

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

10 March 2021

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. At COVID-19 Alert Level 3, with community transmission, the government stipulations are that people stay home and do not move about. It is therefore unreasonable that routine oral healthcare is offered.

The purpose of this document is to describe the conditions within which oral health services can be provided, which **oral health practitioners must comply with**, during the New Zealand government COVID-19 Alert Level 3. The conditions include triaging patients over the phone, when patients can be seen, what type of care can be provided, and the minimum 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.

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.

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 P2 particulate respirator*, a long-sleeved impervious gown, and eye protection as specified.
 - use measures aimed at reducing the extent of aerosol and splatter as appropriate, for example, high volume evacuation systems and use of dental dam**.
 - Preferably use a slow speed handpiece***, 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), or powered air-purifying respirator (PAPR). Users should be trained how to don, use, doff and decontaminate these appropriately to prevent agent transfer.

** Also commonly referred to as rubber dam.

*** A slow speed handpiece that operates at $\leq 40,000$ rpm is preferable.

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.
- All team members within the treatment room/area during treatment, must wear the appropriate PPE.
- All used PPE must be discarded as clinic waste (defined as controlled waste in the Council's infection prevention and control practice standard).
- Where a N95 or P2 particulate respirator is used, clinical staff and oral health practitioners must have received training in fit checking and undergo fit testing before use. A fit check should be done by the wearer every time. Ministry of Health guidance on fit testing of N95 masks can be found [here](#) (p4).
- New fit testing must also be performed when a different brand is introduced, and with significant weight loss or gain.
- These respirators cannot be worn over a beard.

“Urgent” and “emergency” care?

At COVID-19 Alert Level 3, with community transmission, the government stipulations are that people stay home and do not move about. It is therefore unreasonable that routine oral healthcare is offered. Oral health practitioners must use their clinical judgement and ensure patients are provided urgent or emergency care when needed.

Urgent dental care must focus on the management of conditions that require immediate attention to relieve pain and/or minimise risk of infection; and to alleviate the burden on hospital emergency departments. Urgent dental care should be as minimally invasive as possible.

“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 are potentially life threatening presentations that require immediate treatment to stop ongoing bleeding and/or alleviate severe pain or infection.

“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 (Border staff (international airport and maritime port); quarantine and isolation facility staff; air crew; and travellers are considered to have either travelled overseas or had direct contact with someone who has)
- 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
- Do not have any of the less typical symptoms, such as:
 - fever only
 - diarrhoea
 - headache
 - myalgia
 - nausea/vomiting
 - the person seemed confused or having difficulty answering the questions where there is no other likely diagnosis.

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

Treatment can be provided in a dental practice or wherever the patient is normally treated if the room and PPE requirements can be met.

Apply standard precautions as per the [Infection Prevention and Control Practice Standard](#).

Room requirements: Single room.

Minimum PPE required:

- Surgical mask (Level 2 or above)
- Eye protection (Any of the following: (1) safety glasses that have side vents; or (2) goggles; or (3) prescription glasses covered with full face shield/visor. Prescription glasses alone are not considered as eye protection)
- 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

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 (Border staff (international airport and maritime port); quarantine and isolation facility staff; air crew; and travellers are considered to have either travelled overseas or had direct contact with someone who has)
- Have symptoms of COVID-19 (respiratory symptoms, or less typical symptoms with no other likely diagnosis)

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](#).

Treatment can be provided in a dental practice or wherever the patient is normally treated if the room and PPE requirements can be met.

Room requirements: single room, door closed.

Minimum PPE required:

- Surgical mask (Level 2 or above), preferably ones with ties²
- 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 gowns³.

² This is a minimum standard - practitioners may choose to wear a single-use N95 or P2 particulate respirator

³ 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 (Border staff (international airport and maritime port); quarantine and isolation facility staff; air crew; and travellers are considered to have either travelled overseas or had direct contact with someone who has)
- Do not have any COVID-19 symptoms (respiratory symptoms, or less typical symptoms with no other likely diagnosis)

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

Treatment can be provided in a dental practice or wherever the patient is normally treated if the room and PPE requirements can be met.

Room requirements: single room, door closed.

Minimum PPE required:

- N95 or P2 particulate respirator (single use)^{4,5}
- 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 gowns³.

³ Change at least between patients

⁴ 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

⁵ Respiratory protection can also be achieved using: full face reusable respirator, supplied air respirator (SAR), or powered air-purifying respirator (PAPR). Users should be trained how to don, use, doff and decontaminate these appropriately to prevent agent transfer

A stand down period after treatment before cleaning, as specified below.⁶

Air changes per hour (ACH)	1-5 or unknown	6-9	≥ 10
Stand down period after treatment (room remains closed with no staff in room) before cleaning	<ul style="list-style-type: none"> • Standard: 30 minutes • High volume evacuation (HVE) used: 25 minutes • HVE & dental dam used: 20 minutes <p>When ventilation is poor (e.g. 1-2 ACH) or ACH is unknown, use of high volume suction is considered essential.</p> <p>If this is not possible, a stand down period of up to 60 minutes should be considered, or an alternative procedure adopted.</p>	<ul style="list-style-type: none"> • Standard: 20 minutes • HVE used: 15 minutes • HVE & dental dam used: 10 minutes 	<ul style="list-style-type: none"> • Standard: 15 minutes • HVE and/or dental dam used: 10 minutes

