



## **Appendix C: COVID-19 IPC Guidelines**

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**The guidance provided in the document on infection prevention and control (IPC) measures, as they relate to the COVID-19 pandemic, are in addition to any standards or guidance that may be in place with an oral health professional's regulatory College.**

Further to this document, all IPC concerns, are being addressed through the central intake email [continuingcare@albertahealthservices.ca](mailto:continuingcare@albertahealthservices.ca).

## Screening

### Patients

All patients must be screened at the time of booking and when they arrive at the clinic or you arrive at their residence.

### Provider and staff

All providers and staff must be screened on a daily basis within two hours of attending work. If any person is identified as having risk factors or symptoms, they must not work that day and inform their employer.

Refer to [Appendix A: Screening Guidelines](#) for additional requirements and procedures.

## Caring for the symptomatic patient

Denturists are strongly advised to delay care for a symptomatic patient until their symptoms resolve. However, if in the opinion of the dentist that in person care must proceed for a symptomatic individual (experiencing cough, sore throat, runny nose, fever, shortness of breath), or an individual who is required to be under self-isolation but is asymptomatic, the following requirements apply:

- 📌 Consider providing virtual care, even if an in-person visit is needed, in order to minimize the amount of in-person time that is required. This would divide the essential visit into a virtual discussion followed by physical exam. The College has provided advice for the profession on virtual care in [Appendix D](#).
- 📌 The dentist must review and follow the [AHS Interim IPC Recommendations for COVID-19](#)
- 📌 Provide the patient with a surgical/procedural mask upon entering the clinic
- 📌 Additional IPC (droplet and contact precautions) and PPE may be required depending on the care being provided
- 📌 Spread out appointments to allow for distancing and cleaning and disinfection
- 📌 Preferably, see symptomatic patients at the end of the day to allow for appropriate cleaning and disinfection and to minimize contact with non-essential personnel (e.g., some staff and other patients)
- 📌 Have a dedicated exam room/operator for symptomatic patients
- 📌 Allow adequate time for thorough cleaning and disinfection between patients
- 📌 Have the patient stay outside of the clinic until the room is ready and then call them in

## Risk assessment

For every patient that is scheduled for a clinical service, a point of care risk assessment must be performed. This is the first step in routine practices.

Visit [Appendix B: Point of Care Risk Assessment](#) to assist you in deciding if you need any **additional** personal protective equipment (PPE) precautions related to the provision of clinical care.

## Respiratory hygiene

All practitioners must adhere to the Alberta Health Services Continuous Masking strategy. This is in addition to the use of required PPE as part of droplet and contact precautions. Information on this strategy may be found [here](#). The strategy summarizes that all Healthcare workers providing direct patient care or working in patient care areas in AHS and community settings are to wear a surgical/procedure mask continuously, at all times and in all areas of the workplace when involved in direct patient contact or if adequate physical distancing from patients and co-workers cannot be maintained and to perform appropriate mask hygiene.

Oral health professionals providing direct patient care or working in patient care areas in AHS and community settings are to:

- 📌 Wear a surgical/procedure mask continuously, at all times and in all areas of the workplace when involved in direct patient contact or if adequate physical distancing from patients and co-workers cannot be maintained.
- 📌 Use surgical/procedure masks judiciously to help ensure availability throughout the COVID-19 pandemic.
- 📌 Immediately change and safely dispose of a surgical/procedure mask whenever it is soiled or wet; it may have become contaminated; and after care for any patient on Droplet +/- Contact precautions (i.e. suspected or confirmed influenza-like illness or COVID-19).
- 📌 Follow Infection Prevention and Control protocols including hand hygiene and using additional personal protective equipment when delivering patient care according to the [point-of-care risk assessment](#).
- 📌 Dispose of the mask and perform hand hygiene when taking a break or eating a meal. Also maintain physical distancing and don a new mask before returning to work.

Those staff that are not working in patient care areas or have direct patient contact, are required to wear a procedure mask at all times in the workplace if a physical barrier (e.g., plexiglass) is not in place or physical distancing (two meters) cannot be maintained.

For more information, please see:

- 📌 [Guidelines for Continuous Masking in Healthcare Settings](#)
- 📌 [Guidelines for Continuous Masking in Home Care and Congregate Living Settings](#)

## Hand hygiene

Hand hygiene is essential in ensuring an effective IPC program. For detailed information and resources, please [click here](#) to visit the AHS hand hygiene webpage.

