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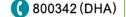
# **Guidelines for the Provision of Dental Services** during COVID-19

# Version 2

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Health Policies and Standards Department Health Regulation Sector (2021)

















#### INTRODUCTION

Health Regulation Sector (HRS) forms an integral part of Dubai Health Authority (DHA) and is mandated by DHA Law No. (6) of 2018 to undertake several functions including but not limited to:

- Developing regulation, policy, standards, guidelines to improve quality and patient safety and promote the growth and development of the health sector.
- Licensure and inspection of health facilities as well as healthcare professionals and ensuring compliance to best practice.
- Managing patient complaints and assuring patient and physician rights are upheld.
- Managing health advertisement and marketing of healthcare products.
- Governing the use of narcotics, controlled and semi-controlled medications.
- Strengthening health tourism and assuring ongoing growth.
- Assuring management of health informatics, e-health and promoting innovation.

The Guidelines for Provision of Dental Services during COVID-19 aims to fulfil the following overarching DHA Strategic Objectives and Program within the Dubai Health Strategy (2016–2021):

- Objective 1: Position Dubai as a global medical destination by introducing a value-based,
   comprehensive, integrated and high-quality service delivery system.
- Objective 2: Direct resources to ensure happy, healthy and safe environment for Dubai population.



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 Strategic Program 10: Excellence & Quality, which promotes excellence in healthcare service delivery in Dubai while enhancing patient happiness, experience, satisfaction and trust.

#### **ACKNOWLEDGMENT**

The Health Policy and Standards Department (HPSD) developed this Guideline in collaboration with Subject Matter Experts. HPSD would like to acknowledge and thank the DHA, Primary Health Care Centers, Dental Services Department for their dedication toward improving quality and safety of healthcare services in the Emirate of Dubai.

**Health Regulation Sector** 

**Dubai Health Authority** 





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#### **EXECUTIVE SUMMARY**

The Guidelines for the provision of Dental Services during COVID-19, has been reviewed and revised to align and support the evolved healthcare needs and current developments in the understanding of the COVID-19 pandemic, as well as the change in status of patients, most of who are vaccinated in the Emirate of Dubai. The purpose of this document is to assure the provision of the highest levels of safety and quality Dental Services during COVID-19. It includes several aspects required to provide effective, efficient, safe and high-quality Dental Services during COVID-19 like scope of service, patient triaging, protocols to be followed in the dental clinics, management of emergency and non-emergency patients and infection control and hygiene precautions.

The main modifications in the Version 2 of the document are enlisted below:

- Emergency and Non-Emergency procedures can be provided by the dentists to establish
  or maintain patients oral health based on the professional diagnostic judgement of the
  dentist.
- In case of positive COVID-19 patient, emergency or urgent treatment palliative care should be considered.
- Patients are screened before arrival, and they are seen as per the professional judgement of the dentist.
- 4. The management of the patient should be as per the treatment plan and there is no requirement to finish the treatment in a single sitting as mentioned in the version 1 and there could be follow up visits, if required.





- 5. There is no requirement for staff members to work in fixed teams with the same colleagues in order to assist contact tracing and tracking.
- 6. Ultrasound scaling is allowed with appropriate precautions.



#### **DEFINITIONS**

**Dental Emergencies:** are potentially life threatening and require immediate treatment to stop ongoing tissue bleeding, alleviate severe pain or infection, and include:

- Uncontrolled bleeding
- Cellulitis or a diffuse soft tissue bacterial infection with intra-oral or extra-oral swelling that potentially compromise the patient's airway
- Trauma involving facial bones, potentially compromising the patient's airway.

**Urgent dental care:** focuses on the management of conditions that require immediate attention to relieve severe pain and/or risk of infection and to alleviate the burden on hospital emergency departments. These should be treated as minimally invasively as possible.

- Severe dental pain from pulpal inflammation
- Pericoronitis or third-molar pain
- Surgical post-operative Osteitis, dry socket dressing changes
- Abscess, or localized bacterial infection resulting in localized pain and swelling
- Tooth fracture resulting in pain or causing soft tissue trauma
- Dental trauma with avulsion/luxation
- Dental treatment required prior to critical medical procedures
- Final crown/bridge cementation if the temporary restoration is lost, broken or causing gingival irritation
- Biopsy of abnormal tissue.

