

Returning to Orthodontic Practice During the COVID-19 Pandemic



This document contains interim recommendations to guide orthodontists in returning to practice. It is focused on near term management of orthodontic practice during the COVID-19 pandemic, as orthodontists return to providing non-emergent care. Details not specifically addressed in this interim guidance will be left to the professional judgment of each orthodontist.

These interim recommendations are not intended to allow orthodontic offices to return to pre-pandemic levels with respect to patient volume and density. The necessary restrictions will make it difficult to meet the needs of current patient flow and will inhibit the ability to seamlessly accommodate new patients into the practice. As the status of the COVID-19 pandemic changes and specifically as physical distancing protocols are revised there will need to be further modifications and updating of these recommendations to allow patient volumes to be safely increased.

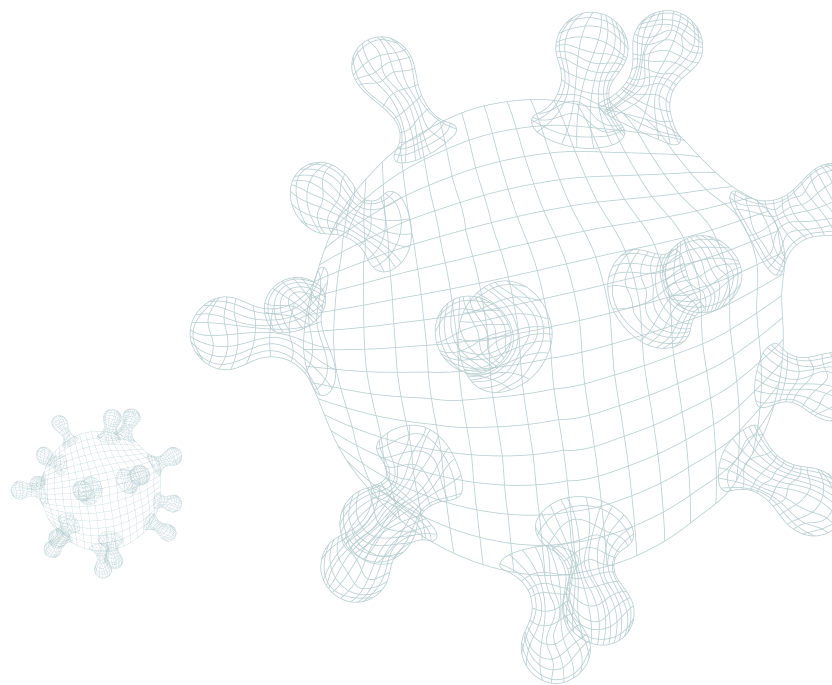
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Overview of the 2019 Novel Coronavirus

Coronaviruses are a large family of viruses that usually cause mild to moderate upper respiratory tract illness in humans. However three new coronaviruses have emerged over the past two decades that cause serious and sometime fatal infections in humans. The SARS coronavirus (SARS-CoV) and MERS (MERS-CoV) emerged in 2002 and 2012 respectively. The third coronavirus is called SARS-CoV-2 and causes coronavirus disease 2019 (COVID-19).

Transmission routes of the SARS-CoV-2 can be through direct transmission (cough, sneeze leading to airborne droplet inhalation) as well as contact transmission (contact with oral, nasal and eye mucous membranes). This can be associated with direct person-to-person contact or contact with a contaminated surface.



Transmission in the Orthodontic Clinic

Both direct and contact transmissions are considerations in the orthodontic office. All protocols to mitigate transmission must include both routes in all areas of the office, including administrative as well as clinical.

Orthodontic clinics carry a risk of infection transmission due to the specificity of the procedures including face-to-face communication, exposure to saliva and potentially airborne particles and contact with contaminated surfaces and instruments.

Infection control is nothing new to orthodontic practice; orthodontic professionals have always prioritized safety and control of infection transmission. All dental professionals have been trained to provide care for patients with known and unknown transmissible viral and bacterial diseases. Adaptation of infection control procedures specific to COVID-19 during this interim period will safely mitigate the risk of clinical transmission of the virus.

General Considerations to Reduce the Risk of Transmission

- minimize the number of people that enter the office, maintain social distancing
- patients should come unescorted unless too young or if they need assistance
- patients only in the clinical area
- eliminate patient contact points in the office, patient enters office directly to treatment area and leaves directly after appointment
- no family or friends of staff to enter the office
- instruct delivery personnel to leave deliveries outside of the office

Administrative Protocols



[See example of Welcome Back Letter](#)



[See example of Patient Pre-Screening Questionnaire](#)



[See example of Patient Point of Care Questionnaire](#)

- make sure the patient and family are informed of the new administrative and **clinical procedures** associated with their visit through verbal or written (letter, email, website) communication
- as much as possible eliminate person to person contact through creation of a virtual front desk using telephone or online contact and communication for appointments, finances, progress updates etc.
- plexi-glass shields at front desk, if not available reception staff should wear masks → [See RESOURCES section for suppliers](#)
- ensure that administrative staff have sufficient room to maintain physical distancing
- reception areas, remove chairs to allow appropriate physical distancing, fabric chairs should ideally be replaced with easily cleaned materials, all books, toys, coffee and drink services etc. should be removed
- **pre-screening of patient** at time of arranging appointment
- instruct patient to wear a mask when they come to the office
- instruct patient to brush and floss before they come to office as tooth brushing stations are not available
- advise that washrooms are not available for patient use
- ideally nothing hot or cold to drink 30 minutes prior as it can influence body temperature reading
- patients do not enter office until they are contacted via phone / text and informed that they can enter
- signs at entrance to the office that reinforce the need to physically distance and explain risk of virus transmission
- existing patient consent for treatment is likely adequate but a revised consent that acknowledges the risk of virus transmission may be a consideration
- patient is met at office entrance by a greeter, temperature is taken using a no touch or disposable thermometer and a **wellness screen** is completed
- if an elevated temperature is noted or there is a positive response to the questionnaire refer the patient to a medical health care provider and do not see patient in the orthodontic clinic
- doorways are open, or opened by a greeter
- patient is informed to not touch anything in the office

