



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

Phase 5 Update – Effective December 10th, 2020

CDSS members are encouraged to transition to Phase 5 before December 10th, 2020

All CDSS members are required to review this CDSS Alert

Rationale for providing this interim protocol update:

- As COVID-19 community spread continues at unprecedented rates and COVID-19 hospitalization numbers climb significantly in Saskatchewan, the CDSS feels it is appropriate to review the current CDSS COVID-19 IPC Protocol and make adjustments to the protocol where required in the interest of safety for our patients, the public, Saskatchewan Oral Health Professional (SOHP) teams, communities and the province.
- In addition, CDSS has received confirmation from Saskatchewan Public Health on revised Public Health requirements for providing safe dental care. These revised Public Health requirements focus on the provision of Aerosol Generating Procedures at a time of increased community spread and rising case numbers of COVID-19.
- Members are required to use professional and clinical judgement in providing dental care.
- Continued vigilance against the COVID-19 virus is required.

CDSS objective:

- Safe transition to comprehensive 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).
- CDSS members are required to be familiar and follow all CDSS standards, guidelines, policies and [bylaws](#). Members can access these documents on the [CDSS members website](#) under, Professional Resources / Professional Practice Standards.

The CDSS continues to advise CDSS members to maintain the capacity to adjust to revised pandemic protocols if required by the CDSS or the CMHO/Public Health. This includes maintaining a supply of PPE and maintaining proper facility requirements.

“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 manage 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 continue to be managed, 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 managed, 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 of the Re-Open Saskatchewan Plan:

- 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.
- Individuals should continue working from home if they can do so effectively.
- Physical distancing must be maintained, wherever possible.
- People must stay at home when they are sick.
- Personal hygiene will continue to be a key prevention measure.
- Enhanced cleaning and disinfection should take place in workplaces, public spaces and recreational facilities.

CDSS members must follow the recommended public health orders as they apply to their dental facility, including:

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

For more 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.
- Please be aware that current research shows the social area within an office (lunchrooms, shared offices, front office and washrooms) have the highest risk for transmission of SARS-CoV-2.
- Please keep these physical distancing protocols in mind as the Christmas season approaches.

Preamble: CDSS COVID-19 Pandemic: IPC Protocol

The CDSS thanks the dentists of Saskatchewan for the on-going dental care provided to the people of Saskatchewan during the active phase of 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 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.**

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.**

This protocol will be updated as the pandemic evolves. Dental care providers **MUST** use appropriate PPE based on the location and 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

The CDSS has implemented a plan to ensure the safety of patients and dental providers. The plan is built on a methodical and phased approach to responsibly provide dental care in Saskatchewan. The following plan is based on published triage systems for dentistry taking into account the following key objectives:

- A controlled reintroduction and modification of dental care to prevent COVID-19 transmission in Saskatchewan.
- To support the medical system by keeping dental emergencies out of hospital emergency rooms.

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. 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. As the risk of treating an asymptomatic COVID-19 positive patient continues to rise the use of aerosol-protective measures may help to mitigate the risks of treating these patients.

Aerosol-Protective Measures:

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

- Patient Risk Assessment Screening (SHA COVID-19 Screening Tool --- Refer to page 8);
- Thermometer temperature vital sign screening (<38°C);
- An appropriate pre-procedural mouth rinse using CDSS member professional judgement;
- Appropriate PPE for AGP;
- The use of high-volume evacuation/suction;
- Air management recommendations (aerosol settling time).

PHASE 5 - IPC Interim Protocol Update (Update Effective December 10th, 2020)

At this time of community spread and rising case numbers of COVID-19 Saskatchewan Public Health considers all AGPs high risk. CDSS members are encouraged to transition to Phase 5 before December 10, 2020.

At this time, the standard should be for CDSS members 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.

Risk Mitigation Factors Recommended for Phase 5 IPC Interim Protocol Update:

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. Patients are mandated to wear a face covering when indoors.
6. Patient Risk Assessment Screening (SHA COVID-19 Screening Tool - Refer to page 8).
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 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 / stagger open concept operatories.
18. Escort to accompany minor patients only.

COVID-19 Pandemic: IPC Interim Protocol - Phase 5 Non-Aerosol Generating Procedure (NAGP)

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

1. Routine precautions as per the SOHP Infection Prevention Control (IPC) Standard for Oral Health Care Facilities (04-01 to 04-05).
2. Recommend enhanced cleaning, including frequent cleaning of high touch surfaces.
3. Recommend a preprocedural rinse be performed by the patient and expectorated into the same dispensing cup prior to examination and procedures within the oral cavity.
4. Minimize use of three-way syringe and never use air and water spray at same time.
5. Recommend Patients perform ABHR prior to exiting the operatory room.
6. 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 5 Aerosol Generating Procedure (AGP)

(ie. fillings, extractions, implant surgery, ultrasonic instrumentation, prophylaxis/polish, etc.).

1. **Required PPE for AGP** includes: cap or bonnet, gown or lab coat, N95 respirator (fit test with documentation), 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.
2. **Facility Requirement for an AGP operatory room**: operatory must be an isolated room from floor to ceiling, with an Air Controlled Environment (ACE), and an entry or entries that must be closed and secured during the AGP.
3. Temporary isolation rooms can be designed – hoarding with plastic and a framed or zippered door.
4. Clinical staff should limit their movement in/out of the closed treatment operatory during this time to minimize airborne contamination of the adjacent spaces (intraoral radiographs are permitted).
5. An Aerosol Generating Procedure signage should be placed at the entrance to the room (**Refer to page 9 and 10**)
6. Recommend all Aerosol Protective Measures.
7. 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, N95 Respirator, Goggles or Face Shields, Gloves, Alcohol Base Hand Rub (ABHR)
Doffing Station (“Decontamination” side or area) Includes: Laundry Receptacle, Garbage Receptacle with Lid, Eye Protection Disinfection Receptacle with Lid.
8. PPE must be donned and doffed in an appropriate manner as described in Phase 1, 2, and 3.
9. “Settle time” following the AGP is **dependent on the Air Changes per Hour (ACH) for the ACE**. If the number of ACH is known for the ACE, a specific “settle time” can be calculated using the Settle Time Table on Page 2 of COVID-19 Interim IPAC for Acute Care settings (**Refer to Page 12**). If the number of ACH is unknown, the “settle time” for an ACE has been determined to be **2 hours or 120 minutes** (**Refer to Page 11**).

