

# Guidelines for oral health services at COVID-19 Alert Level 2

11 May 2020

## Context

All oral health practitioners have a duty of care to support their patients during the national COVID-19 crisis and to reduce community spread, including to yourself, your staff and your patients.

The purpose of this document is to describe the conditions within which oral health services can be provided during the New Zealand government COVID-19 Alert Level 2. **Oral health practitioners must comply with the requirements in this document** for when patients can be seen, what type of treatment can be provided, and what conditions are required (minimum room and PPE requirements are provided).

### While we are in COVID-19 Alert Level 2

A. You can provide **routine dental care and urgent or emergency dental care**, for patients who are **NOT**:

- COVID-positive
- suspected to be COVID-positive
- a close contact of a confirmed COVID-19 case, or have not been in isolation with a suspected case in the last 14 days
- exhibiting any symptoms of COVID-19
- international travellers in the last 14 days.

B. You can provide **only urgent or emergency care** for patients who are:

- COVID-positive
- suspected to be COVID-positive
- a close contact of a confirmed COVID-19 case, or have been in isolation with a suspected case in the last 14 days
- exhibiting symptoms of COVID-19
- international travellers in the last 14 days

**only when you can meet the room and PPE requirements.**

#### General comments

- The Guidelines for oral health services at COVID-19 Alert Level 2 should be read in conjunction with the existing Infection prevention and control practice standard (IPC). There have been no changes to the Council's 2016 IPC practice standard. This guideline sets out additional IPC measures that apply during COVID-19 Alert Level 2.
- All team members within the treatment room/area during treatment must wear the appropriate PPE.

## What patients can be seen where?

Apply the following 2-level classification for patients:

### 1. Low risk patient

Patients who meet all of the following criteria:

- Are not positive for COVID-19
- Do not exhibit any of the following symptoms:
  - cough
  - sore throat
  - shortness of breath
  - runny nose, sneezing, post-nasal drip (coryza)
  - loss of smell (anosmia)

with or without fever

- Are not a suspected case, or not a close contact, or have not been in isolation with a suspected case in the last 14 days
- Have not travelled internationally in the last 14 days.

**You can provide routine care and urgent or emergency care (non-aerosol and aerosol generating procedures).**

Apply standard precautions as per the [Infection Prevention and Control \(IPC\) Practice Standard](#).

The treatment can be performed in a dental practice setting or wherever the patient is normally treated, as long as all necessary PPE is used.

Minimum PPE required:

- Surgical mask (Level 2 or above)
- Eye protection<sup>1</sup>
- Gloves
- Outer protective clothing as per the IPC practice standard.

Aim to schedule and manage patients to limit their contact with others and the time they spend in a common area. This is particularly important when providing care for patients who are 70 years and over, or considered at increased risk for developing severe COVID-19 infection because of a pre-existing health condition.<sup>2</sup>

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<sup>1</sup> Safety glasses that have side vents; or goggles; or prescription glasses covered with a full face shield/visor

<sup>2</sup> Patients considered at increased risk for severe COVID-19 include those with serious respiratory disease, serious heart conditions, immunocompromised conditions, severe obesity, diabetes, chronic kidney disease or those undergoing dialysis, and liver disease; and pregnant patients

When providing care for a low risk patient (as defined on page 3) that **will generate an aerosol**:

- Close the door wherever possible.
- Use measures aimed at reducing the extent and contamination of aerosol and splatter **wherever possible**.

For example, high volume evacuation systems (HVE), use of dental dam\*, and pre-procedural mouthrinses.<sup>3</sup>

The cumulative impact of using all these measures significantly decreases the amount of aerosol and the level of infectious agents contained within it. Ideally practitioners should use all three measures wherever possible.

This may mean involving a dental assistant when possible, to handle the HVE when aerosol is generated.

All rotary handpieces generate aerosols, regardless of whether the motor is electric or air-driven (with or without water). Other aerosol generating instruments commonly used in oral health care include ultrasonic and sonic scalers, triplex syringe, air-abrasion and air-polishing etc.

