

Infection Prevention and Control & Oral Health Care During the COVID-19 Pandemic

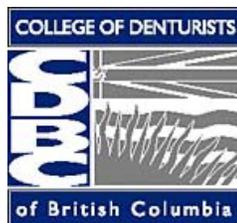
Last updated July 19, 2022

This document is for oral health care professionals: certified dental assistants, dental hygienists, dental technicians, dental therapists, denturists, and dentists.

Registrants and certified dental assistants are expected to read this guidance and follow the expectations within it as they provide oral health care during the COVID-19 pandemic. It is a comprehensive document that covers topics such as ongoing pandemic best practices, personal protective equipment, and infection prevention and control principles and strategies.



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1. Introduction

a. Purpose of the document

To consolidate existing regulatory standards, guidance and expectations with recommendations and considerations from government and other authoritative agencies for the treatment of patients during the COVID-19 pandemic. This document is to be considered in conjunction with oral health care regulatory standards and guidelines for infection prevention and control (IPAC). There may be elements of the guidance contained in the following links that become outdated over time; however, the general concepts and practical guidance should be incorporated based on the professional discretion of the oral health care professional in the interest of reducing and mitigating risk. Information in the links provided may be applied in tandem with publications from the agencies referenced, depending on the practice setting of the care being provided.

- [BC Centre for Disease Control \(BCCDC\)](#)
 - [*COVID-19: Infection Prevention and Control Guidance for Community-Based Allied Health Care Providers in Clinic Settings*](#)
 - [*Infection Prevention and Control Guidance for Surgery in Non-hospital Medical Surgical Facilities*](#)
 - [*Infection Prevention and Control Protocol for Pediatric Surgical Procedures*](#)
 - [*Infection Prevention and Control Protocol for Surgical Procedures in Adults*](#)
- [BC Ministry of Health](#)
 - [*Mask Use in Health Care Facilities During the COVID-19 Pandemic*](#)
- [Office of the Provincial Health Officer](#)
- [WorkSafeBC](#)

This document is for oral health care professionals: certified dental assistants, dental hygienists, dental technicians, dental therapists, denturists and dentists.

Oral health care professionals employed by hospitals, health authorities, and long-term care facilities should refer to guidance provided by their employers and the Provincial Health Officer (PHO). The content of this document and the directions that it contains pertain to the delivery of care outside these settings. These include, but are not limited to, private practice clinics, private mobile or community-based practices, school-based practices and laboratories.

b. Objective of the document

To prevent and control the transmission of Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) during emergent, essential and non-essential care of patients by oral health care professionals.

c. Revisions

The document is based on the latest available best practices and scientific evidence about this disease and may change as new information becomes available.

- This document was first published on May 15, 2020 and was titled “*Transitioning Oral Healthcare to Phase 2 of the COVID-19 Response Plan.*” Immediately following the first publication of this document on the afternoon of May 15, 2020, the BCCDC published [Infection Prevention and Control guidance for surgery in non-hospital medical surgical facilities](#), resulting in subsequent edits related to the section called “exposure prevention.”
- The second published version of the document (August 18, 2020) replaced the May 15, 2020 document. It was revised to reflect the BCCDC’s May 21, 2020 publication of “*IPAC guidance for surgery in non-hospital medical surgical facilities.*” Amendments were made throughout the document to provide clarity and align with that subsequently published authoritative guidance. Appendices A through E were a new addition after the May 15 publication. Appendix B, *Pathway for management of oral health care during the Phases 2 and 3 response plan for COVID-19*, was originally published on the CDSBC website on April 30, 2020 and was updated and included in the August 18, 2020 version of the document.
- The third published version of the document (December 23, 2021) replaced the August 18, 2020 document titled *Oral Health Care During Phases 2 and 3 of the COVID-19 Response*. Amendments were made throughout the document to provide clarity for the delivery of oral health care for the duration of the COVID-19 pandemic.
- This is the fourth version of the document (July 5, 2022), and it replaces the December 23, 2021 document titled *Infection Prevention and Control & Oral Health Care During the COVID 19 Pandemic*. Minor revisions were made throughout the document to update links and align guidance with current public health guidance for oral health care through future phases of the COVID-19 pandemic.

d. SARS-CoV-2

The causative agent of COVID-19 is Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2). See [Appendix D](#) for a primer on infectious disease and infection prevention.

e. Disclaimer

Information in this document is based on current evidence provided in the bibliographies of authoritative agencies' publications and may be subject to change as continuing research becomes available. Through the course of the pandemic, expectations and guidance from the Public Health Officer may vary and while these evolving directives may not all be currently reflected in the embedded reference documents, they do not invalidate the general applicability of this guidance document as a whole.

2. Guiding Principles and Assumptions

The following guiding principles and assumptions have been identified as foundational for the delivery of oral health care services in the context of the COVID-19 pandemic.

- All oral health care professionals will follow guidance, expectations, and direction provided by the PHO.
- Some services can be safely and effectively provided virtually. Other services require in-person visits, including direct patient care. These standards and guidelines apply, regardless of whether services are provided virtually or in person.
- Wherever possible, physical distancing will be maintained during the delivery of care.
- In-person services must only proceed when the anticipated benefits of such services outweigh the risks to the patient, the health professional and the greater community.
- The oral health care professional is accountable and is the person best positioned to determine the need for, urgency and appropriateness of in-person care.
- Appropriate personal protective equipment (PPE) must be used for the safe delivery of in-person care. However, all oral health care professionals must also act to conserve PPE through its judicious use.
- Oral health care professionals must consider if they are the most appropriate health professional to address the patient's needs, referring patients to other members of the health care team when in the patient's interest.

For further clarity, a brief list of terms has been defined to facilitate the interpretation of this guidance document with respect to practice settings.

Clinic – includes any clinical oral health care setting that is privately owned and operated by an oral health care professional or a corporation (including non-hospital surgical sites), as well as school-based sites and clinics overseen by groups not covered by facility guidance.

Facility – includes community-based health care sites that fall under the purview of BC health authorities, such as hospitals, long term care and assisted living facilities, and public health clinics.

Laboratory – includes settings where dental prosthetics and appliances are fabricated and where direct patient care is not provided.

3. Prioritization of Patient Care Services

The oral health care professional is accountable for prioritizing access to in-person services based on clinical judgment and with consideration given to the patient perspective and the referral source. When determining priority for in-person care, oral health care professionals should reflect on the:

- acuity of the patient's condition,
- functional impairment or impact of the condition on health-related quality of life,
- impact of not receiving services,
- appropriateness of service provision via virtual care,
- necessity of services which can only be provided in-person, and
- duration of patient waiting times for care.

