MINISTRY OF HEALTH
MANATŪ HAUORA

Dental Council
Te Kaunihera Tiaki Niho

Guidelines for oral health services at COVID-19 Alert Level 1

24 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 1. **Oral health practitioners must comply with the requirements in this document** for when patients can be seen, what type of care can be provided, and what conditions are required (minimum room and PPE requirements are provided).

While we are in COVID-19 Alert Level 1

During COVID-19 Alert Level 1, the low and high risk classification for patients continue but with an updated risk assessment, to align with the updated Ministry of Health risk-assessment, with focus 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). The new risk assessment questions for oral health services are detailed on the next page.

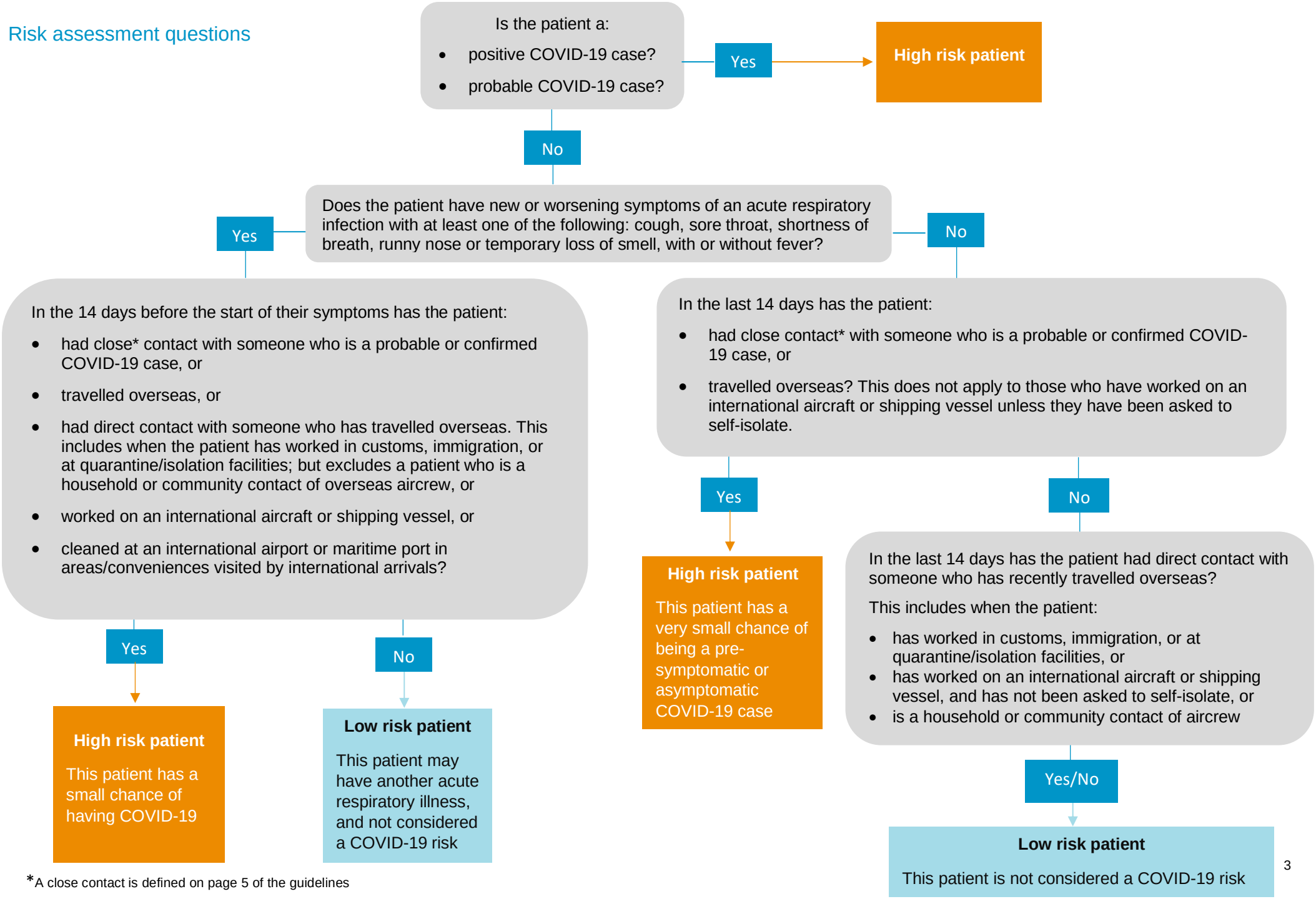
You can provide **routine dental care and urgent or emergency dental care** for those patients who fall into the **low risk** category.