10. Following the appropriate “**settle 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 settle 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 settle 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.



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.

Ask client if they have ANY of the following:		Yes	Date of Onset	No
Have you had a fever?		<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, diarrhea, nausea/vomiting, loss of appetite (difficulty feeding for children), fatigue or weakness? For frail and/or elderly individuals: acute functional decline (including falls), acute confusion? Note: Patients 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"/>
In the last 14 days, have they or others in the home:	Traveled outside of Canada?	<input type="checkbox"/>		<input type="checkbox"/>
	Been identified by Public Health as a close contact? OR Had close (within 2 metres) or prolonged contact with a confirmed/probable case of COVID-19 without proper PPE?	<input type="checkbox"/>		<input type="checkbox"/>

**This screening tool is not intended to replace clinical judgement in individual patient management and alternate diagnoses must be considered before the patient's final risk of COVID-19 is determined.
Screening results should inform your risk assessment and the need for precautions.**

Previous testing does not impact screening results.

Patient Answers	Screen		Action	ID
	All “NO”	Proceed with visit. Wear surgical mask and any additional PPE required to provide patient care.		
	Any “YES”	Asymptomatic	<ul style="list-style-type: none">• If visit not essential, consider postponing visit.• If visit is essential, use Droplet/Contact Plus Precautions --don PPE in entry way of home.• If previously unknown, document precautions for upcoming visits.• 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 Plus Precautions--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.	
<ul style="list-style-type: none">• If POSITIVE screen, COVID-19 swab is required.• If NEGATIVE screen, COVID-19 swab is encouraged (where possible) for surveillance.			<input type="checkbox"/> N/A <input type="checkbox"/> Not sent – rationale: _____ <input type="checkbox"/> Sent on (Date): _____ <input type="checkbox"/> Referred for Testing	

Have you had the INFLUENZA
VACCINATION since October 2020?

☐ Yes – Date: _____
☐ No – Would you like to receive the influenza vaccine? ☐ Yes ☐ No

Signature/Designation: _____

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 PPE Rapid Update



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

What is “Settle Time”?

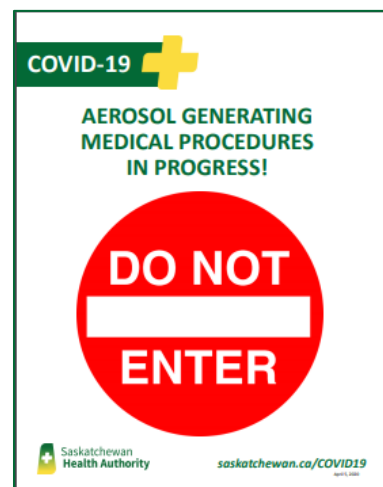
The “settle time” is the amount of time needed to remove infectious airborne organisms from room air (e.g., TB, chicken pox) or infectious aerosols that may be created during an AGMP. This begins when the source of infectious aerosols ends. Examples of when the “settle time” starts include:

- 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 23 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.



**PERFORMING
AEROSOL GENERATING
MEDICAL PROCEDURES
(AGMPs)**

- Refer to [Aerosol Generating Medical Procedures \(AGMPs\) List](#)
- AGMPs should be limited to those that are medically necessary
- Limit the number of HCWs in the room
- Place patient in a private room with hard walls and a door. Ensure the door is closed
- If available, place patient in an Airborne Infection Isolation Room (AIIR)
- If AIIRs are limited, consider prioritizing patients into these rooms (e.g., critically ill patients with confirmed COVID-19 due to the likelihood of requiring AGMPs on a regular basis)
- [Droplet/Contact Plus*precautions](#) and Airborne precautions/[aerosolize settle time signage](#) should be placed at the entrance to the room
- Airborne precautions/[aerosolize settle time signage](#) should remain in place until after AGMP has been performed and [air settle time](#) has been achieved. The settle time should never impact patient care needs and should not delay essential patient or staff movement in and out of the room.
- If the number of air changes per hour is unknown, then air settle time for a patient room is 2 hours or 120 minutes
- If the number of air changes per hour is known, refer to Table 1

Table 1: Time in Minutes Needed (by number of air exchanges per hour) to Reduce Airborne Contaminants by 99%. Adapted from Airborne Contaminant Removal –Centers of Disease Control, USA

Air exchanges per hour	99%
2	138
4	69
6	46
12	23
15	18
20	14

- Before [air settle time](#) has been achieved: Do NOT admit a new patient. If entering room, wear an N95 respirator
- After [air settle time](#) has been achieved: Airborne Precautions/[aerosolize settle time signage](#) can be removed. N95 respirators are no longer required

Note: Some patients may require ongoing or continuous aerosol generating treatments (e.g., CPAP, BiPap, Optiflow). Under these circumstances airborne precautions sign/[aerosolize settle time signage](#) must remain posted for the duration of the therapy and up until therapy has been discontinued and [air settle time](#) has been achieved