**Dental Association of Prince Edward Island**

**Protocol June 26th, 2020  Phase IV**

PEI has had no incidence of Covid 19 in the past two months. The Chief Public Health Officer has determined our level of risk for community transmission is low at this time thus she has moved PEI to stage IV. Consequently, The DCPEI has moved the practice of dentistry to the next phase.

**“Where there is low incidence and prevalence of Covid 19, additional PPE over and above that required for normal infection control precautions is not required” British Columbia Centre for Disease Control, 2020**

After June 26, the DCPEI will adopt a similar recommendation as stated above from the BCCDC. If cases of Covid-19 reappear on PEI and there is any evidence of community transmission, we may be returning to stricter guidelines as directed by government.

NOTE The most important part of this continuing protocol is to maintain physical distance and rigidly screen your patients. To treat a suspected or confirmed Covid 19 patient, you must wear appropriate PPE. An N95 respirator, eye protection (goggles or face-shield), gloves, booties, bouffant and gown. For aerosol generating procedures you must also know your ACH and have a fully closed operatory. It would be prudent to defer dental treatment on a suspected or confirmed Covid 19 patient for 14 days.

Table 3: Air changes/hour (ACH) and time required for airborne-contaminant removal by efficiency

|  |  |  |
| --- | --- | --- |
| ACH | Time (mins.) required for removal99% efficiency | Time (mins.) required for removal99.9% efficiency |
| 2 | 138 | 207 |
| 4 | 69 | 104 |
| 6+ | 46 | 69 |
| 8 | 35 | 52 |
| 10+ | 28 | 41 |
| 12+ | 23 | 35 |
| 15+ | 18 | 28 |
| 20 | 14 | 21 |
| 50 | 6 | 8 |

**The following protocol outlined in this document is assuming we are treating a low risk Covid-19 patient (negative response to all Covid-19 screening questions).**

Dentists and their staff must adhere to physical distancing, hand hygiene and patient screening as well as all protocols outlined by Health PEI. (please see and review Renew PEI website under Public Health Guidance). If physical distancing in the facility is difficult for staff and patients face masks should be worn.

**Screening of Patients, Point of Care Risk Assessment (PCRA) for Covid 19:**

Prior to any patient interaction, all health care providers have a responsibility to assess the infectious risks posed to themselves, other health care workers, and other patients. This is completed by the questions in the Covid-19 screening questionnaire from the protocols which have not changed for this purpose.

During phase IV we do not require extensive PPE such as N95 masks, gowns and ACH values. Rest time for rooms after aerosol generation is 10 minutes from the time the aerosol was ceased. All procedures are allowed in this phase, with or without rubber dam, aerosol generating or not. It is however, highly recommended to use a rubber dam whenever possible as an additional precaution. Some specific restrictions will apply to stringent use of HVE whenever any aerosols could be created as a good practice at any time.

**Should and Must:**

\*You should consider having your patient wait in the car until called into the office.

\*Your patient must be escorted at all times. Any surface areas touched by your patient must be wiped immediately.

\*You could consider wearing a gown during aerosol and all other procedures if you wish but gowns are not considered mandatory in this phase.

\* You must let the room settle for 10 minutes after any aerosol generating procedure. This includes cavitron, combined air/water use and high speed handpiece. The 10 minute wait time starts after the aerosol part of the procedure has ceased and not at the end of the patient appointment. (Final occlusal adjustment is considered an aerosol generating procedure.)

\* You must wear a face shield or goggles and level 3 or level 2 mask if performing an aerosol generating procedure.  A level 2 mask differs only in fluid resistance, therefore a level 2 can be considered if protected by a face shield. Combined use of air/water is an aerosol.

\* You should use a face shield during NAGP, but loupes, safety glasses or goggles are sufficient for NAGP only.

\* You must utilize HVE at all times when creating an aerosol (cavitron, high speed handpiece, air/water combined spray, laser). You should use HVE at all times (even if no aerosol is being generated) while using any rotary instrument intra-orally (to minimize splatter/droplet spread. If effective efficient use of HVE by the operator cannot be obtained, four handed dentistry is suggested.

\*You must maintain 2 M physical distancing at all times in the office. If you cannot, both you, your staff and your patient must wear a mask. In these situations, you should be constantly re-evaluating the number of patients and staff and the flow of traffic.

\* You must have the patient perform a pre-procedural mouth rinse with 1% H2O2 for a minimum 30 secs. You must also rinse any oral appliance or impression with the 1% H2O2.

**Additional Information:**

**“A few tips on wearing PPE”**

1:      Avoid touching your mask or eye protection unnecessarily. If you must touch them, wash your hands immediately.

2:      If you see a colleague touch or adjust their mask/eye protection, remind them to perform hand hygiene.

3:     Use extreme care when doffing/removing PPE and always perform hand hygiene when finished.

4:      Properly doff, clean and disinfect your eye protection when leaving the patient care area.

5:      Eye protection can be face shields, loupes, safety glasses with side protection or goggles for non-aerosol generating procedures. When using eye protection for multiple patient encounters, they should be cleaned and disinfected as per the guidelines.

6:      Aerosol generating procedures carried out on patients not suspected of or confirmed as testing positive for Covid 19 do NOT require any additional protocols over and above the infection control guidelines currently in effect except wearing a face shield or goggles and a 10 minute rest time of the room after aerosol procedure has been completed. However as in all cases, the use of HVE is recommended at all times to reduce any aerosol that could be contaminated with any number of organisms or particles.

Use of additional PPE beyond what is outlined in this document is a personal choice of the practitioner and the level of comfort with the risk assessment in the community and the screening of the individual patient.