



Provincial Health Services Authority

Infection Prevention and Control Guidelines for the Management of Dental and Oral Oncology Patients During the COVID-19 Pandemic

PRACTICE GUIDELINES

Summary of Changes

	NEW	Previous
BC Cancer	May 26, 2020	

Released:

01/June/2020

Next Review:

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Management of Dental and Oral Oncology Patients During the COVID-19 Pandemic

1. Introduction

1.1 Focus

The purpose of this document is to provide infection prevention and control guidance for the management of dental and oral oncology patients at BC Cancer during the COVID-19 pandemic.

1.2 Health Organization Site Applicability

This document is intended for use for dental procedures within BC Cancer during the COVID-19 pandemic. It is meant to be used with existing dental, workplace health and infection prevention and control policies, procedures, and guidelines.

1.3 Need to Know

Staff will follow the [Application of COVID-19 PPE Framework for BC Cancer](#) and the BC Cancer [Provincial Cancer Clinical Management Guidelines in a Pandemic Situation \(COVID-19\)](#). In addition, the [provincial infection prevention and control protocol for surgical procedures during COVID-19](#) will be used to specifically address PPE use for AGMPs.

1.4 Definitions

Clearance (Settle) time refers to the amount of time required for the removal of airborne microorganisms from a given air space. The clearance time varies depending on the number of air exchanges.

Direct patient care is defined as the provision of hands-on care of a patient or activities that require interaction within 2 metres of a patient where it is not possible to distance because of the activity or the space provided.

Point of care risk assessment is the healthcare worker's assessment of each patient as to whether the patient has a transmissible infection and what kind of interaction the provider will have with the patient.

Suspect COVID-19 is a patient with one of the following:

- history of travel, contact with a suspect or confirmed COVID-19 case or was part of a COVID-19 outbreak- within the last 14 days
- COVID-19 like symptoms that cannot be explained by underlying cancer or other medical conditions. Refer to [BC Cancer Active Screening Algorithm](#) for list of symptoms.
- COVID-19 test result is pending or unknown

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Confirmed COVID-19 is a patient with positive COVID-19 results. Further details about case management and decision to discontinue precautions should be made in consultation with public health. Please refer to http://www.bccdc.ca/resource-gallery/Documents/Guidelines%20and%20Forms/Guidelines%20and%20Manuals/Epid/CD%20Manual/Chapter%201%20-%20CDC/2019-nCoV-Interim_Guidelines.pdf

2. Practice Guidelines

2.1 Expected Patient/Client/Resident/Family Outcomes

The guiding principles are patient safety, provider safety and personal protective equipment (PPE) conservation.

2.2 Assessment

All patients should be assessed over the phone for COVID-19 symptoms or exposures based on the current [BC Cancer active screening algorithm](#) prior to attending a BC Cancer dental appointment.

Patients will be **re-screened** on arrival to BC Cancer.

A pre-dental risk assessment and point of care risk assessment are required to determine if it is appropriate to proceed with dental procedures and to determine specific PPE and additional precautions that may be required.

Dentists will refer to the [Provincial Cancer Clinical Management Guidelines in a Pandemic Situation \(COVID-19\)](#) for decision making regarding if it is appropriate to proceed with the procedure.

2.3 Procedures

2.3.1 Pre-procedure

- Remove non-essential items for the patient's visit from the treatment area and clear countertops of non-essential medical supplies.
- Drape any items that cannot be removed with clean sheet. Consult Infection Prevention and Control (IPAC) for guidance.
- Dental personnel who participate in aerosol generating medical procedure (AGMP) should be limited to essential staff only
- Post additional precautions signage based on point of care risk assessment and procedure being performed.

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2.3.2 PPE Use in Dentistry in [Direct Patient Care](#) Areas

- Refer to the [Application of COVID-19 PPE Framework for BC Cancer](#)
- [Don PPE](#) per existing departmental policies and procedures (pre-COVID-19 pandemic) and the PPE Allocation Framework (i.e. surgical/procedure mask and eye protection). N95 respirator will be used (instead of surgical/procedure mask) only when an AGMP is performed on [suspect](#) or confirmed COVID-19 patient. Additional PPE may be required based on [point of care risk assessment](#).

Please note that the use of non-standard PPE (e.g. head/neck covering and shoe covering) may add increased complexity in donning and doffing and could increase risk of cross contamination.

