

Guidelines for oral health services at COVID-19 Alert Level 3

11 August 2020

Context

All oral health practitioners have a duty of care to support their patients during the national COVID-19 crisis and to reduce community spread, including to yourself, your staff and your patients.

The purpose of this document is to describe the conditions within which oral health services can be provided during the New Zealand government COVID-19 Alert Level 3. Oral health practitioners must comply with the requirements in this document for the triaging of patients over the phone, when patients can be seen, what type of treatment can be provided, and what conditions are required when treatment is necessary (room and PPE requirements).

The Alert Level system can be activated at a localised or regional level, or nationally. Follow the COVID-19 guideline relevant to the government's alert level applicable to the location in which you practise, and associated travel rules.

While we are in COVID-19 Alert Level 3

Under level 3 you can provide ONLY urgent and emergency care for your patients. Defer all other care.

Triage all patients by phone first and decide whether they require urgent or emergency care.

If a patient's dental condition can be accurately diagnosed and effectively managed without needing to see the patient, then that is best. Effective management of the patient's dental condition may be possible with medication alone.

If in your professional judgement you need to see the patient for a face-to-face assessment and/or for treatment, to effectively manage their urgent/emergency dental condition, you can see the patient if you can meet the room and PPE requirements.

If you are unable to meet these requirements, and the patient requires urgent or emergency care, then refer the patient to where they can receive this.

For urgent and emergency care delivered face-to-face:

- Schedule and manage the patient in a way that limits face-to-face interaction with others.
- **Avoid aerosol-generating procedures where possible.** All rotary handpieces generate aerosols, regardless of whether the motor is electric or air-driven (with or without water). Other aerosol generating instruments commonly used in oral health care include ultrasonic and sonic scalers, triplex syringe, air-abrasion and air-polishing etc. Follow the PPE and room requirements for aerosol generating procedures.
- When aerosol-generating procedures are required:
 - wear at minimum an N95 or FFP2 mask*, a long sleeved impervious gown, and eye protection as specified for medium risk B or high risk patients.
 - use measures aimed at reducing the extent and contamination of aerosol and splatter as appropriate, for example, high volume evacuation systems, use of rubber dam, and pre-procedural antiseptic mouth rinse.
 - preferably use a slow speed handpiece that operates at ≤ 40000 rpm, and where possible, turn the chip air off, to minimise the aerosol generated during the procedure.

* Respiratory protection can also be achieved using: full face reusable respirator, supplied air respirator (SAR), powered air-purifying respirator (PAPR), or FFP3 respirators. Users should be trained how to don, use, doff and decontaminate these appropriately to prevent agent transfer.

If over-the-counter or prescription medication is required, please note:

- Prescriptions can be sent to the pharmacy for collection without the patient presenting at the dental surgery.
- Where prescriptions are issued to suspected or COVID-positive patients, please ask the patient not to attend the pharmacy themselves to pick it up – they should send a family member or arrange delivery by the pharmacy (delivery may incur a cost).
- Follow the [new rules for electronic prescriptions](#) to support virtual care in the community, published 2 April.

General comments on PPE

- The Guidelines for oral health services at COVID-19 Alert Level 3 should be read in conjunction with the existing [Infection prevention and control practice standard \(IPC\)](#). There have been no changes to the Council's 2016 IPC practice standard. This guideline sets out additional IPC measures that apply during COVID-19 Alert Level 3.
- Use PPE appropriately to prevent unnecessary use of limited supplies of N95 or FFP2 masks and other PPE resources.
- Special care should be taken to ensure that N95 or FFP2 masks are reserved for situations where respiratory protection is most important; such as performance of aerosol-generating procedures.
- All team members within the treatment room/area during treatment, must wear the appropriate PPE.

What is “urgent” and “emergency” care?

