

As at 31 March 2020

Changes from the previous version are highlighted in yellow

Guidelines for oral health services at COVID-19 Alert Level 4

All oral health practitioners have a duty of care to support their patients during the national COVID-19 crisis. To reduce community spread, including to yourself, your staff and your patients, all non-essential and elective dental treatment is suspended from 23 March 2020 until further notice.

While we are in COVID-19 Alert Level 4, providing urgent and emergency oral health treatment to New Zealanders is an essential service and a priority for the government.

- All dental treatment for urgent care or emergencies which cannot be deferred should continue where possible
- PLEASE NOTE: Changes have been made to the Dental Council's PPE requirements contained in the [Infection Protection and Control practice standard](#) and will apply for urgent and emergency oral health treatment provided during the COVID-19 response.

We expect the profession to exercise clinical judgement in applying this guidance, no one will know your patients and your staff better than you.

Context

Novel coronavirus (COVID-19) is a new and emerging infectious disease threat. The clinical signs and symptoms of COVID-19 infection that have been reported range from non-specific respiratory symptoms such as fever and cough, to shortness of breath and symptoms of pneumonia and severe acute respiratory infection. Most cases have mild illness, with up to 20 percent having more severe illness requiring hospitalisation (mainly due to pneumonia). The virus has an approximately two percent fatality rate with most of those who have died from the virus to date suffering from pre-existing health problems.

Oral health practitioners were notified by the Ministry of Health and Dental Council to suspend all non-essential and elective dental treatment as of 23 March 2020. All emergency treatment (see below), and relief of pain which cannot be managed by medications, should continue with appropriate precautions taken.

Transmission is considered to occur primarily through respiratory droplets and secretions. Transmission is likely to occur through virus contact with respiratory mucosa or conjunctivae, either by direct exposure or by transfer on hands from contaminated fomites. The current evidence does not support airborne transmission, except during aerosol-generating procedures which include intubation, suctioning, bronchoscopy, tracheostomy, cardiopulmonary resuscitation and common dental procedures, including the use of dental handpieces, sonic and ultrasonic instruments and air/water syringes.

What is “urgent care” and “emergency” dental treatment?

Patients should have access to dental emergency triage and advice via telephone and should only be seen in person if their pain cannot be controlled by medication, or if they have orofacial trauma requiring urgent management.

“Urgent care” includes treatment for:

- dental or soft-tissue infections without a systemic effect
- severe pain that cannot be controlled by medication or the patient following self-help advice
- fractured teeth or pulpal exposure
- adjustment or repair of dental appliances where patient health is significantly impacted.

“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.

- Invasive emergency treatment **MUST** be DEFERRED where possible.
- Where emergency dental treatment cannot be deferred, aerosol-generating procedures should be avoided where possible.

What patients can be seen where, and by whom?

Practitioners should apply the following 3-level classification for patients when urgent or emergency dental treatment cannot be deferred:

1. Low risk care

Patients who meet all the following criteria:

- are not positive for COVID-19
- do not exhibit any of the following symptoms
 - sore throat
 - cough
 - shortness of breath
 - high temperature (>38°C)
- are not a suspected case nor are a close contact nor have been in isolation with a suspected case
- have not travelled internationally in the last 14 days

- answer “no” to the screening questions in ‘Steps in assessing a patient for urgent care’, as described on page 6.

If the treatment can be performed **without** generating an aerosol, then standard infection prevention and control procedures can be applied - 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, as long as all necessary PPEs are available (such as surgical masks, gloves, gowns, protective eyewear, etc.)

2. Medium risk care

A. Patients who meet any of the following criteria:

- are COVID-positive
- are suspected to be COVID positive and awaiting test results
- have had close contact with a COVID positive patient.

If the treatment can be performed **without** generating an aerosol, then standard infection prevention and control procedures can be applied, in line with the Dental Council’s [Infection Prevention and Control Practice Standard](#). Please note long sleeve impervious gowns are required.

This can happen in a dental practice or wherever patients are normally treated in a negative pressure room, if available; or single room, normal pressure, door closed. The following PPE is required:

- Surgical mask
- Gloves
- Eye protection
- Long sleeve impervious gowns.

B. Patients who meet all the following criteria:

- are not positive for COVID-19
- do not exhibit any of the following symptoms
 - sore throat
 - cough
 - shortness of breath
 - high temperature (>38C)
- are not a suspected case nor are a close contact nor have been in isolation with a suspected case
- have not had any international travel in the last 14 days
- who answer no to the screening questions on page 6 below.

