

INTERIM IPC GUIDELINES RELATED TO COVID-19 MANAGEMENT EFFECTIVE MAY 4, 2020

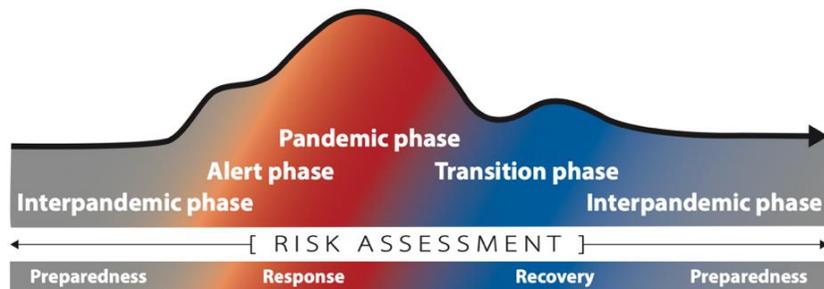
BACKGROUND

On April 29, 2020 the Province of Manitoba released “*Restoring Safe Services – Manitoba’s Pandemic and Economic Roadmap for Recovery.*”

Manitoba provincial public health authorities have recognized that the province is emerging out of the COVID-19 Pandemic Phase and into a Transition phase. They outline multiple phases to re-establishing services. In phase 1, and at the discretion of the respective regulatory bodies, a return to increased activity for ‘*Therapeutic and Health Care Businesses*’ such as Dentistry, begins effective May 4th.

The purpose of this document is to serve as an interim guide for facilities in Manitoba providing dental care to patients with emergent and urgent needs during ‘*Phase One*’ as outlined in the document.

The guidance provided within this document may change as the Risk Assessment changes (See Figure A).



^a This continuum is according to a “global average” of cases, over time, based on continued risk assessment and consistent with the broader emergency risk management continuum.

Figure A - From Continuum of Pandemic Phases – World Health Organization, 2016

The MDA is planning a Staged Approach to re-integration of dental services.

The MDA regulates Dentistry and Dental Assisting in Manitoba in the Public interest and as such is strongly recommending that all non-urgent and elective dental services provided in person remain suspended until further notice. **Effective May 4, 2020 the provision of dentistry may now include both emergency and urgent dental care.**

The MDA strongly advises that the dentist exercise reasonable and prudent judgement for assessing risk in these circumstances.

Please consult ***MDA Statement On Emergency And Urgent Care Related To The COVID - 19 Response – May 4, 2020 for full details.***

Due to the fluid nature of the COVID-19 pandemic dental services protocols, including this one, may change. Please visit the MDA website frequently for resources and be sure to subscribe to the MDA EAlert system.

How do I properly screen patients?

Screen patients before their dental appointment according to the most recent Shared Health MB Screening Tool found at <https://sharedhealthmb.ca/covid19/screening-tool/>

Dental Office Patient Triage:

- This is a reminder to members to manage their emergency and urgent dental care for asymptomatic patients only as defined by the most recent Shared Health Screening Tool with appropriate PPE. <https://sharedhealthmb.ca/covid19/screening-tool/>
- Pre-screening phone calls, online screening, and screening upon patient arrival should be carefully followed to ensure that only asymptomatic patients are being seen in person.
- Any patient who is symptomatic, shows flu-like symptoms (as per the most recent Shared Health MB screening tool), or has come in contact with someone who has COVID-19, should stay home, and contact Health Links at (204) 788-8200 or toll-free 1-888-315-9257. In these cases, medical management through pharmacological modalities, where appropriate, should be considered.
- Patients who fail the Shared Health MB Screening Tool, have influenza-like illness (ILI) symptoms or are known to have COVID-19 are not to be seen in community clinics. If emergency dental care is medically necessary for a patient who has, or is suspected of having COVID-19, dental treatment should be provided in a hospital or other facility that can treat the patient using the appropriate infection control protocols. These patients should not be treated in a regular dental operatory.
- Patients should be encouraged to contact Health Links if they suspect they have COVID-19.

