



NEW BRUNSWICK COLLEGE
OF DENTAL HYGIENISTS
ORDRE DES HYGIÉNISTES DENTAIRES
DU NOUVEAU-BRUNSWICK

INTERIM DIRECTIVES FOR DENTAL HYGIENISTS

ALL NBCDH registrants are required to read and abide by these directives.

These directives are created using the most recent evidence and research available at this time.

Interim directives are subject to change.

Effective June 7, 2021

INTRODUCTION

As licensed primary health care providers, dental hygienists have a responsibility to uphold the highest standards of practice to ensure the health and safety of the individuals they serve and the colleagues with whom they interact. The Covid-19 pandemic has resulted in considerable impacts in the lives of everyone around the world. As vaccines are introduced, it is important to recognize that it is still **NOT** business as usual. Dental hygienists must remain vigilant when offering dental hygiene care.

These directives include updates and assume that the previous directives on a return to practice in May and in July have already been implemented. These also provide the latest evidence-based information on how to reduce risk for transmission of the Covid-19 in dental hygiene practice. It is understood that there is a lack of current research on the coronavirus and its impact on dental hygiene practices. Some of the information in these directives is based on previous research conducted with other transmittable diseases. As more research is being carried out on the Covid-19, NBCDH will modify this document as needed.

The current evidence available at the time of writing suggests that a complete elimination of risk is likely not possible. By implementing a layered approach to the risk mitigation strategies listed in these directives, dental hygienists can reduce the impact of the known risks in their practice to protect themselves, their colleagues, and their clients from the spread of the coronavirus.

In addition to these guidelines, it is the responsibility of every dental hygienist to follow and adhere to the recommended guidelines of Public Health as they relate to Covid-19 in the workplace to ensure public health and safety. Following Provincial Public Health measures and using professional judgment are critical in evaluating dental hygiene services while always considering the incidence of Covid-19 within your community.

These guidelines only apply for the treatment of asymptomatic clients who have been appropriately screened. (Appendix A.) **Clients with identified symptoms or active Covid-19 are not to be treated for dental hygiene care.**

B GENERAL STAFF REQUIREMENTS:

1-PUBLIC HEALTH RECOMMENDATIONS:

https://www2.gnb.ca/content/gnb/en/corporate/promo/covid-19/community_measures.html

<https://www2.gnb.ca/content/gnb/en/corporate/promo/covid-19/resources.html>

- Mask **must** be worn in the office.
- **Physical distancing must be followed where possible.**
- **Respiratory hygiene must be followed.**
- **Hand hygiene protocols must be followed.**

2- CLINICAL ATTIRE PROTOCOLS

Dental hygienists **must** not wear **scrubs and work shoes to and from work.**

3-FITNESS TO PRACTICE

Your ability to work safely should be determined daily. You must self-monitor and prescreen for Covid-19 before reporting to work. (Appendix A)

https://www2.gnb.ca/content/dam/gnb/Departments/h-s/pdf/COVID-19_screeningEN.pdf

YOU SHOULD NOT GO TO WORK IF YOU FEEL SICK.

If you have symptoms, complete the self-assessment tool on the NB Public Health website and follow their directives following the assessment.

(https://www2.gnb.ca/content/gnb/en/departments/ocmoh/cdc/content/respiratory_diseases/coronavirus.html)

https://www2.gnb.ca/content/dam/gnb/Departments/eco-bce/Promo/covid-19/self-monitor_newsytptoms-e.pdf

General staffing questions and answers can be found on WorksafeNB website at:

<https://www.worksafenb.ca/safety-topics/covid-19/covid-19-frequently-asked-questions/>

<https://www.worksafenb.ca/safety-topics/covid-19/covid-19-what-you-need-to-know/>

4-BREAKS

Breaks should be staggered to respect physical distancing requirements.

C- CLINICAL DENTAL HYGIENE CARE

1- GENERAL PROTOCOLS:

- Clients **must** be screened prior to entering the operatory. (*Appendix A*). Screening **must** be documented. Note that the screening tool is a baseline and will need to be adapted according to community spread and/or based on public health recommendations.
- Dental hygienists **must not** treat clients that are exhibiting Covid-19 symptoms. (*Appendix A*).
- Clients who report symptoms and/or have been advised by Public Health to self-isolate **must not** be booked for treatment until they have been asymptomatic for 14 days.
- Clients who fail to meet the pre-screening questionnaire requirements (*Appendix A*) should be rescheduled. If the appointment cannot be deferred, treatment should be conducted in an enclosed treatment room and be scheduled at the end of the day or when other clients and staff are not present in the defined area. Fallow time should be respected based on the air changes per hour for the operatory. Enhanced PPE must be used: fit tested N95 or equivalent, gown and head bonnet, face shield, eye protection and gloves. Use professional judgment in assessing and determining the risks before proceeding with treatment.
- Appointments **should** be scheduled with sufficient time between appointments to minimize the potential for contact with other patients.
- Vulnerable clients **should** be scheduled at the beginning of the day.