If the treatment **will generate** an aerosol, then transmission-based precautions are required, in line with the Dental Council’s [Infection Prevention and Control Practice Standard](#) transmission based precautions. Please note, long sleeve impervious gowns are required.

This can happen in dental practice in a single room, normal pressure, door closed where the correct PPE is available, and the health care professionals have been trained how to use it. This will include the use of:

- N95 or FFP2 mask¹
- Gloves
- Eye protection
- Long sleeve impervious gowns.

3. High risk care

Patients who meet any of the following criteria:

- are COVID-positive
- are suspected to be COVID positive and awaiting test results
- have had close contact with a COVID positive patient.

Where care will generate an aerosol, these patients should be treated in a **negative pressure room**.

PPE required includes:

- N95 or FFP2 mask
- Gloves
- Eye protection
- Long sleeve impervious gown.

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 waste.

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.

¹ 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.

Low risk care

- Patients who:
- are not positive for COVID-19
 - do not exhibit any of the following symptoms
 - sore throat
 - cough
 - shortness of breath
 - high temperature (>38°C)
 - are not a suspected case nor are a close contact nor have been in isolation with a suspected case
 - have not travelled internationally in the last 14 days
 - answer “no” to the screening questions in ‘Steps in assessing a patient for urgent care’, as described on page 6

Treatment without generate aerosols

- PPE required:
- Surgical mask
 - Gloves
 - Eye protection
 - Gowns

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

- Room requirements:
- Single room
 - Normal pressure

Medium risk care

- Patients who:
- are COVID-positive or
 - are suspected to be COVID positive and awaiting test results
 - have had close contact with a COVID positive patient

Treatment without generate aerosols

- PPE required:
- Surgical mask
 - Gloves
 - Eye protection
 - Long sleeve impervious gowns

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

- Room requirements:
- Negative pressure, if available; otherwise normal pressure
 - Single room
 - Door closed

Patients who:

- are not positive for COVID-19
- do not exhibit any of the following symptoms
 - sore throat
 - cough
 - shortness of breath
 - high temperature (>38°C)
- are not a suspected case nor are a close contact nor have been in isolation with a suspected case
- have not travelled internationally in the last 14 days
- answer “no” to the screening questions in ‘Steps in assessing a patient for urgent care’, as described on page 6

Treatment does generate aerosol

- PPE required:
- N95 or FFP2 mask*
 - Gloves
 - Eye protection
 - Long sleeve impervious gowns

Treatment can occur in practice in a single room, normal pressure, door closed where the correct PPE is available and the health care professionals have been trained how to use it.

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

High risk care

- Patients who are:
- COVID-positive
 - are suspected to be COVID positive and awaiting test results
 - have had close contact with a COVID positive patient

Treatment does generate aerosol

- PPE required:
- N95 or FFP2 mask
 - Gloves
 - Eye protection
 - Long sleeve impervious gowns

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:
- Single room
 - Negative pressure
 - Door closed

* 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.

Steps in assessing patients for urgent care or emergencies

1. **Triage all patients by phone first** and decide whether they can be deferred. If over the counter or prescription medication is required, please note:
 - prescriptions can be sent to 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).
2. 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?
 - Have you or anyone coming in contact with you, had contact with someone with a confirmed diagnosis of COVID-19?
 - Have you travelled internationally in the last 14 days?
 - Are you aged 70 or over?
 - Do have any of the following symptoms?
 - sore throat
 - cough
 - shortness of breath
 - high temperature (>38C).

Steps to limit transmission

For suspected or COVID-positive patients, steps should be taken to limit how infectious particles can enter the facility.

To minimise risk practitioners must:

- use telemedicine when possible
- limit points of entry
- screen patients for respiratory symptoms
- encourage patient respiratory hygiene using alternatives to facemasks (e.g. tissues to cover cough)
- 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.
- emphasize hand hygiene
- limit the numbers of staff providing their care.

- Use personal protective equipment appropriately to prevent unnecessary use of limited supplies of N95 masks and other PPE resources.
- Special care should be taken to ensure that N95 masks are reserved for situations where respiratory protection is most important; such as performance of aerosol-generating procedures on confirmed COVID-19 patients or provision of care to patients with other infections for which respiratory protection is strongly indicated (e.g., tuberculosis, measles, varicella).