- patient washes hands or is provided with alcohol-based hand sanitizer
- consider a peroxide-based mouth rinse prior to procedure
- patient is escorted to the chair by the greeter
- greeter should wear a surgical mask and eye wear
- establish a schedule for regular disinfection of all reception surfaces

Clinical Considerations

Orthodontic procedures in general produce a lower risk of infection transmission than other dental procedures. This is of particular significance when it comes to generation of aerosols. In the dental setting the main sources of aerosols include, the use of an air / water mixture (triplex syringe), ultrasonic cleaners, high speed and surgical hand pieces. In the general dental setting high speed hand pieces are often used in contaminated, wet environments.

Ultrasonic cleaners are not typically used in orthodontic clinics. Air/water syringes should not be used with a combination of air and water, and if possible high speed handpieces should be avoided. In the orthodontic setting, high speed handpieces are used without water which greatly reduces the risk of aerosols. High speed electric handpieces further reduce risk as they eliminate air flow at the head. Alternatively, low speed handpieces or hand instruments will completely eliminate aerosol risk.



IMPORTANT NOTE:

Considering virus transmission, creation of aerosols is one of the key risks. All orthodontic procedures can be modified to avoid aerosol generation. This will be an important interim modification to how you practice. The CAO is working to provide protocols to assist with this transition.

Clinical Protocols

The public has been exposed to many alterations in their daily routine in response to COVID-19. They have come to expect changes and it won't be any different in orthodontic offices. Patients and families will be anticipating differences in the provision of their orthodontic care, and will be monitoring for enhanced infection control measures.

- ensure that proper physical distancing is available, this may require removal or rearranging of treatment chairs
- have a dedicated chair for debonding, bonding and hand piece use that is at end of clinic or in an isolated area
- with use of a hand piece or when rinsing or drying teeth a high volume suction should be used
- avoid use of air / water combination from triplex syringe
- do not clean teeth using a prophyl head
- adjust bonding procedures to use a one step etch and bond technique
- adjust clinical schedule to reduce number of patients and increase appointment duration to allow for added infection control procedures
- reducing patient volume will likely necessitate longer and additional days to initially accommodate all current patients
- consideration may be given to splitting staff into separate teams working different shifts, this will help control the possibility of all staff being exposed to an infected team member or patient
- treating staff / doctor will remain at treatment chair as patient is escorted to clinical area by greeter
- keep number of staff in treatment area to a minimum
- staff should be dedicated to a specific treatment chair and not move between treatment areas
- have a "floating" clinical member that works outside of the treatment area that can deliver required instruments / materials to the edge of the treatment area to be retrieved by the treating doctor / staff member
- once procedure is complete the patient is instructed to place their mask back on, leave the clinic directly, remind them to not touch anything, greeter will escort them from the office

- while still in PPE treating staff member cleans instruments with warm soapy water in clinical area and places on tray for delivery to the sterilization area by floating staff member
- treating staff member cleans all clinical surfaces with an intermediate level disinfectant / cleaner
- following standard sterilization protocols will eliminate the SARS-CoV-2
- any after hours emergency care should be avoided, emergency patients should be seen during regular clinic hours to ensure that necessary support is available

Staff Protocols

- it is critical to prepare a presentation for your staff to explain the virus, transmission risks and the various protocols being implemented to mitigate transmission risk; a verbal and written review should be provided
- ensure that staff members understand the risks and what their roles are in protecting themselves, team members and patients
- stress the importance of excellent hand hygiene before and after patient contact, place no contact hand sanitizer dispensers in the clinical area, 60 – 90% alcohol based sanitizer is best, soap and water is effective, particularly if hands are soiled
- nails are to be kept short
- develop a protocol, with legal advice, to respond to staff that decline to return to work because of concerns regarding virus transmission
- may want to consider a consent form for staff to sign, acknowledging elevated risk of infection in dental environment and / or update office policy and procedure manuals and employment contracts to reflect
- ensure that there is opportunity for, and staff are instructed to, maintain physical distancing during work breaks, possibly stagger start times and break times
- where physical distancing between staff is not possible adequate PPE is necessary



[See example of Employee Health Screening Log](#)

- do a “dress rehearsal” day to go through all procedures with staff so when you “go live” they feel confident and patients are managed seamlessly
- this will include:
 - training in the types and purposes of PPE
 - instruction on the proper use of PPE
 - instructions on how to don and doff PPE
- a daily **employee wellness screening** must be done, taking temperatures and assessing for symptoms, keep a daily log for each employee
- all staff should be informed to self monitor and be advised to not come to work if they develop any flu like symptoms
- assess staff that are older and / or that are medically compromised and make alternate arrangements for them, work from home or do not assign clinical duties
- any staff that have recovered from COVID-19 may have immunity and may be better suited to managing higher risk patients (this is an assumption not yet scientifically confirmed)
- encourage seasonal flu vaccine to avoid superimposition / confusion of symptoms

IF A STAFF MEMBER DEVELOPS COVID-19

- there is immediate concern for the infected individual, but consideration must also extend to staff members and patients that may have been in contact with the affected individual
- with a confirmed diagnosis, staff member advised to follow medical recommendations and quarantine for 14 days, seek medical attention if symptoms worsen
- notify all team members of the diagnosis, determine their contact with infected individual, depending on contact, testing and / or quarantine may be indicated
- notify Public Health to trigger contact tracing
- determine patient contact with affected staff member, inform patients, assist public health, possibly self quarantine and testing for affected patients
- return to work will be determined by medical doctor / public health