You can provide **only urgent or emergency care** for patients who fall into the **high risk** category.

General comments

- The Guidelines for oral health services at COVID-19 Alert Level 1 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 1
- All team members within the treatment room/area during treatment must wear the appropriate PPE.

Risk assessment questions



*A close contact is defined on page 5 of the guidelines

Based on MOH risk assessment (25Jun20) https://www.health.govt.nz/system/files/documents/pages/alert-_level-1-risk-assessment-questions-if-covid-19-status-is-unknown-25jun20.pdf

Steps in assessing a patient for care

1. For ALL patients ask the following questions before scheduling an appointment, and record the patient's responses in their record. This assessment will determine whether you need to take extra infection prevention and control precautions because they are at risk of having COVID-19, or they have been potentially exposed to COVID-19 in the past 14 days and therefore they have a risk, although very low, of being pre-symptomatic or an asymptomatic COVID-19 case.

   COVID-19 epidemiological questions:

   a. Do you have a confirmed diagnosis of COVID-19?

   b. Are you waiting for a COVID-19 test or the results, or considered a probable case, or been asked to self-isolate?

   c. Have you had close contact* with other people in the last 14 days who are probable or confirmed to have COVID-19?

   Acute respiratory infection symptoms:

   d. Do you have new or worsening symptoms of an acute respiratory infection with at least 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?

   Overseas travel and close contacts:

   e. Have you travelled overseas in the last 14 days?

   f. Have you had direct contact with someone in the last 14 days who has travelled overseas?

   g. Do you work on an international aircraft or shipping vessel?

   h. Do you work or have you recently at an international airport or maritime port in areas/conveniences visited by international arrivals?

   i. Do you work or have you recently worked in customs, immigration, or at managed quarantine/isolation facilities?

   j. Are you a household member or a community contact of aircrew?

   *A close contact is defined on page 5 of the guidelines

2. A patient will be considered **low risk** if they answer 'NO' to all of the questions.

3. If a patient answers 'YES' to having new or worsening acute respiratory infection symptoms (question d) but 'NO' to questions a-c and e-i, it is considered that this patient may have another acute respiratory illness, rather than COVID-19, and can be effectively managed by the standard precaution measures described for a '**low risk** patient'.

4. A patient will be considered **high risk** if they answer **'YES' to ANY** of the questions related to COVID-19 epidemiological questions (questions a-c) or have themselves travelled overseas in the last 14 days (question e), irrespective of whether they have any of the acute respiratory infection

symptoms or not. Aircrew or shipping vessel members who travelled overseas with any acute respiratory infection symptoms or who have been asked to self-isolate will be considered a 'high risk patient'; otherwise manage them as a 'low-risk patient'.

5. For those patients who work in industries in direct contact with overseas travellers coming into New Zealand and their close contacts, the following provisions apply (questions e-j):

   i. A patient who answers 'YES' for questions e-i **with** respiratory symptoms will be considered a 'high risk patient'.

   ii. A patient who answers 'YES' for questions e-i **without** respiratory synptoms will be considered a 'low risk patient'.

   iii. A patient who answers "YES' for question j will be considered a 'low risk patient', regardless of whether they have they have any of the acute respiratory infection symptoms or not.

6. When the patient arrives for their appointment, confirm their responses to the questions asked when scheduling, and record the patient's responses in their record.

7. Someone who has recovered from COVID-19 infection is classified as a 'low risk patient'.

   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 48 hours
   - They have been cleared by the health professional responsible for their monitoring.[1]

8. '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 of 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 (eg, 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).[2]

[1] https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-current-situation/covid-19-current-cases

[2] 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

*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.