For asymptomatic patients who pass the Shared Health MB Screening Tool and require emergency or urgent dental care what are the standard precautions to take?

- Dentists should manage the case over the telephone to assess the severity of the issue. Consideration of in person management can be triaged and recommended after that contact.
- Re-screen patients using the most recent Shared Health Screening tool upon arrival.
- COVID-19 is highly contagious and is transmitted via droplet. It is unknown at this time with certainty as to the length of viability of the virus outside the human body. Because of the nature of the infection, there may be a higher risk of transmission of the virus when working in the oropharynx or oral cavity.
- Aerosol Generating Procedures (AGPs) present the biggest risk in dental procedures. Aerosols are generated with dental equipment such as high-speed handpieces, 3-in-1 air/water syringes, ultrasonic scalers among others. **It remains strongly recommended to reduce AGPs whenever possible.**
- Ensure team members practice strict adherence to hand hygiene and respiratory hygiene.
- Pre-operative patient self-isolation is recommended, when possible. <https://sharedhealthmb.ca/files/covid-19-pre-op-patient-information.pdf>
- Until more information is available, we are recommending the following PPE for clinical staff:
 - Non-Aerosol Generating Treatment (non-AGP):
 - ASTM Level 3 mask or fitted N95 mask or equivalent, if available
 - Face Shield or protective eyewear with side shields.
 - Gloves.
 - Aerosol Generating Procedure(AGP):
 - Fitted N95 mask or equivalent
 - Eye protection (ie: goggles or face shield)
 - Gloves, Fluid resistant gown, Booties, Bouffant/surgical cap
- Standard precautions are to be used for cleaning and disinfection strategies in the treatment area and in the reprocessing area. COVID-19 is an enveloped virus. MDA guidelines require use of label claims with mycobacteriocidal, broad spectrum virucidal, fungicidal and bactericidal disinfectant and a drug identification number (DIN). Follow the manufacturer's instructions for use and for contact time.

- Identify high touchpoint non-treatment areas such as the front desk, the waiting room and the washroom. Equip your office staff with the appropriate cleaning products to keep these high touchpoint areas clean, including countertops, door handles and transaction pads at the front desk.
- For patients and escorts entering the office, provide alcohol-based hand rub (ABHR) (60-90%), ASTM Level 1 masks, provide tissues and no-touch receptacles in which to throw away used tissues.
- Encourage appropriate social distancing and minimize waiting room use for patients or their escorts.
- Have patients wait in their cars instead of the waiting areas to prevent inadvertent spread of the virus. Call the patient when the operatory is ready for treatment. Escort patients directly to the operatory when possible.
- Limit access to waiting room use. Remove all magazines/toys etc. from waiting area to prevent contamination.
- One patient at a time in treatment room whenever possible, minimize visitors.
- Place COVID-19 awareness posters up in high visibility areas, such as the front entrance and at the reception desk. Such resources are available at Shared Health MB.
- Dental Health Care Providers must limit chair time as much as possible.
- When exiting, provide the patient ABHR (70-90%) and don a ASTM Level 1 mask.
- Refer to Document "Restoring Safe Services" for complete list of guidelines for Therapeutic or health care businesses.

Considerations when providing treatment after proper screening

- **It remains strongly recommended to reduce AGPs whenever possible**
- Maintain a strong triage by telephone or other means
- Use of rubber dam isolation and high-volume evacuation.
- 3 in 1 syringe use
- Extraoral radiology when possible is encouraged
- Pre-procedural rinse known to be effective against COVID-19 such as 1-3% Hydrogen Peroxide for 30 seconds (Chlorhexidine is not suitable)
- Consider alternating operatory use to allow for time between patients.
- Hand instrumentation when possible
- Possible Application of Silver Diamine Fluoride