“Urgent care” includes treatment for:

- dental or soft-tissue infections without a systemic effect
- severe pain
- fractured teeth or pulpal exposure
- adjustment or repair of dental appliances where patient health is significantly impacted (for example, ability to eat).

“Dental emergencies” include:

- trauma-including facial/oral laceration and/or dentoalveolar injuries, such as avulsion of a permanent tooth
- oro-facial swelling that is serious and worsening
- post-extraction bleeding that the patient is not able to control with local measures
- dental conditions that have resulted in acute systemic illness or raised temperature as a result of dental infection
- severe trismus
- acute infections that are likely to exacerbate systemic medical conditions such as diabetes.

Treatment requirements

Apply the following 3-level classification for patients:

1. Low risk patient

Patients who meet all the following criteria:

- Are not positive for COVID-19 or awaiting test results
- Are not a probable COVID-19 case
- Have not had close contact with someone who is a confirmed or probable COVID-19 case in the last 14 days
- Have not travelled overseas or had direct contact with someone else who has recently travelled overseas, in the last 14 days (Includes border staff (international airport and maritime port); quarantine and isolation facility staff; air crew; and travellers)
- Do not have any of the following symptoms:
 - cough
 - sore throat
 - shortness of breath
 - runny nose, sneezing, post-nasal drip (coryza)
 - loss of smell (anosmia)with or without fever

AND the treatment can be performed **without** generating an aerosol.

Apply standard infection prevention and control procedures in line with the [Infection Prevention and Control Practice Standard](#).

The treatment can be performed in a dental practice setting or wherever the patient normally receives treatment.

Minimum PPE required:

- Surgical mask (Level 2 or above)
- Eye protection (Safety glasses with side vents; or goggles; or prescription glasses covered with full face shield/visor)
- Gloves
- Outer protective clothing as per the IPC practice standard (for example a gown, or tunic over street clothing or uniform)¹.

¹ Outer protective clothing is to be made from material that does not permit blood or other potentially infectious material to reach clothes or skin underneath. Change outer protective clothing: as soon as possible when visibly soiled or wet, when exposed to contaminated aerosols for prolonged periods of time, and at least daily. If wearing long sleeved outer protective clothing, change at least between patients

2. Medium risk patient

A. Patients who meet any of the following criteria:

- COVID-positive or awaiting test results
- Are a probable COVID-19 case
- Have had close contact with someone who is a confirmed or probable COVID-19 case in the last 14 days
- Have travelled overseas or had direct contact with someone who has recently travelled overseas, in the last 14 days (Includes border staff (international airport and maritime port); quarantine and isolation facility staff; air crew; and travellers)
- Have symptoms of COVID-19

AND treatment can be performed **without** generating an aerosol.

Apply standard infection prevention and control procedures in line with the Dental Council's [Infection Prevention and Control Practice Standard](#). The treatment can be performed in a dental practice setting or wherever the patient normally receives treatment: single room, door closed.

Minimum PPE required:

- Surgical mask (Level 2 or above)
- Eye protection (Full face shield/visor over any of the following (1) safety glasses that have side vents, or (2) goggles, or (3) prescription glasses).
- Gloves
- Long sleeve impervious gowns².

² Change at least between patients

B. Patients who meet all the following criteria:

- Are not positive for COVID-19 or awaiting test results
- Are not a probable COVID-19 case
- Have not had close contact with someone who is a confirmed or probable COVID-19 case in the last 14 days
- Have not travelled overseas or had direct contact with someone who has recently travelled overseas, in the last 14 days (Includes border staff (international airport and maritime port); quarantine and isolation facility staff; air crew; and travellers)
- Do not have any COVID-19 symptoms

AND the treatment **will generate** an aerosol.

Transmission-based precautions are required, in line with the Dental Council's [Infection Prevention and Control Practice Standard](#) transmission based precautions.

This can happen in dental practice in a single room, door closed, where the correct PPE is available, and the healthcare professionals know how to use it.

