

## Information on Novel Coronavirus (COVID-19) for Practitioners

**CDA and NLDA recommend following common steps as outlined below.**

- Continue to use standard personal protective equipment (PPE), including gloves, surgical masks (ASTM level 3), eye protection, and gowns. N95 respirator masks are not needed when providing routine oral health care for patients.
- Perform hand hygiene, provide tissues and no-touch receptacles to throw away used tissues, and isolate and offer face masks to patients who are coughing.
- Follow routine cleaning and disinfection strategies in the dental office and enhance when and where possible.
- Identify high touchpoint 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 counters, door handles and transaction pads at the front desk.
- Equip the dental office washroom with disinfecting cleaning products and ensure to clean the area after frequent use.
- Make hand sanitizer available for when individuals enter and exit the dental office.
- For the waiting room, maintain the current recommended social distance and practices, such as:
  - Do not shake hands;
  - Keep a separation of two meters; and
  - Do not keep individuals in the waiting room for longer than 15 minutes.
- Consider placing general flu awareness posters up in high visibility areas, such as the front entrance and at the reception desk.

**CDA and NLDA recommends following the below common steps in addition to taking the above-mentioned standard precautions.**

- Screening questions should be asked when confirming appointments or when a patient presents for treatment. Patients with flu like symptoms, including cough, fever, congestion or sore throat should be rescheduled. Patients should be screened for a history of recent international travel (within the last two weeks). See the emergency dental appointment protocols.
- If your patients who respond “yes” to these questions and raise concerns with you, please have the patient contact their primary healthcare provider and their local public health authority as soon as possible to determine if they should be seen or tested. Appropriate questions to screen patients for the coronavirus could include:
  - Have you travelled internationally in the last 14 days?
  - Have you been in close contact with another person who has been diagnosed with or under investigation for COVID-19?
  - Do you have a cough, fever or shortness of breath?
- Include temperature readings as part of your routine assessment of the patient prior to performing dental procedures.
- Maintain strict adherence to Personal Protective Equipment (PPE) when performing dental treatment.

- Use a rubber dam whenever possible to decrease possible exposure to infectious agents.
- Use high speed evacuation for all dental procedures producing an aerosol.
- Autoclave your hand pieces after each patient.
- Have your patient rinse with 1% hydrogen peroxide before each appointment.
- Coronavirus is vulnerable to oxidation; this will reduce the salivary load of oral microbes.
- Clean and disinfect public areas frequently, including door handles, chairs, transaction pads at the reception desk, and washrooms.

### **Possible transmission routes for COVID-19 in dental clinics**

- COVID-19 virus is present in saliva.
- Procedures such as ultrasonic scaling and air polishing create aerosols that may be contaminated with the virus.
- Common transmission routes are direct transmission (inhalation of respiratory droplets produced during coughing or sneezing) and contact transmission (touching surfaces that have been contaminated by droplets or aerosols and then touching one's face).

### **Client screening procedure**

Screen clients prior to their appointments, both when confirming and in-office. [Click here for the checklist provided.](#)

### **Infection control protocols**

- Aerosol reduction:
  - Have clients rinse with antibacterial mouth rinse prior to treatment
  - Use high-volume suction during aerosol-producing procedures
- Personal protective equipment:
  - Safety glasses
  - Gloves
  - Masks: minimum one mask per client
  - Gowns
  - Face shield when performing aerosol-producing tasks

Risk assessment guidelines for mask usage (to address mask shortage):

- **Level 1 mask:** use when minimal fluids, spatter or aerosols are produced, e.g., intraoral exams, taking impressions, taking radiographs, sanitizing the operatory. Can also be used in conjunction with a full-face shield when scaling with an ultrasonic and air polishing
- **Level 2 mask:** use when moderate fluids, spatter or aerosols will be produced, e.g., scaling and root planning with hand instruments. Can also be used in conjunction with a full-face shield when scaling with an ultrasonic and air polishing.
- **Level 3 mask:** use when moderate to heavy fluids, spatter or aerosols will be produced, e.g., ultrasonic scaling and air polishing

For further information from the Government of Newfoundland and Labrador please visit:

<https://www.gov.nl.ca/covid-19/>