Other urgent dental care are as mentioned below:



- Extensive dental caries or defective restorations causing pain Manage with interim restorative techniques when possible (silver diamine fluoride, glass ionomers)
- Suture removal
- Denture adjustment on radiation/ oncology patients
- Denture adjustments or repairs when function impeded
- Replacing temporary filling on endo access openings in patients experiencing pain
- Snipping or adjustment of an orthodontic wire or appliances piercing or ulcerating the oral mucosa.

**Dental Non-Emergency Procedures:** routine or non-urgent dental procedures includes but are not limited to:

- Initial or periodic oral examinations and recall visits, including routine radiographs
- Routine dental cleaning and preventive therapies
- Orthodontic procedures other than those to address acute issues (e.g. pain, infection, trauma) or other issues critically necessary to prevent harm to the patient
- Extraction of asymptomatic teeth
- Restorative dentistry including treatment of asymptomatic carious lesions
- Aesthetic dental procedures.

**Standard Precautions**: are the minimum infection prevention practices that apply to all patient care. They are designed to protect Dental Healthcare Professional (DHCP) and also to prevent DHCP from spreading infections among patients. Standard Precautions are used whenever and wherever health care is delivered, regardless of the patient's infection status.



Education and training on Standard Precautions are critical for understanding the importance of these practices, making appropriate decisions and complying with recommended practices. The standard precautions include:

- Hand hygiene.
- Use of personal protective equipment.
- Respiratory hygiene/cough etiquette.
- Sharps safety
- Safe injection practices
- Sterile instruments and devices.
- Clean and disinfected environmental surfaces.

Personal Protective Equipment (PPE): PPE protects DHCP by covering skin and personal clothing that may become contaminated by blood, saliva or other potentially infectious materials (OPIM). All DCHP should be trained to select and put on the appropriate PPE for each task and to effectively remove PPE in a way that reduces contamination of skin or clothing.





#### 1. BACKGROUND

Corona Virus (COVID-19) is a novel disease caused by the severe acute respiratory syndrome coronavirus-2 (SARS-CoV-2) that has manifested globally and is thought to have spread from animal species to humans. COVID-19 is understood to be spreading from human to human and the possible modes of transmission includes droplet, contact, airborne, fomite, faecal-oral, blood borne and mother-to-child transmission. It is estimated the incubation period is unknown and currently considered to be up to 14-day post exposure (some patients are asymptomatic). Studies showed that infectious period of SARS-CoV2 started 2-3 days before onset of symptoms. Safeguards to prevent the spread of COVID-19 include sneezing and coughing etiquette, avoid touching the eyes, nose or mouth by hand, perform hand hygiene as necessary, use of appropriate mask or face protection and maintain social distancing.

DHA has developed this document, which recommends measures to be taken to protect the patients, staff and healthcare professionals providing dental services from COVID-19 as dental health facilities re-engage in providing routine care.

Four phases to operate dental clinics were developed in relation to COVID-19, which includes:

- Phase 4: Red Phase- Absolute precautions (during the surge in the pandemic).
- Phase 3: Yellow Phase- De-escalating precautions (no vaccine or medication available).
- Phase 2: Green Phase- Progressively normal (vaccine available).
- Phase 1: White Phase- Standard care (medication available).



#### 2. SCOPE

- 2.1. To ensure the safe dental services are provided to patients in DHA licensed Dental Clinics
- 2.2. To ensure the safety of DHA licensed healthcare professionals providing the dental services in DHA licensed Dental Clinics.

#### 3. PURPOSE

- 3.1. This document provides guidance on the following:
  - 3.1.1. Mitigating health facility risk of aerosol transmission.
  - 3.1.2. Protecting healthcare professionals, staff and patients.
  - 3.1.3. Implementing adequate infection control measures.
  - 3.1.4. Managing dental patients safely.
  - 3.1.5. Enhancing risk assessment.

