







Risk management principles for oral health during the COVID-19 pandemic

Figure 3: Patient management, room, PPE and stand down time requirements

Follow the risk-based precautions set out in the table below. Apply discretion to raise or lower measures depending on the results of patient screening, level of community transmission or other relevant risk factors. The level of the protection framework that applies in your area indicates the extent and risk of community transmission in the region.

The table below represents minimum standards. Based on your assessment of risk - you may choose to use precautions that offer a higher level of protection.

	Low risk of transmission Patient has no clinical or epidemiological risk factors for COVID-19	High risk of transmission Patient is confirmed or suspected to have COVID-19
Patient management 	<ul style="list-style-type: none"> Patient's own face covering or a medical mask on entering and exiting the practice Maintain 2 metre physical distancing where possible and practical. This is of particular importance within multi chair clinics 	<ul style="list-style-type: none"> Defer care where possible until the patient is well If care cannot be deferred, schedule the patient to minimise face-to face interaction with others (e.g., end-of-session, end-of-day) Provide a medical mask for the patient on entering and exiting the practice Maintain 2 metre distancing where possible and practical
Room requirements 	<ul style="list-style-type: none"> Well ventilated room recommended Standard treatment room (where care is normally provided) 	<p>For patients confirmed to be infected:</p> <ul style="list-style-type: none"> An Airborne Infection Isolation Room (AIIR) is preferred If not available, treat the patient in a single room, well ventilated, door closed and not positively pressured <p>For suspected patients:</p> <ul style="list-style-type: none"> Well ventilated room Single room, door closed Display an alert sign on the closed door
PPE		
	Standard requirement	Standard requirement
	Standard requirement ¹	Long sleeve, fluid resistant gown
	<ul style="list-style-type: none"> Safety glasses that have side protection, or Goggles, or Full face shield 	<ul style="list-style-type: none"> Safety glasses that have side protection, or Goggles, or Full face shield
	At minimum, medical/surgical mask (type IIR or level 2) ²	P2/N95 (single use) ³

¹ This means the outer protective clothing you normally wear (gown, scrubs, tunics etc.). Ensure proper cleaning of the forearm up to the elbow when performing hand hygiene when short sleeve is worn.

² If you choose to use a P2/N95 for low-risk patients, disposable respirators can be used during a session, up to 4 hours – but must be changed within a session when visibly dirty, damaged, or wet.

³ Fit tested, and fit checked at the time of use. Respiratory protection can also be achieved using: half or full-face reusable respirator with P2 filter, supplied air respirator (SAR), or powered air-purifying respirator (PAPR). If P2/N95 is not available due to supply shortages, you can use KN95 purchased only from reputable medical suppliers – be aware of counterfeit products which will provide insufficient respiratory protection.

Stand down time from when patient leaves the room



N/A

Air changes per hour (ACH)	
Stand down time (described in minutes) from when the patient leaves the room	
1-5 or unknown	<ul style="list-style-type: none">• Standard: 30• High volume evacuation (HVE) used: 25• HVE & dental dam used: 20
6-9	<ul style="list-style-type: none">• Standard: 20• HVE used: 15• HVE & dental dam used: 10
≥ 10	<ul style="list-style-type: none">• Standard: 15• HVE and/or dental dam used: 10