4. Ongoing Pandemic Best Practices

During the COVID-19 pandemic, oral health care professionals are expected to manage oral health diseases, disorders and conditions regardless of a patient's COVID-19 vaccination status. This management may include virtual or in-person care, providing education, advice, treatment by the oral health care professional, treatment by the oral health care professional after consultation with another health care professional, referral of a patient to another health care professional, monitoring treatment provided, but also may include providing no treatment or observation.

Oral health care professionals:

- Must adhere to all [BCCDC](#) and [BC Provincial Infection Control Network \(PICNet\)](#) guidance regarding infection prevention and control measures applicable to the practice setting, including PPE use and environmental cleaning best practices.
- Must adhere to all BCCDC and WorkSafeBC regulation and guidance regarding occupational health and safety exposure control plans to ensure a safe work

environment for staff. This includes robust policies, procedures and organizational cultures that ensure that no employees associated with the practice attend work when they have symptoms of illness.

- Must *not* provide in-person care and should not be in attendance at clinics or other practice settings where other staff and patients are present if they are exhibiting symptoms of COVID-19.
- Must follow BCCDC and WorkSafeBC guidelines for self-isolation when an employee is sick with any respiratory illness, support access to primary care provider assessment and testing, and provide sick-leave support where possible until advised by their health care provider that it is safe to return to work.
- Must implement COVID-19 screening practices for patients:
 - Screen for probability and symptoms of COVID-19 prior to attendance at the practice setting. If screening reveals the patient is suspected or confirmed to have COVID-19 or has symptoms of COVID-19, defer patient (where reasonable) until signs and symptoms have resolved.
 - Patients should also be encouraged to make use of COVID-19 resources by calling 811 or visiting healthlinkbc.ca.

A list of key resources is provided in [Appendix C](#).

5. Personal Protective Equipment

Regarding use of PPE, oral health care professionals should follow the directives and recommendations provided by BCCDC, PICNet, and WorkSafeBC. This includes directives that are role-based (e.g., administrative vs. direct patient contact) or specific to the practice setting (e.g., mobile practice in long term care settings vs. community-based facilities).

- [Personal Protective Equipment](#) (BCCDC Website)
- [COVID-19: Emergency Prioritization in a Pandemic PPE Allocation Framework](#)

6. Infection Prevention and Control Principles and Strategies

The risk of transmission of an infection resulting from an oral health procedure represents an important patient safety consideration.

In the context of the evolving COVID-19 pandemic in British Columbia, a comprehensive approach includes maintaining routine practices, physical adaptations within the clinic, laboratory or facility, hand hygiene and risk assessment with focus on aerosol and droplet management and appropriate contact precautions.

Infection prevention and control (IPAC) principles

IPAC principles include:

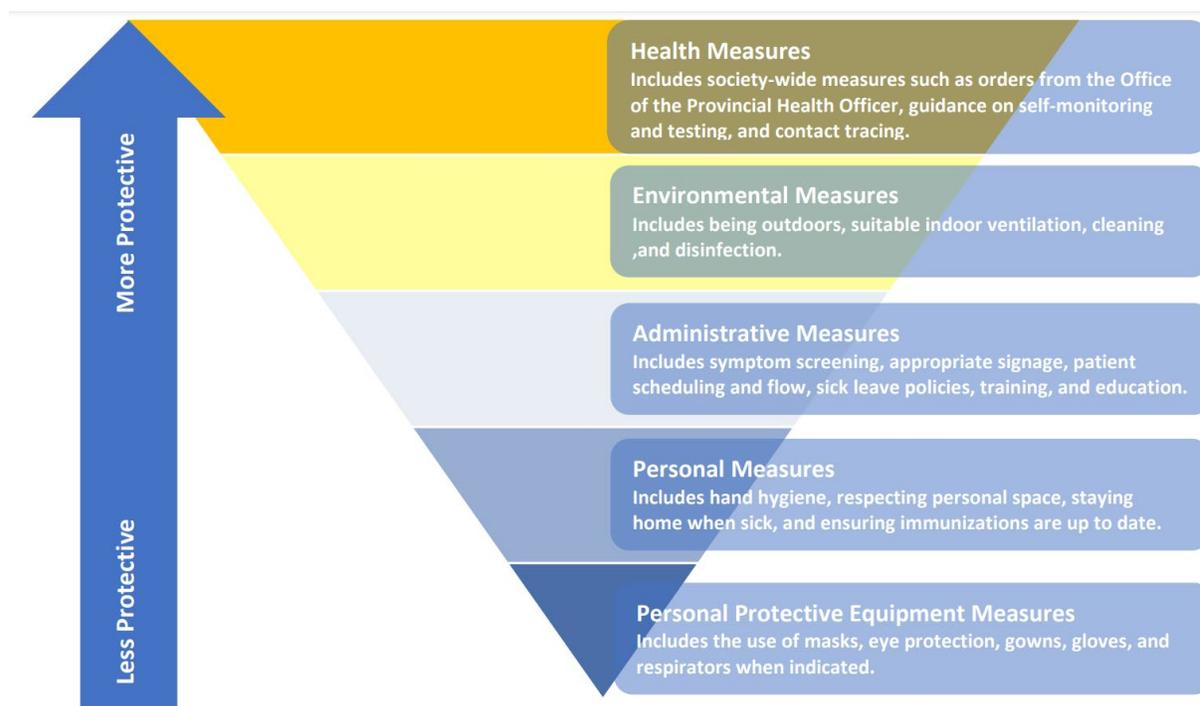
- patient assessment;
- implementation of routine procedures;
- use of barrier techniques to protect patients, oral health care professionals and staff;
- application of the principles of cleaning, disinfection, sterilization and storage of dental instruments;
- environmental surface protection/cleaning;
- care of overall office setting; and
- safe handling and disposal of waste.

An IPAC strategy to reduce the possibility of disease transmission includes:

- setting specific policies and procedures to identify, communicate and implement effective standards and guidelines;
- written office policies and programs for effective occupational health and safety;
- educating oral health care professionals, staff, and patients about their roles in infection prevention; and
- ongoing review and evaluation of IPAC policies and procedures.

A hierarchy of exposure control measures (see Figure 1) demonstrates those which can be taken to reduce the risk of transmission of COVID-19. Measures at the top are more effective and protective than those at the bottom. By implementing a combination of measures at each level, the risk of transmission of COVID-19 is reduced.

