

# Managing COVID-19 Guide

## INTRODUCTION:

**Release Date: 20 March 2020**

This document is designed to be used in conjunction with the [Practitioner Precautions Table](#).

Dental team members will often be responsible for communicating with patients in advance of appointment attendance. For this reason, it is important that each practice has in place a protocol and training for their team on how to screen for patients at risk of COVID-19. It remains an important recommendation to defer any non-urgent dental care for people who are at moderate or high-risk of COVID-19.

Any patient at risk of COVID-19 should be brought to the attention of the dental practitioner before presenting for treatment. If the dental practitioner determines that the patient is at moderate to high risk of COVID-19, and that urgent dental treatment is necessary, additional infection control measures will be required.

The decision of whether to treat a patient at risk of COVID-19 should be made by the dental practitioner after taking into consideration the safety of the dental team and other patients, as well as the ability of the dental practice to appropriately manage the situation, particularly with respect to standard and transmission-based precautions as detailed below.

**There will be very few situations where a patient at moderate to high risk of COVID-19 infection has a significant dental emergency such that the use of analgesics will not allow a delay until the patient has reached the end of any mandatory quarantine period, or is no longer at risk of being infectious.**

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## 1. Additional infection control precautions to manage the risk of coronavirus in your practice

### Booking Schedule

- Call all patients the day prior to the planned appointment and ask if they have:
  - travelled overseas in the past 14 days
  - felt unwell, including but not limited to symptoms of COVID-19 such as fever, cough, sore throat or shortness of breath
  - had any contact with a confirmed or suspected case of COVID-19 in the past 14 days
- If the patient answers YES to any of these questions, advise them that you cannot provide routine dental care and reschedule the appointment for 14 days after their last travel overseas or contact with a COVID-19 case, or their symptoms have resolved and they are no longer considered a risk.
- If using automated patient reminders, consider modifying text to include "*If you have a fever, any flu like symptoms, have travelled overseas in the last 14 days, and/or are in home-isolation please call [dental practice] on [phone number] regarding your upcoming appointment*".
- Upon confirming appointments, recommend that patients attend alone or only bring minimal additional accompanying persons being mindful of consent requirements and family commitments.
- Consider longer appointments to allow sufficient time between treatments to enable additional infection control measures including environmental cleaning
- Consider staggering patient appointments to minimise patient contact in the waiting room, or if there is a car park on site, ask patients to wait in their cars and call the practice upon arrival.

### Waiting room

- Remove unnecessary items in the waiting room including toys and magazines
- Adjust seating in waiting room to ensure social distancing of at least 1m between seats if possible
- Regularly wipe down surfaces with >60% alcohol-based wipes or 0.1% sodium hypochlorite solution, including door handles, reception desks, phones
- Any hospital-grade, TGA-listed disinfectant that is commonly against norovirus is also suitable, as use as per manufacturer's instructions

### On Arrival

- If your practice has on-site parking, consider placing a sign on the practice door asking patients to wait in their car in the car park and call the practice upon arrival. Provide entry to the practice only immediately prior to their appointment or to use the bathroom. This allows patients to avoid waiting in the waiting room.
- If patients are waiting in their cars, pre-appointment questionnaires can be done over the phone.

### Additional infection control measures for all patients during COVID-19:

- Upon arrival at the practice reception, have the patient use an alcohol-based hand sanitiser and rub their hands for 20 seconds
- When entering the surgery ask the patient to wash their hands (to consider ABHR) in the surgery hand washing sink, prior to sitting in the dental chair

- Prior to commencing treatment, ask the patient to undertake a 20-30 second pre-procedural mouthrinse with either
  - 1% hydrogen peroxide
  - 0.2% povidine iodine
  - 0.2% chlorhexidine rinse (alcohol free)
  - essential oil mouth rinse (alcohol free)
- Consider delaying non-urgent or elective dental procedures particularly those which will generate aerosols
- Ensure that you use high speed evacuation for all aerosol generating procedures and/or the use of rubber dam for restorative procedures to reduce the aerosolisation of infectious agents
- Consider using techniques that minimize aerosol generation (such as hand scalers instead of ultrasonic scalers)

## 2. Management of patients at moderate/high risk of COVID-19 who require urgent dental care

Additional measures include: (from current [ADA Infection Control Guide](#))