In providing all patient care:

- 📌 Denturists and staff shall perform hand hygiene in accordance with four moments for hand hygiene:
  - Moment One: before contact with a patient or patient's environment
  - Moment Two: before a clean or aseptic procedure



- Moment Three: after exposure or risk of exposure to blood and/or body fluids, including but not limited to when hands are visibly soiled, following removal of gloves; and
- Moment Four: after contact with a patient or patient's environment; including but not limited doffing PPE, including gloves; leaving a patient's environment; and after handling patient care equipment.
- 📌 perform hand hygiene using alcohol-based hand rub (>60% alcohol content) or soap and water as described in Routine Practices
  - after any patient contact
  - before and after wearing gloves
  - before and after any contact with a dental prostheses, impression, orthodontic appliance or other prosthodontic materials
  - before and after touching any equipment and then clean and disinfect the equipment
  - after contact with any suspected contaminated surface
  - must hand wash if hands are visibly soiled
- 📌 educate patients and visitors about how and when to use hand hygiene products.

#### Resource

- 📌 [Alberta Health Services 4 Moments of Hand Hygiene poster](#)

## Personal protective equipment

Personal protective equipment (PPE) is critical to the health and safety of all healthcare workers, as well as the patients we care for.

IPC measures are based on currently available scientific evidence and guidelines and are subject to review and change as new information becomes available. Please visit the following resources and the summary of points below for quick reference.

Please know that Health Canada has received reports that fraudulent and uncertified N95 respirators, that falsely claim to protect consumers against COVID-19, are being illegally sold to consumers online and in some stores.

In Canada, N95 respirators are regulated by Health Canada as Class I medical devices and are manufactured or imported by companies that hold a Medical Device Establishment License. Please be advised of the significant risk of relying on potentially fraudulent PPE in any setting.

#### Resources

- 📌 [Alberta Health Services - COVID-19 Interim IPC Recommendations Info Sheet](#)
- 📌 [Alberta Health Services - Respiratory \(ILI\) Algorithm: Assessing the Need for Additional Precautions](#)
- 📌 [Alberta Health Services - Contact & Droplet PPE for COVID-19 \(module\) 10-20 minutes](#)
- 📌 [CDC - Counterfeit Respirators/Misrepresentation of NIOSH-Approval](#)

**During the COVID-19 pandemic, it is required that, when providing services to any patient, that oral health professionals wear gloves, gown, goggles/ facial protection, and an appropriate level mask.**

#### Remember:

- 📌 Wear new PPE to enter the exam or patient room

- 📌 Healthcare workers are to wear contact and droplet PPE even if the patient is wearing a mask
- 📌 Do not wear PPE outside a patient room or chair space unless transporting contaminated items
- 📌 Remove soiled PPE as soon as possible

a. Clothing

It is advised that providers should change into attire that will not be worn outside the clinic or practice environment at the end of a patient procedure or day. Any clothing worn in the practice environment must be washed prior to next being worn either in or outside the practice environment.

It is desirable that all practice-specific attire be laundered on site, if possible.

- 📌 Change out of clothes worn during practice prior to exiting.
- 📌 Provide laundry facilities in the office.
- 📌 Contracting with a laundry service is another option.
- 📌 Long sleeved gowns should be worn (shorter sleeves may be worn underneath)
- 📌 Professional judgment should be exercised with regard to the use of disposable foot covers or head covers.

b. Masks

The science behind PPE and COVID-19 is not prevalent nor solid. In order that we may be assured that the patient and the oral health professional are protected from potential COVID-19 transmission and eventual illness. Given the high-risk populations that many of you provide care to, until further evidence is available, the Colleges will err on the side of caution to ensure safety for everyone.

- 📌 When performing non-aerosol generating procedures, the mask may be a level 2 or 3 ASTM mask, as appropriate.
- 📌 When performing aerosol-generating procedures:
  - on a screened, **asymptomatic** patient, the dentist may wear a level 3 mask with a full-face shield.
  - on a **symptomatic** patient, the mask must be an N95 or higher-level respirator (or equivalent).<sup>1</sup> KN95 is acceptable where N95 masks are not available.

Proper use of a N95 respirator includes:

- 📌 putting on the respirator before entering the exam or patient room
- 📌 molding the metal bar over the nose
- 📌 ensuring an airtight seal on the face, over top of the nose and under the chin
- 📌 donning eye protection after N95 for aerosol-generating procedures
- 📌 leaving the room and changing the respirator when it becomes moist
- 📌 removing the respirator after leaving the patient's room by touching elastic only
- 📌 not wearing respirator around the neck.