Personal Protective Equipment (PPE)

- scrub uniforms should be provided for all clinical staff members
- staff will change to scrubs in office and remove before leaving the office
- dedicated office footwear will be left in the office
- scrubs will be placed in a sealed bag and removed from the office only for laundering
- scrubs will be changed on a daily basis
- level 2 or 3 masks or N95 respirator to be worn when treating patients
- face shield or goggles
- follow the guidelines of your provincial regulator regarding appropriate PPE

Radiography Equipment / Cameras

- ensure that radiography equipment is appropriately draped and that all surfaces are disinfected
- radiography should be limited to extra oral
- for clinical photography, during this interim period, consider switching to tablet or phone based camera, or a GoPro type camera that can be disinfected

Laboratory

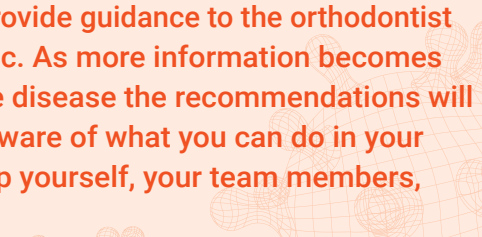
- impression material and trays, bands and any other items being sent to the lab must be disinfected with an appropriate surface disinfectant



ADDITIONAL NOTES

As important as it is to have retrospective information on patients to screen for infection prior to coming to the office it is equally important to instruct them that if they develop symptoms after the appointment that they inform the office so we know our staff have been exposed to an infected individual.

The measures outlined in this document are here to provide guidance to the orthodontist in safely seeing patients during the COVID-19 pandemic. As more information becomes available regarding management and treatment of the disease the recommendations will be modified and updated. Carefully consider and be aware of what you can do in your office to interrupt the transmission of the virus to keep yourself, your team members, your patients and your community safe.



Notes

The CAO encourages orthodontists making treatment decisions to consider all factors and exercise their clinical judgment based on their own education, experience and any unique patient-specific factors. With minor adjustments to our normal operating procedures, orthodontic treatment can be rendered without producing aerosols. Following physical distancing guidelines, and ideal surface disinfection, virus transmission to our staff, our patients and the community will be eliminated.

Your professional judgment is required to continue to protect yourself, your team members, your patients and the general community during this pandemic.

IMPORTANT: Recommendations provided by the CAO are guidance only – not directives. They do not override laws, regulations, or official orders that exist or that may subsequently come into existence in your province. Orthodontists should stay up to date in this regard.



Sample Forms



Welcome Back Sample Letter



To customize the template for your dental practice, download a copy of the Welcome Back Letter.

April 29, 2020

Insert your office letterhead

Patient Name
Street Address
City, Province, Postal Code

Dear **Patient:**

We hope this letter finds you and your family safe and healthy. Our global and local communities have been through a life-changing period, and we are all hoping to return to some sense of normalcy soon. While many things have changed, one thing has remained the same: our commitment to your health and safety.

Infection control has always been a top priority for our practice, as you have experienced during all your previous visits to our office. This commitment to ensuring a safe, yet comfortable environment has been paramount to top quality orthodontic care. In light of current events, we want to tell you about the infection control procedures we currently and will continue to follow in our practice to keep patients and staff safe.

Our office follows infection control protocols made by the **insert Provincial DRA**. We follow the activities of these agencies so that we are current to any new rulings or guidance that may be issued. We do this to make sure that our infection control procedures adhere to the regulations outlined, as dynamics change quickly.

You will see some changes when it is time for your next appointment. We made these changes to help protect our patients and staff. For example:

- Our office will communicate with you before your next appointment to explain changes in our patient sign in process and clinical procedures. We will also be reviewing with you a screening questionnaire. You will be asked those same questions again when you are in the office.
- We have hand sanitizer that we will ask you to use when you enter the office. You will also find some in the reception area and other places in the office for you to use as needed.
- You may see that our waiting room will no longer offer magazines, children's toys and so forth, since those items are difficult to clean and disinfect.
- Appointments will be managed to allow for social distancing between patients. That might mean that you're offered fewer options for scheduling your appointment.
- We will be restricting the number of people coming to an appointment with the patient, limiting it to one (1) parent only.

We look forward to seeing you again and are happy to answer any questions you may have about the steps we take to keep you, and every patient, safe in our practice. To make an appointment, please call our office at **office number**.

Thank you for being our patient. We value your patience as we work through all these changes, and look forward to welcoming back our patients, neighbors and friends.

Sincerely,

Orthodontist's name and Team



*Customize the letter with
your patient's and practice's
information for use in print
mailings or emails.*

Employee Health Screening Log



NAME: _____

[illegible]

Patient Pre-Screening Questionnaire



NAME: _____

DATE: _____

QUESTIONS	ANSWERS
Does patient have fever or have you/they felt hot or feverish recently (the last 14 days)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the patient have shortness of breath or other difficulties breathing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the patient currently have a cough?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the patient have any other flu-like symptoms, such as gastrointestinal upset, headache or fatigue?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the patient experienced recent loss of taste or smell?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the patient been in contact with any confirmed COVID-19 positive patients? <i>Patients who are well but who have a sick family member at home with COVID-19 should consider postponing elective treatment.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the patient traveled in the past 14 days?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Point-of-Care Patient Screening Form