Minimum PPE required:

- N95 or FFP2 mask (single use)^{3,4}
- Eye protection (Safety glasses with side vents; or goggles; or prescription glasses covered with full face shield/visor)
- Gloves
- Long sleeve impervious gowns².

² Change at least between patients

³ Aerosol generating procedures should be avoided where possible. If such a procedure is absolutely essential, appropriate PPE is required. This requirement is due to the prolonged nature of such procedures and the close proximity of the operator. These are distinctive features of the aerosol generating procedures used in clinical dentistry

⁴ Respiratory protection can also be achieved using: full face reusable respirator, supplied air respirator (SAR), powered air-purifying respirator (PAPR), or FFP3 respirators. Users should be trained how to don, use, doff and decontaminate these appropriately to prevent agent transfer

3. High risk patient

Patients who meet any of the following criteria:

- COVID-positive or awaiting test results
- Are a probable COVID-19 case
- Have had close contact with someone who is a confirmed or probable COVID-19 case in the last 14 days
- Have travelled overseas or had direct contact with someone who has recently travelled overseas, in the last 14 days (Includes border staff (international airport and maritime port); quarantine and isolation facility staff; air crew; and travellers)
- Have symptoms of COVID-19

AND the treatment **will generate** an aerosol.

These patients should be treated in a **negative pressure room**.

Minimum PPE required includes:

- N95 or FFP2 mask (single use)^{3,4}
- Eye protection (Full face shield/visor over any of the following (1) safety glasses that have side vents, or (2) goggles, or (3) prescription glasses).
- Gloves
- Long sleeve impervious gown².

This treatment will most likely be in a hospital or tertiary care facility but can be in dental practice if the appropriate facilities and PPE are available.

All PPEs must be discarded as clinical waste⁵.

Details on the patient and treatment risk profiles and the associated precautions are detailed in the following diagram. A table format version is available as Appendix 1.

² Change at least between patients

³ Aerosol generating procedures should be avoided where possible. If such a procedure is absolutely essential, appropriate PPE is required. This requirement is due to the prolonged nature of such procedures and the close proximity of the operator. These are distinctive features of the aerosol generating procedures used in clinical dentistry

⁴ Respiratory protection can also be achieved using: full face reusable respirator, supplied air respirator (SAR), powered air-purifying respirator (PAPR), or FFP3 respirators. Users should be trained how to don, use, doff and decontaminate these appropriately to prevent agent transfer

⁵ Defined as controlled waste within the Council's Infection prevention and control practice standard

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Low risk patient

Patients who:

- are not positive for COVID-19 or awaiting test results
- are not a probable case
- have not had close contact with a confirmed or probable COVID-19 case in the last 14 days
- have not travelled overseas or had direct contact with someone who has recently travelled overseas, in the last 14 days
- do not have any of the following symptoms:
 - cough
 - sore throat
 - shortness of breath
 - runny nose, sneezing, post-nasal drip (coryza)
 - loss of smell (anosmia)
 with or without fever

Treatment will not generate aerosol

Minimum PPE required:

- Surgical mask (Level 2 or above)
- Eye protection¹
- Gloves
- Outer protective clothing as per the IPC practice standard²

Treatment can occur in dental practice setting, or where normally received

- Room requirement:
- Single room

Medium risk patient

A. Patients who:

- are COVID-positive
- are awaiting COVID test results
- are a probable COVID-19 case
- have had close contact with someone who is a confirmed or probable COVID-19 case in the last 14 days
- have travelled overseas or had direct contact with someone who has recently travelled overseas, in the last 14 days
- have symptoms of COVID-19

Treatment will not generate aerosol

Minimum PPE required:

- Surgical mask (Level 2 or above)
- Eye protection³
- Gloves
- Long sleeve impervious gowns⁴

Treatment can occur in dental practice setting, or where normally received – if all required PPE is available