**Please be aware that all healthcare workers must be fit-tested for an N95 respirator prior to use.**

Those staff that are not working in patient care areas or have direct patient contact, are required to wear a procedure mask at all times in the workplace if a physical barrier (e.g., plexiglass) is not in place or physical distancing (two meters) cannot be maintained.

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<sup>1</sup> [Alberta Chief Medical Officer of Health Order 16-2020 \(May 4, 2020\)](#)

c. Gowns

- Disposable gowns should be discarded after use
- Cloth gowns should be laundered after each use
- Gowns should
  - have a crew neck
  - have cuffed sleeves
  - have solid coverage in front (zipper, full hook and loop tape or tie in the back)
  - provide a suitable moisture barrier until they can be removed
  - be easy to remove (doff)

d. Gloves

- Gloves are single-use – use only once, then dispose of immediately after use
- Change gloves between care activities for the same patient if contamination has happened or may be possible

e. Facial protection

- Face shields or goggles may be worn provided the provider's mucous membranes are covered and protected
- They must be cleaned and disinfected when visibly soiled
- They must be cleaned and disinfected in between patients

f. Donning and doffing

**PPE is only effective when it is put on (donned) and removed (doffed) correctly.**

Please refer to the resources below for appropriate and safe procedures:

- [AHS Donning PPE Poster](#)
- [AHS Doffing PPE Poster](#)
- [AHS Donning and Doffing PPE video](#)
- [For Healthcare Workers: How to Wear a Mask Poster](#)

And, please refer to the AHS [PPE Checklist for Contact and Droplet Precautions](#).

g. Obtaining appropriate PPE

Access to PPE may be challenging. There are avenues through which you may be able to obtain appropriate PPE:

- Dental suppliers
- Until July 1, 2020, you may order PPE through the Government of Alberta Provincial Operations Centre. You will receive an invoice for this PPE based on the average market value available in mid-May. Orders may be placed at this link: <https://xnet.gov.ab.ca/ppe>.
- [Alberta Biz Connect](#): this resource provides links to PPE resources. Neither the College nor the Government of Alberta is not responsible for products or prices offered on the listed sites.

## Aerosol generating procedures

The Center for Disease Control recommends that aerosol generating procedures be avoided whenever possible during this time of pandemic. *Aerosol-generating procedures are defined as an activity that creates either fine, solid, particulate matter or liquid droplets in the air.*

Examples of aerosol-generating procedures include:

- grinding into a denture

- ⓘ grinding intraorally on a fixed denture
- ⓘ use of high and low-speed handpieces and air-water syringes

If this is essential to the service you are providing, it is permissible. The oral health professional must ensure that all PPE is in place and utilized correctly, donned and doffed correctly, hand hygiene performed appropriately along with appropriate environmental disinfection taking place after the procedure is performed.

#### Guidance for the performance of aerosol-generating procedures

- ⓘ These procedures should be performed in a room with the door closed
- ⓘ Ask non-essential staff to leave the room while performing the procedure
- ⓘ Perform hand hygiene before putting on and immediately after taking off N95 respirator.
- ⓘ Chief Medical Officer of Health (Alberta) Order 16-2020 mandates use of N95 respirators when performing aerosol-generating procedures; however, the College has received additional guidance from Alberta Health
  - The use of a Level 3 mask and full-face shield may be acceptable when conducting aerosol-generating procedures if patients are screened and not symptomatic or quarantined. A level 3 mask and face shield would not provide the same level of particle filtration efficiency nor be NIOSH approved therefore should NOT be used when performing aerosol-generating procedures on patients with suspected or confirmed COVID-19 infection.
  - When performing aerosol-generating procedures on a suspected/confirmed COVID-19 patient (i.e. symptomatic, and those asymptomatic but quarantined due to international travel or close contact), practitioners are required to wear an N95 respirator, or equivalent. Please remember that proper use of an N95 respirator requires each person to be appropriately fitted. If you have not been fitted, ensure that you are being fitted for an N95 respirator prior to use.
- ⓘ Any respirator that has a filtration rate at least equivalent to an N95 is appropriate. This may include commercial respirators with filtration discs provided that the apparatus is disinfected between patients.
- ⓘ Proper use of a N95 respirator includes:
  - putting on the respirator before entering the exam or patient room
  - molding the metal bar over the nose
  - ensuring an airtight seal on the face, over top of the nose and under the chin
  - donning eye protection after N95 for aerosol-generating procedures
  - leaving the room and changing the respirator when it becomes moist
  - removing the respirator after leaving the patient's room by touching elastic only
  - not wearing respirator around the neck.
- ⓘ The dentist must wear the N95 respirator until all aerosol generating procedures (on symptomatic patients and those who are asymptomatic but quarantined due to international travel or close contact) are complete. Any other additional precautions that have been instituted (e.g., droplet, contact and droplet) are to be continued based on symptoms and/or diagnosis.
- ⓘ Refer to the AHS Donning and Doffing PPE posters for details on careful removal and disposal of N95 respirators.
- ⓘ Do not reuse or disinfect single-use PPE.
- ⓘ Reusable PPE must be cleaned before reuse (launder gowns, disinfect eye/facial protection)