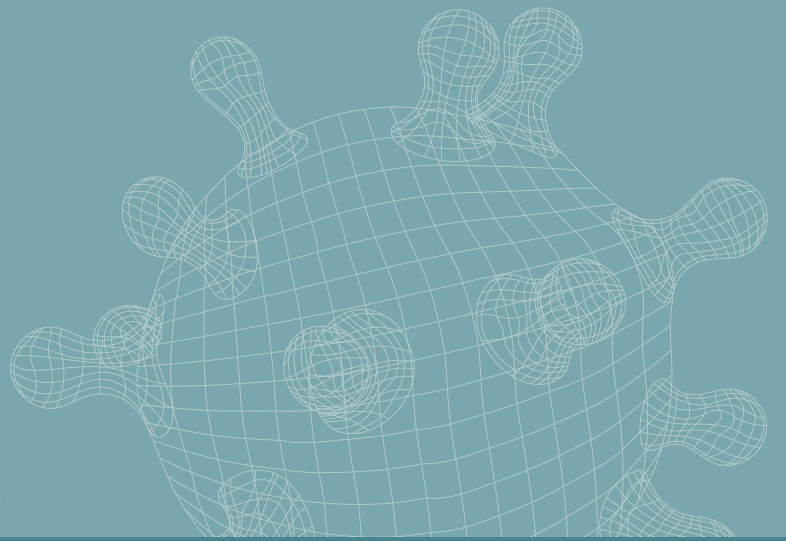


TEMPERATURE: _____

NAME: _____

DATE: _____

QUESTIONS	ANSWERS
Does patient have fever or have you/they felt hot or feverish recently (the last 14 days)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the patient have shortness of breath or other difficulties breathing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the patient currently have a cough?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the patient have any other flu-like symptoms, such as gastrointestinal upset, headache or fatigue?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the patient experienced recent loss of taste or smell?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the patient been in contact with any confirmed COVID-19 positive patients? <i>Patients who are well but who have a sick family member at home with COVID-19 should consider postponing elective treatment.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the patient traveled in the past 14 days?	<input type="checkbox"/> Yes <input type="checkbox"/> No



Resources





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

April 27th, 2020

All CDSS members are required to review this CDSS Alert as CDSS members transition to Non-Emergency Dental Care

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

Rationale for providing this interim protocol update:

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

CDSS Objective: Safe Transition to Non-Emergency Dental Care in Saskatchewan in coordination with the Re-Open Saskatchewan Plan

- Safety for patients, families and communities.
- Safety for dental providers, staff and their families.

CDSS members must:

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

“RE-OPEN SASKATCHEWAN” – A Summary for Dentists

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

Re-Open Saskatchewan is a plan built on a methodical and phased-in approach to slowly and responsibly lift restrictions on businesses and services. Flattening the curve and strengthening the system will remain priorities, as will our ability to manage the current COVID-19 pressures by building capacity in

the coming weeks and months. Key elements will include increased testing and contact tracing, as well as the preparation of additional space and critical equipment.

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

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

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

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

- 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.
- Although the public health order regarding the size of gatherings does not apply to businesses and workplaces, they are expected to follow the recommended public health measures, including:
 - physical distancing for staff and clients;
 - regular cleaning and disinfection;
 - frequent handwashing and sanitizing;
 - use of PPE where required and appropriate; and
 - keeping staff who demonstrate or report COVID-19 symptoms out of the workplace.

For a more in depth understanding of the Re-Open Saskatchewan plan please refer to the full document. (Click [HERE](#))

Preamble: CDSS COVID-19 Pandemic: IPC Protocol

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

The CDSS recognizes that dental facilities and communities vary in size and complexity. This document sets out protocols for dental care delivery. CDSS members will use clinical judgement implementing these pandemic protocols.

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

Overview of Procedures

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

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

All urgent dental treatment for patients who have been identified as moderate or high risk for COVID-19 or have been confirmed as COVID-19 positive **MUST** be provided by a SHA Level 3 provider in the appropriate facility. In addition, SHA Level 3 Dental Emergency Facilities will continue to accept referrals from providers for screened negative COVID-19 patients.

General Definitions:

- **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.
- **Aerosol Controlled Environment (ACE):** AGP operatory rooms must be isolated rooms from floor to ceiling with an entry or entries that must be closed and secured during the AGP.
- **Aerosol-Protective Measures:** Actions aimed at mitigating the risk associated with aerosols. These must include:
 - patient Risk Assessment Screening (SHA COVID-19 Screening Tool – March 27, 2020);
 - thermometer temperature vital sign screening (<38°C);
 - a hydrogen peroxide pre-procedural mouth rinse;
 - wearing PPE for high-risk situation (Cap or Bonnet, Gown or Lab Coat, properly fit KN95 or N95 Respirators (fit test with documentation of style and size within the last two years) Goggles or Face Shield, Gloves (to cover gown or coat cuffs), and gown or barrier for patient;

- the use of a rubber dam with a sealing material;
 - the use of high-volume evacuation/suction;
 - air management recommendations (aerosol settling time).
- **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 µm), 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.
 - **Urgent Dental Care includes treatment for:**
 - dental or soft-tissue infections;
 - severe pain that cannot be controlled by medication;
 - fractured teeth or pulpal exposure;
 - adjustment or repair of dental appliances where a patient's health is significantly impacted.

