

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

22 April 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. Practitioners should exercise clinical judgement in applying this guidance; you know your patients and your staff best.

The government has described healthcare services during Alert Level 3 as “virtual, non-contact consultations where possible”. 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 on 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).

While we are in COVID-19 Alert Level 3

The treatment scenarios under Alert Level 3 remain the same as under Alert Level 4. This means that you can provide **ONLY** urgent and emergency care to your patients.

All dental treatment for urgent or emergency care which cannot be deferred should continue where the PPE and room requirements can be met.

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 a patient’s dental infection, pain and/or trauma may be possible with medication alone.

If in your professional judgement the patient needs 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.

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 necessary:
 - wear at minimum an N95 or FFP2 mask*, and a long sleeved impervious gown
 - 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 rinse
 - preferably use an electric drill that operates at ≤ 40000 rpm, 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.

Dental laboratories can commence manufacture **without patient contact** (no impression taking, fitting or shade taking) as long as social distancing is achievable as per Ministry of Health guidelines.

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](#).
- 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 during treatment, must wear the appropriate PPE.

What is “urgent” and “emergency” care?

Patients should have access to dental emergency triage and advice via telephone. See the patient in person if you determine that their pain or dental infection cannot be controlled by medication, or if they have orofacial trauma that requires 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 (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.

What patients can be seen where?

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

1. Low risk care

Patients who meet all the following criteria:

- are not positive for COVID-19
- do not exhibit any acute respiratory infection with at least one of the following symptoms:
 - cough
 - sore throat
 - shortness of breath
 - coryza¹
 - anosmia²with or without fever
- are not a suspected case nor are a close contact nor have been in isolation with a suspected case
- are not in quarantine

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
- Gloves
- Gowns³.

¹ Head cold e.g. runny nose, sneezing, post-nasal drip

² Loss of sense of smell

³ 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 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
- are in quarantine

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 protection⁴
- Gloves
- Long sleeve impervious gowns⁵.

⁴ Full face shield/visor with glasses, or goggles

⁵ Change at least between patients

B. Patients who meet all the following criteria:

- are not positive for COVID-19
- do not exhibit any acute respiratory infection with at least one of the following symptoms:
 - cough
 - sore throat
 - shortness of breath
 - coryza¹
 - anosmia²with or without fever
- are not a suspected case nor are a close contact nor have been in isolation with a suspected case
- are not in quarantine

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)^{6,7}
- Eye protection⁴
- Gloves
- Long sleeve impervious gowns⁵.

¹ Head cold e.g. runny nose, sneezing, post-nasal drip

² Loss of sense of smell

⁴ Full face shield/visor with glasses, or goggles

⁵ Change at least between patients

⁶ 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

⁷ 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 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
- are in quarantine

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)^{6,7}
- Eye protection⁴
- Gloves
- Long sleeve impervious gown⁵.

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 waste⁸.

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.

⁴ Full face shield/visor with glasses, or goggles

⁵ Change at least between patients

⁶ 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

⁷ 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

⁸ Defined as controlled waste within the Council's Infection prevention and control practice standard

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

Low risk care

- Patients who:
- are not positive for COVID-19
 - do not exhibit any acute respiratory infection with at least one of the following symptoms:
 - cough
 - sore throat
 - shortness of breath
 - coryza¹
 - anosmia²
 - with or without fever
 - are not a suspected case nor are a close contact nor have been in isolation with a suspected case
 - are not in quarantine

Treatment will not generate aerosol

- Minimum PPE required:
- Surgical mask (Level 2 or above)
 - Eye protection
 - Gloves
 - Gowns³

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

- Room requirement:
- Single room

Medium risk care

- A. 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
 - are in quarantine

Treatment will not generate aerosol

- Minimum PPE required:
- Surgical mask (Level 2 or above)
 - Eye protection⁴
 - Gloves
 - Long sleeve impervious gowns⁵

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
 - do not exhibit any acute respiratory infection with at least one of the following symptoms:
 - cough
 - sore throat
 - shortness of breath
 - coryza¹
 - anosmia²
 - with or without fever
 - are not a suspected case nor are a close contact nor have been in isolation with a suspected case
 - are not in quarantine

Treatment will generate aerosol

- Minimum PPE required:
- N95 or FFP2 mask (single use)^{6,7}
 - Eye protection⁴
 - Gloves
 - Long sleeve impervious gowns⁵

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 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
 - are in quarantine

Treatment will generate aerosol

- Minimum PPE required:
- N95 or FFP2 mask (single use)^{6,7}
 - Eye protection⁴
 - Gloves
 - Long sleeve impervious gowns⁵

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 Head cold e.g. runny nose, sneezing, post-nasal drip

² Loss of sense of smell

³ 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

⁴ Full face shield/visor with glasses, or goggles

⁵ Change at least between patients

⁶ 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

⁷ 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 urgent care or emergencies

1. **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 infection, pain, and/or trauma may be possible with medication alone.