FIGURE 1: Hierarchy for infection prevention and exposure control measures for communicable disease



From http://www.bccdc.ca/Health-Professionals-Site/Documents/COVID-guidance/Hierarchy_Infection_Prevention_Controls.pdf

7. Standards and Guidance for the Provision of Oral Health Care During the COVID-19 Pandemic

a. Patient management and safety

i. Pre-appointment screening protocols

Pre-appointment screening protocols and triage to identify suspected or confirmed COVID-19 symptoms ([as defined by BCCDC](#)) must be completed for all patients either by virtual/remote technology or by telephone.

Please refer to BCCDC's [COVID-19 Patient Screening Tool for Direct Care Interactions](#).

Patients with COVID-19

If the patient has screened positive for suspected or confirmed COVID-19, oral health care professionals are encouraged to defer in-person assessment and treatment or alternatively provide care by virtual means, unless deferring treatment is a greater risk to the patient than COVID-19. Where medical management of COVID-19 may be affected by deferring emergent dental treatment, there should be consultation with the primary care provider.

If the patient has tested positive for COVID-19, but requires immediate care, treatment should be provided in a hospital or tertiary care facility whenever possible. Treatment can be provided in a dental practice if the needed expertise and PPE requirements can be met.

Vulnerable patients

Patients considered vulnerable for severe expression of COVID-19, should they become infected, include those who are immunocompromised and/or present with pre-existing conditions such as serious respiratory disease, serious heart disease, severe obesity, diabetes, chronic kidney disease or those undergoing dialysis, and liver disease.

Age is a risk factor that needs to be considered in the context of comorbidities which increase the risk of severe COVID-19 symptoms.

While deferral of vulnerable patients should always be considered, it *must only be done* following a virtual or telephone consultation between the patient and the oral health care professional responsible for the patient's care, and (where appropriate) a consultation with the relevant medical practitioner to discuss the risks/benefits of providing necessary care to prevent possible exacerbation of an oral condition. For example, in the case of individuals with well-controlled Type 1 diabetes who are without diabetes-related complications, their condition does not preclude them from receiving dental care.

In some cases, virtual care may be a reasonable option.

Pre-existing conditions and age should not be an obstacle to receiving care. However, additional precautions may be considered when scheduling high-risk patients. Effective risk mitigation can include scheduling vulnerable patients as the first appointments of the day to limit the opportunity for contact with other patients, oral health care professionals and staff.

Staff requirements

Staff must maintain awareness of data on the local and regional spread of COVID-19.

Staff conducting telephone screening are provided with appropriate guidance on how to screen for signs and symptoms of COVID-19, when to advise patients to self-isolate at home, how to counsel them on signs and symptoms of more severe or critical illness that should prompt them to seek emergent care, and on the indications and options for testing.

ii. Routine practices

Routine IPAC practices (standard precautions) protect patients, oral health care professionals and staff. Oral health care professionals must maintain routine practices, including risk assessment, hand hygiene, use of PPE and safe handling and disposal of waste.

Point-of-care risk assessment

Risk assessment must be done before each in-person interaction to determine the interventions required to prevent disease transmission.

Prior to any contact with the patient, the oral health care professional and staff must assess the infectious risk posed to themselves, other oral health care professionals, staff, and patients. The risk will vary with the context of the patient and the type of procedure being contemplated. It is based on the oral health care professional's professional judgment and must take into consideration the physical environment, including any possible clinic/facility limitations, and the resources available, including PPE, to safely treat patients.

Repeat the screening protocol in-person on arrival the day of the appointment, confirm the patient's pre-screening responses and record them in the patient record.

Temperature measurement

While temperature measurement may be employed in onsite screening for COVID-19 symptoms in patients presenting to their appointment, pre-appointment screening remains best practice for all patients.

Hand hygiene

Hand hygiene is the single most important measure for preventing disease transmission when in contact with others.

Patients, advocates and visitors must perform hand hygiene with soap and water or with an alcohol-based hand rub (ABHR) which must contain at least 70% alcohol and be available at multiple locations.

No-touch waste receptacles for disposal of paper towels are preferred. Staff should assist patients with hand hygiene as needed. Hand hygiene must be performed:

- on entering the clinic/facility/laboratory,
- on entering the operatory,
- on leaving the operatory,
- after using the washroom,
- after using a tissue for their face,
- after coughing or sneezing,
- when removing PPE, and
- when hands are visibly soiled.

Personal PPE for patients, advocates and visitors

Patients should follow current PHO and BCCDC orders, directives, expectations and advice. Mask use in common areas of private practice clinics and laboratories is recommended to reduce the risk of viral transmission. Medical masks are the standard for use in oral health care settings.

Please refer to [*Mask use in health-care facilities during the COVID-19 pandemic*](#) for guidance on mask use for patients/clients and visitors in **community-based facilities**.

Routine protective measures, including bibs and eye protection, should be provided for patients during treatment.

Pre-procedure rinses

While we do not have a position on the efficacy of oral pre-procedure rinses to reduce transmission of disease, a patient's refusal of a pre-procedure rinse (or intolerance for the rinses) should not be a barrier to care.

Respiratory etiquette

Patients should:

- Cough/sneeze into their elbow sleeve or use a disposable tissue.
- Immediately dispose of used tissues into an appropriate waste receptacle and perform hand hygiene.
- Refrain from touching their eyes, nose or mouth with unwashed hands.

Post-operative instructions (when applicable)

- Instructions/teaching should be done pre-operatively using telephone/virtual technology where possible.
- When a patient advocate is required to be present for the post-operative instruction, screen for symptoms of COVID-19 on the phone in advance. If symptomatic, ask caregiver/advocate to stay home.
- Staff member to assist caregiver/advocate with hand hygiene as needed.

iii. Additional precautions for patients with COVID-19, advocates and visitors

Enhanced practices must be considered for patients with a positive social or medical history of COVID-19, this includes:

- Using tele-dentistry or providing other forms of remote oral health care where possible.
- Symptomatic patients who present in-person should be asked to wear a mask and be isolated as soon as possible in a private room with a closed door (where possible).
- Offering hand hygiene prior to exiting the clinic or facility, in addition to normal hand-washing requirements above.
- Maintaining a two-metre separation from other patients and staff not directly involved in their care.
- Scheduling and managing patients with COVID-19 to limit the opportunity for contact with other patients, oral health care professionals and staff (e.g., at the end of the clinic day or session).
- Considering referral to providers and settings where additional precautions are in place.

If applicable, advocates or visitors accompanying patients with symptoms of, or a diagnosis of, COVID-19 should follow droplet and contact precautions.

b. Oral health care professional and staff safety

i. Screening and education

Screening

All clinic and laboratory staff, including regulated and non-regulated staff members, must monitor themselves daily for symptoms consistent with the common cold, influenza or COVID-19 prior to entering the practice setting.