PHASE 1 (May 4th, 2020)

Phase 1 will include the provision of Non-Aerosol Generating Procedures (NAGP) and **Urgent Aerosol Generating Procedures (AGP)** in an Appropriate Aerosol Controlled Environment utilizing appropriate Aerosol Protective Measures (APM), for patients who do not meet the criteria for COVID-19 based on the SHA COVID-19 Screening Tool. (Click [HERE](#))

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

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

Dental Procedures Acceptable in Phase 1 Include the Following:

- Any emergency NAGP or emergency AGP in Aerosol Controlled Environment utilizing Aerosol Protective Measures and KN95 or N95 respirator
- Examinations and consultations
- Simple extractions (NAGP)
- Hygiene – hand scaling only and no ultrasonic instrumentation
- Preventive procedures such as the application of topical agents (fluoride, silver diamine fluoride, etc.)
- Oral & maxillofacial radiology procedures
- Orthodontic procedures (NAGP)
- Removable prosthodontic procedures
- Cementation of previously fabricated fixed prosthodontics
- Temporomandibular dysfunction management and procedures

- Medical management of soft tissue presentations
- Oral pathology and oral medicine procedures
- Periodontal procedures (NAGP)
- Urgent endodontic procedures – AGP with Dental Dam in Aerosol Controlled Environment utilizing Aerosol Protective Measures and N95 respirator
- Urgent restorative procedures - AGP with Dental Dam in Aerosol Controlled Environment utilizing Aerosol Protective Measures and N95 respirator
- Urgent pediatric restorative procedures - AGP with Dental Dam in Aerosol Controlled Environment utilizing Aerosol Protective Measures and N95 respirator
- Urgent complex extractions (AGP without Dental Dam in Aerosol Controlled Environment utilizing Aerosol Protective Measures and KN95 or N95 respirator
- Dental public health initiatives including community programing and preventive measures.

Dental Procedures Not Included in Phase 1:

- All elective and non-urgent AGP
- Hygiene ultrasonic instrumentation
- Selective polishing /prophy
- Laser instrumentation
- Dental implant placement
- Nitrous oxide sedation

Later phases will allow the provision of more dental treatment using an updated interim protocol as directed by the CDSS after considering the accumulating evidence-based research.

Risk Mitigation Factors for Phase 1:

- Patient Risk Assessment Screening (SHA COVID-19 Screening Tool – March 27th, 2020)
- Thermometer temperature vital sign screening (<38°C)
- Patient hand hygiene
- Pandemic informed consent
- Preprocedural hydrogen peroxide rinse
- Vulnerable patient appointment times – specific days or early in the day
- Fewer appointment times
- Stagger appointment times
- Escort to accompany minor patients only

Personal Protective Equipment for Phase 1:

At this time, during the active spread of COVID-19, the standard should be to provide the highest level of PPE:

- For Non-Aerosol Generating Procedures (NAGP) (ie. examinations, hand scaling, simple extractions, orthodontic procedures, crown cementations etc.) **Table 1 Update**
 - ASTM Level 2 or Level 3 mask;
 - Eye protection (glasses / goggles / face shield);
 - Gloves;
 - Mandatory routine precautions as per the SOHP Infection Prevention Control (IPC) Standard for Oral Health Care Facilities (04-01 to 04-05).

- For Aerosol Generating Procedures (AGP) with or without Dental Dam in AGP in Aerosol Controlled Environment utilizing Aerosol Protective Measures (Complex extraction (AGP) **Table 1 Update**
 - Proper Donning and Doffing techniques must be followed:
 - NIOSH approved N95 or KN95 respirator;
 - Must be fit tested for both dentist and dental assistant;
 - Given the shortage of N95 respirators many health care providers are wearing an N95 respirator and covering it with an ASTM Level 2 mask and face shield to prevent droplets and or splatter on the N95 respirator. With this technique the N95 respirator may be used for multiple patients during one operative day;
 - Face shield (goggles can replace face shield when using a dental dam);
 - Gown / Lab coat;
 - Surgical cap / bonnet;
 - Gloves.

COVID-19 Pandemic: IPC Interim Protocol - Phase 1 Non-Aerosol Generating Procedure (NAGP)

1. Mandatory routine precautions as per the SOHP Infection Prevention Control (IPC) Standard for Oral Health Care Facilities (04-01 to 04-05).
2. Mandatory PPE for NAGP includes: Level 2 or Level 3 Mask, Glasses, Goggles or Face Shield, Gloves. PPE for Front office staff is listed in Table 1.
3. Enhanced cleaning, including twice daily cleaning of high touch surfaces.
4. A 1% hydrogen peroxide mouth rinse for 60 seconds must be performed by the patient and expectorated into the same dispensing cup prior to examination and procedures within the oral cavity.
5. Recommend extraoral radiographs. Minimize the use of intraoral radiographs to prevent the possible formation of aerosols.
6. Utilize hand instruments only.
7. Utilize four-handed dentistry
8. Do not use air water syringes.
9. Do not use ultrasonic instruments.
10. Do not use high-speed rotary handpieces or electric low-speed handpieces with air and water.
11. Patient should perform ABHR prior to exiting the operatory room.
12. Clean the operatory room clinical contact and housekeeping surfaces as per normal protocol SOHP Infection Prevention Control (IPC) Standard for Oral Health Care Facilities (04-01 to 04-05).

COVID-19 Pandemic: IPC Interim Protocol - Phase 1 Aerosol Generating Procedure (AGP)

1. Mandatory PPE for Dentists and Chairside assistants for AGP includes: cap or bonnet, gown or lab coat, properly fit KN95 or N95 (with or without Dental Dam) Respirator (fit test with documentation), goggles or face shield, gloves (to cover gown or coat cuffs), and gown or barrier for patient.
2. COVID-19 Pandemic Emergency Treatment Consent should be obtained for both patient and staff.
3. A 1% hydrogen peroxide mouth rinse for 60 seconds must be performed by the patient and expectorated into the same dispensing cup prior to examination and procedures within the oral cavity.
4. 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.
5. Enhanced cleaning, including frequent cleaning of high touch surfaces.