- Room requirements:
- Single room
 - Door closed

B. Patients who:

- are not positive for COVID-19 or awaiting test results
- are not a probable case
- have not had close contact with a confirmed or probable COVID-19 case in the last 14 days
- have not travelled overseas or had direct contact with someone who has recently travelled overseas, in the last 14 days
- do not have symptoms of COVID-19

Treatment will generate aerosol

Minimum PPE required:

- N95 or FFP2 mask (single use)^{5,6}
- Eye protection¹
- Gloves
- Long sleeve impervious gowns⁴

Treatment can occur in dental practice setting, or where normally received where the correct PPE is available and the healthcare professionals know how to use it.

- Room requirements:
- Single room
 - Door closed

High risk patient

Patients who are:

- COVID-positive
- are awaiting COVID test results
- are a probable COVID-19 case
- have had close contact with a confirmed or probable COVID-19 case in the last 14 days
- have travelled overseas or has close contact with someone who has recently travelled overseas, in the last 14 days
- have symptoms of COVID-19

Treatment will generate aerosol

Minimum PPE required:

- N95 or FFP2 mask (single use)^{5,6}
- Eye protection³
- Gloves
- Long sleeve impervious gowns⁴

These patients should be treated in a negative pressure room.

This will most likely be in a hospital or tertiary care facility but can be in dental practice if the appropriate facilities and PPE are available.

- Room requirements:
- Negative pressure
 - Single room
 - Door closed

Stand room down for 20min after treatment before cleaning

¹ Safety glasses with side vents; or goggles; or prescription glasses covered with full face shield/visor

² Outer protective clothing is to be made from material that does not permit blood or other potentially infectious material to reach clothes or skin underneath. Change outer protective clothing: as soon as possible when visibly soiled or wet, when exposed to contaminated aerosols for prolonged periods of time, and at least daily. If wearing long sleeved outer protective clothing, change at least between patients

³ Full face shield/visor over any of the following: (1) safety glasses that have side vents, or (2) goggles, or (3) prescription glasses

⁴ Change at least between patients

⁵ Aerosol generating procedures should be avoided where possible. If such a procedure is absolutely essential, appropriate PPE is required. This requirement is due to the prolonged nature of such procedures and the close proximity of the operator. These are distinctive features of the aerosol generating procedures used in clinical dentistry

⁶ Respiratory protection can also be achieved using: full face reusable respirator, supplied air respirator (SAR), powered air-purifying respirator (PAPR), or FFP3 respirators. Users should be trained how to don, use, doff and decontaminate these appropriately to prevent agent transfer

Steps in assessing patients for care

1. **You can provide ONLY urgent or emergency care for patients during Alert Level 3, defer all other care.**
2. **Triage all patients by phone first** and decide whether they require urgent or emergency care. If a patient's dental condition can be accurately diagnosed and effectively managed without needing to see the patient, then that is best.

Effective management of the patient's dental condition may be possible with medication alone.

3. If in your professional judgement you need to see the patient for a face-to-face assessment, and/or treatment to effectively manage their urgent/emergency dental condition you can see the patient if you can meet the room and PPE requirements. If you are unable to meet these requirements, and the patient requires emergency care, then refer the patient to where they can receive this.
4. If the patient needs a face-to-face assessment, ask the following questions over the telephone first:
 - Do you have a confirmed diagnosis of COVID-19?
 - Are you waiting for a COVID-19 test or the results?
 - Are you a probable COVID-19 case?
 - Have you had close contact with other people in the last 14 days who are probable or confirmed to have COVID-19?
 - Have you travelled overseas in the last 14 days?
 - Have you had direct contact with someone in the last 14 days who has recently travelled overseas? Includes border staff (international airport and maritime port); quarantine and isolation facility staff; air crew; and travellers.
 - Do you have new or worsening respiratory symptoms including one of the following:
 - cough
 - sore throat
 - shortness of breath
 - runny nose, sneezing, post-nasal drip (coryza)
 - loss of smell (anosmia)with or without fever?