- Always use the **proper PPE** for the anticipated procedures. (**NOTE: If appropriate PPE is unavailable, dental hygiene services must not be performed. Always consider the community transmissions when choosing your PPE.**)
- **Follow appropriate** donning and doffing removal of PPE:
<https://www.youtube.com/playlist?list=PL7ApdZUKX0i1FvICbDTNI9UviDYP2xTJK->

2) AEROSOL GENERATING PROCEDURES (AGP)

While it is almost impossible to eliminate all risks posed by dental aerosols, it is possible to minimize the potential risk by controlling aerosols and splatter.

The following procedures **are considered high risk for aerosol generation (AGP):**

- The use of three-way(tri) air-water syringe (combination of water/air together).
- Ultrasonic/power instrumentation
- Air polishing (i.e. Prophy jet, air flow)
- High-speed handpieces

3) MITIGATING RISK USING A LAYERED APPROACH DURING AGP.

AGP requires a layered approach to mitigate the potential risk of transmission.^{1 2}

In addition to the general protocols, for all AGP listed above:

- Clients **should rinse with an antiseptic mouthwash** prior to treatment.^{1,3}
- **The High-volume evacuation must always be used for AGP.**
 - Ensure the adapters for the use of HVE are approved by Health Canada.
 - Follow the manufacturer's guidelines to ensure optimal performance.
- **Use four-handed dentistry** if possible.
- **Use Rubber Dam** in procedures such as sealants and restorative as much as possible.

- **Air clearance and ventilation:**
Air changes per hour can be impacted by many factors, including physical layout of the clinic, ventilation systems, height of ceiling and the presence of windows etc. These directives specifically do not address the clearing of air or ventilation systems or time in between aerosol generating procedures. Offices should consult with a HVAC ventilation professional to determine optimal settings and best practices. (Appendix B)

4) PROCEDURES AT POTENTIAL RISK FOR AEROSOL GENERATION OR SPLATTER

Procedures at Potential Risk for Aerosol Generation or splatter	Risk Mitigation
Intra-oral radiographs /Impressions	Employ strategies to avoid coughing, gagging, and vomiting.
Air-Water Syringe	<p>Minimize the use the air & water in combination.</p> <p>The use of the three-way (tri) air/water syringe(combination) will cause the procedure to be considered under the AGP and will require the dental hygienists to apply AGP PPE and conditions listed above.</p>
Rubber cup Polishing	<p>Minimize rubber-cup polishing (selective polishing only).</p> <p>HVE should be used to control droplets, splatter, and potential aerosols.</p> <p>A face shield should be worn.</p>

D- PERSONAL PROTECTIVE EQUIPMENT(PPE)

NOTE: Personal protective equipment should be enhanced for high-risk clients or when community transmission increases.

<u>PPE non-aerosol generating procedures (NAGP)</u>	<u>PPE for aerosol generating procedure (AGP)</u>
Minimum ASTM surgical mask or superior	Fit-tested N95 mask/equivalent respirator or ASTM level 3 or 2 surgical mask.
Eye Protection and/or face shield A face shield should be worn when using a slow speed handpiece.	EYE PROTECTION AND A FACE SHIELD MUST BE WORN for all AGP regardless of mask levels.
Gloves	Gloves
Gown/lab coat and bouffant cap should be worn.	Gowns/lab coat and bouffant cap should be worn.

APPENDIX A

ATTENTION



If you answer **'YES'** to any of the following questions, **DO NOT ENTER** this building. Please return home and self-isolate.

- ☛ Do you have **TWO (2)** of the following symptoms that are not related to a known pre-existing health condition (i.e., seasonal allergies)? If **YES**, you should be tested for COVID-19.



Fever



Cough (or worsening cough)



Diarrhea



Loss of sense of smell and taste



In children, purple markings on the fingers and toes



Runny nose



Sore throat



Muscle pain



Headache



Fatigue/
exhaustion

- ☛ Have you been advised by Public Health, a health-care provider or a peace officer that you are currently required to self-isolate?
- ☛ Are you waiting for a COVID-19 test or COVID-19 test results **AND** have been told you need to self-isolate?
- ☛ Have you travelled outside of the Atlantic bubble in the past 14 days (unless exempt from self-isolation)?
- ☛ Has an individual in your household returned from outside of the Atlantic bubble in the past 14 days for any reason, and now someone within the household has developed one or more symptoms of COVID-19 as listed above?

If you answered **'NO'** to the above questions,
YOU MAY ENTER the facility.

