

COVID-19 guidelines for dental services



This guideline provides additional advice to dental services with regard to COVID-19.

Definitions

Aerosol Generating Procedures (AGPs) in dentistry include procedures that use any of the following devices: high speed hand pieces, surgical hand pieces, ultrasonic and sonic devices, air polishing devices, and lasers. Triplex where air and water are used together can be considered aerosol generating.

Screening for COVID-19

- Entrances to facilities should have strong messaging for visitors not to enter if they have cold or flu symptoms (runny nose, sore throat, cough, fever). If a visitor has cold or flu-like symptoms, they are advised to stay at home for at least seven days.
- If a visitor has had a [high-risk exposure to COVID-19](#), they will need a rapid antigen test.
- The messaging to visitors should also include information about mask-wearing. The current NSW Health guide to healthcare visitation can be found at [NSW Health guide to healthcare visitation - COVID-19 \(Coronavirus\)](#).
- Managing Health Worker Exposures and Return to Work in a Healthcare Setting is based on NSW Health guidance found at [COVID-19 Managing Health Worker Exposures and Return to Work in a Healthcare Setting](#).

Risk management approach

1. Dental services should consult the [Response and Escalation Framework](#) and the [Risk Monitoring Dashboard](#).
2. A risk assessment management approach should consider the degree of community transmission, the vaccination rates of the population and the nature of the procedure proposed including whether it is an AGP.
3. The risk assessment may also determine whether non-urgent treatment is delayed, the personal protective equipment (PPE) used and the setting under which the proposed treatment is undertaken.

Deferring dental treatment

In most cases non-urgent dental treatment for a person with COVID-19 should be deferred until the person is deemed non-infectious.








Managing shared open clinics

The following measures should be considered when managing and risk assessing the use of shared open clinics:

1. Two (2) metres is the minimum distance between the headrests of the patient chairs. Three (3) metres or more may be appropriate depending on the procedure and physical space available.
2. The use of physical barriers such as screens or partitions between chairs may assist in separating spaces.
3. Risk assess the air quality, existing ventilation, and air exchange of the shared space. Consider adjusting or enhancing existing ventilation before using other air improving devices.
4. Consider the use of clinical zones based on procedural risk (e.g., AGP) or vulnerable patient cohorts (unvaccinated or immune suppressed). Adjustment to patient flow, patient timing, and grouping of procedure types may assist risk management of shared spaces.
5. Minimise the number of carers/family each patient can bring to the clinical area.
6. Minimise and manage the staff flow through a shared clinical space.
7. Provide surgical mask to patients, carers/family, and appropriate PPE to staff including clinical tutors walking into the shared space.
8. Minimise aerosols by practicing four handed dentistry, use of highspeed suction and rubber dam.

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Dental services - COVID-19 quick reference guide

COVID-19	 Hand hygiene	 Disposable gloves	 Fluid Resistant gown or apron*	 Surgical mask	 P2/N95 mask	 Eye protection safety glasses~	 Face Shield~ or Mask with visor	Treatment room requirements
GREEN alert#	✓	✓	*Risk assessment	✓	*Risk assessment	✓	*Risk assessment	Standard precautions apply at all times.
AMBER or YELLOW alert level#	✓	✓	*Risk assessment	✓	*Risk assessment	✓	*Risk assessment	A single room or risk assessed shared open space
RED alert level#	✓	✓	✓	✗	✓	✓	✓	A single room or risk assessed shared open space
Confirmed or suspect patient	✓	✓	✓	✗	✓	✓	✓	Use a single room with the door closed. Where available use negative air flow and good ventilation. High risk AGPs should be performed in a negative pressure room or equivalent. Allow necessary air changes before next patient.

*Risk assessment for AGPs should consider the length of procedure and anticipated exposure to large volumes of blood/body fluids and respiratory droplets AND prevalence of community transmission.

~Eye protection-when within 1.5m of a person suspected or confirmed with COVID, or when blood or body substance splash is anticipated.

*Gowns, aprons and P2/N95 should be disposed of when visibly contaminated or when doffing.

#Public Health Risk and alert phases are based on direction from Public Health response branch (PHRB) and the NSW Health Clinical Excellence Commission (CEC) further information can be found <https://aci.health.nsw.gov.au/covid-19/critical-intelligence-unit> and <https://www.cec.health.nsw.gov.au/keep-patients-safe/COVID-19/COVID-19-IPAC-manual>