#### 4. APPLICABILITY

4.1. All DHA Licensed healthcare services providing dental services during COVID-19 in the Emirate of Dubai.

#### 5. RECOMMENDATION ONE: PERMITTED SCOPE OF SERVICES

- 5.1. Dental services are classified into two categories as mentioned below:
  - 5.1.1. Emergency Procedures: All emergency procedures including urgent dental problems can be performed if the necessary standard and transmission-based protocols are in place.





- 5.1.2. Non-Emergency Procedures: All non-emergency procedures including routine or non-urgent problems can be performed if the necessary standard and transmission-based protocols are in place.
- 5.2. These are determined by the clinicians to either establish or maintain patient's oral health. Such determinations are based on the professional diagnostic judgment of the dentist, and the standards of care that prevail in the professional community.
- 5.3. If a confirmed positive COVID-19 patient requires emergency or urgent treatment palliative care should be considered.

#### 6. **RECOMMENDATION TWO: PATIENT TRIAGE**

6.1. Prior to arrival, all patients shall be screened for COVID-19 symptoms.

Note: Refer to **Appendix 1** and **Appendix 2** for the Patient screening form.

#### 7. **RECOMMENDATION THREE:** PROTOCOLS

- 7.1. Dental clinics shall follow the protocols as mentioned below:
  - 7.1.1. Assessment, triage, scheduling, routine treatment of emergency and nonemergency patients and follow up.
  - 7.1.2. Consider the implementation of services that reduce contact such as, Teledentistry for the purpose of triage and scheduling dental appointments.
  - 7.1.3. Patient flow in and out of the clinic or hospital.
  - 7.1.4. Donning and doffing of Personal Protective Equipment (PPE).
  - 7.1.5. Infection control, sanitation and decontamination procedures related to COVID-19.





#### 8. RECOMMENDATION FOUR: MANAGING EMERGENCY AND URGENT PATIENTS

- 8.1. Prior to arrival, all patients shall be triaged and screened for COVID-19.
- 8.2. Patients shall be informed not to take any temperature lowering drugs prior to the appointment.
- 8.3. On arrival all patients shall be screened for fever and symptoms related to COVID-19.
- 8.4. Ensure two (2) meters of patient distancing is practiced at the reception and waiting area. Put up signage/labels on social distancing at the reception, corridors and waiting areas.
- 8.5. An adult of the same household may accompany children under the age of eighteen (18) years. Treatment consent for minors should be aligned with the DHA Patient Consent Policy.
- 8.6. Adopt touchless payment and discourage cash exchange when possible.
- 8.7. Try to completed the treatment in one visit, when possible.

#### 9. RECOMMENDATION FIVE: INFECTION CONTROL AND HYGIENE PRECAUTIONS

- 9.1. All necessary safety measures shall be taken for the protection of the patient and the healthcare professionals providing the dental service.
- 9.2. All staff shall be screened for fever and COVID-19 symptoms before every shift.
- 9.3. DO NOT report to work when unwell.
- 9.4. While at work, undergo active screening for fever or COVID-19 symptoms. Staff who report or exhibit any COVID-19 signs or symptoms shall self-quarantine and seek medical help.





- 9.5. If a staff member is confirmed to be COVID-19 positive, they shall inform the health facility immediately.
- 9.6. Precautions shall be taken by all staff and healthcare professionals, while treating any patient, as you would while treating a suspected COVID-19 case.
- 9.7. Front desk and clinical staff shall adhere to Personal Protective Equipment (PPE).
- Clearly, display signage related to precautionary measures to prevent the transmission of COVID-19.
- 9.9. Patients who wish to make an appointment shall preferably do so by phone or other alternative.
- 9.10. People making deliveries etc. shall contact reception before entering the practice.
- 9.11. Staff at reception shall wear facemasks and gloves.
  - 9.11.1. Two (2) meters distance shall be practiced when communicating with the reception.
  - 9.11.2. Shielding may be used between patients and reception staff.
- 9.12. Ensure all staff wear PPE and perform hand hygiene as follows:
  - 9.12.1. Entering the workplace.
  - 9.12.2. Before and after patient contact.
  - 9.12.3. After contact with contaminated surfaces or equipment.
  - 9.12.4. After removing PPE.