⁶ Adapted from Mitigation of aerosol generating procedures in dentistry. A rapid review. (25 September 2020). Scottish Dental Clinical Effectiveness Programme. Available on: <https://www.sdcep.org.uk/wp-content/uploads/2020/09/SDCEP-Mitigation-of-AGPS-in-Dentistry-Rapid-Review.pdf>

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 (Border staff (international airport and maritime port); quarantine and isolation facility staff; air crew; and travellers are considered to have either travelled overseas or had direct contact with someone who has)
- Have symptoms of COVID-19 (respiratory symptoms, or less typical symptoms with no other likely diagnosis)

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

Treatment that generates aerosol is expected to be in a hospital or tertiary care facility.

Room requirements: treatment should occur in a **negative pressure room**, single room, door closed. Stand room down for 20 minutes after treatment before cleaning.

Minimum PPE required:

- N95 or P2 particulate respirator (single use) ^{4,5}
- 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 gown³.

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.

³ Change at least between patients

⁴ 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

⁵ Respiratory protection can also be achieved using: full face reusable respirator, supplied air respirator (SAR), or powered air-purifying respirator (PAPR. Users should be trained how to don, use, doff and decontaminate these appropriately to prevent agent transfer

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

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
- do not have any of the less typical symptoms, such as:
 - fever only
 - diarrhoea
 - headache
 - myalgia
 - nausea/vomiting
 - the person seemed confused or having difficulty answering the questions where there is no other likely diagnosis.

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

¹ Safety glasses with side vents; or goggles; or prescription glasses covered with full face shield/visor. Prescription glasses alone are not considered as eye protection

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

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 (respiratory symptoms, or less typical symptoms with no other likely diagnosis)

Treatment will not generate aerosol

- Minimum PPE required:**
- Surgical mask (Level 2 or above), preferably ones with ties³
 - Eye protection⁵
 - Gloves
 - Long sleeve impervious gowns⁶

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

- Room requirements:**
- Single room
 - Door closed

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), or powered air-purifying respirator (PAPR). Users should be trained how to don, use, doff and decontaminate these appropriately to prevent agent transfer

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 (respiratory symptoms, or less typical symptoms with no other likely diagnosis)

Treatment will generate aerosol

- Minimum PPE required:**
- N95 or P2 particulate respirator (single use)^{3,4}
 - Eye protection⁵
 - Gloves
 - Long sleeve impervious gowns⁶

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

Stand room down for time after treatment before cleaning – refer to table on page 8 for specific times

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 (respiratory symptoms, or less typical symptoms with no other likely diagnosis)

Treatment will generate aerosol

- Minimum PPE required:**
- N95 or P2 particulate respirator (single use)^{3,4}
 - Eye protection⁵
 - Gloves
 - Long sleeve impervious gowns⁶

These patients should be treated in a negative pressure room.

Treatment that generates aerosols is expected to 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

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 This is a minimum standard - practitioners may choose to wear a single-use N95 or P2 particulate respirator

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, or been asked to self-isolate?
 - 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? Border staff (international airport and maritime port); quarantine and isolation facility staff; air crew; and travellers are considered to have either travelled overseas or had direct contact with someone who has.
 - 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?
 - Do you have any of the less typical symptoms, such as:
 - fever only
 - diarrhoea
 - headache
 - myalgia
 - nausea/vomiting

- the person seemed confused or having difficulty answering the questions where there is no other likely diagnosis?
5. The definition of a 'close contact' and the criteria that must be met for a patient to be considered recovered from COVID-19 infection are provided in Appendix 1.

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, such as magazines and toys, and keep surfaces clear and clean.
- 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.

Patient scheduling and management

- Assess patients for any COVID-19 symptoms before scheduling and confirm the risk assessment is unchanged when they arrive for their appointment; similarly, for a support person that may be attending.
- Ask patients to arrive as close as possible to their appointment time
- Patients must wear a face covering/mask on entering the practice (provided it can be tolerated) and only remove it once they are in the treatment room. The face covering/mask should be put back on and worn until they exit the dental practice/facility.
- If the patient is not wearing a face covering/mask on arrival, a face mask should be made available to them before they enter the practice.
- Limit points of entry to 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 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) containing at least 60% 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.
- Practise 2 metre physical distancing between staff and between staff and patients wherever possible and practical. Non-clinical team members:
 - must wear a surgical mask (or their own face covering if they prefer), when 2 metre physical distancing cannot be achieved, or when the patient cannot wear a mask
 - may choose to wear their own mask even when 2 metre distancing is achievable.

