](#).

Physical Distancing:

It will be challenging to practice physical distancing in your office. Work with your team to develop a process for patient flow into and through the practice to encourage physical distancing and minimize interaction with other staff or patients. Protocols should also be developed which should include:

- Limiting the total number of people at the workplace and where they are assigned to work;
- Staggered start times, breaks and lunches;
- Suspending all group activities and gatherings;
- Alter the workplace layout of the floor by moving furniture or using visual cues such as tape on the floor to enhance physical distancing;
- Lunchrooms and break rooms must be arranged to follow physical distancing practices. Staff should bring their own dishes and utensils from home and bring home for washing or use disposable utensils;
- Meals should minimize use of appliances. Any appliances used with high touch surfaces such as microwaves or refrigerators should be disinfected after use.

Preamble: CDSS COVID-19 Pandemic: IPC Protocol

The CDSS thanks the dentists of Saskatchewan for the emergency dental care provided to the people of Saskatchewan during the COVID-19 pandemic. This is a difficult time for all of Saskatchewan. You are supporting your community and making a difference in the containment of COVID-19 in our province. The Premier announced on April 23, 2020 that Saskatchewan will slowly re-open. This means that dentistry can slowly and methodically be re-introduced into Saskatchewan.

The CDSS recognizes that dental facilities and communities vary in size and complexity. This document sets out protocols for dental care delivery. CDSS members must use clinical judgement and weigh the risks in any given treatment situation when implementing these pandemic protocols.

NEW No guidance can eliminate all risk, but these protocols provide a framework that assists in identifying and mitigating the risks to which the dental profession and patients may be exposed. The COVID-19 landscape is evolving rapidly with new information appearing daily. The CDSS interim protocols are based on the best evidence available from reliable sources, and when evidence is not available the CDSS will err on the side of caution. Accordingly, a sixty-minute full mouth root surface debridement is assessed to more likely to pose a greater risk than a 15-minute cavity preparation under rubber dam with the use of high-volume suction, which in turn presents a greater risk than a dental examination without the use of an air water syringe.

This protocol will be updated as the pandemic evolves. Dental care providers **MUST** use appropriate PPE (including fit tested N95 respirators) based on the type of dental care they are providing. Fit testing for N95 respirators can be accessed through a 'Qualified Fit Tester' that members can contact.

Overview of Procedures

Similar to Re-Open Saskatchewan, the CDSS is implementing a plan to Re-Open Dentistry, again built on a methodical and phased-in approach to slowly and responsibly restart dental care in Saskatchewan. Dental care will be phased in. The following plan is based on published triage systems for dentistry taking into account the following key objectives:

- A controlled reintroduction of dental care to prevent COVID-19 transmission in Saskatchewan;
- To support the medical system by keeping dental emergencies out of hospital emergency rooms;
- All face-to-face emergent dental treatment for patients who have been identified as high risk for COVID-19 or have been confirmed as COVID-19 positive **MUST** be provided by a SHA Level 3 provider in the appropriate facility.

General Definitions:

COVID-19:

The name of the infectious disease caused by a new coronavirus called SARS-CoV-2. Although COVID-19 is not thought to be an airborne disease, such as measles or tuberculosis, under certain circumstances the virus can be aerosolized into particles much smaller than respiratory droplets ($< 5 \mu\text{m}$), allowing them to remain suspended in the air longer, to travel farther, and to be inhaled by a person, thus acting like an airborne disease. Aerosol particles bearing SARS-CoV-2 can be generated during medical and dental procedures when a patient's saliva is agitated by mechanical forces, such as an ultrasonic scaler, a high-speed handpiece, or spray from an air-water syringe. Therefore, the risk of aerosol transmission can be reduced by avoiding their generation in the first place, by utilizing appropriate PPE, and implementing appropriate aerosol protective measures.