## Patient care equipment

When considering patient care, equipment utilized or potentially utilized for the care provided, must be considered. Please review the following:

- 📌 Use disposable equipment when possible
- 📌 If reusable equipment cannot be dedicated for a single patient use, clean and disinfect it before and after use with each patient
- 📌 For shared computers and other electronic equipment, here is a [cleaning and disinfection resource](#). This is an AHS document but has some information applicable to denturist clinics.

## Dentures and dental appliances

Prior to any amendments or repairs to an existing denture or dental appliance, the denture or dental appliance must be disinfected.

Treat all incoming items (with or without the patient) as contaminated and perform cleaning and disinfection procedures prior to handling:

- 📌 Wear appropriate PPE during cleaning and disinfection including gloves, gown, goggles/facial protection and an [appropriate mask](#)

### Cleaning

- 📌 Establish a separate receiving, cleaning and decontamination area to minimize cross-contamination and the potential spread of COVID-19
- 📌 Thoroughly and carefully clean any bodily fluids (e.g., blood, saliva) from the items
- 📌 Use disposable equipment where possible
- 📌 Dispose of all single-use shipping materials that have touched the contaminated received items or if there is any doubt or possibility of them being contaminated. If they are reusable, properly disinfect/sterilize them according to manufacturer's instructions.
- 📌 Develop and implement procedures for regular and frequent cleaning and disinfection of high-touch surfaces (e.g., doorknobs, faucets, toilet handles, light switches, computers)
- 📌 All staff equipment (e.g., computers, carts, tables, telephones, etc.) should be cleaned and disinfected daily unless visibly soiled which should be addressed immediately
- 📌 Follow manufacturer instructions on difficult-to-clean items, or consult with Alberta Health Services IPC

### Disinfection

- 📌 Select an appropriate disinfectant. Use [products that meet EPA's<sup>2</sup> criteria for use against SARS-CoV-2](#) (the cause of COVID-19) and are appropriate for the surface and:
  - has a drug identification number (DIN) or natural product number (NPN) from Health Canada
  - has efficacy for the intended use
  - is compatible with the material to be disinfected
  - is safe for use, with minimal toxic and irritating effects to/for staff
  - is used according to label instructions

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<sup>2</sup> United States Environmental Protection Agency





## Environmental cleaning

- 📌 Any high touch surfaces that are visibly soiled should be immediately cleaned and disinfected.
- 📌 Remove curtains that are not necessary from patient areas.

Enhanced cleaning, of all surfaces and instruments wearing gloves, gown, mask and face shield or goggles, is required:

- 📌 Items that are not single-use disposable, must be sterilized, may be stored unwrapped in a clean, dry, covered area and handled with clean hands or forceps.
- 📌 Single-use disposable items must not be reprocessed. Heat-sensitive items must receive high-level disinfection between patient use
  - For disinfection, use products that meet the [EPA's criteria for use against SARS-CoV-2](#) (the cause of COVID-19) and are appropriate for the surface, following manufacturer's instructions.
- 📌 All finishes in the practice environment must be cleaned (e.g., chair covers, counter tops and equipment).
- 📌 All clinical contact surfaces must be cleaned, and disinfected or single-use surface covers must be replaced between patients. Single use surface covers must be applied with clean hands (hands that have recently had hand hygiene performed on them) or clean gloves and must be removed and discarded, using single-use protective gloves, between patients.
  - Dispose of surface barriers after each patient.
  - Following their removal, all surfaces must be inspected for evidence of contamination and cleaned and disinfected if contaminated.
  - If surfaces are dirty, they should be cleaned using a detergent or soap and water prior to disinfection.
  - Replace surface barriers.
- 📌 If surface covers are not used:
  - All surfaces must be cleaned and disinfected between each patient.
  - For disinfection, use [products that meet EPA's criteria for use against SARS-CoV-2](#) (the cause of COVID-19) and are appropriate for the surface, following manufacturer's instructions.
- 📌 In addition, for dental settings:
  - Components of dental devices that are permanently attached to the dental unit water lines (e.g., electric handpiece motors, handles for ultrasonic devices attachments for saliva ejectors, high- speed air evacuators, etc.) must be disinfected or covered with surface barriers that are changed after each use.
  - Radiographic equipment (e.g., tube heads and control panel) must be cleaned and disinfected between patients or protected with surface barriers that are changed between patients.
  - All waterlines must be purged for a minimum of 60 seconds between patients.
  - Suction lines must be aspirated with water or disinfectant solution between patients to reduce likelihood of infectious material backflow.

