COLLEGE OF DENTAL HYGIENISTS OF MANITOBA

Dental Hygiene Practice during the COVID-19 Pandemic
Frequently Asked Questions

September 1st, 2020

Since the onset of the pandemic, the College has received many important questions on a multitude of topics, from masks to mitigation. This FAQ document addresses a number of the questions that were raised during the online Forum and from individual registrant emails and phone calls. This FAQ provides an opportunity for everyone to benefit from the knowledge sharing that has occurred during the past 5 months of COVID.

Questions:

1. I want to incorporate a product/device as an alternative to high volume evacuation (HVE). Is this approved by the CDHM?

The CDHM can only speak to higher level guidance on what would be considered equivalent and cannot recommend or approve specific products for use.

To be classified as an alternative to HVE, equipment must remove a large volume of air within a short period. The usual HVE used in dentistry has a large opening (usually 8 millimeters or greater) and is attached to an evacuation system that will remove a large volume of air (up to 100 cubic feet of air per minute). Some equipment may not be appropriate to replace HVE. For example, the small opening of a saliva ejector does not remove a large enough volume of air to be classified as HVE and would therefore be unacceptable to control aerosols.

It is the responsibility of the dental hygienist to only integrate new knowledge, services, technology, or products after completing a critical review process. Access and use evidence-based research that is current, relevant, and credible through analyzing and interpreting the literature and other resources.

Consider these elements to determine your best choice:

- Is it still considered an HVE system when the adapter is being used (meeting the criteria described above)?
- Confirm performance of your office's suction system
- Is the power and airflow volume of the HVE systems performing adequately and effectively to meet the office demand?
- Is the product a medical device?
- Does it meet Health Canada regulations?
- Is it a reusable device?
- If it is a reusable device, does it have validated manufacturer instruction for reprocessing?
- What are the design elements that are important for you, as the operator (e.g. weight of the unit including the adaptor, ergonomics)?
- Can you use the product in a way to ensure appropriate performance?

For example, in order to work effectively, HVE devices need to be held approximately 6- 15 mm away from the active powered instrumentation or air polisher. This means the unit cannot be stationed in one location in the client's mouth.

- Can you move the adaptor properly so that you can place it in the appropriate position (e.g., consider weight and maneuverability?
- Can you move the suction within the mouth without causing discomfort (e.g. refrain from sucking up the client's cheek), while still maintaining your focus on the working field?
- How will you manage reduced visibility?

2. Can we use fans in our operatories to keep us cool?

You cannot use portable or mounted fans in your operatories or reprocessing areas. According to the Canadian Standards Association (CSA)'s Standard for Canadian medical device reprocessing - CAN/CSA- Z314-18, 17.3.3.3.4: "Only HVAC systems without direct turbulent airflow shall be used in storage and work areas." The Standard further explains that "fans can generate a highly turbulent airflow that recirculates dust and micro-organisms from the floor and work surfaces, thus increasing the risk of airborne transmission of micro-organisms and interference with designed airflow characteristics."

3. Do I need to report to the CDHM if I test positive for COVID-19?

COVID-19 has been added to the list of reportable diseases. It will be the responsibility of a CDHM registrant to report a positive test result to the CDHM. Reporting of positive tests could provide the College with valuable information on transmission or containment of the virus that may influence future guidelines or advice.
You can email your positive test result, confidentially, directly to the Registrar at registrar@cdhm.info

4. How much wait time should I leave between two patients? Is there any downtime between clients when aerosol producing procedures are performed (such as selective polish)?

This question is dependent on the specific physical layout of the office, the ventilation systems, and the height of the ceiling, among other factors.

The time required for aerosol clearance is determined by air changes per hour (ACH). Depending on the ACH, it can take from over 3 hours (180 min) to less than 10 min. ACH in a clinical setting can be determined by HVAC/ventilation professionals and can be modified, if needed.

If procedures such as a selective polish are necessary for client care, minimize the time spent on the procedures and perform them closer to the beginning of the appointment to allow for any aerosols produced to settle (dependent on individual facility air clearance time).

5. How can AGPs (aerosol generating procedures) be kept to a minimum in an office that is open concept and where other practitioners are doing AGPs? Are operatory dividers needed? Do operatories need to be sealed off?