Splatter:

Controlling splatter, particularly splatter that includes saliva, is extremely important in preventing COVID-19 transmission. Credible scientific evidence shows that SARS-CoV-2 is very contagious with droplets. Uncontrolled splatter “gets everywhere” – on the patient's face and clothes, on the dentist's or hygienist's face, hands, sleeves, clothing and on the floor. This splatter is easily transported, especially on clothing, to other areas of the office, including the washroom, the front desk, the break room, etc. This is one way the virus spreads and infects people. Evidence is beginning to show that health care workers are becoming infected not in the procedure room, but outside of the procedure room.

During the COVID-19 pandemic, splatter must be controlled with high volume evacuation (HVE) and careful handling of splattered PPE, clothing and surfaces. Absolute care is needed to ensure any splatter is not carried outside the procedure area. Splatter is the most common infectious risk in the dental office with an infectious virus. This risk can be managed if PPE, doffing, disinfection, and hand hygiene protocols are strictly followed.

Aerosol-Generating Procedure (AGP):

Any dental procedure where aerosolised particles are expected to be generated by dental instrumentation. This includes the use of ultrasonic scalers, high-speed handpieces, surgical handpieces or air-water syringes at any point in the procedure. **NEW** When assessing the quantifiable risk of transmission of SARS-CoV-2 during an AGP, the SOHP must take into account the duration of a procedure, patient factors (such as respiratory disease, diabetes, hypertension and obesity), the ability to employ mitigation factors (pre-procedural rinse, dental dam and HVE) and the probability of the success of these mitigating factors. Natural exposures, which include contact transmission and both droplet and aerosol caused by coughing, sneezing and exposure to respiratory droplets during expiration, must also be factored in. Consideration of naturally generated aerosols is also very important in assessing the overall risk during a dental visit.

Aerosol Controlled Environment (ACE):

AGP operatory rooms must be isolated rooms from floor to ceiling with an entry or entries that must be closed and secured during the AGP.

Aerosol-Protective Measures:

Actions aimed at mitigating the risk associated with aerosols. These must include:

- Patient Risk Assessment Screening (SHA COVID-19 Screening Tool --- Click [HERE](#) or refer to page 11);
- Thermometer temperature vital sign screening ($<38^{\circ}\text{C}$);
- A hydrogen peroxide pre-procedural mouth rinse;
- PPE for AGP - The CDSS recommendation is a cap or bonnet, gown or lab coat, properly fit KN95 or N95 Respirator (fit test with documentation of style and size within the last two years) goggles or face shield, gloves (to cover gown or coat cuffs), and gown or barrier for patient;
- The use of high-volume evacuation/suction;
- Air management recommendations (aerosol settling time).

PHASE 3 (Update Effective June 15th, 2020)

NEW Aerosol generation during dental procedures will dictate the “how and where” these procedures are completed. Phase 3 protocol has divided Aerosol Generating Procedures into three categories:

- Low Risk Aerosol Generating Procedures
- Moderate Risk Aerosol Generating Procedures
- High Risk Aerosol Generating Procedures

These categories are for patients who do not meet the criteria for COVID-19 based on the SHA COVID-19 Screening Tool. (Click [HERE](#) or refer to page 11)

NEW At this time, during the active phase of COVID-19, the standard should be for each dental facility to utilize professional judgement in collaboration with their dental teams to provide the highest level of PPE and maintain the safest facility requirements.

The CDSS may update or modify this Phase as the COVID-19 Pandemic evolves depending on the accumulation of evidence-based research, trends, and data.

The CDSS recommends dental professionals complete **emergent and urgent** care as a priority during this phase of the COVID-19 pandemic.

Risk Mitigation Factors for Phase 3:

1. Ongoing staff training
2. Communicate arrangements and protocols for physical distancing.
3. Display clear signage and information for staff and patients.
4. Minimize the use of public toilets.
5. Encourage patients to wear a face covering.
6. Patient Risk Assessment Screening (SHA COVID-19 Screening Tool – Click [HERE](#) or refer to page 11).
7. Thermometer temperature vital sign screening (<38°C).
8. Use of safety screens or surgical masks at the reception area.
9. Patient hand hygiene.
10. Remind patients to leave all personal items in the vehicle.
11. Pandemic informed consent.
12. Preprocedural hydrogen peroxide rinse.
13. Vulnerable patient appointment times – specific days or early in the day (manage mobility devices appropriately)
14. Minimize the procedure time.
15. Minimize the volume of aerosol.
16. Fewer appointment times.
17. Stagger appointment times.
18. Escort to accompany minor patients only.