Treatment requirements

1. Low risk patient

You can provide routine care and urgent or emergency care (non-aerosol and aerosol generating procedures). Apply standard precautions as per the Infection Prevention and Control (IPC) Practice Standard.

The treatment can be performed in a dental practice setting or wherever the patient is normally treated, as long as all necessary PPE is used.

Minimum PPE required:

- Surgical mask (Level 2 or above)
- Eye protection (Safety glasses that have side vents; or goggles; or prescription glasses covered with a full face shield/visor. Prescription glasses are not considered as eye protection)
- Gloves
- Outer protective clothing[3] as per the IPC practice standard (for example a gown, tunic over your street clothing or uniform).

Aim to schedule and manage patients to limit their contact with others and the time they spend in a common area. This is particularly important when providing care for patients who are 70 years and over or considered at increased risk for developing severe COVID-19 infection because of a pre-existing health condition.[4]

If a patient is considered a 'low risk patient' but has respiratory symptoms:

- If a 'low risk patient' has respiratory symptoms, consider whether treatment can be deferred until the patient has recovered
- If treatment cannot be deferred:
    - provide the patient with a facemask to wear when they arrive at the practice
    - keep them 1 metre away from others or move them directly into a single room if available
    - if your staff cannot maintain the 1 metre physical distancing then provide them with a surgical mask as well.

[3] 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

[4] Patients considered at increased risk for severe COVID-19 include those with serious respiratory disease, serious heart conditions, immunocompromised conditions, severe obesity, diabetes, chronic kidney disease or those undergoing dialysis, and liver disease; and pregnant patients

When providing care for a low risk patient (as defined on page 3) that **will generate an aerosol**:

- Close the door wherever possible.
- Use measures aimed at reducing the extent and contamination of aerosol and splatter **where possible and practical**.

  For example, high volume evacuation systems (HVE), use of dental dam*, and pre-procedural mouthrinses.[5]

  The cumulative impact of using all these measures significantly decreases the amount of aerosol and the level of infectious agents contained within it. Ideally practitioners should use all three measures wherever possible.

  This may mean involving a dental assistant when possible, to handle the HVE when aerosol is generated.

  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.

*also commonly referred to as rubber dam

[5] At this time there is limited information on the effectiveness of specific mouthrinses against COVID-19. Peng, X et al reported that since SARS -CoV-2 is vulnerable to oxidation, pre-procedural mouth rinse containing oxidative agents such as 1% hydrogen peroxide or 0.2% povidone is recommended, for the purpose of reducing the salivary load of oral microbes, including potential SARS -CoV -2 carriage. Pre-procedural mouth rinse will be most useful in cases when rubber dam cannot be used. (Peng, X et al. *Transmission routes of 2019 – nCoV and controls in dental practice*. International Journal of Oral Science. (2020). The effectiveness of chlorhexidine against COVID-19 is unknown.

2. High risk patient (ONLY urgent or emergency care)

You can provide **ONLY urgent or emergency care** for these patients.

Treatment will most likely be in a hospital or tertiary care facility. Treatment can be provided in a dental practice if the room and PPE requirements can be met. Aim to schedule and manage high risk patients so as to limit the opportunity for contact with other patients and team members (e.g. at the end of the day or session).

For non-aerosol generating procedures:

Room requirements: a single room, door closed.

Minimum PPE required:

- Surgical mask (Level 2 or above)
- Eye protection[6]
- Gloves
- Outer protective clothing[3] as per the IPC practice standard. In addition, an impervious single use layer e.g. apron, must be worn with reusable outer protective clothing.

For aerosol generating procedures:

Room requirements: treatment should occur in a **negative pressure room.**

Minimum PPE required:

- N95 or FFP2 mask (single use)[7,8]
- Eye protection[6]
- Gloves
- Long sleeve impervious gowns[9].