5. A person is considered recovered from COVID-19 infection when they meet all of the following criteria:

- It has been at least 10 days since the onset of the COVID-19 symptoms
- They have been symptom-free for at least 72 hours
- They have been cleared by the health professional responsible for their monitoring⁶

Normal risk classification applies (low, medium or high) when considering urgent and emergency care for these patients.

6. 'Close contact' is defined by the Ministry of Health as any person with the following exposure to a confirmed or probable case during the case's infectious period, without appropriate personal protective equipment (PPE):

- direct contact with the body fluids or the laboratory specimens of a case
- presence in the same room in a health care setting when an aerosol-generating procedure is undertaken on a case
- living in the same household or household-like setting (e.g. shared section in a hostel) with a case
- face-to-face contact in any setting within two metres of a case for 15 minutes or more
- having been in a closed environment (e.g. a classroom, hospital waiting room, or conveyance other than aircraft) within 2 metres of a case for 15 minutes or more; or in a higher-risk closed environment for 15 minutes or more as determined by the local Medical Officer of Health*.
- having been seated on an aircraft within 2 metres of a case (for economy class this would mean 2 seats in any direction including seats across the aisle, other classes would require further assessment)
- aircraft crew exposed to a case (a risk assessment conducted by the airline is required to identify which crew should be managed as close contacts).⁷

*The local Medical Officer of Health will determine whether an environment is higher-risk. Considerations include the nature of the gathering, the level of contact between individuals and the ability to observe physical distancing/hygiene measures.

⁶ <https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-current-situation/covid-19-current-cases>

⁷ <https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-health-advice-general-public/contact-tracing-covid-19#close>

Steps to limit transmission for probable or COVID-positive patients

For probable or COVID-positive patients, steps should be taken to limit the risk of transmission.

To minimise risk practitioners must:

- use telehealth when possible
- encourage patient respiratory hygiene by providing a facemask, tissues, and ability to wash their hands or sanitise
- isolate symptomatic patients as soon as possible. Place patients with suspected or confirmed COVID-19 in private rooms with door closed and private bathroom (where possible)
- protect healthcare personnel
- emphasise hand hygiene
- limit the number of staff providing their care.

During treatment

- Limit the number of people providing patient support in the treatment area to one. Offer the support person a surgical mask.
- If when providing care the planned treatment changes and different room and PPE requirements apply, stop the treatment until the necessary PPE and room requirements are in place.
- If the patient wants to keep their extracted tooth, clean and disinfect the tooth.

Cleaning and decontamination

- Appropriate PPE should be worn for cleaning down the room. At minimum wear a gown⁸, gloves, surgical mask and protective eyewear.
- Wipe down hard surfaces using a two-step process: with detergent and water, then hospital grade disinfectant⁹ with activity against respiratory virus, including COVID-19.
- After treating a probable or COVID-positive patient when aerosol generating procedures have occurred, the room should remain closed for a stand-down period of 20 minutes prior to cleaning.
- Remove any linen that has been used into linen bags for hot washing.
- Remove and discard PPE as clinical waste⁵ (taken off in the following order: gloves, hand hygiene, gown, hand hygiene, protective eyewear (if separate from mask), hand hygiene, mask, hand hygiene).¹⁰
- Perform hand hygiene thoroughly to elbows.
- Clean and disinfect re-usable PPE as per the manufacturer's instructions.