\*also commonly referred to as rubber dam

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<sup>3</sup> At this time there is limited information on the effectiveness of specific mouth rinses against COVID-19. Peng, X et al reported that since SARS -CoV-2 is vulnerable to oxidation, preprocedural mouth rinse containing oxidative agents such as 1% hydrogen peroxide or 0.2% povidone is recommended, for the purpose of reducing the salivary load of oral microbes, including potential SARS -CoV -2 carriage. Pre-procedural mouth rinse will be most useful in cases when rubber dam cannot be used. (Peng, X et al. *Transmission routes of 2019 – nCoV and controls in dental practice*. International Journal of Oral Science. (2020). The effectiveness of chlorhexidine against COVID-19 is unknown

## 2. High risk patient (ONLY urgent or emergency care)

Patients who meet any of the following COVID-19 criteria:

- COVID-positive
- Are suspected to be COVID-positive
- Are a close contact or have been in isolation with a suspected case in the last 14 days
- Are exhibiting symptoms of COVID-19
- Have travelled internationally in the last 14 days.

You can provide **ONLY urgent or emergency care** for these patients.

Treatment will most likely be in a hospital or tertiary care facility. Treatment can be provided in a dental practice if the room and PPE requirements can be met.

### For non-aerosol generating procedures:

Room requirements: a single room, door closed.

Minimum PPE required:

- Surgical mask (Level 2 or above)
- Eye protection<sup>4</sup>
- Gloves
- Outer protective clothing as per the IPC practice standard. In addition, an impervious single use layer e.g. apron, must be worn with reusable outer protective clothing.

### For aerosol generating procedures:

Room requirements: treatment should occur in a **negative pressure room**.

Minimum PPE required:

- N95 or FFP2 mask (single use)<sup>5,6</sup>
- Eye protection<sup>4</sup>
- Gloves
- Long sleeve impervious gowns<sup>7</sup>.

All PPE must be discarded as clinical waste<sup>8</sup>

Aim to schedule and manage high risk patients so as to limit the opportunity for contact with other patients and team members (e.g. at the end of the day or session).

<sup>4</sup> Full face shield/visor **over any of the following** (1) safety glasses that have side vents, or (2) goggles, or (3) prescription glasses

<sup>5</sup> Aerosol generating procedures should be avoided where possible. If such a procedure is absolutely essential, appropriate PPE is required. This requirement is due to the prolonged nature of such procedures and the close proximity of the operator. These are distinctive features of the aerosol generating procedures used in clinical dentistry

<sup>6</sup> Respiratory protection can also be achieved using: full face reusable respirator, supplied air respirator (SAR), powered air-purifying respirator (PAPR), or FFP3 respirators. Users should be trained how to don, use, doff and decontaminate these appropriately to prevent agent transfer

<sup>7</sup> Change at least between patients

<sup>8</sup> Defined as controlled waste within the Council's Infection prevention and control practice standard

## Guidelines for oral health services at COVID-19 Alert Level 2

### Low risk patient

Patients who:

- are not positive for COVID-19
- do not exhibit any of the following symptoms:
  - cough
  - sore throat
  - shortness of breath
  - runny nose, sneezing, post-nasal drip (coryza)
  - loss of smell (anosmia)
 with or without fever
- are not a suspected case, or are not a close contact, or have not been in isolation with a suspected case in the last 14 days
- have not travelled internationally in the last 14 days

Routine care, and urgent or emergency care

All procedures

PPE required:

- Surgical mask (Level 2 or above)
- Eye protection<sup>1</sup>
- Gloves
- Outer protective clothing as per the IPC practice standard

Treatment can occur in a dental practice setting, or where care is normally received.

