The following system is designed based on published triaging systems in Australia for Dentistry taking into consideration the following key objectives:

1) Proportionate, pre-planned response to the possible escalation of COVID-19 based on the evolving community context
2) Staged restriction of dental services to reduce transmission risks for COVID-19
3) Avoidance of likely burden on medical primary care and emergency services should access to urgent dental care cease.

In all restrictions, urgent dental treatment for people who have been confirmed as COVID-19 positive, should NOT be treated in office-based practice.

Dental treatment for patients identified as moderate or high risk of COVID-19 should be provided under transmission based precautions using appropriate PPE as per ADA Transmission Based Precautions document.

<table>
<thead>
<tr>
<th>Services that can be performed</th>
<th>Restricted services, defer treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>No restrictions</strong></td>
<td>All dental services</td>
</tr>
<tr>
<td><strong>Level 1 Restrictions</strong></td>
<td>All dental treatments using standard precautions for people who do not meet epidemiological or clinical risk factors for COVID-19 infection transmission.</td>
</tr>
</tbody>
</table>
| **Level 2 Restrictions**      | Provision of dental treatments that are unlikely to generate aerosols or where aerosols generated have the presence of minimal saliva/blood due to the use of rubber dam. This includes:  
  - Examinations  
  - Simple non-invasive fillings without use of high-speed handpieces  
  - Restorative procedures using high speed handpieces only provided with the use of rubber dam  
  - Non-surgical extractions  
  - Hand scaling (no use of ultrasonic scalers)  
  - Medical management of soft tissue presentations (such as ulcers)  
  - Temporomandibular dysfunction management  
  - Denture procedures  
  - Preventative procedures such as the application of topical remineralising agents e.g. fluoride  
  - Orthodontic treatment | Defer all non-urgent treatments that are likely to generate aerosols which may include the use of  
  - high-speed handpieces without the use of rubber dam  
  - ultrasonic scalers  
  - surgical handpieces.  
  Elective implant dental treatment should be delayed. Defer dental treatment for confirmed, probable or suspected cases of COVID-19 where alternative management options (such as antibiotics or pain control) are appropriate until recovered and released from isolation. Urgent treatment for probable or suspected cases of COVID-19 should be provided under transmission- based precautions, including the use of a fit-checked P2 respirator. Please refer to the ADA Level 2 Decision Tree document. Patients confirmed as COVID-19 positive, should NOT be treated in office-based practice as full airborne precautions are required. |
### Level 3 Restrictions

**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.

**Defer all routine dental treatment not meeting the criteria on the left.**

Defer dental treatment for confirmed, probable or suspected cases of COVID-19 where alternative management options (such as antibiotics or pain control) are appropriate until recovered and released from isolation.

Urgent treatment for probable or suspected cases of COVID-19 should be provided under transmission-based precautions, including the use of a fit-checked P2 respirator. Please refer to the ADA Level 3 Decision Tree document.

Patients confirmed as COVID-19 positive, should NOT be treated in office-based practice as full airborne precautions are required.

### Level 4 Restrictions

**Only the following dental treatments are to be managed:**

- Swelling of the face, neck or mouth
- Dental trauma causing change in the position of teeth, soft tissue damage and/or significant pain
- Significant bleeding
- Difficulty opening the jaw and/or swallowing
- Referral from a specialist medical practitioner for assessment or management of a patient receiving urgent medical care for medically necessary dental care
- Dental pain causing loss of sleep
- Ulcers persisting for 3 + weeks

**Defer all dental treatments for patients not fitting the risk categories identified on the left.**

Defer dental treatment for confirmed, probable or suspected cases of COVID-19 where alternative management options (such as antibiotics or pain control) are appropriate until recovered and released from isolation.

Urgent treatment for probable or suspected cases of COVID-19 should be provided under transmission-based precautions, including the use of a fit-checked P2 respirator.

Patients confirmed as COVID-19 positive, should NOT be treated in office-based practice as full airborne precautions are required.

### Level 5 Restrictions

**No routine dental treatment provided. All patients with acute dental concerns to be directed to emergency care centres.**

**Do not perform any dental treatment without express permission from jurisdictional public health authorities.**