Staff who are ill, or with an unprotected exposure to someone with confirmed COVID-19 or those otherwise determined to require self-isolation according to public health directives, must follow the policies of jurisdictional public health authorities to determine restrictions and when they can return to work.

Prior to working every shift, staff must report to clinic or laboratory management if they have had potential unprotected exposure to a case of COVID-19 to determine whether restrictions are necessary, as well as consulting their own health care provider for any needed follow-up.

Clinics and laboratories must ensure that there are processes in place to conduct active screening of staff, external service providers, and patients (and their essential companions/advocates) for signs and symptoms of COVID-19.

If a staff member develops signs or symptoms of COVID-19 at work they should immediately perform hand hygiene, ensure that they do not remove their mask, inform management, avoid further patient contact and leave as soon as it is safe to do so.

Oral health care professionals/staff health and work restrictions

Staff and oral health care professionals who are immunosuppressed and/or who have other comorbidities may be at risk. A collaborative discussion is appropriate with consideration of job functions and exposure risks.

Education and safety

Oral health care professionals and staff must have basic knowledge of the disease, the infectivity and mode of transmission. Provide staff with information and training on:

- IPAC;
- the risk of exposure to COVID-19 and the signs and symptoms of the disease;
- methods for maintaining physical distance, such as not greeting others by hugging or shaking hands;

- changes made to work policies, practices and procedures due to the COVID-19 pandemic;
- when to use PPE and what PPE is necessary in each situation;
- donning, using and doffing PPE;
- ongoing training in the use of an N95 respirator, where applicable;
- how to report an exposure of COVID-19; and
- safe handling and effective application of cleaning products.

Staff training should be tracked, recorded and kept up to date.

ii. Exposure prevention

The majority of exposures are preventable by following routine procedures. Additional PPE over and above that required for normal precautions is not required for the provision of oral health care for non-infected patients.

Hand hygiene

Hand hygiene is the single most important measure for preventing disease transmission and must be performed by all oral health care professionals and staff:

- when in the patient care environment,
- before and after contact with a patient,
- before procedures,
- before donning gloves and immediately after removing gloves,
- before and after mask use,
- after risk of body fluid exposure,
- after contact with environmental surfaces,
- after contact with dental laboratory materials or equipment, and
- when hands are visibly soiled.

Aerosol-generating medical procedures

The BCCDC has published [information on aerosol-generating medical procedures](#) (AGMPs) which states that AGMPs that generate small droplet nuclei in high concentration present a risk for airborne transmission of pathogens not otherwise able to spread by the airborne route. Activities listed in the BCCDC information that are relevant to oral health care may include laryngoscopy and CPR with bag valve mask ventilation.

The use of appropriate Heat Moisture Exchange (HME) filters is recommended for better management of aerosols generated during mask ventilation and/or ventilation via an endotracheal tube. Appropriate HME filters allow for filtration of viral/bacterial aerosols when they are attached to a bag-valve-mask.

The point-of-care risk assessment conducted prior to performing any AGMPs will determine the appropriate personal protective equipment required. See Table 1 for guidance on personal protective equipment by procedure and COVID-19 status of patient.

PPE for oral health care professionals and staff

Regulated and unregulated oral health care professionals and non-clinical staff in community-based health care facilities must follow provincial guidance for [Mask use in health-care facilities during the COVID-19 pandemic](#).

Every effort must be made to make PPE available and accessible at the point of care. Mask use by oral health care professionals and staff throughout clinic and laboratory spaces is recommended to reduce the risk of viral transmission. Medical masks are the standard for use in oral health care settings.

Oral health care professionals must receive training in and demonstrate an understanding of:

- when to use PPE,
- what PPE is necessary, and
- how to properly don, use, and doff PPE in a manner to prevent self contamination.

Safe donning and doffing practices must be followed. PPE should be removed in the following order: gloves, protective clothing, protective eyewear (if separate from mask), mask and performing hand hygiene immediately afterwards.

There should be regular assessment of necessary PPE (e.g. gloves, protective clothing, masks, and eye protection) and necessary supplies including alcohol-based hand rub.

Ensure appropriate number and placement of alcohol-based hand rub dispensers, at entry to the clinic, laboratory, or facility, in hallways at entry to each exam room, communal areas and at point-of-care for each patient.

Ensure respiratory hygiene products (e.g., masks, tissues, alcohol-based hand rub, no-touch waste receptacles) are available and easily accessible to staff and patients.

Managing droplets, spatter and spray

Appropriate efforts should be made to minimize the spread of droplets, spatter and spray created during dental procedures. Accordingly:

- high-volume suction should be used whenever the creation of droplets, spatter and spray is possible;
- whenever feasible a rubber dam should be used;

- the use of a rubber dam and high-volume suction together also minimizes the ingestion and inhalation of contaminated materials and debris;
- unnecessary equipment and items should be removed from the operatory, countertops and touched surfaces to enable covering with barriers and/or thorough cleaning and disinfection; and
- use of all rotary hand pieces and other commonly used armamentarium including ultrasonic and sonic scalers, triplex syringes, air abrasion and air-polishing instruments which generate droplets, spatter, spray and other aerosols, should be judicious.

Precautions for patients with suspected or confirmed COVID-19

If treatment cannot be deferred:

- Use an N95 respirator, face shield or goggles, gloves, and gowns if AGMPs (as defined) are contemplated.
- Consideration should be given to limiting the number of staff providing direct care.
- AGMPs should be kept to a minimum and procedures completed in one appointment whenever possible.
- Consideration of extraoral forms of radiographic imaging, such as a panoramic radiograph and extraoral bitewing radiographs may be appropriate.
- If AGMPs are performed:
 - Appropriate training and N95 respirator fit testing for all staff who may be required to participate in or who may be exposed to these procedures is required.
 - In exceptional circumstances, when a patient advocate needs to be present while the patient undergoes the AGMP, PPE for the advocate include N95 respirator or equivalent, gloves, gown, eye protection (goggles or face shield) when the 2m distance cannot be maintained. If a two-metre distance is possible, a medical mask with a face shield, gloves, gown, and eye protection is sufficient.

TABLE 1: Personal protective equipment by procedure and COVID-19 status of patient

	<i>PPE for Non-AGMP</i>	<i>PPE for AGMP</i>
Positive or suspected COVID-19 status	Droplet and contact precautions <ul style="list-style-type: none"> • Mask** • Face shield or goggles • Gloves • Gown*** 	AGMP precautions <ul style="list-style-type: none"> • N95 respirator • Face shield or goggles • Gloves • Gown***
Negative COVID-19 status	Routine precautions <ul style="list-style-type: none"> • Mask** • Eye protection* • Gloves 	Routine precautions <ul style="list-style-type: none"> • Mask** • Eye protection* • Gloves

* Eye protection can be a full face shield, goggles or safety glasses.