All PPE must be discarded as clinical waste.[10]

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[3] 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

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

[7] 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

[8] 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

[9] Change at least between patients

[10] Defined as controlled waste within the Council's Infection prevention and control practice standard

Assessing and managing high-risk patients

1. You can provide ONLY urgent or emergency care for these patients, defer all other care.

2. **Triage these patients by phone** and decide whether they require urgent or emergency care.

   If the 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 treatment, to effectively manage their urgent/emergency dental condition, you can see the patient if you can meet the room and PPE requirements for high risk patients.

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

3. If you need to see a high risk patient:

   - Schedule and manage the patient in a way that minimises face-to-face interaction with others (e.g. at the end of day or session).

   - **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.

   - When aerosol-generating procedures are required:
     - Wear at minimum an N95 or FFP2 mask[8], gloves, a long sleeved impervious gown, and eye protection – a full face shield/visor over any of the following: (1) safety glasses that have side vents, or (2) goggles, or (3) prescription glasses. Treatment should occur in a negative pressure room.
     - 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 mouth rinse.[5]
     - 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.

4. If over-the-counter or prescription medication is required for high risk patients:

   - Prescriptions can be sent to the pharmacy for collection without the patient presenting at the dental surgery.
   - Where prescriptions are issued to probable 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.

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[5] At this time there is limited information on the effectiveness of specific mouthrinses against COVID-19. Peng, X et al reported that since SARS -CoV-2 is vulnerable to oxidation, pre-procedural mouth rinse containing oxidative agents such as 1% hydrogen peroxide or 0.2% povidone is recommended, for the purpose of reducing the salivary load of oral microbes, including potential SARS -CoV -2 carriage. Pre-procedural mouth rinse will be most useful in cases when rubber dam cannot be used. (Peng, X et al. *Transmission routes of 2019 – nCoV and controls in dental practice*. International Journal of Oral Science. (2020). The effectiveness of chlorhexidine against COVID-19 is unknown

[8] 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

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 negatively 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 infection that is likely to exacerbate systemic medical conditions such as diabetes.

Steps to limit transmission for all patients

Patient scheduling and management

- Continue to assess patients for any COVID-19 symptoms before booking, and when they arrive for their appointment; similarly, for a support person that may be attending.

  If the support person answers 'yes' to any of the COVID-19 assessment questions, and no alternative support person is available, ask the support person to wear a surgical mask before entering the practice.

- Schedule and manage patients to limit the time they will spend in a common area and their contact with others. For example, when a patient arrives you may consider asking them to wait outside of the practice area until their appointment time, and escorting them directly into the clinical area, where possible.

  This is particularly important when providing care for patients who are 70 years and over or considered high risk for severe COVID-19 infection because of a pre-existing health condition.[4]

- Ask patients to arrive as close as possible to their appointment time.

- Limit points of entry into the facility.

- 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 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.

- Request patients to wash their hands (where facilities allow) or 'hand sanitise' on arrival and departure from the clinic.

- Continue to practise1 metre physical distancing wherever possible and practical (between staff; between staff and patients; and patients and patients). Consider offering non-clinical team members the option of wearing a surgical mask where physical distancing is not practical.

- Limit the number of people providing patient support in the treatment area to one.

- Be generous with appointment times to allow careful, unrushed attention to IPC procedures. A general 'slow-down' approach is recommended overall.

[4] Patients considered high risk for severe COVID-19 include those with serious respiratory disease, serious heart conditions, immunocompromised conditions, severe obesity, diabetes, chronic kidney disease or those undergoing dialysis, and liver disease; and pregnant patients

Waiting areas

- All unnecessary items should be removed from the waiting room, such as magazines and toys, and surfaces kept clear and clean.
- Physical distancing is not required, but distancing of 1 metre is encouraged where possible and practical.
- 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 must prominently display the New Zealand COVID Tracer QR code at the entrance of the facility.

Team management

- If team members are unwell, they should stay home.
- Consider introducing measures to monitor your own health and that of your team.
- Ensure your team members understand the risks associated with dental practice during COVID-19 Alert Levels, and the measures you are taking to mitigate the risks.

