**COVID-19 Level 3 Practice Expectations and Examples**

Level 2 ("reduce") is based on a scenario where COVID-19 infection is mostly well contained, but community transmission is increasing. Level 3 ("restrict") is enacted when it becomes clear that COVID-19 is not contained. This level is triggered when the risk of infections exponentially escalating without drastic and immediate community action including by the dental community is significant.

| | Services that can be performed | Restricted services, defer treatment |
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| Level 3 Restrictions | Only dental treatments that do not generate aerosols, or where treatments generating aerosols is limited to:<br>- Management of patients with acute dental pain e.g. endodontic treatment under rubber dam, or extraction<br>- Management of significantly damaged upper front teeth (e.g. due to trauma, with restorative treatment provided under rubber dam<br>- Soft tissue pathology e.g. ulcers<br>- Management of complex medically compromised patients with dental concerns which may compromise their systemic disease<br>- Management of those at a higher risk of rapid progression of dental disease due to socioeconomic or cultural factors<br>- Management of patients referred by a medical practitioner for medically necessary dental care | Defer all routine recall examinations and dental treatments for patients not fitting the risk categories identified on the left who present with the following concerns<br>- Extractions of asymptomatic teeth without swelling<br>- Broken or chipped tooth/teeth<br>- Bleeding or sore gums, halitosis<br>- Loose teeth without aspiration risk<br>- Denture concerns<br>- Crown and bridge<br>- Scale and clean<br>- Clicking/grating in jaw joint<br><br>Urgent dental treatment for people who DO meet epidemiological or clinical symptom criteria for COVID-19 risk or confirmed as a COVID-19 case, provided as per ADA Managing COVID-19 Guidelines |

It is critical that dental practitioners use their professional judgement and moral responsibility to protect the welfare of the entire population (including their team) by avoiding all care that is not urgent in nature. Reducing the volume and extent of dental practice will limit the spread of infection. This will assist to flatten the curve, and reduce the surge demand on acute health facilities and supplies. This translates into fewer lives lost and a faster recovery period.

1. **For patients who do not meet epidemiological/clinical criteria for COVID-19:**

Defer all routine dental treatment. This means deferring all routine examinations (check-ups), scale and clean appointments (including using an ultrasonic or hand scaler), dental implant placement or restoration of an implant, preparations for crowns and bridges and non-emergency orthodontic treatment. No routine restorative care should be provided including the use of a particle jet device or a cavity prep/hard tissue laser with water mist spray, as these generate aerosols.

***If the patient is not in pain and does not have an infection or dental concern with serious medical implications, then they can be seen in several months when the pandemic has been controlled.***

2. **For patients with suspected or confirmed COVID-19 infection:**

- Only provide emergency treatment if you can implement the full suite of protective measures in the ADA COVID-19 Guidelines, which includes droplet-based precautions.
- All non-urgent/elective treatment should be deferred even if you have the full suite of protective measures available.

- If you do not have the full suite of protective measures in the ADA COVID-19 Guidelines, do not provide care, even if urgent. Treatment should be referred (to a clinic with appropriate facilities and equipment) or deferred.

**Examples and Questions**

The following is not an exhaustive list of examples and questions that a dental practitioner will encounter. These are provided to illustrate the importance of professional judgement and judicious use of dental techniques. Professional judgement is required in circumstances that are unclear.

*Each example and question require a preliminary question to be asked: does the patient have confirmed or suspected COVID-19? If the answer is yes and the appropriate equipment and precautions are not available for use, DO NOT treat the patient under any of the circumstances below. Refer or defer treatment.*

**How do I know if the patient can be treated without looking in their mouth?**

In some instances, you will need to perform an examination to assess the situation and determine if it can be managed safely under Level 3 restrictions. Wherever possible, patients should be screened prior to arrival at the clinic to determine if the symptoms and context warrant urgent management. The ADA will provide further information on the possible use of telehealth in dentistry using the Federal Government telehealth infrastructure that is being developed as soon as practical. Phone screening may also be sufficient in many instances.

However, it is acknowledged that a direct examination is often the only way to determine a patient's clinical needs. Performing this sort of assessment under Level 3 restrictions is appropriate. This assessment would generally be limited in nature and focused on the presenting acute complaint.