** Mask is procedure dependent, level three surgical mask for surgical procedures.

*** Gown may be disposable or reusable.

Handling biological specimens

Clinical specimens should be collected and transported in accordance with organizational policies and procedures. All specimens collected for laboratory investigations should be regarded as potentially infectious and placed in biohazard bags.

For additional information on biosafety procedures when handling samples from patients under investigation for COVID-19, refer to the [Public Health Agency of Canada's biosafety advisory](#).

Exposure management

All facilities must have an exposure management protocol in place. It should be reviewed periodically to ensure it is familiar to all oral health care professionals and staff.

Exposure management protocols must be initiated in a prompt and organized fashion once confirmation of contact with an infected individual is confirmed. This may include a period of isolation based on current BCCDC recommendations.

Consult [BCCDC](#) resources to determine the appropriate isolation period following the resolution of symptoms. There is no limitation on working remotely.

c. Facility, clinic and laboratory management

General considerations

- Facilities, clinics and laboratories should minimize access points.
- Regular cleaning and disinfection are important practices. Clean and disinfect clinic/facility/laboratory spaces in accordance with [BCCDC's guidance](#). (See [Appendix C](#) "Key Resources" for more links to guidance on cleaning and disinfection.)
- Floors and walls should be kept visibly clean and free of spills, dust and debris.
- Proper hand hygiene and use of PPE must be maintained during cleaning, housekeeping and waste management. Staff training must be provided to ensure safe handling and effective application of cleaning products.

Clinical area

- All contact surfaces must be cleaned between patients and at the end of day.
- Clean and disinfect any surface that is visibly dirty.
- Operatories are cleaned and disinfected after each patient and emptied of all but essential equipment.
- Environmental disinfectants should be hospital grade and registered in Canada with a Drug Identification Number (DIN) and labelled as effective for both enveloped and non-enveloped viruses.
- Biomedical and general office waste must be handled and disposed of in a way that protects against transmission of potential infections. Waste from treatment of COVID-19 patients must be treated as biological waste.
- Appropriate PPE should be worn for clinic/facility/laboratory cleaning including, gloves, mask and protective eyewear. This is the same PPE worn by staff before the pandemic.
- Clean and disinfect shared equipment in between patients.
- Clinic/facility/laboratory cleaning and disinfection practices should be monitored for compliance.

Reception/waiting area

- Post clear signage at entrance door, waiting room, reception, regarding physical distancing, hand hygiene and respiratory etiquette.
- Decrease cloth and fabric surfaces and consider removing fabric-covered chairs.
- Ensure shared equipment and facilities, such as telephones, computers, washrooms and laundry rooms receive increased cleaning and disinfection.
- Clean surfaces and high-touch surfaces (door handles, chair arms, reception counter, etc.) regularly.
- Areas of known contamination should be cleaned and disinfected.
- Consider installing partitions such as plexiglass at the reception counter and other customer service areas.

A *COVID-19 Pandemic Preparedness Checklist* can be found in [Appendix A](#) to assist with planning.

d. Equipment and area specific guidelines

Dental laboratory asepsis

Effective communication and coordination between the dental clinic/facility and commercial dental laboratory is essential. Impressions, prostheses or appliances must be cleaned and disinfected before transport to the lab. Finished devices, prostheses and appliances delivered to the patient must be free of contamination.

Waterlines

Flushing of water lines for 20-30 seconds before use in procedures and between patients is required.

Handpiece

Consider the use of an anti-retraction dental handpiece or electric handpiece to reduce the risk of cross infection.

Disposable equipment and supplies

Single-use disposable equipment and supplies should be used whenever possible and discarded into a no-touch waste receptacle after each use. All reusable equipment should, whenever possible, be dedicated for use by one patient. If this is not feasible, equipment should be cleaned first and then disinfected or otherwise reprocessed according to manufacturer's instructions and clinic or facility protocols.

HVAC/air flow

Increase air circulation (exchanges) and ventilation in patient areas if possible.

Consideration should also be given to an engineering assessment to evaluate adequacy of existing filtration and ventilation with emphasis on establishing base fresh air exchanges per hour. Consideration could also be given to the strategic use of high efficiency air exchange units as well as increasing fresh air flow by opening windows, where possible. Refer to CSA Standards (Z8000, Z317.13-17) and CSA HVAC Standard (Z317.2-19) for information on infection control during construction, renovation and maintenance of oral health care facilities and for recommendations for heating, ventilating and air conditioning systems.

8. Recommendations and Considerations for Oral Health Care During the COVID-19 Pandemic

a. Patient management and safety

Administrative recommendations

- Provide clear messaging regarding office policies and protocols on website, emails and answering machine.
- Where possible, payments should be accepted through contactless or electronic methods.
- Patients' preferred pharmacy details should be kept in their records.

Scheduling appointments and communicating with patients

- To accommodate physical distancing, consider staggering appointment times.
- When speaking with patients during scheduling and appointment reminders, ask patients to:
 - Reschedule if they become sick or are required to self-isolate.
 - Attend appointments alone where possible and avoid bringing friends or children.
- Consider emailing patients any forms that need to be filled out so patients can complete them prior to arriving at the clinic/facility.
- Ask patients to arrive at the specified time and not earlier and to leave their text/cell number for updates on changes to the arrival time.
- Oral health care clinics/facilities with websites should consider posting information on modifications made to the clinic/facility and appointment procedures.
- Remind patients and their advocates to adhere to the current BCCDC guidelines and any relevant order by the PHO.
- Be generous with appointment times to allow careful, unrushed attention to IPAC procedures.

b. Oral health care professional and staff management and safety

Modify staff areas and workflow

- Consider holding staff meetings virtually through use of teleconference or online meeting technology.
- Where in-person meetings are required, ensure staff members are positioned according to current BCCDC guidance and PHO orders.
- If work in the clinic/facility is required, consider staggering start times or developing alternating schedules to reduce the number of people in the workplace at a given time.

- Arrange staffrooms and break rooms to adhere to any physical distancing guidelines from BCCDC and orders from the PHO.
- Consider staggered break times to reduce employee gathering numbers.
- Minimize shared use of workstations and equipment where possible.
- Staff maintain a minimum two-metre distance between each other throughout their shifts, especially during any meal periods when they are not masked.

PPE recommendations

Regulated and unregulated oral health care professionals and non-clinical staff in community-based health care facilities must follow provincial guidance for [Mask use in health-care facilities during the COVID-19 pandemic](#).

Mask use by oral health care professionals and staff throughout clinic spaces is recommended to reduce the risk of viral transmission. Medical masks are the standard for use in oral health care settings.