During the visit

- Limit the number of support people in the treatment area to 1. When generating aerosol support people should be out of the room, when possible.
- If this is not possible, explain the risk of remaining in the room during the treatment to the support person. If they stay and the support person is in the same "bubble" as the patient, the support person does not require PPE (e.g. parent and child). If the support person is not in the same "bubble" as the patient provide them with the same PPE as the clinical staff in the room.
- For COVID-positive or probable patients no support people should be in the treatment room.
- 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.
- If the patient wants to keep their extracted tooth, clean and disinfect the tooth.

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 containing a minimum of 60% 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.
- Oral health practitioners using N95 or P2 particulate respirators or equivalent, must have received pre-requisite fit testing and fit checking prior to use.

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.
- 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.

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

- Appropriate PPE should be worn for cleaning and disinfecting the room. At minimum wear a gown⁷ 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 waste⁸ (taken off in the following order: gloves, hand hygiene, gown, hand hygiene, protective eyewear (if separate from mask), hand hygiene, mask, hand hygiene).⁹
- Clean and disinfect re-usable PPE as per the manufacturer's instructions.

⁷ If wearing a long sleeved impervious gown, a fresh gown is needed for cleaning

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

⁹ <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>

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)
 - Gloves¹⁰
 - Outer protective clothing as per the IPC practice standard.
- If the patient enters the laboratory, the room and PPE requirements described in the *Patient and treatment risk profile* tables must be met.

¹⁰ Gloves should at minimum be worn during cleaning and disinfecting the dental appliance before and after repair/modification to it

Additional steps to limit transmission for probable or COVID-positive patients

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

To minimise risk practitioners must:

- encourage patient respiratory hygiene by providing a facemask, tissues, and ability to wash their hands or use hand sanitiser containing at least 60% alcohol.
- 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

- For COVID-positive or probable patients when possible, no support people should be in the treatment room. If necessary, limit to one support person.
- 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.

Cleaning and decontamination

- Appropriate PPE should be worn for cleaning down the room. At minimum wear a gown¹¹, gloves, surgical mask and protective eyewear.
- Wipe down hard surfaces using a two-step process: with detergent and water, then hospital grade disinfectant¹² 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 (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.
- Clean and disinfect re-usable PPE as per the manufacturer's instructions.

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>

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. (Border staff (international airport and maritime port); quarantine and isolation facility staff; air crew; and travellers are considered to have either travelled overseas or had direct contact with someone who has) 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) with or without fever do not have any of the less typical symptoms, such as: <ul style="list-style-type: none"> fever only diarrhoea headache myalgia nausea/vomiting the person seemed confused or having difficulty answering the questions where there is no other likely diagnosis. 	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 	Treatment will not generate aerosol	Surgical mask (Level 2 or above), preferably ones with ties ³ Eye protection ⁴ Gloves Long sleeved impervious gowns ⁵	Single room Door closed (eg dental surgery)

¹ Safety glasses with side vents; or goggles; or prescription glasses covered with full face shield/visor. Prescription glasses alone are not considered as eye protection

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 This is a minimum standard - practitioners may choose to wear a single-use N95 or P2 particulate respirator

⁴ Full face shield/visor over any of the following: (1) safety glasses that have side vents, or (2) goggles, or (3) prescription glasses

⁵ Change at least between patients

	<p>travellers are considered to have either travelled overseas or had direct contact with someone who has)</p> <ul style="list-style-type: none"> • have symptoms of COVID-19 (respiratory symptoms, or less typical symptoms with no other likely diagnosis) 			
	<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 maritime port); quarantine and isolation facility staff; air crew; and travellers are considered to have either travelled overseas or had direct contact with someone who has) • do not have COVID-19 symptoms (respiratory symptoms, or less typical symptoms with no other likely diagnosis) 	Treatment will generate aerosol	<p>N95 or P2 particulate respirator (single use)^{4,7} Eye protection⁴ Gloves Long sleeved impervious gowns⁵</p>	<p>Single room Door closed (eg dental surgery) Stand room down for time after treatment before cleaning – refer to table on page 8 for specific times</p>
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 are considered to have either travelled overseas or had direct contact with someone who has) • have symptoms of COVID-19 (respiratory symptoms, or less typical symptoms with no other likely diagnosis) 	Treatment will generate aerosol	<p>N95 or P2 particulate respirator (single use)^{4,7} Eye protection⁴ Gloves Long sleeved impervious gowns⁵</p>	<p>Negative pressure Single room Door closed Stand room down for 20min after treatment before cleaning</p>

Close contact definition

'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 (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).¹

* 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.

Criteria to be considered recovered from COVID-19

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 monitoring².

Normal risk classification applies (low, high) when considering care for these patients.

¹ <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>

² <https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-current-situation/covid-19-current-cases>

Changes between 10 March 2021 and 14 February 2021 versions

10 March 2021 version	
All risk assessment questions throughout document	Update the risk assessment questions by including less frequent symptoms identified in patients with COVID-19 variants. Less typical symptoms include <i>fever only, diarrhoea, headache, myalgia, nausea/vomiting, or confusion/irritability.</i>