- Keep PPE on in between all patient encounters with the exception of gloves (if required based on point of care risk assessment). If staff do have to move between suspect/confirmed COVID-19 and non-COVID-19 patients, they must change all PPE when moving between the 2 groups.
- Change mask (or respirator), eye protection and gowns (if required based on point of care risk assessment) if they become wet, soiled or contaminated and when leaving the unit.
- Gloves must be changed between patients.
- If PPE must be doffed during a shift for any reason, it must be replaced by a clean set. The only exception is re-usable PPE (e.g. goggles) which may be cleaned and disinfected between uses. Refer to [Goggle cleaning per BC Cancer guidelines](#).
- Follow doffing steps closely to avoid the risk of self-contamination while removing PPE. If a staff member is unfamiliar with the doffing procedure, enlist a buddy to monitor and ensure all required steps are followed.
- Hand hygiene is required before donning and after doffing each piece of PPE to reduce contamination.

2.3.3 Aerosol Generating Medical Procedures (AGMP) Performed on Suspect or Confirmed COVID-19 Patients

*Please note that AGMP performed on patients who are **not** suspect or confirmed COVID-19 cases should be done using standard PPE (e.g. surgical mask, eye protection, gloves and gowns as per point of case risk assessment) in a room with adequate ventilation without the need for clearance time post procedure.*

- Refer to the BC College of Dental Surgeons for list of AGMP in dentistry and methods to reduce aerosols during the COVID-19 pandemic.

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- Avoid or defer the use of AGMP unless absolutely required. Please consult IPAC if planning to treat suspect or confirmed COVID-19 cases.
- PPE for AGMP performed on suspect or confirmed COVID-19 patients includes fit-tested N95 respirator, eye protection, gown and gloves. AGMPs performed on suspect or confirmed COVID-19 cases should ideally be performed in an airborne isolation room with standard ventilation requirements including negative pressure. However, due to lack of airborne isolation rooms in dentistry, single room with closed door could be used instead. If single rooms are not available, please consult facilities maintenance and operations (FMO) regarding options for well-contained/well-ventilated hoarded sections of the department.
- For procedure where the use of an AGMP is known or anticipated in patients with symptoms consistent with COVID-19, consider scheduling the appointment at the end of the day, or ensure enough time is allocated between appointments to allow for the required [clearance time](#) and cleaning after the procedure.
- Treat patient in private room with door closed. Door must be kept closed during the procedure and after patient discharge until clearance time has elapsed.
- If the number of air exchanges of the room is unknown then plan for clearance time of 90 minutes after the patient has left. If the air exchange is known, please consult IPAC. The 90 minutes clearance time is based on the minimum standard air exchange in a healthcare setting as per Public Health Agency of Canada guidelines.

2.3.4 Post procedure

- **Routine Clean:** Dental clinic staff to clean and disinfect equipment, treatment chair and high touch surfaces with a hospital grade disinfectant wipe between patients. This may include items such as chairs (side, unit bar, light bar), keyboard, mouse, equipment handles, Panorex machine and x-ray unit.
- **Cleaning post Additional Precautions or AGMP:**
 - If AGMP was performed on suspect or confirmed COVID-19 cases, or additional precautions were required for other reasons then housekeeping staff must be called for an additional precaution discharge clean. Post [cleaning communication tool](#).
 - Housekeeping staff will don PPE as per the additional precaution signage that has been posted. Check with local housekeeping on what equipment needs to be cleaned by dental clinic staff.
 - If an AGMP was performed on suspect or confirmed COVID-19 cases, the treatment area will require [clearance time](#) before another patient can go into the room. Housekeeping staff can begin cleaning once clearance time has elapsed. If the room is required urgently after an AGMP and prior to clearance time is complete then housekeeping staff can enter the room and must wear PPE based on additional precaution signage including an N95 respirator.

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- Remove additional Precaution signage once the room is cleaned and sufficient clearance time has occurred (in case of AGMP).
- Staff to doff PPE as per provincial recommendations for [AGMP procedures](#) or [Droplet and Contact Precautions](#) based on PPE used for the clinical indication.

3. Related Document and References

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4. Donning and Doffing Personal Protective Equipment (PPE) http://www.bccdc.ca/Health-Professionals-Site/Documents/COVID19_MOH_BCCDC_Donning.pdf
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First Issued:	26-MAY-2020		
Approving Body:			
Final Sign Off:	Name	Title	Date Signed
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Developed By:	Name	Dept.	HO
	BC Cancer Infection Prevention and Control		
Owner(s):	e.g. name, title/position		
Posted Date:	June 1, 2020		
Version:			
Revision:	Name of Reviser	Description	Date
			DD-MMM-YYYY

Released:

01/June/2020

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