Given community spread of COVID-19 within Canada and evidence that transmission may occur from those who have few or no symptoms, wearing masks for the full duration of shifts for staff working in direct patient care areas is recommended. The rationale for full-shift masking of oral health care staff is to reduce the risk of transmitting COVID-19 infection from staff to patients or other clinic staff, at a time when no signs or symptoms of illness are recognized, but the virus can be transmitted. Use of eye protection (e.g., a face shield) for duration of shifts should be strongly considered in order to protect staff when there is COVID-19 infection occurring in the community.

When masks and face shields are applied for the full duration of shifts in an oral health care clinic, staff should:

- perform hand hygiene before they put on their mask and face shield when they enter the clinic, before and after removal, and prior to putting on a new mask or face shield;
- wear a mask securely over their mouth and nose and adjust the nose piece to fit snugly;
- NOT touch the front of mask or face shield while wearing or removing it (and immediately perform hand hygiene if this occurs);
- NOT dangle the mask under their chin, around their neck, off the ear, under the nose or place on top of head;
- remove mask and face shield just prior to breaks or when leaving the clinic, while in an area where no patients or other staff are present and discard them in the nearest no-touch waste receptacle, or otherwise store in accordance with clinic policy (see statement below on re-use of masks). Reusable shields should be processed as per clinic protocols; and
- perform hand hygiene during and after PPE removal and between patient encounters.

In the context of the COVID-19 pandemic and where PPE shortages may exist, facilities should follow authoritative jurisdictional guidance with regards to mask use,

reuse, and reprocessing. Refer to the BCCDC's ongoing guidance on PPE allocation during shortages.

External service providers and deliveries

External service providers and deliveries should follow current PHO and BCCDC orders, directives, expectations and advice.

Please refer to [Mask use in health-care facilities during the COVID-19 pandemic](#) for guidance on mask use for visitors in community-based health care facilities.

External service providers (including delivery personnel, lab personnel, and contractors) should be screened for signs and symptoms of COVID-19 at every visit. If signs or symptoms are present, or if they are in self-isolation or quarantine per relevant public health directives, they should not enter the clinic or laboratory and should be advised to follow up with local public health or their health care provider. External service providers should:

- make adjustments to reduce contact where feasible, (e.g., leaving deliveries at the door);
- when entering, perform hand hygiene and adhere to the current BCCDC guidelines and any relevant order by the PHO; and
- be instructed by staff on the importance of hand hygiene with ABHR and when and how to perform hand hygiene (e.g., when entering and exiting the setting, and after touching any surfaces in the clinic).

9. Appendices

- **Appendix A:** COVID-19 Pandemic Preparedness Checklist
- **Appendix B:** Pathway for Management of Oral Health Care During the COVID-19 Pandemic
- **Appendix C:** Key Resources
- **Appendix D:** Infectious Disease and Infection Prevention

Appendix A: COVID-19 Pandemic Preparedness Checklist

IPAC Measures

- Acquaint yourself with current clinical information about the recognition, treatment and prevention of transmission of COVID-19.
- Educate all staff about COVID-19.
- Make plans to ensure your family will be looked after in a pandemic so that you can continue to work beyond your normal schedule if required.
- Develop a contingency plan for staff illnesses and shortages.
- Assign a staff member to coordinate pandemic planning and monitor public health advisories.
- Maintain copies of pandemic educational materials and self-care guides for patients (provided by public health).
- COVID-19 posters and signage should be placed at entrance doors, reception area and exam rooms (and preferably in all of these places).
- Post signage and create voicemail message advising patients to check in by phone before presenting for in-person appointments.
- Post hand hygiene and cough etiquette signs in the waiting area.
- Ensure alcohol-based hand sanitizer (with at least 70% alcohol) is available at multiple locations: office entrance, reception counter, waiting room, and by every exam room for use before entering and upon exit.
- When available, provide staff with small bottles of alcohol-based hand sanitizer (with at least 70% alcohol).
- Consider installing plexiglass partitions at reception counter and other areas.
- Limit use of shared items by patients (e.g., pens, clipboards, phones).
- Rearrange waiting room to ensure two-metre distance between people.
- Remove difficult to clean items (e.g., toys) from the waiting area. There is no evidence that the COVID-19 virus is transmitted via paper or other paper-based products. As such, there is no need to limit the distribution of paper resources such as leaflets, to patients because of COVID-19.
- Replace cloth-covered furnishings with easy-to-clean furniture.
- Provide disposable tissues and no-touch waste receptacle in waiting area and exam rooms.

- Provide plain soap and paper towels in patient washrooms and at staff sinks with clear instructions on hand hygiene.
- Display PPE donning and doffing instructions in locations available to all oral health care professionals and staff.
- Empty rooms of all but bare minimum of equipment.
- Increase air circulation in all areas of the facility wherever possible.
- Keep frequently used doors open to avoid recurrent door handle contamination.

Patient and Staff Management

- Provide patients with a mask, if medically tolerated, and advise individual of how and where to get tested if symptoms suggestive of COVID-19 are identified (delay procedure until test results are known if possible).
- Avoid non-essential accompanying visitors, where possible.
- Advise patients and accompanying essential visitors to practice diligent hand hygiene and cough etiquette.
- Minimize the number of tasks that have to be done in the operatory (e.g., record completion).
- Perform hand hygiene before and after each patient contact.
- Wear recommended PPE for any direct contact or when within 2 metres of patients who are suspected or confirmed COVID-19.
- Properly doff and dispose of PPE when leaving patient care area (e.g., at end of shift or during a break) or when PPE is visibly soiled or damaged.
- Monitor staff illness and ensure staff with COVID-19 infection remain off work, or in extreme circumstances implement a “fit-for-work” policy.

Cleaning Guidance

- Inform all staff regarding current cleaning and disinfection guidelines, including approved cleaning products.
- Clean and disinfect shared reusable equipment (e.g., blood pressure cuffs, etc.) in between patients and at the end of each shift.
- Clean and disinfect operatories at least twice a day and a terminal clean at the end of the day.
- Clean and disinfect frequently touched surfaces at least twice a day (e.g., workstations, cell phones, doorknobs, etc.).

- Maintain a minimum two-week supply of plain soap, paper towels, hand sanitizer, cleaning supplies, and medical masks, if possible.