6. AGP operatory rooms require the removal of all unnecessary cabinets, fixtures, and non-essential supplies or products, including pictures or artwork.
7. AGP operatory rooms must have a Donning and Doffing Anteroom or Hallway Area. (Donning and Doffing Video --- Click [HERE](#))
 - a. 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)
 - b. Doffing Station – “Decontamination” Side or Area
Includes: Laundry Receptacle with Lid, Garbage Receptacle with Lid, Eye Protection Disinfection Receptacle with Lid.
8. PPE must be donned in the “Clean” Side of the Anteroom immediately before entering the AGP Operatory Room - do not go anywhere else once the PPE is donned.
 - a. Put on a gown and cap or bonnet.
 - b. Perform hand hygiene.
 - c. Properly fit a N95 Respirator (secure the straps, mold the metal nose piece to the nose bridge, and perform a seal check).
 - d. Perform hand hygiene.
 - e. Put on gown or lab coat.
 - f. Perform hand hygiene.
 - g. Put on appropriate eye protection – goggles or face shield.
 - h. Perform hand hygiene.
 - i. Put on gloves to cover the gown or lab coat cuffs.
9. The operatory door shall remain closed during the procedure. Only the dentist, dental assistant and patient will be permitted in the operatory during treatment. The operatory door should only be opened once to discharge the patient and for clinical staff to exit.
10. Aerosol Generating Procedure signage should be placed at the entrance to the room (Appendix A)
11. Implement Aerosol Protective and Minimization Procedures.
12. The patient is discharged and guided to the reception area for post op instructions, processing, and exit.
13. PPE must be doffed in the AGP Operatory Room and the “Decontamination Side” of the Anteroom.
 - a. In the AGP Operatory Room or as you leave the room:
 - i. **With gloved hands, remove the gown and gloves** - With gloved hands only touching the outside of the gown, grasp the gown and pull away from the body without rapid movements, roll gown inside out into a bundle, simultaneously remove gloves inside out, and discard gown and gloves immediately. Perform hand hygiene.
 - ii. **With gloved hands, remove the lab coat and gloves** - With gloved hands only touching the outside of the lab coat, open the lab coat and remove away from the body without rapid movements, roll lab coat inside out into a bundle, simultaneously remove gloves inside out, discard gloves immediately, and transfer the lab coat to the “Decontamination Side” of the Anteroom laundry receptacle careful to avoid contact with “clean” surfaces. Perform hand hygiene.
 - b. Exit the AGP Operatory Room, close the AGP Operatory Room door, and in the “Decontamination Side” of the Anteroom or Hallway Area.
 - i. Perform hand hygiene.
 - ii. Remove eye protection – goggles or face shield – at the sides careful not to touch facial skin with the hands and place in disinfection receptacle or garbage receptacle.
 - iii. Remove the cap or bonnet by grasping at the rear and pulling forward off the head and place in the laundry receptacle or discard in the garbage receptacle.

- iv. Remove N95 Respirator without touching the front of the mask and discard in the garbage receptacle or stored in a sealed labeled receptacle for possible future decontamination.
 - v. Perform hand hygiene.
 - vi. Put on a clean surgical mask.
14. The operatory door and room must remain closed and settle for 120 minutes after AGPs before cleaning. With respect to air management, if the number of Air Changes per Hour (ACH) in the room permits, the settle time can be decreased. <https://www.saskatchewan.ca/-/media/files/coronavirus/info-for-health-care-providers/infection-prevention-and-control/work-standard-settle-time-aerosolize-poster-april-4-2020.pdf>
 15. Following appropriate settling time - clean the operatory room clinical contact and housekeeping surfaces as per normal protocol - SOHP Infection Prevention Control (IPC) Standard for Oral Health Care Facilities (04-01 to 04-05).

Air Changes Per Hour (ACH) and Settle Times in Aerosol Generating Rooms

Aerosol generation during dental procedures will dictate the “how and where” these procedures are completed. ACH will dictate how long the room must sit afterwards to allow the aerosol to settle before it can be cleaned using normal SOHP IPC Standards for Oral Health Care Facilities. The AGP “settle time guidelines” are based on ACH and will apply to both categories:

1. AGP with dental dam (restorative and endodontic procedures etc.)
2. AGP without dental dam (complex oral surgery procedures etc.)

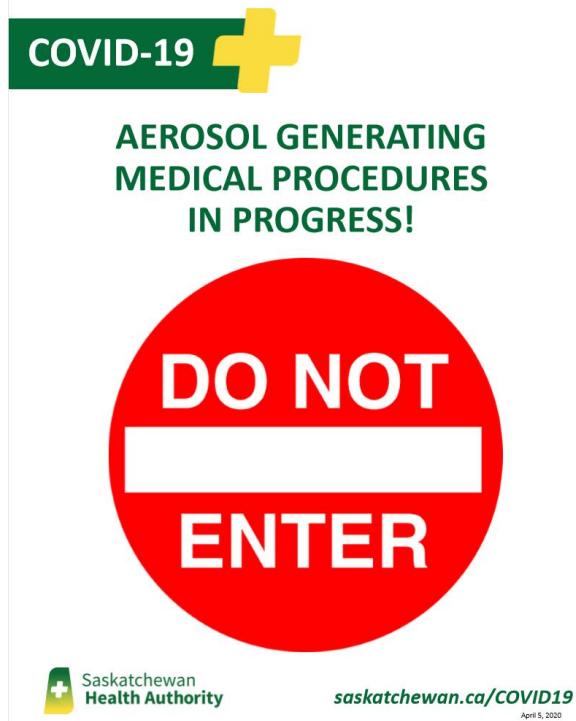
AGP Environmental Controls


1. 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.
 - a. Temporary isolation rooms can be designed – hoarding with plastic and a framed or zippered door.
2. Clinical staff must limit their movement in/out of the treatment area during this time to minimize airborne contamination of the adjacent spaces.
3. All Donning/Doffing procedures must be followed.
4. If AGP must be performed, the following precautions should be taken:
 - a. Maintain physical separation of spaces between patients having AGP.
 - b. Assume air clearance time to be 120 mins unless otherwise confirmed.**
 - c. IF YOU HAVE QUESTIONS ABOUT AIR CLEARANCE TIMES IN YOUR FACILITY, PLEASE CONTACT AN HVAC CONSULTANT.**