- 9.13. Dental Healthcare Workers are required to wear N95 masks or equivalent respirators, face shield, gloves and gowns for aerosol generating procedures. Coverall gowns are recommended.
- 9.14. Remove objects like remote control, leaflets, toys or other communal objects in the patient waiting area.
- 9.15. Regularly clean and disinfect seats and tables at the patient reception waiting area.
- 9.16. Hand sanitizers, shall be made available for use by anyone entering the clinic at the entrance of the dental clinic, the reception desk, high touch traffic surfaces and strategically throughout the health facility.
- 9.17. Promote coughing or sneezing etiquettes.
- 9.18. Handrails and door handles must be disinfected at regular intervals.
- 9.19. Aerosol Generating Procedures can be performed in clinic/room with any of the two below criteria:
  - 9.19.1. Negative pressure room (only a must for confirmed COVID-19 cases).
  - 9.19.2. HEPA filters.
  - 9.19.3. Extra-oral high volume suction.
- 9.20. Keep number of staff in the treatment room to the minimum required.
- 9.21. All necessary safety measures shall be taken for protection of patients as well as the healthcare professionals providing the dental service.
- 9.22. Remove all paperwork, unnecessary material, instruments and equipment from the countertops in the treatment room.



- 9.23. Adopt the use of mechanical barriers (e.g. plastic wraps) on the following, but not limited to:
  - 9.23.1. Computer keyboards and other input devices like the mouse
  - 9.23.2. Spotlight handles
  - 9.23.3. Headrest
  - 9.23.4. Dental chair arm
  - 9.23.5. Tip of suction units.
- 9.24. Dispose the surface barriers after each patient.
- 9.25. Ensure treatment chair and tools are cleaned, sterilised, disinfected as appropriate before each patient.
  - 9.25.1. Disposable consumables shall be used when appropriate.
  - 9.25.2. Remove all unnecessary items from work surfaces to aid environmental cleaning.
  - 9.25.3. Sterilize hand pieces after each patient.
  - 9.25.4. Process all the dental instruments and tools (as appropriate) according to the infection control guidelines. Clean and disinfect all the surfaces in the dental treatment room after each patient.
  - 9.25.5. If surfaces are dirty, they should be cleaned prior to disinfection.
  - 9.25.6. Clean and disinfect public areas frequently, including elevators door handles/knobs, light switches, chairs, desks and bathrooms.





- 9.25.7. Provide tissues, alcohol based hand rubs, soap at sinks and trash cans, where appropriate.
- 9.26. Room pressurization shall be maintained as per setting. Proper ventilation is recommended.
- 9.27. Ensure all medical waste shall be disposed as per Dubai Municipality requirements.
- 9.28. Make use of Dubai Municipality approved providers for sanitation and disinfection if this cannot be done by the clinic.

## 10. RECOMMENDATION SIX: TREATMENT PRECAUTIONS

- 10.1. Dentists, nurses, dental assistant and hygienists shall work together to identify and minimize the spread of infection in their setting.
  - 10.1.1. Provide infection prevention and control training to all staff which incorporates current guidance of COVID-19, transmission-based precautions, effective hand hygiene, use, donning and doffing of PPE, and effective environmental cleaning.
  - 10.1.2. Pre-procedural mouth rinse containing 1% hydrogen peroxide or 0.2% povidone-iodine is recommended.
  - 10.1.3. Use rubber dam isolation when aerosol generating procedures are initiated together with high-volume suction.
  - 10.1.4. Limit the use of intraoral periapical or bite-wings to avoid gag reflex or cough.
  - 10.1.5. Use extra oral imaging where appropriate.
  - 10.1.6. Dental hand-pieces with anti-retraction function should be used.
  - 10.1.7. Use single use/disposable devices e.g. mouth mirrors, syringes where possible.





- 10.1.8. Advise patients on pre-operative and post-operative self-care and management.
- 10.1.9. Instructions shall include information and the importance to report any signs and symptoms of COVID-19 to the practice within the next 14-days and to seek medical attention.