Resource

- 📌 [Hard surface disinfectants and hand sanitizers \(COVID-19\)](#)

## Cleaning at home

To ensure that all healthcare workers and their families are safe at home, AHS has provided the following advice to both healthcare workers and the public.

High touch surfaces are those touched often and most likely to be contaminated, such as:

- ☒ Tabletops
- ☒ Light switches
- ☒ Doorknobs
- ☒ Sink taps
- ☒ Toilet handles
- ☒ Kitchen counter tops

Clean and disinfect high touch surfaces daily or when visibly soiled.

Use a “wipe twice” or 2-step process to clean and disinfect. First wipe the surface thoroughly with soap and water to clean and remove soiling and debris. Then wipe again with a clean cloth saturated in a disinfectant to destroy or de-activate COVID-19 and other micro-organisms.

[Environmental Public Health recommends](#) two disinfectants:

- ☒ Diluted household bleach. Prepare fresh daily; add 80 mL (1/3 cup) of 5% household bleach to 4 litres (16 cups) of water.
- ☒ Accelerated hydrogen peroxide (0.5%), used according to label instructions.

## Waste and linen disposal

Special handling of linen or waste is not required; general waste from patients is not biomedical waste. That being said, please ensure

- ☒ all linen and other reusable patient care items are changed in between patients
- ☒ soiled items are removed and replaced immediately
- ☒ biohazard waste is handled appropriately

## Potential exposure guidance

Even with the strictest screening procedures in place, it is possible that a non-symptomatic patient or healthcare professional who attended to the denture clinic for services, may after the fact, test positive for COVID-19.

The oral health provider, when they become aware of the patient’s positive test or onset of symptoms, must contact all patients and staff who were in the clinic in the 48 hours leading up to and past the positive patient’s positive test result or their onset of symptoms. The provider should ask the patients or staff if they are experiencing any COVID-19 signs or symptoms (fever, sore throat, shortness of breath). If the patient reports any signs or symptoms, have them complete the Alberta Health COVID-19 self-assessment to arrange for testing and advise them to self-isolate.

## References

- ☒ [Government of Canada - Routine Practices and Additional Precautions for Preventing the Transmission of Infection in Healthcare Settings](#)
- ☒ [Alberta Health Services - Interim IPC Recommendations COVID-19](#)
- ☒ [Alberta Health Services - Personal Protective Equipment - Novel coronavirus \(COVID-19\)](#)



- 1: [Alberta Health Services - Point of Care Risk Assessment](#)
- 1: [CDC - Interim U.S. Guidance for Risk Assessment and Work Restrictions for Healthcare Personnel with Potential Exposure to COVID-19](#)
- 1: [Government of Canada - Fraudulent and unauthorized N95 respirators may not protect consumers against COVID-19](#)
- 1: [CDC - Introduction to Hand Hygiene for Healthcare Providers](#)
- 1: [Alberta Dental Association and College - Infection Prevention and Control Standards and Risk Management for Dentistry](#)
- 1: [ADA - Hand Hygiene for the Dental Team](#)
- 1: [CDC - Interim Infection Prevention and Control Guidance for Dental Settings During the COVID-19 Response](#)
- 1: [CDC - Introduction to Hand Hygiene for Healthcare Providers](#)
- 1: [Government of Alberta - Workplace Guidance for Business Owners](#)
- 1: [Alberta Health Services - IPC Emerging issues Webpage](#)
- 1: [Alberta Health Services COVID-19 related posters](#)