⁵ Defined as controlled waste within the Council's Infection prevention and control practice standard

⁸ If wearing a long sleeved impervious gown, a fresh gown is needed for cleaning

⁹ Based on current available literature - inactivation of COVID-19 on surfaces within 1 minute by using 62-71% ethanol, 0.5% hydrogen peroxide or 0.1% sodium hypochlorite

¹⁰ <https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-novel-coronavirus-information-specific-audiences/general-cleaning-information-following-suspected-probable-or-confirmed-case-covid-19>

Steps to limit transmission for all patients

Waiting areas

- Avoid the use of waiting room and reception area where possible. Encourage direct patient entry into the treatment room.
- Remove all unnecessary items from the waiting room and keep surfaces clear and clean.
- Separate waiting room chairs by 2 metres.
- Request patients to wash their hands (where facilities allow) or 'hand sanitise' on arrival and departure from the clinic.
- Clean surfaces and high-touch surfaces (door handles, chair arms, reception counter etc.) regularly with a detergent with water or ready detergent wipes.
- Areas of known contamination should be cleaned and disinfected as described in the Dental Council's Transmission Based Precautions – Cleaning section contained in the [Infection Prevention and Control Practice Standard](#).

Contact tracing

- Establish and maintain a contact register for all people entering the practice including date and time of entry and exit, and the person's phone and email details, to enable contact tracing.
- Practices are encouraged to prominently display the New Zealand COVID Tracer QR code at the entrance of the facility.

Upon arrival and during the visit

- Limit points of entry to the facility.
- Use hand hygiene, and triage procedures throughout the duration of the visit.
- Post visual alerts (e.g., signs, posters) at the entrance and in strategic places (e.g. waiting areas, elevators) to provide patients and healthcare practitioners with instructions (in appropriate languages) about hand hygiene, respiratory hygiene, and cough etiquette.

Instructions should include how to cough into the crook of your elbow or to use tissues to cover nose and mouth when coughing or sneezing, to dispose of tissues and contaminated items in lined, no-touch waste receptacles, and how and when to perform hand hygiene.

- Provide supplies for respiratory hygiene and cough etiquette, including alcohol-based hand rub (ABHR) with 60-95% alcohol, tissues, and lined, no-touch receptacles for disposal, at healthcare facility entrances, waiting rooms, and patient check-ins.
- When aerosol generating procedures cannot be avoided, use measures aimed at reducing the extent of aerosol and splatter as appropriate, for example, high volume evacuation systems, use of rubber dam, and pre-procedural antiseptic mouth rinses.

All rotary handpieces generate aerosols, regardless of whether the motor is electric or air-driven (with or without water). Other aerosol generating instruments commonly used in oral

health care include ultrasonic and sonic scalers, triplex syringe, air-abrasion and air-polishing etc. Follow the PPE and room requirements for aerosol generating procedures.

- Limit the number of support people in the treatment area to 1. When generating aerosol support people should be out of the room. If this is not possible, explain the risk of remaining in the room during the treatment to the support person; if they stay, provide them with the same PPE as the clinical staff in the room. For COVID-positive or suspected patients no support people should be in the treatment room.
- If the patient wants to keep their extracted tooth, clean and disinfect the tooth.
- If when providing care the planned treatment changes so that different room and PPE requirements are needed, stop treatment until the necessary PPE and room requirements are in place.

Hand hygiene

- All clinical team members should perform hand hygiene before and after all patient contact, and contact with potentially infectious material, and before putting on and after removing PPE, including gloves. Hand hygiene after removing PPE is particularly important to remove any pathogens that might have been transferred to bare hands during the removal process.
- Clinical team members should perform hand hygiene by using ABHR with 60-95% alcohol or washing hands with soap and water for at least 20 seconds. If hands are visibly soiled, use soap and water before returning to ABHR.
- Hand hygiene supplies should be readily available to all personnel in every care location.
- Hand hygiene should be performed after going to the bathroom, before preparing and eating food, and after coughing and sneezing.

Personal protective equipment

- Select appropriate PPE in accordance with the PPE requirements specified in this document, at minimum.
- Do not wear your outer protective wear, like scrubs/gown/tunic outside of the practice setting.
- Oral healthcare practitioners must have received training on and demonstrate an understanding of:
 - when to use PPE
 - what PPE is necessary
 - how to properly don, use, and doff PPE in a manner to prevent self-contamination
 - how to properly dispose of or disinfect and maintain PPE.

