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Managing COVID-19 Guidelines

INTRODUCTION

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 confirmed with, or at 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.

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:

- returned from overseas or interstate travel 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 dental appointment for 14 days after their return from overseas, interstate or contact with a COVID-19 case, or when 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 or interstate 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

- 1) patients over the age of 70 years old, or those with chronic disease in particular, cardiovascular or respiratory disease; those who are immunocompromised e.g. currently under cancer treatments or insulin dependent diabetics, defer all non-urgent dental treatments
- 2) patients attend alone or only bring minimal additional accompanying persons being mindful of consent requirements and family commitments.

Consider longer appointments to allow enough 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 1.5 m 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 used commonly against norovirus is also suitable and 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 conserve ABHR) in the surgery hand washing sink, prior to sitting in the dental chair.

While the efficacy of this approach cannot be guaranteed to have a significant effect on viral load in a patient with COVID-19, we recommend that prior to commencing treatment all patients should be asked to undertake a 20-30 second pre-procedural mouthrinse with either:

- 1% hydrogen peroxide
- 0.2% povidone iodine
- 0.2% chlorhexidine rinse (alcohol free)
- an 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 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).

1. Management of patients at risk of COVID-19 who require urgent dental care

Additional infection control measures include: (from 3rd Edition of the [ADA Guidelines for Infection Control](#)):

- the patient 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)
 - ensuring that staff providing treatment have been immunised against the current circulating influenza strains
 - ensuring the patient undertakes a 2-minute pre-procedural rinse spitting into a cup rather than a spittoon
 - minimizing the use of aerosol-generating techniques,
 - using rubber dam and high-level evacuation therefore minimizing body fluids (saliva) becoming aerosolized
 - placing all disposable items into a separate bag which is sealed prior to placement into general waste
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- 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.

Moderate risk patients: Suspect case - returned traveller in self-isolation or contact of confirmed COVID-19 case practicing social distancing

Dental treatment provided with transmission based, contact and droplet precautions (in addition to standard precautions)

Contact and droplet precautions are intended to prevent transmission of infectious agents spread through close respiratory or mucous membrane contact with respiratory secretions, or saliva, or touching fomites or surfaces contaminated with them and then touching the mouth, nose or eyes. As these microorganisms do not travel over long distances (>1.5 metre), special air handling and ventilation is not required, however frequently touched surfaces should be wiped over with a disinfectant wipe or solution, after each patient visit.

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, including environmental/surface cleaning are highly effective against the spread of a broad range of respiratory viruses
- Surgical masks and eye protection protect the wearer from droplet contamination of the nasal or oral mucosa, or conjunctivae.
- Physical proximity of less than 1.5 metre (without appropriate PPE) 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, gloves and eye protection)
- special handling of equipment and prompt 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.

High risk patients: Suspect case – symptomatic person awaiting results or close contact of confirmed COVID-19 case in self-quarantine

Dental treatment provided with transmission based; contact and airborne precautions

(in addition 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 airborne over time and distance.
- 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 gloves, fluid impervious disposable gowns and fit-checked P2 respirators
- preventing exposure of other patients and staff members to the infectious agent.

2. Management of patients confirmed with COVID-19 who require urgent dental care

Dental treatment provided with transmission based; contact and airborne precautions:

- Patients confirmed with COVID-19 may either be a hospital in-patient or being managed by 'hospital in the home'
- airborne precautions include the need for the patient to be treated in a negative pressure room, with dental staff wearing P2/N95 respirators which have been previously fit-tested, and then fit-checked at time of use
- all confirmed coronavirus cases will only have dental treatment as in-patient or within a hospital setting by appropriately trained and credentialed dental personnel.

3. Patients diagnosed with COVID-19, after 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.