COVID-19 Pandemic: IPC Interim Protocol - Phase 3 **Low Risk** Aerosol Generating Procedure (AGP) or Non-Aerosol Generating Procedure (NAGP)

(ie. examinations, hand scaling, simple extractions, orthodontic procedures, crown cementations etc.)

1. Mandatory routine precautions as per the SOHP Infection Prevention Control (IPC) Standard for Oral Health Care Facilities (04-01 to 04-05).
2. Mandatory PPE for Low Risk AGP and NAGP includes: Level 2 or Level 3 surgical mask, glasses, goggles or face shield, gloves.

3. Enhanced cleaning, including frequent cleaning of high touch surfaces.
4. A 1% hydrogen peroxide mouth rinse for 60 seconds must be performed by the patient and expectorated into the same dispensing cup prior to examination and procedures within the oral cavity.
5. Oral radiology will be provided using standard guidelines with clinical judgement.
6. Utilize hand instruments only.
7. Utilize four-handed dentistry.
8. **NEW** With the use of HVE, an air water syringe could be used separately with caution, and the combined use of air and water should be avoided.
9. Do not use ultrasonic instruments.
10. Do not use high-speed rotary handpieces or electric low-speed handpieces with air and water.
11. Patient should perform ABHR prior to exiting the operatory room.
12. Clean the operatory room clinical contact and housekeeping surfaces as per normal protocol SOHP Infection Prevention Control (IPC) Standard for Oral Health Care Facilities (04-01 to 04-05).

COVID-19 Pandemic: IPC Interim Protocol - Phase 3 **Moderate Risk Aerosol Generating Procedure (AGP) AGP with **Dental Dam** and All Aerosol Protective Measures (Dental dam must be used for the entire procedure)**

1. **NEW** PPE Requirement: The CDSS **minimum** PPE requirement for Dentists and Chairsides Assistants for Moderate Risk AGP: lab coat, Level 2 or Level 3 surgical mask, face shield, gloves (to cover gown or coat cuffs), and a barrier for patient.
2. COVID-19 Pandemic Emergency Treatment Consent should be obtained for both patient and staff.
3. A 1% hydrogen peroxide mouth rinse for 60 seconds must be performed by the patient and expectorated into the same dispensing cup prior to examination and procedures within the oral cavity.
4. **NEW** Facility Requirement: The CDSS **minimum** for a Moderate Risk AGP operatory room is an open concept operatory. **The continued use of an Aerosol Controlled Environment (ACE) may still be utilized at the discretion of the dentist.**
5. **NEW** Mandatory droplet settling time for a **Moderate Risk** AGP is to be a minimum of **15 minutes.**
6. Enhanced cleaning, including frequent cleaning of high touch surfaces.
7. AGP operatory rooms require the removal of all unnecessary cabinets, fixtures, and non-essential supplies or products, including pictures or artwork.
8. AGP operatory rooms should have a Donning and Doffing anteroom or hallway area.
 - Donning Station** ("Clean" side or area) Includes: Gowns or Lab Coats, Level 2 or Level 3 surgical masks, Face Shields, Gloves, Alcohol Base Hand Rub (ABHR)
 - Doffing Station** ("Decontamination" side or area) Includes: Laundry Receptacle with Lid, Garbage Receptacle with Lid, Eye Protection Disinfection Receptacle.
9. PPE must be donned in the "Clean" side of the anteroom immediately before entering the AGP operatory room - do not go anywhere else once the PPE is donned.
 - Put on a gown or lab coat
 - Perform hand hygiene.
 - Put on a Level 2 or Level 3 surgical mask.
 - Perform hand hygiene.
 - Put on a face shield.
 - Perform hand hygiene.
 - Put on gloves to cover the gown or lab coat cuffs.
10. Aerosol Generating Procedure signage should be placed at the entrance to the room (Appendix A)
11. Implement Aerosol Minimization Procedures.

