COLLEGE OF DENTAL HYGIENISTS OF MANITOBA

## Mini-Series Part 3- Polishing & Record Keeping

The COVID pandemic has re-ignited the discussion around polishing. Not only is the discussion about re-visiting what the evidence says about the therapeutic benefits of the procedure, but now there is also discussion around the use of a slow speed handpiece and the potential for the aerosolization of saliva. The evidence is not conclusive that a low speed rotary handpiece has aerosolizing effects. We do know, however, that polishing creates droplet and splatter and COVID-19 is contagious within droplets. Because the coronavirus is primarily transmitted via droplet/contact, it remains a ***moderate-risk procedure requiring AGP PPE***.

So, the question still remains; to polish or not to polish. Given that COVID is present in saliva, and droplet and splatter will be generated, it is important to assess each patient to determine whether a polish is indicated based on their ***individual*** needs. The CDHM position on the topic comes down to health benefit and risk assessment. Every patient's needs and risk assessment will be different. Some will benefit from rubber cup plaque biofilm removal and others may not.

To help with your decision making, a review of polishing definitions is included for your review:

**Therapeutic polishing** – polishing the root surface during surgery to reduce endotoxin and microflora on the cementum.

**Superficial Polish** – the process of achieving a smooth, mirror-like enamel or material surface that reflects light and is characterized as having high luster. Considered cosmetic procedure with minimal therapeutic benefit.

**Cleansing** – the process of removing plaque biofilm and extrinsic stain after scaling. Cleansing can also be achieved at home with toothbrush, dentifrice, and interdental cleaning devices.

**Selective Stain Removal** – The process of removing extrinsic stains that may remain after scaling and debridement. Cleansing and polishing are omitted on teeth already free of stain.

**Oral Prophylaxis** – Prevention of plaque biofilm and stain re-accumulation by cleaning and polishing the teeth. This term is used when the dentition is in a state of health or in the presence of gingivitis. Oral prophylaxis is inadequate therapy for any patient with periodontal disease.

*Michele Darby, RDH, MS; An Evidence-Based Approach to Cleansing and Polishing Teeth. Am. Acad. For Oral Systemic Health; Aug 1, 2012.*

If you determine a polish is indicated, whether it is a partial or full mouth polish the following is required:

**High Volume Evacuation (HVE)**
With proper technique, HVE can eliminate a significant amount of the droplet produced.
**Appropriate PPE**
Due to the creation of splatter and droplet during the procedure, AGP PPE is required.

**Appropriate Documentation**
Particularly important during this pandemic, is to document your rationale for including a polish in your assessment of patient needs.

Please be reminded it is the professional responsibility of the registered dental hygienist to maintain complete and accurate client records. Complete documentation includes comprehensive assessment findings, dental hygiene interventions, services, recommendations and referrals. This provides rationale for clinical decisions. Appropriate client records demonstrate professional accountability and compliance with the CDHM Practice Standards and Competencies. See the CDHM Practice Guideline for Recordkeeping here https://cdhm.info/practice-resources/

Finally, a piece of advice from Dr. Justin Morgenstern

"Remember that very little here is definitive at this time. In already trying times, we don't want to create conflict with our colleagues. Try to use any information available to work collaboratively, focusing not on the negatives of uncertainty and disagreement, but on the positives of growth and a common goal of safety for all healthcare workers and our patients."

In health,

Arlynn Brodie, Registrar/ED
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