Table 1: Adapted from: World Health Organization. “Rational use of Personal Protective Equipment for Coronavirus Disease 2019 (COVID-19).” February 27th, 2020: 1-7

Setting	Staff or patients	Procedure Activity	Type of PPE
Patient Room	Dentists/RDA	<u>Low Risk</u> Providing direct Care (Non-AGMP)	<ul style="list-style-type: none"> - Level 2 or 3 mask - Eye protection (glasses, goggles or face shield) - Scrubs - Gloves - If contact with patient then lab coat or gown
		<u>Intermediate</u> Aerosol Generating procedures (AGP) with dental dam	<ul style="list-style-type: none"> - N95 or KN95 respirator (Fitted) - Face shield or goggles - Cap/bouffant - Gown/lab coat (with cuff) - Gloves
		<u>High Risk</u> Aerosol Generating procedures (AGP) without Rubber Dam	<ul style="list-style-type: none"> - N95 or KN95 respirator (Fitted) - Face shield - Cap/bouffant - Gown/lab coat (with cuff) - Gloves
	Disinfecting treatment rooms for non-AGPs	Can disinfect immediately	<ul style="list-style-type: none"> - Level 1 mask as a minimum - Eye protection - Gloves
	Disinfection treatment rooms for AGPs	Wait to disinfect (120 mins or amount of time required to wait after completion of AGP depending on room ventilation specifications)	<ul style="list-style-type: none"> - Level 1 mask as a minimum - Eye protection - Gloves
	Visitors	NO Visitors in room during AGP	
Reception	Door/triage	Preliminary screening (vitals including temp)	<ul style="list-style-type: none"> - Level 1 mask as a minimum - Eye protection - Gloves - Scrubs - Maintain social distancing

Appendix A:



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

ADA DENTAL SERVICE RESTRICTIONS IN COVID-19

Updated 25 March

The following system is designed based on published triaging systems in Australia for Dentistry taking into consideration the following key objectives:

- 1) Proportionate, pre-planned response to the possible escalation of COVID-19 based on the evolving community context
- 2) Staged restriction of dental services to reduce transmission risks for COVID-19
- 3) Avoidance of likely burden on medical primary care and emergency services should access to urgent dental care cease.

In all restrictions, urgent dental treatment for people who have been identified as either at moderate to high risk of COVID-19 or confirmed as a COVID-19 case should be provided under transmission based precautions using appropriate PPE as per ADA “Managing COVID-19 Guidelines.”

	Services that can be performed	Restricted services, defer treatment
No restrictions	All dental services	No restrictions apply
Level 1 Restrictions	All dental treatments using standard precautions for people who do not meet epidemiological or clinical risk factors for COVID-19 infection transmission.	<p>Defer non-urgent treatment for people who DO meet epidemiological or clinical symptom criteria for COVID-19 risk.</p> <p>Urgent dental treatment for people who DO meet epidemiological or clinical symptom criteria for COVID-19 risk or confirmed as a COVID-19 case, provided as per ADA Managing COVID-19 Guidelines</p>
Level 2 Restrictions	<p>Provision of dental treatments that are unlikely to generate aerosols or where aerosols generated have the presence of minimal saliva/blood due to the use of rubber dam. This includes:</p> <ul style="list-style-type: none"> - Examinations - Simple non-invasive fillings without use of high-speed handpieces - Restorative procedures using high speed handpieces only provided with the use of rubber dam - Non-surgical extractions - Hand scaling (no use of ultrasonic scalers) - Medical management of soft tissue presentations (such as ulcers) - Temporomandibular dysfunction management - Denture procedures - Preventative procedures such as the application of topical remineralising agents e.g. fluoride - Orthodontic treatment 	<p>Defer all treatments that are likely to generate aerosols which may include the use of</p> <ul style="list-style-type: none"> - high-speed handpieces without the use of rubber dam - ultrasonic scalers - surgical handpieces <p>All surgical extractions should be referred to specialist oral surgeons/oral and maxillofacial surgeons who will undertake these procedures using transmission based precautions.</p> <p>Elective implant dental treatment should be delayed.</p> <p>Urgent dental treatment for people who DO meet epidemiological or clinical symptom criteria for COVID-19 risk or confirmed as a COVID-19 case, provided as per ADA Managing COVID-19 Guidelines</p>