This is of particular importance for staff members not usually wearing PPE, or introducing new types of PPE into the practice, such as an N95 mask or PAPR.

- Any reusable PPE must be properly cleaned, decontaminated, and maintained after and between uses.

Cleaning and decontamination for patients not probable or confirmed for COVID-19

- Appropriate PPE should be worn for cleaning down the room. At minimum wear a gown⁸ gloves, surgical mask and protective eyewear.
- Clean work and equipment surfaces in the same way as usual; in accordance with the requirements of the Council's Infection prevention and control practice standard.
- Remove and discard PPE as clinical waste⁵ (taken off in the following order: gloves, hand hygiene, gown, hand hygiene, protective eyewear (if separate from mask), hand hygiene, mask, hand hygiene).¹¹
- Clean and disinfect re-usable PPE as per the manufacturer's instructions.

Team management

- If team members are unwell, they should stay home.
- Consider introducing or continue measures to monitor your own health and that of your team.
- Consider organising team members so that they work within a team 'bubble' when delivering clinical care, to limit the number of potential close contacts between clinical team members and to make tracing of team members to patients simpler.
- Continue to limit your social interaction outside of work as much as possible; and suggest clinical team members (including those with decontamination duties) do the same.
- Ensure your team members understand the risks associated with dental practice during COVID-19 Alert Levels, and the measures you are taking to mitigate these risks.

Dental appliances

- A clinical dental technician or dental technician will clean and disinfect a patient's dental appliance before making a repair or modification to it, and after completing the work.
- When cleaning and disinfecting a patient's dental appliance, and repairing or modifying the appliance, the following minimum PPE is required:
 - Surgical mask (Level 2 or above)
 - Eye protection (full face shield/visor with glasses, or goggles)
 - Gloves¹²
 - Outer protective clothing as per the IPC practice standard¹
- If the patient enters the laboratory, the room and PPE requirements described in the *Patient and treatment risk profile* tables must be met.

¹ Outer protective clothing is to be made from material that does not permit blood or other potentially infectious material to reach clothes or skin underneath. Change outer protective clothing: as soon as possible when visibly soiled or wet, when exposed to contaminated aerosols for prolonged periods of time, and at least daily. If wearing long sleeved outer protective clothing, change at least between patients

⁵ Defined as controlled waste within the Council's Infection prevention and control practice standard

⁸ If wearing a long sleeved impervious gown, a fresh gown is needed for cleaning

¹¹ <https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-novel-coronavirus-information-specific-audiences/general-cleaning-information-following-suspected-probable-or-confirmed-case-covid-19>

¹² Gloves should at minimum be worn during cleaning and disinfecting the dental appliance before and after repair/modification to it



Care risk	Situation	Urgent/Emergency Treatment	Minimum PPE required	Minimum Room requirement/s
Low risk patient	<p>Patients who:</p> <ul style="list-style-type: none"> are not positive for COVID-19 or awaiting test results are not a probable case have not had close contact with someone who is a confirmed or probable COVID-19 case in the last 14 days have not travelled overseas or had close contact with someone who has recently travelled overseas, in the last 14 days. (Includes border staff (international airport and maritime port); quarantine and isolation facility staff; air crew; and travellers) do not have any of the following symptoms: <ul style="list-style-type: none"> cough sore throat shortness of breath runny nose, sneezing, post-nasal drip (coryza) loss of smell (anosmia) <p>with or without fever</p>	Treatment will not generate aerosol	Surgical mask (Level 2 or above) Eye protection ¹ Gloves Outer protective clothing as per the IPC practice standard ²	Single room (eg dental surgery)
Medium risk patient	<p>A. Patients who:</p> <ul style="list-style-type: none"> are COVID-positive or awaiting test results are a probable COVID-19 case have had close contact with someone who is a confirmed or probable COVID-19 case in the last 14 days have travelled overseas or had close contact with someone who has recently travelled overseas, in the last 14 days (Includes border staff (international airport and maritime port); quarantine and isolation facility staff; air crew; and travellers) have symptoms of COVID-19 	Treatment will not generate aerosol	Surgical mask (Level 2 or above) Eye protection ³ Gloves Long sleeved impervious gowns ⁴	Single room Door closed (eg dental surgery)
	<p>B. Patients who:</p> <ul style="list-style-type: none"> are not COVID positive or awaiting test results are not a probable case have not had close contact with a confirmed or probable COVID-19 case in the last 14 days have not travelled overseas or had close contact with someone who has recently travelled overseas, in the last 14 days (Includes border staff (international airport and 	Treatment will generate aerosol	N95 or FFP2 mask (single use) ^{5,6} Eye protection ¹ Gloves Long sleeved impervious gowns ⁴	Single room Door closed (eg dental surgery)