12. The patient is discharged and guided to the reception area for post-op instructions, processing, and exit.
13. PPE must be doffed in the AGP operatory room or the “Decontamination Side” of the anteroom or hallway area if utilized.
14. In the AGP operatory room or as you leave the room:
 - **With gloved hands, remove the gown and gloves**
With gloved hands only touching the outside of the gown, grasp the gown and pull away from the body without rapid movements, roll gown inside out into a bundle, simultaneously remove gloves inside out, and discard gown and gloves immediately. Perform hand hygiene.
 - **With gloved hands, remove the lab coat and gloves**
With gloved hands only touching the outside of the lab coat, open the lab coat and remove away from the body without rapid movements, roll lab coat inside out into a bundle, simultaneously remove gloves inside out, discard gloves immediately, and transfer the lab coat to the “Decontamination Side” of the anteroom laundry receptacle careful to avoid contact with “clean” surfaces. Perform hand hygiene.
15. Exit the AGP operatory room, close the AGP operatory room door if using an ACE, and in the “decontamination side” of the anteroom or hallway area.
 - Perform hand hygiene.
 - Remove face shield at the sides careful not to touch facial skin with the hands and place in disinfection receptacle or garbage receptacle.
 - Remove Level 2 or 3 Surgical mask without touching the front of the mask and discard in the garbage receptacle.
 - Perform hand hygiene.
16. **NEW** Following the mandatory **15-minute settling time**, clean the operatory room clinical contact and housekeeping surfaces as per normal protocol - SOHP Infection Prevention Control (IPC) Standard for Oral Health Care Facilities (04-01 to 04-05).

COVID-19 Pandemic: IPC Interim Protocol - Phase 3 **High Risk Aerosol Generating Procedure (AGP)**

AGP without Dental Dam and All Aerosol Protective Measures

(ie. complex extractions, implant surgery, ultrasonic instrumentation, or any other dental AGP done without a dental dam).

Mandatory PPE for Dentists and Chairside assistants for **High Risk** AGP includes: cap or bonnet, gown or lab coat, properly fit KN95 or N95 respirator (fit test with documentation), goggles or face shield, gloves (to cover gown or coat cuffs), and gown or barrier for patient. Given the shortage of N95 respirators many health care providers are wearing an N95 respirator and covering it with a face shield to prevent droplets and or splatter on the N95 respirator. With this technique the N95 respirator may be used for multiple patients during one operative day.

1. COVID-19 Pandemic Emergency Treatment Consent should be obtained for both patient and staff.
2. A 1% hydrogen peroxide mouth rinse for 60 seconds must be performed by the patient and expectorated into the same dispensing cup prior to examination and procedures within the oral cavity.
3. High risk AGP operatory rooms must be isolated rooms from floor to ceiling, with an Air Controlled Environment (ACE), and an entry or entries that must be closed and secured during the AGP.
4. Temporary isolation rooms can be designed – hoarding with plastic and a framed or zippered door.
5. Clinical staff must limit their movement in/out of the treatment area during this time to minimize airborne contamination of the adjacent spaces.
6. Enhanced cleaning, including frequent cleaning of high touch surfaces.