Level 3 Restrictions	<p>Only dental treatments that do not generate aerosols, or where treatments generating aerosols is limited to:</p> <ul style="list-style-type: none"> - Management of patients with acute dental pain e.g. endodontic treatment under rubber dam, or extraction - Management of significantly damaged upper front teeth (e.g. due to trauma, with restorative treatment provided under rubber dam - Soft tissue pathology e.g. ulcers - Management of complex medically compromised patients with dental concerns which may compromise their systemic disease - Management of those at a higher risk of rapid progression of dental disease due to socioeconomic or cultural factors - Management of patients referred by a medical practitioner for medically necessary dental care 	<p>Defer all routine recall examinations and dental treatments for patients not fitting the risk categories identified on the left who present with the following concerns</p> <ul style="list-style-type: none"> - Extractions of asymptomatic teeth without swelling - Broken or chipped tooth/teeth - Bleeding or sore gums, halitosis - Loose teeth without aspiration risk - Denture concerns - Crown and bridge - Scale and clean - Clicking/grating in jaw joint <p>Urgent dental treatment for people who DO meet epidemiological or clinical symptom criteria for COVID-19 risk or confirmed as a COVID-19 case, provided as per ADA Managing COVID-19 Guidelines</p>
Level 4 Restrictions	<p>Only the following dental treatments are to be managed:</p> <ul style="list-style-type: none"> - Swelling of the face, neck or mouth - Dental trauma causing change in the position of teeth, soft tissue damage and/or significant pain - Significant bleeding - Difficulty opening the jaw and/or swallowing - Referral from a specialist medical practitioner for assessment or management of a patient receiving urgent medical care for medically necessary dental care - Dental pain causing loss of sleep - Ulcers persisting for 3 + weeks 	<p>Defer all dental treatments for patients not fitting the risk categories identified on the left.</p> <p>Urgent dental treatment for people who DO meet epidemiological or clinical symptom criteria for COVID-19 risk or confirmed as a COVID-19 case, provided as per ADA Managing COVID-19 Guidelines</p>
Level 5 Restrictions	<p>No routine dental treatment provided. All patients with acute dental concerns to be directed to emergency care centres.</p>	<p>Any dental treatment without expressed permission from the public health authorities.</p>



Dear Member,

The AHPPC has endorsed Level 2 restrictions as set out in the ADA Dental Service Restrictions in COVID19 Document.

A number of ASO members have been asking for further guidance on allowable orthodontic procedures following the announcement regarding a return to level 2 restrictions.

The ASO endorses the Practical Advice for stepping back to Level 2 Restrictions released by the ADA.

Further to this information, based on the situation today, the ASO recommends the following (please note the situation is still changing and information may change accordingly):

1. Members should continue to defer any non-urgent or non-critical treatment procedures that are likely to produce aerosols.

Aerosols are produced by dental equipment when water and air are mixed.

The following dental equipment is known to produce aerosols and therefore cannot be used under Level 2 restrictions:

- Prophy handpieces
- Dental handpieces with water spray – including low speed/intermediate speed/high speed/surgical
- Triplex syringes when water and air are used together
- Ultrasonic scalers
- Piezo surgical handpieces
- Hard tissue lasers that use water mist spray
- Particle beam jets/air-polishers
- Air-abrasion units

2. If aerosol-producing procedures are to be undertaken, the use of a dental dam is mandatory.

This condition applies for all procedures, including the removal of orthodontic adhesive remnants or attachments (Composite resin/ Glass Ionomer resin etc) using the above listed equipment.

If a dental dam cannot be used, and aerosols will be produced, the procedure cannot be provided.

Patients requiring any treatment that will generate aerosols that cannot be minimised with the use of a dental dam should be advised that their orthodontic procedure will be deferred until level 2 restrictions are lifted, and normal clinical practice is resumed.

3. The following orthodontic treatment is permitted provided heightened COVID-19 specific health and safety measures are employed above and beyond normal high infection control standards:

- New and existing patient consultations and reviews
- Routine fixed and removable appliance checks and adjustments

- Removal or repair of orthodontic fixed appliances with no aerosol generation
 - Pre-procedural mouthrinse mandatory (eg: 1% Hydrogen Peroxide or 0.2% Chlorhexidine Gluconate)
 - Do not use high/intermediate speed handpieces or any other handpiece with water spray
 - Use only hand instruments or low speed handpieces at low RPM and no water spray to remove resin remnants from teeth
 - High volume evacuation should be administered by a dental chairside assistant if using a low speed handpiece
 - Apply careful isolation of every tooth requiring removal of adhesive remnants to minimise/eliminate the aerosolisation of saliva. E.g. cotton wool rolls, buccal dry guards, saliva ejectors. Consider use of rubber dam if practical.
- Commencement of active orthodontic treatment
 - Pre-procedural prophylaxis using a handpiece must be avoided. Consider use of pumice/water applied manually with cotton rolls/pellets instead
 - Avoid use of etching agents that require air/water rinse. Single step prime/bond agents recommended
- IPR/Enameloplasty
 - Use abrasive strips, avoid use of handpieces where aerosols may be produced
- Patient scans and impressions
- All retention visits.

4. Ensure your practice continues to have appropriate COVID-19 health and safety measures in place.

Adherence to additional infection control precautions (including patient screening, booking schedules, waiting room management, use of hand sanitisers, and pre-procedural mouthwash) should be continued during level 2 restrictions.

5. Orthodontic treatment should not be provided to anyone confirmed or suspected to have COVID-19.

The ASO encourages orthodontists making treatment decisions to consider all factors and exercise their clinical judgment based on their own education, experience and any unique patient specific factors.

Your professional judgement is required to continue to protect yourself, your team members, your patients and the general community during this pandemic.

IMPORTANT: Recommendations provided by the ASO are guidance only - not directives. They do not override laws, regulations, or official orders that exist or that may subsequently come into existence nationally or in particular states. Orthodontists should stay up to date in this regard.

Clear Shields Suppliers



If you do not have a nearby supplier for Plexi or Poly-Clear Shields, the CAO is proud to offer two options to you that can ship nationally:

TORONTO-BASED SUPPLIER:

Makos Canada Inc.
60 Basaltic Rd. Unit 20
Concord Ontario L4K 1G7
Tel: 905-761-8784
Cell: 416-278-0513
manny@makos.ca

VANCOUVER-BASED SUPPLIER:

PlexiShield
3131 Production Way
Burnaby, BC V5A 3H1
Tel: 604-251-3174 / 800-446-4326
info@peregrine.build



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