#### REFERENCES

- 1. Amber et al (2020). Coronavirus Disease 19 (COVID-19): Implications for Clinical Dental Care. Journal of Endodontics 46(5): Available on: https://www.sciencedirect.com/science/article/pii/S009923992030159X (accessed on: 2<sup>nd</sup> June 2020).
- 2. American Dental Association (2020). Return to Work Interim Guidance Toolkit. Available on: https://success.ada.org/~/media/CPS/Files/Open%20Files/ADA Return to Work Toolk it.pdf (accessed on: 11th May 2020).
- 3. Centers for Disease Control and Prevention (2020). Coronavirus Disease 2019 (COVID-19) Dental Settings Interim Infection Prevention and Control Guidance for Dental Settings during the COVID-19 Response. Available on: <a href="https://www.cdc.gov/coronavirus/2019-">https://www.cdc.gov/coronavirus/2019-</a> ncov/hcp/dental-settings.html (accessed on: 14th May 2020).
- 4. COVID-19 Dental Services Evidence Review (CoDER) Working Group. Recommendations for the re-opening of dental services: a rapid review of international sources. Cochrane Oral Health. Version 1.1. Available at: https://oralhealth.cochrane.org/sites/oralhealth.cochrane.org/files/public/uploads/covid1 9 dental reopening rapid review 13052020.pdf (accessed on: 31st May 2020).
- 5. Dental protocol in response to COVID-19 Epidemic-South African Practice Perspective. Level 4: Preliminary Guidelines and Restrictions (30th of April 2020). The South African Dental Association (SADA) NPC. Available at: https://cdn.sada.co.za/files/clinical-





resources/downloads/coronavirus/Level%204%20Preliminary%20Guidelines%20and%2

ORestrictions%20V2.pdf?v=20200531052013 (accessed on: 30<sup>th</sup> May 2020).

- Edwards SP, Kasten S, Nelson C, et al. Maxillofacial Trauma Management during COVID-19: Multidisciplinary Recommendations. Facial Plast Surg Aesthet Med. 2020 Apr 3. doi: 10.1089/fpsam.2020.0158. Available at: <a href="https://pubmed.ncbi.nlm.nih.gov/32255713/">https://pubmed.ncbi.nlm.nih.gov/32255713/</a> (accessed on: 31st May 2020).
- Guidance on preparing workplaces for COVID-19 (2020). US Department of Labor.
   Occupational Safety and Health Administration. Available at:
   <a href="https://www.osha.gov/Publications/OSHA3990.pdf">https://www.osha.gov/Publications/OSHA3990.pdf</a> (accessed on: 27<sup>th</sup> May 2020).
- Jaarsma T, van der Wal M, Hinterbuchner L, et al. Flexibility and safety in times of coronavirus disease 2019 (COVID-19): Implications for nurses and allied professionals in cardiology. Eur J Cardiovasc Nurs. 2020 Apr 23:1474515120921027. doi: 10.1177/1474515120921027. Available at: <a href="https://journals.sagepub.com/doi/full/10.1177/1474515120921027">https://journals.sagepub.com/doi/full/10.1177/1474515120921027</a> (accessed on: 21st May 2020).
- Jamal M, Shah M, et al (2020). Overview of transnational recommendations for COVID-19
  transmission control in dental care settings. Available at:
  <a href="https://onlinelibrary.wiley.com/doi/pdf/10.1111/odi.13431">https://onlinelibrary.wiley.com/doi/pdf/10.1111/odi.13431</a> (accessed on: 2<sup>nd</sup> June 2020).
- 10. Ministry of Health KSA (2020). Dental Emergency Protocol during Covid-19 Pandemic.

  Available on:





https://www.moh.gov.sa/Ministry/MediaCenter/Publications/Documents/MOH-Dentalemergency-guidline.pdf (accessed on: 11th May 2020).

- 11. Mohammed Bin Rashid University of Medicine and Health Sciences (2020). HBMCDM and DDH Guidelines for the Preventive Measures against Covid-19.
- 12. National Guidelines for Clinical Management and Treatment of COVID-19. April 19th, 2020.