7. AGP operatory rooms require the removal of all unnecessary cabinets, fixtures, and non-essential supplies or products, including pictures or artwork.
8. AGP operatory rooms must have a Donning and Doffing anteroom or hallway area.
 - Donning Station** ("Clean" side or area) Includes: Caps or Bonnets, Gowns or Lab Coats, Masks, Kn95 or N95 Respirator, Goggles or Face Shields, Gloves, Alcohol Base Hand Rub (ABHR)
 - Doffing Station** ("Decontamination" side or area) Includes: Laundry Receptacle with Lid, Garbage Receptacle with Lid, Eye Protection Disinfection Receptacle with Lid.
9. PPE must be donned in the "Clean" side of the anteroom immediately before entering the AGP operatory room - do not go anywhere else once the PPE is donned.
 - Put on a gown and cap or bonnet.
 - Perform hand hygiene.
 - Properly fit a KN95 or N95 Respirator (secure the straps, mold the metal nose piece to the nose bridge, and perform a seal check).
 - Perform hand hygiene.
 - Put on appropriate eye protection – goggles or face shield.
 - Perform hand hygiene.
 - Put on gloves to cover the gown or lab coat cuffs.
10. The operatory door shall remain closed during the procedure. Only the dentist, dental assistant and patient should be permitted in the operatory during treatment. The operatory door should only be opened once to discharge the patient and for clinical staff to exit.
11. Aerosol Generating Procedure signage should be placed at the entrance to the room (Appendix A)
12. Implement Aerosol Protective and Minimization Procedures.
13. The patient is discharged and guided to the reception area for post-op instructions, processing, and exit.
14. PPE must be doffed in the AGP operatory room as you leave the room or the "Decontamination Side" of the anteroom.
15. In the AGP operatory room or as you leave the room:
 - **With gloved hands, remove the gown and gloves**
With gloved hands only touching the outside of the gown, grasp the gown and pull away from the body without rapid movements, roll gown inside out into a bundle, simultaneously remove gloves inside out, and discard gown and gloves immediately. Perform hand hygiene.
 - **With gloved hands, remove the lab coat and gloves**
With gloved hands only touching the outside of the lab coat, open the lab coat and remove away from the body without rapid movements, roll lab coat inside out into a bundle, simultaneously remove gloves inside out, discard gloves immediately, and transfer the lab coat to the "Decontamination Side" of the anteroom laundry receptacle careful to avoid contact with "clean" surfaces. Perform hand hygiene.
16. Exit the AGP operatory room, close the AGP operatory room door, and in the "decontamination side" of the anteroom or hallway area.
 - Perform hand hygiene.
 - Remove eye protection (goggles or face shield) at the sides careful not to touch facial skin with the hands and place in disinfection receptacle or garbage receptacle.
 - Remove the cap or bonnet by grasping at the rear and pulling forward off the head and place in the laundry receptacle or discard in the garbage receptacle.
 - Remove N95 Respirator without touching the front of the mask and discard in the garbage receptacle or stored in a vented labeled receptacle for possible future decontamination.
 - Perform hand hygiene.
 - Put on a clean surgical mask.

17. The operatory door and room must remain closed and settle for 120 minutes after AGPs before cleaning. With respect to air management, if the number of Air Changes per Hour (ACH) of fresh and or filtered air in the room permits, the settle time can be decreased. (Click [HERE](#) or refer to page 12)
18. Following appropriate settling time, clean the operatory room clinical contact and housekeeping surfaces as per normal protocol - SOHP Infection Prevention Control (IPC) Standard for Oral Health Care Facilities (04-01 to 04-05).

A General Note on Environmental Controls

SARS-CoV-2 is very contagious within droplets. Aerosols also contain SARS-Cov-2 from an infected patient when saliva is aerosolized during dental treatment. However, what is not known at this time is how infective these aerosols are. For these reasons, until further evidence can establish just how infective the virus is, additional precautions beyond standard precautions are required during the active phase of the pandemic.

Droplet precautions are utilized to reduce transmission through droplets and splatter. These are included in physical distancing protocols, hand hygiene, coughing etiquette, and wearing a mask for both staff and patients. They also include chairside protocols such as rubber dam and high-volume suction (HVE), which are also extremely effective in limiting the spread of any aerosols produced. However, not all aerosols are eliminated with these controls and further measures are required prior to a terminal clean of the operatory.