Waiting areas

- All unnecessary items should be removed from the waiting room and surfaces kept clear and clean
- Separate waiting room chairs by 2 meters
- 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 neutral pH detergent.
- 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](#).

Upon arrival and during the visit

- Limit points of entry to the facility
- Take steps to ensure that all persons with symptoms of COVID-19 or other respiratory infection (such as fever, cough) adhere to respiratory hygiene and cough etiquette
- 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 health care practitioners with instructions (in appropriate languages) about hand hygiene, respiratory hygiene, and cough etiquette. Instructions should include how to use tissues to cover nose and mouth when coughing or sneezing, to dispose of tissues and contaminated items in 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 no-touch receptacles for disposal, at healthcare facility entrances, waiting rooms, and patient check-ins.

Hand hygiene

- Oral healthcare practitioners should perform hand hygiene before and after all patient contact, 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.
- Oral healthcare practitioners 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.

Personal protective equipment

- Select appropriate PPE in accordance with Dental Council's [Infection Prevention and Control Practice Standard](#) and where necessary with Transmission Based Precautions
- Oral health care 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.
- Any reusable PPE must be properly cleaned, decontaminated, and maintained after and between uses.
- The PPE recommended when caring for a patient with known or suspected COVID-19 and whose care will generate of aerosols includes:
 - N95 or FFP2 mask
 - long sleeve impervious gown
 - eye protection
 - gloves.

If you are providing urgent care or emergency dental treatment to:

- a low risk patient, you do not require special PPE and N95 masks are not required
- a medium risk patient who can be treated without generating an aerosol, no special PPE is required, and no N95 mask is required
- a medium risk patient where treatment generates aerosols, additional PPE is required including N95 or FFP2 mask
- a high risk patient, and treatment generates aerosols, additional PPE is required including N95 or FFP2 mask.

Cleaning and decontamination

- After treating suspected or COVID-positive patient and aerosol generating procedures have occurred, the room should remain closed for a stand-down period of 20 minutes prior to cleaning.
- Appropriate PPE should be worn for cleaning down the room.
- Wipe down hard surfaces with detergent and water, then hospital grade disinfectant (or bleach) with activity against respiratory virus, including COVID-19.
- Remove any linen that has been used into linen bags for hot washing.
- Wipe down hard surfaces with detergent and water, then hospital grade disinfectant.
- Remove and discard PPE as clinical waste (taken off in the following order: gloves, hand hygiene, protective eyewear (if separate from mask), gown, hand hygiene, mask, hand hygiene). Perform hand hygiene thoroughly to elbows.

Patient and treatment risk profiles and the associated precautions

Appendix 1

Care risk	Situation	Urgent/Emergency Treatment	PPE required	Minimum Room requirements
Low risk care	<p>Patients who:</p> <ul style="list-style-type: none"> are not positive for COVID-19 do not exhibit any of the following symptoms <ul style="list-style-type: none"> sore throat cough shortness of breath high temperature (>38°C) are not a suspected case nor are a close contact nor have been in isolation with of a suspected case have not travelled internationally in the last 14 days answer “no” to the screening questions in ‘Steps in assessing a patient for urgent care’ 	Non generating aerosol treatment	Surgical mask Gloves Eye protection Gowns	Single room Normal pressure eg dental surgery
Medium risk care	<p>Patients who:</p> <ul style="list-style-type: none"> are COVID-positive are suspected to be COVID positive and awaiting test results have been in close contact with COVID-positive patient 	Non generating aerosol treatment	Surgical mask Gloves Eye protection Long sleeved impervious gowns	Negative pressure room, if available Single room Normal pressure Door closed eg dental surgery
	<p>Patients who:</p> <ul style="list-style-type: none"> are not COVID positive are not exhibiting any of the following symptoms <ul style="list-style-type: none"> sore throat cough shortness of breath high temperature (>38°C) are not a suspected case nor are a close contact nor have been isolation with a suspected case have not travelled internationally in the last 14 days 	Aerosol generating treatment as only option for care	N95 or FFP2 mask ² Gloves Eye protection Long sleeved impervious gowns	Single room Normal pressure Door closed eg dental surgery
High risk care	<p>Patients who:</p> <ul style="list-style-type: none"> are COVID-positive are suspected to be COVID positive and awaiting test results have been in close contact with COVID-positive patient 	Aerosol generating treatment as only option for care	N95 or FFP2 mask Gloves Eye protection Long sleeved impervious gowns	Single room Negative pressure Door closed

² 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.