For provision of urgent/emergency treatment use droplet precautions in addition to standard precautions and additional appropriate PPE including fluid impervious disposable gowns and fit-checked P2 respirators. Only provide treatment that does not generate aerosols or where aerosols are controlled by using dental dam. Avoid patients remaining in the waiting room for prolonged periods, use pre-procedural mouthwash. At completion of the treatment place all disposable items in a separate bag before disposal in general waste, apply 2-step or 2-in-1 clean of all environmental surfaces potentially contaminated using detergent and disinfectant as per transmission based precautions. Following an AGP under dental dam the dental surgery should remain vacant for at least 30 minutes, prior to the next patient being treated.

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Refer to full case definitions within CDNA National Guidelines for Public Health Units available from www.health.gov.au or your state specific definitions

See ADA document on Transmission Based Precautions for further information on recommended work practices
Information provided in the *ADA Managing COVID-19 Guidelines* document released in March 2020, has been updated in the *ADA Risk Management Guidance* document. These documents should be used in conjunction with the *ADA Dental Service Restrictions in COVID-19*.

In line with the Series of National Guidelines (SoNGs) released by the CDNA, the treatments that can be performed under **Level 3 restrictions** include:

Provision of dental treatments

1. that **do not** generate aerosols such as
   - dental examinations without the use of a triplex
   - the use of hand instruments only for periodontal infection
   - extractions
   - analgesics or antimicrobials
   - soft tissue pathology e.g. ulcers

2. where generating aerosols is **limited to** management of:
   - acute dental pain by endodontic treatment or restorative treatment of extensive carious lesions under dental dam
   - significantly damaged upper front teeth e.g. due to trauma, with restorative treatment provided under dental dam
   - dental/oral health conditions at higher risk of negative outcomes if no access to timely intervention e.g. post-orthognathic surgery review, impacted third molars, impacted canines, loss of temporary crown
   - complex medically compromised patients with dental concerns which may compromise their systemic disease
   - a higher risk of rapid progression of dental disease
   - medically necessary dental care on referral from a medical practitioner.

Dental examinations may be conducted without the use of a triplex syringe.

**Aerosol Generating Procedures** (AGPs) in dentistry include procedures that use **any** of the following devices: high speed handpieces, low speed/prophy handpieces, surgical handpieces, ultrasonic and sonic devices, air polishing devices, and hard tissue lasers. The **triplex when air and water are used together or when used with air on a wet surface** is considered an AGP.

A revised case definition was published in the Coronavirus Disease 2019 CDNA National Guidelines for Public Health Units, version 3.6 on 30 July 2020.

1. The case definition is based on what is currently known about the clinical and epidemiological profile cases of COVID-19 presenting in Australia and internationally.
A Confirmed case is a person who tests positive to a validated specific SARS-CoV-2 nucleic acid test OR has the virus identified in cell culture, with PCR confirmation using a validated method OR undergoes seroconversion to or has a significant rise in SARS-CoV-2 neutralising or IgG antibody level.

A Probable case is a person who has detection of SARS-CoV-2 neutralising or IgG antibody AND has had a compatible clinical illness AND meets one or more of the epidemiological criteria outlined in the suspect case definition (see below).

A Suspect case is a person, who meets the following clinical AND epidemiological criteria:

**Clinical Criteria:**
- Fever ($\geq 37.5^\circ C$), or history of fever (e.g. night sweats, chills) OR acute respiratory infection (e.g. cough, shortness of breath, sore throat) OR loss of smell or loss of taste.

**Epidemiological criteria:**
In the 14 days prior to illness onset:
- Close contact with a confirmed or probable case
- International
- Passengers and crew who have travelled on a cruise ship
- Healthcare, aged or residential care workers and staff with direct patient contact
- People who have lived in or travelled through a geographically localised area with an elevated risk of community transmission, as defined by public health authorities

2. **Testing**
Any person with symptoms clinically compatible with COVID-19 who is tested should stay at home until a negative test is returned or symptoms have resolved, whichever is longer.

3. **Cases can be released from isolation if they meet appropriate criteria.**
   - **Confirmed case** if asymptomatic and at least 10 days have passed since the first respiratory specimen positive for SARS-CoV-2 by PCR was taken and no symptoms have developed during this period
   - **Confirmed or probable case with mild illness** who did not require hospitalisation if at least 10 days have passed since the onset of symptoms, and there has been resolution of all symptoms of the acute illness for the previous 72 hours
   - **Confirmed or probable cases with more severe illness** who have been discharged from hospital, can be released from home isolation if at least 10 days have passed since hospital discharge, and there has been resolution of all symptoms of the acute illness for the previous 72 hours

Last updated 10 August 2020