**A patient presents with what sounds like irreversible pulpitis with spontaneous pain, can I treat them?**

Yes, level 3 restrictions would allow for this patient to be treated. The patient may elect to have the tooth removed, or extirpated. In all but the simplest of extraction circumstances, extirpation is encouraged as an alternative palliative approach to avoid the prospect of a surgical extraction. Some precautions that will assist to reduce the risk of infection transmission include:

1) Use of a pre-procedural mouthwash
2) Use of rubber dam isolation if the tooth is being extirpated
3) Disinfection of the field by wiping directly with CHX or NaOCl irrigant (once correctly isolated)
4) Use of aerosol generating equipment as little as possible (for example, a high-speed handpiece to access the pulp chamber) and with a high-volume suction positioned close to the bur to minimise aerosol spread
5) Use a long-term dressing that will not weaken the tooth (such as calcium hydroxide with a well-sealed GIC restoration)
6) Defer the completion of endodontics until after the pandemic is controlled

**2. The patient has broken part of a tooth, and they are saying it is cutting the tongue. Can I treat them?**

Yes, this situation would be appropriate to manage under level 3 restrictions. Some strategies that could be used in this instance to reduce infection transmission risk would be:

- Preprocedural mouth rinsing
- Smooth the tooth if this is all that is necessary using a non-aerosol generating approach
- If the tooth needs to be restored, minimal preparation of the surface (using a non-aerosol generating approach) followed by a direct temporary filling contoured to avoid occlusion can be provided
- Review the tooth for a permanent restoration when the pandemic has been controlled

**3. The patient has lost a post-core crown and the post-core crown and root appear not to be carious or cracked, but perhaps are not ideal in form. Should I re-prepare the crown abutment?**

No, consideration of an approach that minimises aerosols should be considered. Some practical ways that infection risk could be minimised include:

- Pre-procedural mouth rinse
- Apply rubber dam
- Irrigate the post space region of the root canal with NaOCl endodontic irrigant, then re-cement
- Do NOT re-prepare the tooth or take impressions

*These same principles would apply for a lost temporary or permanent crown: clean the area, minimise aerosols, get the patient stable and comfortable, do NOT do any new treatment that could possibly be avoided or deferred.*

**A patient presents with a vital pulp with acute pain that appears to be due to reversible pulpitis from deep caries. Can I treat them?**

Yes, it is appropriate to treat a patient in acute pain under level 3 restrictions. An approach that will assist to minimise infection transmission risk could include:

- Pre-procedural mouth rinsing
- Isolation with a rubber dam
- Cleaning the field thoroughly with CHX or NaOCl endodontic irrigant
- Using a hand excavator to remove gross caries, aiming to establish sound enamel margins around 1-2 mm
- Application of a temporary material (such as GIC) contoured to be free of occlusion
- Review the tooth for a permanent restoration when the pandemic is controlled

**A patient with orthodontic brackets on has a sharp wire sticking into their cheek, should they be seen?**

If an orthodontic patient is in pain that cannot be palliated with simple at-home measures (such as the use of orthodontic wax), they can be treated under level 3 restrictions. Some strategies that would assist to minimise the risk of infection transmission are:

- Pre-procedural mouth rinsing
- A focus on simply restoring comfort and stability and avoiding the advancement of any treatment that may increase the risk of further emergencies
- Teaching the patient what they might be able to do at home if a similar problem was to occur again

**A tooth has decoronated because of caries, should I remove it?**

Caution is warranted when teeth are decoronated, severely damaged or anatomically at risk of a surgical extraction being necessary as surgical intervention should be avoided if possible.

If asymptomatic, you may be able to temporarily avoid treatment or simply cover with an interim restoration. Non-invasive techniques such as the use of silver diamine fluoride are appropriate if you determine that this will help to reduce the chances of escalation of the condition.

**What if the patient has soft tissue pathology but it doesn't seem too urgent, should I still see the patient?**

Assessment of soft tissue pathology is a condition that is allowed to be managed in the Level 3 restrictions. It is important that any ulcers or soft tissue pathology which could be indicative of early malignancy or is preventing a person from eating is managed. If on examination, the practitioner does not consider the treatment to be urgent, the patient's care should be deferred.

**A patient has been referred by their GP after presenting with a facial swelling. They are now asymptomatic but the GP has asked that the issue is addressed. Should they receive dental care?**

This patient can be seen under level 3 restrictions if you (in consultation with the patient's GP) determine this to be medically necessary dental care. Considerations may include whether the issue is likely to recur in a short time period, the medical, socioeconomic and cultural factors that are likely to affect progression of the condition, and the procedural risks that are likely to be associated. If care is provided, it should be done in a way that considers the key principles of all treatment under level 3 restrictions:

1) Clean the area at the beginning of treatment
2) Avoid aerosols wherever possible, minimise them when you have no other option to allow you to get the patient stable
3) Get the patient out of pain and stabilised in the simplest way possible
4) Do NOT do any new treatment that could possibly be avoided or deferred

**How do I know when it is safe to do the treatment that I have deferred?**

This information will be communicated through the ADA based on government advice. The ADA will seek to have restrictions removed as soon as it is safe to do so.

You will not be able to tell the patient when this will be, however, you may wish to:

- Keep a priority list of patients requiring deferred care once services resume

- Pre-book a patient ahead and let the patient know that you may need to defer treatment again if restrictions remain

*Dental practitioners need to closely follow advice from their jurisdictional health authorities regarding restrictions on clinical patient care and continue to follow the requirements of the Dental Board of Australia, which involves adhering to ADA and NHMRC Infection Control Guidelines. These are not simply "advisory" but set the expected minimum levels for practice.*