Airborne precautions include allowing time for the aerosol to condense into droplets. This is known as fallow time. This will ultimately determine how fast one can clean the operatory and see the next patient. It will vary depending on the ventilation and filtration systems (HVAC) present and whether the operatory is enclosed or not. There are many ways to decrease fallow time, including supplemental ventilation or HEPA/UV filtration through portable units to improve the air changes per hour (ACH) within the operatory and effectively “clean the air”. Confining the aerosol to smaller, enclosed rooms will accommodate more effective aerosol control and ACH.

It is very important that every office address these necessary precautions in accordance with CDSS Protocols with customized controls to your own clinical setting.

Appendix A:

COVID-19



**AEROSOL GENERATING
MEDICAL PROCEDURES
IN PROGRESS!**



Saskatchewan
Health Authority

saskatchewan.ca/COVID19

April 5, 2020

COVID-19



AGMP COMPLETED AT:

SETTLE TIME:

 MINUTES

(IF SETTLE TIME NOT IDENTIFIED USE 120 MINUTES)

SAFE TO ENTER ROOM AT:



Saskatchewan
Health Authority

saskatchewan.ca/COVID19

April 5, 2020



COVID – 19 Screening Tool Community Screening – Home Visit

Date: _____ Time: _____

INITIAL ALL APPLICABLE BOXES

☐ In-Person Screen ☐ Telephone Screen ☐ Screen documented in EMR (no need to retain paper copy)

Patient Identifier: _____

Patient Name: _____

Date of Birth: _____

HSN: _____

This screening tool is NOT screening for seasonal or environmental allergies but meant to capture new symptoms, or worsening of long-standing symptoms.

It is recognized that testing criteria continues to expand but screening criteria are limited to those below.

Ask patient if they have <u>ANY</u> of the following:		Yes	Date of Onset	No
Have you had a fever? NOTE: In children, fever as solitary symptom may be due to other diagnoses		<input type="checkbox"/>		<input type="checkbox"/>
New or worsening respiratory symptoms NOT ATTRIBUTABLE to seasonal or environmental allergies i.e. cough, shortness of breath or difficulty breathing, sore throat, runny nose?		<input type="checkbox"/>		<input type="checkbox"/>
New onset atypical symptoms including chills, aches and pains, headache, loss of sense of smell or taste? Use clinical judgement, clients at extremes of age can have unusual presentations		<input type="checkbox"/>		<input type="checkbox"/>
Anyone else living in their home feeling sick?		<input type="checkbox"/>		<input type="checkbox"/>
Anyone in home, including client, had an AGMP in the last 2 hours?		<input type="checkbox"/>		<input type="checkbox"/>
Have you been asked to self-isolate? If yes, why? _____ When? _____		<input type="checkbox"/>		<input type="checkbox"/>
In the last 14 days, have they or others in the home:	Traveled outside of Saskatchewan or Canada?	<input type="checkbox"/>		<input type="checkbox"/>
	Attended a mass gathering over 10 (does not apply to a single household or congregate living situation)?	<input type="checkbox"/>		<input type="checkbox"/>
	Had close (within 2 metres) or prolonged contact with a confirmed/probable case of COVID-19 without proper PPE?	<input type="checkbox"/>	IF "YES" Use Droplet/Contact Plus Precautions	<input type="checkbox"/>
	Lived in or visited a community or facility designated as an area of concern re: COVID-19? Consult current list.	<input type="checkbox"/>		<input type="checkbox"/>
	Anyone visited them that lives in or has visited a community or facility designated as an area of concern re: COVID-19? Consult current list.	<input type="checkbox"/>		<input type="checkbox"/>

This screening tool is not intended to replace your point of care risk assessment.

Screening results should dictate the need for precautions. Previous testing does not impact screening results.

