Introduction of engineering controls in military dental clinical setting during the COVID-19 Pandemic



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Defense Forces Dental Services



Initial Situation in Canada

- Canadian Provincial Dental Regulators limited care to that required to address emergency dental conditions while avoiding aerosol generating procedures (AGPs) and was available in only a few designated clinics.
- COVID-19 required **different precautions** than dental teams have been employing **since the early 1980s**.
- The Royal Canadian Dental Corps (RCDC) **adjusted** the use of PPE from **standard universal precautions** to **transmission-based precautions**.
- The RCDC was lacking the capability to follow the Public Health Agency of Canada infection prevention recommendations for the provision of care to patients with suspected or confirmed COVID-19 in particular for AGPs.







Direction

"Develop a capability providing the ability to safely treat dental conditions where aerosol generating procedures (AGPS) are necessary for probable/confirmed cases of COVID-19"



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Public Health Agency of Canada:

Infection prevention and control for coronavirus disease (COVID-19) – Interim guidance for acute healthcare settings

AGPs:

- Strategies to reduce aerosol generation should be applied.
- ...AGMPs **should be performed in an airborne infection isolation room** (AIIR) whenever feasible.
- If AIIRs are unavailable, **AGMPs should be carried out using a process and environment that minimizes the exposure risk for HCWs,** ensuring that patients, visitors, and others in the healthcare setting are not exposed to SARS-CoV-2 (e.g., **single room with door closed** and away from high-risk patients).

https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/health-professionals/interim-guidance-acute-healthcare-settings.html#a4.11



<u>US Centers for Disease Control and Prevention</u>: Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings

Implement Engineering Controls:

- Design and install engineering controls to reduce or eliminate exposures by shielding HCP and other patients from infected individuals. Examples of engineering controls include:
 - physical barriers or partitions to guide patients through triage areas
 - curtains between patients in shared areas
 - air-handling systems (with appropriate directionality, filtration, exchange rate, etc.) ...

https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html





RCDC acquired Air Filtration Units (AFUs)

Chairside AFU

Operating air flow: 4,247 L/min (150 CFM) **Filters**: 2-inch pre-filter + 6-inch HEPA*

Ambient AFU

Operating air flow: 7,928 L/min (280 CFM) **Filters**: 2-inch pre-filter + 6-inch HEPA*



<u>US Centers for Disease Control and Prevention</u>: Interim Infection Prevention and Control Guidance for Dental Settings During the COVID-19 Response

Engineering Controls:

- Consider the use of a *portable HEPA air filtration unit* while the patient is actively undergoing, and immediately following, an aerosol-generating procedure.
- The use of these units will *reduce particle count* (including droplets) in the room and will *reduce the amount of turnover time*, rather than just relying on the building HVAC system capacity.
- Place HEPA unit within vicinity of patient's chair, but not behind DHCP. Ensure DHCP are not positioned between the unit and the patient's mouth. Position the unit to ensure that it does not pull air into or past the breathing zone of the DHCP.

https://www.cdc.gov/coronavirus/2019-ncov/hcp/dental-settings.html



AFUs Testing

- 1) Ottawa NDHQ Carling Clinic (8 Apr 20)
 - Familiarization and preliminary tests
- 2) Ottawa Montfort Clinic (22 Apr 20)
 - Determined optimal positioning
 - Standardized test methodology
- 3) Mobile Dental Clinic (MDC) (23 Apr 20)
 - Test AFUs with the MDC's HVAC system modified with HEPA filtration
- 4) Ottawa Montfort Clinic (26-27 May 20)
 - Validation of results with the Quality
 Engineering Test Establishment (QETE)
 - More stringent methodology
 - 2x more sampling sensors (8 vs 4)
 - Enhanced data analysis





Optimal Positioning

- Goal is to **maximize the capture velocity** at the source (patient's mouth) while allowing freedom of movement for dental providers
- First determined by literature review, then capture velocity measurements and smoke tube visualisation to confirm and optimize positioning