2. If in your professional judgement the patient needs 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.

3. 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?
- Do you exhibit any acute respiratory infection with at least one of the following symptoms:
 - cough
 - sore throat
 - shortness of breath
 - coryza¹
 - anosmia²with or without fever?
- Are you in quarantine?

4. If over-the-counter or prescription medication is required:

- 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)
- follow the [new rules for electronic prescriptions](#) to support virtual care in the community, published 2 April

¹ Head cold e.g. runny nose, sneezing, post-nasal drip

² Loss of sense of smell

Steps to limit transmission

For suspected or COVID-positive patients

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
- emphasise hand hygiene
- limit the numbers of staff providing their care.

Waiting areas

- Avoid the use of waiting room and reception area where possible. Encourage direct patient entry into the treatment room.
- 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.
- Establish and maintain a contact register for all people entering the practice to allow contact tracing.
- 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 your arm or 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.
- 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. 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

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

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. At minimum wear a gown⁹, gloves, surgical mask and protective eyewear.
- Wipe down hard surfaces using a two-step process: with detergent and water, then hospital grade disinfectant¹⁰ with activity against respiratory virus, including COVID-19.
- Remove any linen that has been used into linen bags for hot washing.
- Remove and discard PPE as clinical waste¹¹ (taken off in the following order: gloves, hand hygiene, gown, hand hygiene, protective eyewear (if separate from mask), hand hygiene, mask, hand hygiene).¹²
- Clean and disinfect re-usable PPE as per the manufacturer's instructions.

Team management

- Consider strengthening measures to ensure team members practising are healthy (for example, consider introducing daily temperature checks and respiratory symptom monitoring).
- 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.
- 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 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)
 - Gloves¹³
 - Gowns¹⁴.
- For any direct patient contact the required PPE requirements should be met as described in the *Patient and treatment risk profile* tables. If the patient enters the laboratory, the room and PPE requirements must be met.

⁹ If wearing a long sleeved impervious gown, a fresh gown is needed for cleaning

¹⁰ 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

¹¹ Defined as controlled waste within the Council's Infection prevention and control practice standard

¹² <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>

¹³ Gloves should at minimum be worn during cleaning and disinfecting the dental appliance before and after repair/modification to it

¹⁴ 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

Care risk	Situation	Urgent/Emergency Treatment	Minimum PPE required	Minimum Room requirement/s
Low risk care	<p>Patients who:</p> <ul style="list-style-type: none"> are not positive for COVID-19 do not exhibit any acute respiratory infection with at least one of the following symptoms: <ul style="list-style-type: none"> cough sore throat shortness of breath coryza¹ anosmia² with or without fever are not a suspected case nor are a close contact nor have been in isolation with of a suspected case are not in quarantine 	Treatment will not generate aerosol	Surgical mask (Level 2 or above) Eye protection Gloves Gowns ³	Single room (eg dental surgery)
Medium risk care	<p>A. 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 are in quarantine 	Treatment will not generate aerosol	Surgical mask (Level 2 or above) Eye protection ⁴ Gloves Long sleeved impervious gowns ⁵	Single room Door closed (eg dental surgery)
	<p>B. Patients who:</p> <ul style="list-style-type: none"> are not COVID positive do not exhibit any acute respiratory infection with at least one of the following symptoms: <ul style="list-style-type: none"> cough sore throat shortness of breath coryza¹ anosmia² with or without fever are not a suspected case nor are a close contact nor have been isolation with a suspected case are not in quarantine 	Treatment will generate aerosol	N95 or FFP2 mask (single use) ^{6,7} Eye protection ⁴ Gloves Long sleeved impervious gowns ⁵	Single room 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 are in quarantine 	Treatment will generate aerosol	N95 or FFP2 mask (single use) ^{6,7} Eye protection ⁴ Gloves Long sleeved impervious gowns ⁵	Negative pressure Single room Door closed Stand room down for 20min after treatment before cleaning

¹ Head cold e.g. runny nose, sneezing, post-nasal drip

² Loss of sense of smell

³ 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

⁴ Full face shield/visor with glasses, or goggles

⁵ Change at least between patients

⁶ 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

⁷ 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