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 washing hands with soap and water for at least 20 seconds or using ABHR with 60-95% alcohol If hands are visibly soiled, use soap and water before returning to ABHR.
- Hand hygiene supplies should be readily available to all staff 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 health care practitioners must have received training in 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.

    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.[8]

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

[8] 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

Additional steps to limit transmission when providing care for high risk patients

For probable or COVID-positive patients, additional 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)
- isolate symptomatic patients as soon as possible. Place patients with probable or confirmed COVID-19 in separate room 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 gown[11], gloves, surgical mask and protective eyewear.
- Wipe down hard surfaces using a two-step process: first with detergent and water, then hospital grade disinfectant[12] 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 waste[10] (taken off in the following order: gloves, hand hygiene, gown, hand hygiene, protective eyewear (if separate from mask), hand hygiene, mask, hand hygiene).[13]
- Perform hand hygiene thoroughly to elbows.

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[10] Defined as controlled waste within the Council's Infection prevention and control practice standard

[11] If wearing a long sleeved impervious gown, a fresh gown is needed for cleaning

[12] 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

[13] 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

<table>
<tr><td>Risk assessment</td><td>Low risk patient</td><td colspan="2">High risk patient</td></tr>
<tr><td>Type of treatment</td><td>Routine care, and urgent or emergency care
When generating an aerosol, use the measures aimed at reducing the extent and contamination of aerosol, as provided on page 8</td><td colspan="2">Only urgent or emergency care[1]</td></tr>
<tr><td rowspan="2">PPE</td><td rowspan="2">• Surgical mask (Level 2 or above)
• Eye protection[2]
• Gloves
• Outer protective clothing as per the IPC practice standard
If patient has respiratory symptoms and the dental treatment cannot be deferred:
○ on arrival to the practice provide the patient with a surgical mask to wear
○ keep them 1 metre away from others or move them directly into a single room if available.
○ if your staff cannot maintain the 1 metre physical distancing then provide them with a surgical mask as well.</td><td>Non-aerosol generating procedures:</td><td>Aerosol generating procedures:</td></tr>
<tr><td>• Surgical mask (Level 2 or above)
• Eye protection[3]
• Gloves
• Outer protective clothing as per the IPC practice standard. In addition, an impervious single-use layer, e.g. apron, must be worn with reusable outer protective clothing.</td><td>• N95 or FFP2 mask (single use)[4,5]
• Eye protection[3]
• Gloves
• Long sleeved impervious gowns[6]</td></tr>
</table>

1 Aim to schedule and manage confirmed or suspected COVID-19 patients so as to limit the opportunity for contact with other patients and team members

2 Safety glasses that have side vents; or goggles; or prescription glasses covered with a full face shield/visor

3 Full face shield/visor **over any of the following** (1) safety glasses, or (2) goggles, or (3) prescription glasses

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 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 Change at least between patients

Room requirements	eg dental surgery Standard precautions apply, as per IPC practice standard	**Non-aerosol** generating procedures: • Single room • Door closed	**Aerosol** generating procedures: • **Negative pressure** • Single room • Door closed Stand room down for 20min after treatment before cleaning (only for aerosol generating procedures for confirmed or suspected COVID-19 patients)

Changes between 3 July and 24 August versions

Appendix 2

3 July 2020 version		24 August 2020 version	
P13	Practices encouraged to display QR codes	P13	Government mandated the display of the New Zealand COVID Tracer QR code. Provision updated to require display of the QR code at the entrance of the facility.

Changes between 22 June and 3 July versions

22 June 2020 version		3 July 2020 version	
pp3&4	Revised questions – refer next comment	pp3&4	New risk assessment questions have been added to reflect the Ministry of Health's revised assessment questions for interactions with patients of unknown COVID-19 status. The **only** change made is to the risk assessment criteria for determining the appropriate risk category. The **management of the high and low risk groups has not changed** (i.e. what treatment can be performed, PPE and room requirements). There is focus 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, and households of aircrew). An additional risk assessment layer was added to the assessment pathway for patients without respiratory symptoms and who are direct contacts of others who have recently travelled overseas.
p5		p5	Ministry of Health's definition of a 'close contact' provided. (point 8)