Note: This checklist is adapted from Daly, P. (2007). Pandemic influenza and physician offices

Appendix B: Pathway for Management of Oral Health Care During the COVID-19 Pandemic

Virtual/Remote Management of Patient Care

Step 1

All patients must be triaged by virtual/remote technology (i.e., telephone or video) in keeping with Routine Practices within IPAC guidelines as follows:

- A. Establish and post your contact information and hours of service (e.g., voicemail messaging, external signage, website)
- B. Pre-screen patient for positive medical or social history of COVID-19 or any other infectious disease
- C. Pre-screen to determine if patient is higher risk for severe COVID-19
- D. If negative for COVID-19 and negative for higher risk factors for severe COVID-19, schedule required care and proceed to **Step 5**.
- E. If negative for COVID-19 but positive for higher risk factors for severe COVID-19, schedule virtual patient/oral health care professional appointment to determine if identified risk factors require enhanced scheduling protocols (e.g., first appointment of the day) then proceed to **Step 5**.
- F. If positive for COVID-19 (or any other infectious disease), schedule virtual patient/oral health care professional triage appointment to include:
 - o Identification of chief complaint;
 - o Review of medical, dental and social history; and
 - o Determination of virtual diagnosis (within scope of oral health care professional).

Proceed to **Step 2**

Step 2

Determine if management of presenting oral condition, disease, disorder of patient with COVID-19 is required

IF NO

If treatment can be deferred, determine timing of any necessary follow up and consider referral to appropriate hospital or tertiary facility for management of COVID-19 if required

IF YES

Proceed to **Step 3**



Step 3

Determine whether virtual/remote management of patient with COVID-19 is appropriate

IF NO

If in-person assessment or care is required, continue to **Step 4**



IF YES

If it is determined virtual management is appropriate, care can be provided with virtual/remote technology (e.g., *consultation, advice, recommendations, assessment, referral, pharmacological intervention*)

Follow up as determined – care to be re-evaluated upon recovery from COVID-19 – referral to tertiary or hospital facility if management of COVID-19 is required

Step 4

Assessment of capacity to comply with Additional Precautions listed in IPAC guidelines including appropriate PPE inventory to provide clinical assessment of patient with COVID-19

Necessary PPE should include:

- Medical masks
- Gloves
- Protective eyewear (face shield, goggles or safety glasses) for oral health care professionals and clinical staff

IF NO

Refer to appropriate tertiary or hospital facility for treatment of emergent oral health concern

IF YES

Proceed to **Step 5**



In-office Management of Patient Care

Step 5

Provision of clinical assessment and determination of diagnosis

Re-screen for any changes to patient's medical and social history with respect to COVID-19 (or any other infectious disease) status:

- If patient remains negative for suspected or confirmed COVID-19, continue to **Step 7** for provision of appropriate care following clinical assessment and determination of a diagnosis
- If patient remains or is determined to be suspected or confirmed to have COVID-19 after in-office re-screening, initiate enhanced entry-to-facility protocols including supervised hand hygiene, donning of mask and immediate isolation in a designated operatory

Following clinical assessment of emergent concern and determination of a diagnosis, decide if clinical intervention required.

IF NO
Return to **Step 2**



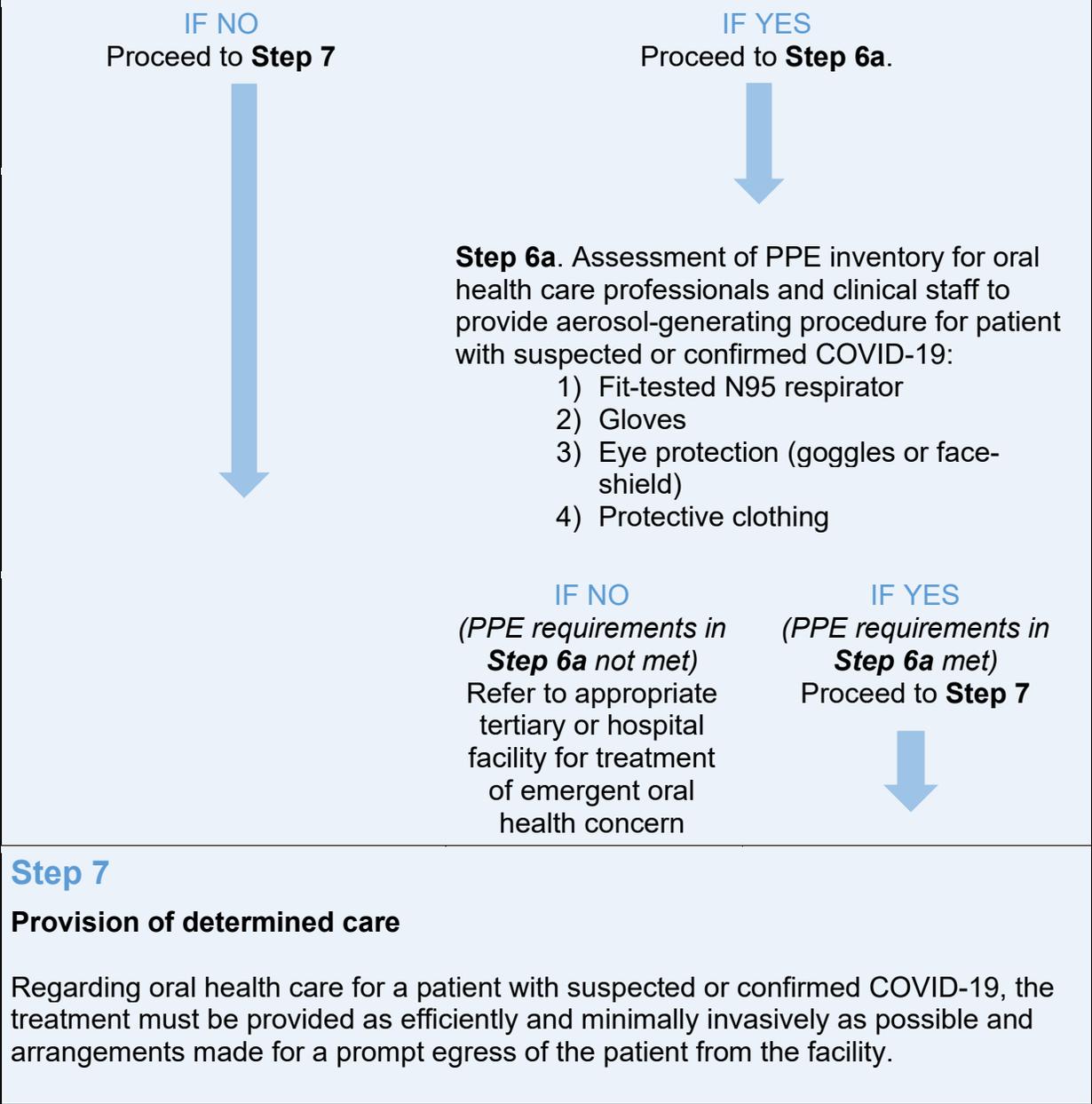
IF YES
And the oral health emergency is a greater risk to the patient than COVID-19 proceed to **Step 6**



Step 6

Determination of aerosol-generating procedure for a patient with COVID-19

Does the clinical intervention require an aerosol-generating procedure?