Patient Answers	Action		ID
	All "NO"	Proceed with visit. Wear surgical mask and any additional PPE required to provide patient care.	
	Any "YES"	<ul style="list-style-type: none"> Asymptomatic <ul style="list-style-type: none"> If physical distancing cannot be maintained during the visit, increase PPE as required. Advise patient to self-monitor. Advise to "self-isolate" for 14 days from return of international travel or date of close contact. Symptomatic <ul style="list-style-type: none"> If visit not essential, consider postponing visit or referral to Assessment and Treatment Site, if available and patient is mobile. Ask patient to move at least 2 meters from entry way. Use Droplet/Contact PPE – don PPE in the entry way of the home. If AGMP within 2 hours of scheduled visit time, reschedule visit to allow for settle time (2 hours). If previously unknown, document precautions for upcoming visits. Advise patient to self-isolate. 	

Swab or arrange for swab if symptoms consistent with COVID-19 as per discussion with MRP:

☐ N/A

☐ Not sent – rationale: _____

☐ Sent on (Date): _____

Signature/Designation: _____

COVID-19 PPE Rapid Update



“Settle Time” after an Aerosol Generating Medical Procedure (AGMP)

What is “Settle Time”?

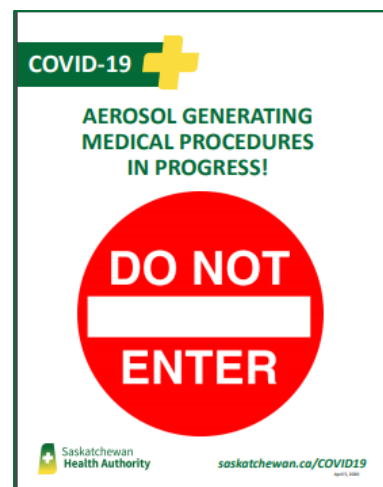
The “settle time” is the amount of time needed to remove infectious airborne organisms from room air (e.g., TB, chicken pox) or infectious aerosols that may be created during an AGMP. This begins when the source of infectious aerosols ends. Examples of when the “settle time” starts include:

- When a patient on continuous Airborne Precautions is moved out of the room.
- Following an AGMP when a pathogen or virus (e.g., COVID-19) has the potential to be aerosolized during the procedure

The “settle time” is used to guide if a N95 respirator needs to be worn while in the room or how long the room must sit before Housekeeping can begin cleaning. **The “settle time” should never impact patient care needs** and should not delay essential patient or staff movement in and out of the room.

How is the room “settle time” determined?

- To determine a specific “settle time” for a specific room, the number of Air Changes per Hour (ACH) must be evaluated as each room can be different (size, temperature, humidity, ventilation capacity, etc.). The higher the ACH, the less time is required for settle time.
- If the number of ACH for the patient room is known, a specific “settle time” can be calculated using this [table](#) (page 2) and posted (e.g., if the room has 12 ACH, the “settle time” is 35 minutes). Then staff will know how long they must wear an N95 respirator or how long before Housekeeping can enter the room to clean.
 - *Please note:* the number of ACH does not reflect the direction of air flow (i.e., negative pressure vs positive pressure).
- If the number of ACH is unknown, the “settle time” for a patient room has been determined to be 2 hours or 120 minutes.



COVID-19
AGMP COMPLETED AT: <input type="text"/>
SETTLE TIME: <input type="text"/> MINUTES (IF SETTLE TIME NOT IDENTIFIED USE 120 MINUTES)
SAFE TO ENTER ROOM AT: <input type="text"/>

IMPORTANT: Conditions that must be in place when using a specified “settle time”?

- Patient room door should remain completely closed, with the exception of essential patient/staff movement.
- Posters to be displayed on the door can be found on [Saskatchewan.ca/covid19-providers](https://saskatchewan.ca/covid19-providers).

NOTE: A specified “settle time” cannot be used if there is a power outage

PLEASE BE ADVISED, specified “settle time” information has been provided to your unit due to extraordinary circumstances and is only valid during the COVID-19 pandemic. Your unit will be notified of changes or when normal time procedures must be resumed.

If you have any questions, please contact your local Infection Control Practitioner.