Each practice setting is unique, and the physical space should be considered when making risk assessments to determine which patients to treat and when. Considerations should be made respect to ventilation, proximity of patients, potential for aerosol travel between patients and the risk that is created by providing care. AGPs must be kept to a minimum and high-volume suction must be used to reduce aerosols at source.

6. Does a free-standing high-efficiency particulate air (HEPA) filter unit replace the need for HVE during the use of AGMPs, including some dental hygiene treatments?

There is no evidence to indicate whether a standalone HEPA filter would be effective at replacing an HVE during the provision of AGPs, however, you may wish to consider this as an additional measure to managing airborne contaminants in the operatory.

7. Should healthy individuals, with healthy periodontium, be deferred for now in order to reduce overall risk ?

An assessment of each individual patient's risk of receiving care, versus the risk of deferring care, should be completed in order to determine when patients should be scheduled.

8. Are home-sewn gowns and/or clothing acceptable? What about lab coats?

Gowns, lab coats and long-sleeved over-clothes are options that must be worn to protect clothing or scrubs from contamination. Long-sleeved garments (i.e. lab coats or gowns) can be fabricated commercially or personally but must be changed after each individual patient interaction.

9. I disagree with the approach my employer is taking with regards to resuming care. What should I do?

We encourage registrants to have a professional and collaborative dialogue with all members of the oral healthcare team in order to arrive at an approach that focuses on the safety of the patient as well as the members of the oral health team. Specific questions or concerns related to employment matters should be directed to the Canadian Dental Hygienists Association.

10. Why are we continuing to work when the WHO advises that " routine non-essential oral health care-which usually includes oral health checkups, dental cleanings and preventative care- be delayed until there has been sufficient reduction in COVID-19 transmission rates"

The CDHM has reviewed the recent World Health Organization interim guidance document and continues to take guidance from the experts in public health at the office of the Chief Medical Officer of Health (CMOH) and Shared Health who have taken transmission rates into consideration when assessing the risk to the public and developing their recommendations. Dental hygienists may continue to provide services according to the Orders in place by Shared Health in the province of Manitoba.

11. Can we use a level 1 mask over a level 2 mask if we run out of level 3 masks?

No, combining the two masks does not create the equivalent of a level 3 mask.

12 . Does high volume evacuation (HVE) have to be used with Aerosol generating procedures?

Yes, and whenever possible HVE should be used for all procedures.

13. Why doesn't the College just eliminate polishing completely at this time?

Dental hygiene practice has always involved health risks; therefore, risk assessment is routinely completed for every patient every day, even before the pandemic. Risks are mitigated based on treatment planning decisions for each patient. To remove the treatment option of prophylaxis indiscriminately from professional practice is not appropriate. Prophylaxis, during the pandemic, should be treated as a moderate risk procedure and used appropriately when indicated, and NOT performed indiscriminately.

14. Is there some sort of support we can get from CDHM to deal with the pressure that some hygienists are feeling from their employers to polish and ultrasonic scale?

As your regulatory college, the CDHM provides registrants with Guidelines for practice in the province of Manitoba. Using the best evidence and science, the College has created expectations for safe practice during the pandemic. As a self-regulating profession, registrants are required to uphold these Guidelines for practice. The dentists in Manitoba are also self-regulating and have created Guidelines for practice during the pandemic for their registrants. While the CDHM and MDA have met during the pandemic, the Guidelines remain specific to each regulatory college. Both Colleges are hopeful that the dental team will discuss any concerns and work towards a collaborative resolution to discrepancies that may arise in patient care during the pandemic. If resolution is not possible, you are advised to seek assistance from the CDHA who have resources that will help you process your concerns.

15. What do we do when a patient refuses to use the pre-procedural rinse?

If the explanation for rinsing to decrease the salivary load of oral microbes prior to treatment, is not convincing and the patient still refuses to comply, documentation of the refusal in the patient's chart is required, preferably with the patient's signature prior to commencing treatment. Due to the layering of risk mitigating approaches incorporated into the 'Guidelines for Return to Work', other mitigating strategies, such as HVE are available and should be used in this case.

16. Should patients close their lips around the saliva ejector?

Patients should not close their lips around the tip of the saliva ejector.
https://www.cdc.gov/oralhealth/infectioncontrol/faqs/saliva.html