If you are experiencing any symptoms, you should get tested. You can register for a test online by clicking 'Get tested' on the GNB Coronavirus website, calling Tele-Care 811 or by contacting your primary health-care provider.

APPENDIX B

Air Changes / hour (ACH) and time required for airborne contaminant removal by efficiency.

ACH	Time (mins.) required for removal 99% efficiency	Time (mins.) required for removal 99.9% efficiency
2	138	207
4	69	104
6 ⁺	46	69
8	35	52
10 ⁺	28	41
12 ⁺	23	35
15 ⁺	18	28
20	14	21
50	6	8

+ Denotes frequently cited ACH for patient-care areas.

<https://www.cdc.gov/infectioncontrol/guidelines/environmental/appendix/air.html#tableb1>

APPENDIX C

List of equivalent N-95 mask respirators:

(From the US Center for Disease Control)

There are ten classes of NIOSH-approved particulate filtering respirators available currently. 95% is the minimal level of filtration approved by NIOSH. The N, R, and P designations refer to the filter's oil resistance as described in the table below.

Ten classes of NIOSH-approved particulate filtering respirators available

Filter Class	Description
N95, N99, N100	Filters at least 95%, 99%, 99.97% of airborne particles. Not resistant to oil.
R95, R99, R100	Filters at least 95%, 99%, 99.97% of airborne particles. Somewhat resistant to oil.
P95, P99, P100	Filters at least 95%, 99%, 99.97% of airborne particles. Strongly resistant to oil.
HE (High Efficiency Particulate Air)	Filters at least 99.97% of airborne particles. For use on PAPRs only. PAPRs use only HE filters.

For more information visit the CDC website:

https://www.cdc.gov/niosh/npptl/topics/respirators/disp_part/resource1quest2.html

Strategies for Optimizing the Supply of N95 Respirators

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/respirators-strategy/index.html>

References:

- (1) JADA, Vol. 135, April 2004, Aerosols and splatter in dentistry. A brief review of the literature and infection control implications. Stephen K. Harrel, D.D.S; John Molinari, Ph.D.
[https://jada.ada.org/article/S0002-8177\(14\)61227-7/pdf](https://jada.ada.org/article/S0002-8177(14)61227-7/pdf)
- (2) <https://www.cdc.gov/coronavirus/2019-ncov/hcp/dental-settings.html>
- (3) <https://pubmed.ncbi.nlm.nih.gov/32511851/>
[Rapid In-Vitro Inactivation of Severe Acute Respiratory Syndrome Coronavirus 2 \(SARS-CoV-2\) Using Povidone-Iodine Oral Antiseptic Rinse.](#)
Bidra AS, Pelletier JS, Westover JB, Frank S, Brown SM, Tessema B. Bidra AS, et al. J Prosthodont. 2020 Jun 8. doi: 10.1111/jopr.13209. Online ahead of print. J Prosthodont. 2020. PMID: 32511851

Links:

<https://www.nbcdh.ca/wp-content/uploads/2020/05/NBCDH-Interim-Directives-May-2020-ENG.pdf>

<https://www.nbcdh.ca/wp-content/uploads/2020/07/Directives-July-2020.pdf>

<https://www.nbcdh.ca/wp-content/uploads/2017/10/NB-Dental-Infection-Prevention-Guide-FINAL11.pdf>

<https://www.nbdent.ca/wp-content/uploads/COVID-19-Operational-Plan-FINAL-Draft-Nov-23-2020-2.pdf>

<http://www.cda-adc.ca/en/about/covid-19/covid-19.asp>

<http://www.cda-adc.ca/EN/about/covid-19/masks/>

<https://www.cdha.ca/>

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/dental-settings.html>

https://www2.gnb.ca/content/gnb/en/departments/ocmoh/cdc/content/respiratory_diseases/coronavirus.html

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https://www2.gnb.ca/content/gnb/en/corporate/promo/covid-19/maps_graphs.html

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<https://www.worksafenb.ca/safety-topics/covid-19/covid-19-frequently-asked-questions/>

<https://www.worksafenb.ca/safety-topics/covid-19/covid-19-what-you-need-to-know/>

<https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/health-professionals/public-health-measures-mitigate-covid-19.html>

<https://www.canada.ca/en/health-canada/services/drugs-health-products/medical-devices/masks-respirators-covid19.html>

<https://blogs.cdc.gov/niosh-science-blog/2020/04/23/imported-respirators/>

<https://www.youtube.com/playlist?list=PL7ApdZUkX0i1FvICbDTNI9UviDYP2xTJK>

https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/health-professionals/evidence-safe-return-clinical-practice-oral-health.html?utm_source=Emailblast&utm_medium=Email&utm_campaign=McGill_report_covid_ENG#a8.5