Appendix C: Key Resources

Information is available on the following topics relating to COVID-19:

- Symptoms of COVID-19: www.bccdc.ca/health-info/diseases-conditions/covid-19/about-covid-19/symptoms
- BC COVID-19 Self-Assessment Tool can help determine the need for further assessment: <https://bc.thrive.health/>
- Non-medical information about COVID-19 is available 7:30am-8:00pm, 7 days a week at the following toll-free number: 1-888-COVID19 (1-888-268-4319).
- HealthLinkBC and 8-1-1 for health advice on COVID-19 (translation services are available): www.healthlinkbc.ca/health-feature/coronavirus-covid-19

Other Resources

- Ministry of Health, British Columbia's Response to COVID-19: www2.gov.bc.ca/gov/content/safety/emergency-preparedness-recovery/covid-19-provincial-support
- BCCDC Website for Health Care Providers, COVID-19 Care: www.bccdc.ca/health-professionals/clinical-resources/covid-19-care
- BCCDC COVID-19 Language Guide: www.bccdc.ca/Health-Info-Site/Documents/Language-guide.pdf
- BCCDC Website for Health Care Providers, Personal Protective Equipment: www.bccdc.ca/health-professionals/clinical-resources/covid-19-care/infection-control/personal-protective-equipment
- Office of the Provincial Health Officer, Pandemic Preparedness: www2.gov.bc.ca/gov/content/health/about-bc-s-health-care-system/office-of-the-provincial-health-officer/current-health-topics/pandemic-influenza
- Office of the Provincial Health Officer, Orders, Notices & Guidance: www2.gov.bc.ca/gov/content/health/about-bc-s-health-care-system/office-of-the-provincial-health-officer/current-health-topics/covid-19-novel-coronavirus
- Government of Canada Coronavirus disease (COVID-19) website: www.canada.ca/en/public-health/services/diseases/coronavirus-disease-covid-19.html
- World Health Organization: www.who.int/health-topics/coronavirus
- Provincial COVID-19 Task Force, COVID-19: Emergency Prioritization in a Pandemic Personal Protective Equipment (PPE) Allocation Framework, March 25, 2020: www.bccdc.ca/health-professionals/clinical-resources/covid-19-care/infection-control/personal-protective-equipment

Infection Prevention and Control Resources

- PHAC [Routine Practices and Additional Precautions for Preventing the Transmission of Infection in Healthcare Settings](#)
- BCCDC poster for [Environmental Cleaning and Disinfectants for Clinic Settings](#)
- PIDAC's [Best Practices for Cleaning, Disinfection and Sterilization of Medical Equipment/Devices in All Healthcare Settings](#)
- BC Ministry of Health [Best Practice Guidelines For Cleaning, Disinfection and Sterilization of Critical and Semi-Critical Medical Devices In BC Health Authorities](#)
- BCCDC [Respiratory Protections for Health Care Workers Caring for Potential or Confirmed COVID-19 Patients](#)
- BCCDC Website for Healthcare Providers on [Personal Protective Equipment](#)

For Patient Management

- BCCDC [Interim Guidance: Public Health Management of cases and contacts associated with novel coronavirus \(COVID-19\) in the community](#)
- BCCDC [Guidance for Outpatient Management of Suspected of Confirmed Cases](#)

Support for Health Care Providers

- BCCDC [Health Care Provider Support](#)
 - Psychological Support - [Supporting the psychosocial well-being of health care providers during COVID-19](#)
- [BCDA Dentist Wellness Program](#) - provides discreet, confidential support for BC dentists and their families through experienced program staff and/or an extensive network of counsellors, therapists and coaches.
- BCCDC [Testing and Management for Healthcare Workers](#) – includes risk assessment for health care workers exposed to COVID-19 and information on return to work after exposure or illness
- Information for Patients: BCCDC [Patient Handouts](#)

Appendix D: Infectious Disease and Infection Prevention

This is a primer on infectious disease and infection prevention. Infection requires source, susceptible host, and portal of entry specific to the infection. Transmission requires sufficient quantity (dose of exposure: number of organisms, time of exposure), susceptible host and portal of entry.

How does infection occur

To transmit an organism or infection, three elements must be present:

- Source (patient, health care worker, visitor)
- Susceptible person (not immune, pathway for entry of pathogen to new host; risk may be increased with comorbidities such as diabetes, immune suppression, medical care, e.g., medications, medical procedures)
- Transmission (organism/disease specific, specific pathogens have specific transmission)

Exposure may be insufficient to cause replication in the host and not lead to transmission or be sufficient for replication (transmission) in the new host; and may or may not lead to symptoms, which may/may not lead to diagnosis. Exposure and transmission are disease specific and may occur by:

1. Contact
 - touch (orofecal e.g., MRSA, VRE, HPV, Ebola [with bleeding, emesis])
 - blood and body fluid, including sexually transmitted disease (e.g., HIV, Herpes viruses, HBV, HPV); percutaneous exposure
2. Droplets
 - droplets, spatter and spray (follow “ballistic trajectory” two metres [e.g., pertussis, meningitis, corona virus, influenza virus, varicella zoster {chickenpox}, smallpox])
 - inhalation or direct contact with mucosal surfaces
3. Aerosols (airborne)
 - inhalation (e.g., tuberculosis, measles, mumps, Ebola, aspergillus species)

Principles of infection control: specific to route of transmission risk

Standard Precautions

- Health history: symptoms/signs of disease and exposure risk
- Patient scheduling; patient placement
- Immunizations
- Hand hygiene
- Respiratory hygiene/etiquette
- Clean/disinfect equipment/environment
- Safe injection practices

Transmission- Based Precautions

- Medical masks/droplet-aerosol management
- Blood/body fluid precautions
 - Hand hygiene
 - PPE: gloves
 - Safe injection practices; surgical controls
- Contact precautions
 - Hand hygiene
 - PPE: gloves, protective clothing (before entry and before exit treatment room)
- Droplet Precautions
 - Mask source patient
 - Patient placement
 - PPE: mask, eye protection
 - Reduce droplets at source: avoid procedures generating droplets (if possible); high volume suction, rubber dam (where possible)
- Airborne
 - Mask (level three or greater), eye protection
 - Reduce droplets at source: avoid procedures generating droplets (if possible); high volume suction, rubber dam (where possible)
 - Limit staff entry