- (1) the patient being seen as the last patient of the day; given a surgical mask to put on prior to entering the building, and placed directly into the surgery (not waiting room)
- (2) ensuring that staff providing treatment have been immunized against the current circulating influenza strains;
- (3) ensuring the patient undertakes a 2-minute pre-procedural rinse spitting into a cup rather than a spittoon
- (4) minimizing the use of aerosol-generating techniques,
- (5) using rubber dam therefore minimizing body fluids (saliva) becoming aerosolized
- (6) placing all disposable items into a separate bag which is sealed prior to placement into general waste
- (7) applying two complete cycles of cleaning of all environmental surfaces using detergent and disinfectant (as per contact transmission-based guidelines)

The work-practices below are based on transmission-based precautions as outlined in the NHMRC Australian Guidelines for the Prevention and Control of Infection in Healthcare (2019), Australian Dental Association Infection Control Guidelines (draft 4th Edition) as well as Communicable Diseases Network Australia National Guidelines which state the following:

- **Contact and droplet precautions** are recommended for **routine care** of patients in quarantine or with suspected COVID-19.
- **Contact and airborne precautions** are recommended when performing **aerosol-generating procedures**, including intubation and bronchoscopy, and for care of critically ill patients

### 1. Moderate risk patients: suspect case - returned traveler in self-isolation or casual contact of confirmed COVID-19 case practicing social distancing

- dental treatment provided with transmission based, contact and droplet precautions (these are additional to standard precautions)
  - Droplet precautions are intended to prevent transmission of infectious agents spread through close respiratory or mucous membrane contact with respiratory secretions. As these microorganisms do not travel over long distances (1 metre), special air handling and ventilation are not required.
  - Droplet precautions are based on evidence which shows that
    - Hand hygiene is effective in preventing transmission of viruses and reducing the incidence of respiratory infections both within and outside healthcare settings
    - Physical interventions are highly effective against the spread of a broad range of respiratory viruses

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- Surgical masks protect the wearer from droplet contamination of the nasal or oral mucosa
  - Physical proximity of less than one metre has been associated with an increased risk for transmission of some infections via the droplet route.
  - Placing surgical masks on coughing patients can also prevent infected patients from dispersing respiratory secretions into the air
  - key aspects of applying droplet precautions relate to:
    - standard precautions including respiratory hygiene and cough etiquette
    - use of appropriate PPE (this includes disposable gowns)
    - special handling of equipment and disposal of waste
    - patient placement
    - minimising patient transfer or get the patient to wear a surgical mask while they are being transferred and to follow cough etiquette.
  - If a patient requires care under droplet precautions but an aerosol generating procedure is undertaken, then droplet precautions should be increased to airborne precautions for at least the duration of the procedure.

## **2. High risk patients: Suspect case - close contact of confirmed COVID-19 case in self-isolation**

- dental treatment provided with transmission based; contact and airborne precautions (these are additional to standard precautions)
  - It is recommended that airborne precautions, in addition to standard and contact precautions, are implemented in the presence of known or suspected infectious agents that are transmitted person-to-person by the airborne route.
  - Airborne precautions prevent transmission of micro-organisms that remain infectious over time and distance when suspended in air.
  - The benefits of implementing airborne precautions for patients known or suspected to be infected with infectious agents transmitted person-to-person by the airborne route clearly outweigh any undesirable effects.
- key aspects of applying airborne precautions relate to:
  - standard precautions, including respiratory hygiene and cough etiquette
  - use of appropriate personal protective equipment including fluid impervious disposable gowns and particularly correctly-fitted P2 respirators
  - minimising exposure of other patients and staff members to the infectious agent.

## **3. Highest risk patients - confirmed COVID-19 case as hospital in-patient**

- dental treatment provided with transmission based; contact and airborne precautions
  - as above but patient has to be treated in a negative pressure room, and P2/N95 respirators need to be fit-tested to ensure no leakage if possible, and then fit-checked at time of use
  - all confirmed coronavirus cases will only be able to have dental treatment as in-patient by appropriately trained dental personnel

## **3. Patients diagnosed with COVID-19, subsequent to a dental appointment**

Management issues related to a patient treated in a dental practice who is subsequently identified as either a close contact or confirmed with COVID-19, will be under the direction and advice of the state/territory communicable diseases branch, as part of the contact tracing process.