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Testing in Clinic: Standardized Methodology



- Measurement of PM₁₀ (particulate matter 10 μm in size and smaller) in ambient air & breathing zone of dental providers using laser photometers
- Drilling **natural teeth** on a mannequin using standard dental armamentarium: *handpieces, burs, high-volume evacuation*

- Aerosol-Generating Procedure (AGP): drilling with high-speed handpiece
- Non-Aerosol-Generating Procedure (NAGP): drilling with low-speed handpiece



- Both AFUs OFF
- Chairside AFU only
- Both AFUs ON

• Continuous drilling for 5 minutes: 1 minute per quadrant, then 1 minute on upper anterior tooth



Testing in Clinic: Results





Dental Assistant Exposure to PM₁₀ Concentration During Worst-Case Scenarios of NAGPs and AGPs (Time Weighted Averages (5 min) from; μg/m³; log scale)





Testing in Clinic: Conclusions



• Estimated efficacy (%):

Scenario:		Worst-case	
	Personnel→	Dontist	Dental
Condition↓		Dentist	Assistant
NAGPs	Chairside AFU only	98	100
	Both AFUs on	100	100
AGPs	Chairside AFU only	53	88
	Both AFUs on	100	100

- **Though an efficacy of 100%** at capturing PM₁₀ was calculated **for specific conditions,** in all cases, v**isible droplets were observed landing** on the immediate surrounding environment (**patient's bib**), uncaptured by the Chairside AFU.
- The use of the **Chairside AFU only during both the NAGP and AGP does** reduce the airborne particulate concentrations in the dental clinic.
- When **both AFUs are used during NAGPs and AGPs**, the airborne particulate **concentrations** are reduced even further, **often falling below background levels**.

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Mobile Dental Clinic (MDC)



Testing in MDC: Standardized Methodology



- Similar methodology to testing in clinic but only AGPs
- Tested **chairside and ambient AFUs** in various configurations with other air handling devices:
 - Air Scrubber (AS) to create negative pressure (300 CFM)
 - Wall-Mounted Air Filter (WMAF) upgrades HVAC system with 12-inch HEPA filter and active/assisted air flow (1080 CFM)
 - Small WMAF (SWMAF) upgrades HVAC system with 2-inch HEPA filter and passive air flow (480 CFM)



Testing in MDC: Results







Testing in MDC: Conclusions



- The use of the **Chairside AFU has the greatest impact** on reducing exposure of dental personnel to aerosols generated during AGPs.
- The use of the **WMAF with the Chairside AFU leads to a higher reduction** of PM₁₀ concentrations.
- In many cases, the use of the Air Scrubber (AS) to create a negative pressure increased concentration of PM₁₀ during AGPs. The creation of negative pressure through the use of the AS may have resulted in air turbulence that decreases the efficiency of the Chairside AFU to capture aerosols generated by dental procedures.



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Validation of results with the Quality Engineering Test Establishment (QETE)

 Air sampling of PM₁₀ in breathing zones of dental providers and in ambient air using 8 laser photometers in standardized array







Validation of results with QETE

- AGP = **5-minute continuous drilling of natural teeth** using high-speed air-driven handpiece
- **Background** [PM₁₀] measured x 10 mins at the start of each day, and x **5 mins before each condition**
- Each condition repeated 3-4x
 - Group 1: HVE off, AFUs off
 - Group 2: HVE off, AFUs on
 - Group 3: HVE on, AFUs on
 - Group 4: HVE on, AFUs off



Engineering controls in RCDC dental clinics

- Chairside & ambient AFUs combinations acquired and being used in most clinics
- MDCs being retrofitted with wall-mounted air filter and equipped with chairside AFU
- RCDC facilities will have at least one fully enclosed operatory per clinic
- These engineering controls (AFUs) and high-volume evacuation (HVE) are key components to our Interim Clinical Directive on dental treatment during the COVID-19 pandemic



Thank you!



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