  Version 3. United Arab Emirates. Available

  at: <a href="https://www.dha.gov.ae/en/HealthRegulation/Documents/National%20Guidelines%2">https://www.dha.gov.ae/en/HealthRegulation/Documents/National%20Guidelines%2</a>

  Ofor%20Clinical%20Management%20and%20Treatment%20of%20COVID
  19%20Version%203.1%20April%2020%202020.pdf (accessed on: 24th May 2020).
- 13. Occupational Safety and Health Administration (2020). Dentistry Workers and Employers, COVID 19 Control and Prevention. Available at: <a href="https://www.osha.gov/SLTC/covid-19/dentistry.html">https://www.osha.gov/SLTC/covid-19/dentistry.html</a> (accessed on: 11<sup>th</sup> May 2020).
- 14. Peng X, Xu X, Li Y, et al. Transmission routes of 2019-nCoV and controls in dental practice.

  Int J Oral Sci. 2020 Mar 3;12(1):9. Available at: <a href="https://www.nature.com/articles/s41368-020-0075-9">https://www.nature.com/articles/s41368-020-0075-9</a> (accessed on: 26th May 2020).
- 15. Van Doremalen N, Bushmaker T, Morris DH, et al. (March 17, 2020). Aerosol and surface stability of SARS-CoV-2 as compared with SARS-CoV-1. N Engl J Med. doi:10.1056/NEJMc2004973. Available at: <a href="https://www.nejm.org/doi/full/10.1056/NEJMc2004973">https://www.nejm.org/doi/full/10.1056/NEJMc2004973</a>, (accessed on: 27th May 2020).
- 16. Yang Y, Soh H, Cai Z, et al. Experience of Diagnosing and Managing Patients in Oral Maxillofacial Surgery during the Prevention and Control Period of the New Coronavirus





Pneumonia. Chin J Dent Res 2020;23(1):57-62. Available at:

https://pubmed.ncbi.nlm.nih.gov/32232230/ (accessed on: 31 May 2020).

17. National Guidelines for Clinical Management and Treatment of COVID19 (ver. 5.1 Feb. 18, 2021)





## **APPENDIX 1: PATIENT-SCREENING FORM**

Patient Screening Form	Pre-	In- Office
Patient Name: Click or tap here to enter text.	Appointment	
	Date:	Date:
Do you have fever or felt hot or feverish recently (14-21 days)?	□Yes	□Yes
	□No	□No
Do you have shortness of breath or breathing difficulty?	□Yes	□Yes
	□No	□No
Do you have a cough?	□Yes	□Yes
	□No	□No
Do you have any symptoms like gastrointestinal upset, headache or	□Yes	□Yes
fatigue?	□No	□No
Have you experienced recent loss of taste or smell?	□Yes	□Yes
	□No	□No
Are you in contact with a COVID-19 Positive patient(s)?	□Yes	□Yes
	□No	□No
Are you above 60 years of age?	□Yes	□Yes
	□No	□No
Do you have heart disease, lung disease, kidney disease, diabetes or	□Yes	□Yes
any auto-immune disorder?	□No	□No
Have you travelled in the past 14 days to any regions affected by	□Yes	□Yes
COVID-19	□No	□No

Note: Positive responses to any of these would likely indicate a deeper discussion with the

Dentist before proceeding emergency or urgent treatment.





# **APPENDIX 2: LOW-RISK AND HIGH-RISK PATIENTS**

LOW-RISK PATIENTS	HIGH-RISK PATIENTS
COVID-19 negative	Confirmed/Suspected COVID-19
Have no COVID-19 Symptoms:	Showing symptoms for example:
Cough	New uncontrolled cough or shortness of
Shortness of breath (SOB)	breath and fever
Sore throat or flu-like symptoms: runny nose,	Have been in isolation/quarantine with a
sneezing etc.	suspected case
Loss of smell or taste	
Not in contact with a suspected case	Have been in close contact, with someone
	diagnosed with COVID-19
Have not travelled internationally in the last	Travelled internationally in the last 14 days
14 days	