¹ Safety glasses with side vents; or goggles; or prescription glasses covered with full face shield/visor

² Outer protective clothing is to be made from material that does not permit blood or other potentially infectious material to reach clothes or skin underneath. Change outer protective clothing: as soon as possible when visibly soiled or wet, when exposed to contaminated aerosols for prolonged periods of time, and at least daily. If wearing long sleeved outer protective clothing, change at least between patients

³ Full face shield/visor over any of the following: (1) safety glasses that have side vents, or (2) goggles, or (3) prescription glasses

⁴ Change at least between patients

⁵ Aerosol generating procedures should be avoided where possible. If such a procedure is absolutely essential, appropriate PPE is required. This requirement is due to the prolonged nature of such procedures and the close proximity of the operator. These are distinctive features of the aerosol generating procedures used in clinical dentistry

⁶ Respiratory protection can also be achieved using: full face reusable respirator, supplied air respirator (SAR), powered air-purifying respirator (PAPR), or FFP3 respirators. Users should be trained how to don, use, doff and decontaminate these appropriately to prevent agent transfer

	<p>maritime port); quarantine and isolation facility staff; air crew; and travellers)</p> <ul style="list-style-type: none"> do not have COVID-19 symptoms 			
High risk patient	<p>Patients who:</p> <ul style="list-style-type: none"> are COVID-positive or awaiting test results are a probable COVID-19 case have had close contact with a confirmed or probable COVID-19 case in the last 14 days have travelled overseas or had close contact with someone who has recently travelled overseas, in the last 14 days (Includes border staff (international airport and maritime port); quarantine and isolation facility staff; air crew; and travellers) have symptoms of COVID-19 	Treatment will generate aerosol	<p>N95 or FFP2 mask (single use)^{5,6}</p> <p>Eye protection³</p> <p>Gloves</p> <p>Long sleeved impervious gowns⁴</p>	<p>Negative pressure</p> <p>Single room</p> <p>Door closed</p> <p>Stand room down for 20min after treatment before cleaning</p>



Changes between 22 April and 11 August versions of Level 3 guidelines
Appendix 2

PP5-7	<p>The management of the high, medium and low risk groups has not changed from the earlier level 3 guidelines (i.e. what urgent and emergency treatment can be performed, PPE and room requirements).</p> <p>The risk assessment questions have been updated to reflect the current Ministry of Health risk assessment, as appropriate for alert level 3.</p> <p>The guidelines continue the focus in the risk assessment on those who work in industries in direct contact with overseas travellers coming into the country (such as crew on international aircrafts or shipping vessels, staff at customs, immigration and quarantine/isolation facilities).</p>
P11	<p>Ministry of Health’s definition of a ‘close contact’ provided. (point 6) (same as in level 1 guidelines).</p>
P11	<p>Para 7: Recovery definition. Time that patient has to be symptom-free changed from 48 hours to now at least 72 hours</p>