Standard precautions apply, as per IPC practice standard

When generating an aerosol, use the measures aimed at reducing the extent and contamination of aerosol, as provided on page 4

### High risk patient

Patients who are:

- COVID-positive
- suspected to be COVID-positive
- a close contact or have been in isolation with a suspected case in the last 14 days
- exhibiting symptoms of COVID-19
- international travellers in the last 14 days

ONLY urgent or emergency care

#### Non-aerosol generating procedures

PPE required:

- Surgical mask (Level 2 or above)
- Eye protection<sup>2</sup>
- Gloves
- Outer protective clothing as per the IPC practice standard. In addition, an impervious single-use layer, e.g. apron, must be worn with reusable outer protective clothing

Room requirements:

- Single room
- Door closed

#### Aerosol generating procedures:

PPE required:

- N95 or FFP2 mask (single use)<sup>3,4</sup>
- Eye protection<sup>2</sup>
- Gloves
- Long sleeve impervious gowns<sup>5</sup>

Room requirement:

- Negative pressure room (most likely in a hospital or tertiary care facility; or dental practice that meets this requirement<sup>6</sup>)
- Single room
- Door closed

Stand room down for 20 minutes after treatment before cleaning (only for aerosol generating procedures for confirmed or suspected COVID-19 patients)

<sup>1</sup> Safety glasses that have side vents; or goggles; or prescription glasses covered with a full face shield/visor

<sup>2</sup> Full face shield/visor over any of the following <sup>(1)</sup> safety glasses that have side vents, <sup>(2)</sup> or goggles, or <sup>(3)</sup> prescription glasses

<sup>3</sup> Aerosol generating procedures should be avoided where possible. If such a procedure is absolutely essential, appropriate PPE is required. This requirement is due to the prolonged nature of such procedures and the close proximity of the operator. These are distinctive features of the aerosol generating procedures used in clinical dentistry

<sup>4</sup> Respiratory protection can also be achieved using: full face reusable respirator, supplied air respirator (SAR), powered air-purifying respirator (PAPR), or FFP3 respirators. Users should be trained how to don, use, doff and decontaminate these appropriately to prevent agent transfer

<sup>5</sup> Change at least between patients

<sup>6</sup> Aim to schedule and manage confirmed or suspected COVID-19 patients so as to limit the opportunity for contact with other patients and team members

## Steps in assessing a patient for care

1. For ALL patients ask the following questions before scheduling an appointment, and record the patient's responses in their record:

- Do you have a confirmed diagnosis of COVID-19?
- Are you waiting for a COVID-19 test or the results?
- Have you travelled internationally in the last 14 days?
- Have you had contact with someone with a confirmed diagnosis of COVID-19, or been in isolation with a suspected case in the last 14 days?
- Do you have any of the following symptoms:
  - cough
  - sore throat
  - shortness of breath
  - runny nose, sneezing, post-nasal drip (coryza)
  - loss of smell (anosmia)with or without fever?

2. If the patient answers '**NO**' to **ALL** of the questions, manage the patient as a 'low risk patient'. When the patient arrives for their appointment, confirm their responses to the questions asked when scheduling, and record the patient's responses in their record.

Someone who has recovered from COVID-19 infection is classified as a low risk patient.

A person is considered recovered from COVID-19 infection when they meet all of the following criteria:

- It has been at least 10 days since the onset of the COVID-19 symptoms
- They have been symptom-free for at least 48 hours
- They have been cleared by the health professional responsible for their monitoring.<sup>9</sup>

3. If the patient answers '**YES**' to **ANY** of the questions, manage the patient as a 'high risk patient'. You can provide **ONLY** urgent or emergency care for these patients, defer all other care.

**Triage these patients by phone** and decide whether they require urgent or emergency care.

If the patient's dental condition can be accurately diagnosed and effectively managed without needing to see the patient, then that is best. Effective management of the patient's dental condition may be possible with medication alone.

If in your professional judgement you need to see the patient for a face-to-face assessment and/or for treatment, to effectively manage their urgent/emergency dental condition, you can see the patient if you can meet the room and PPE requirements for high risk patients.

If you are unable to meet the room or PPE requirements, and the patient requires urgent or emergency care, then refer the patient to where they can receive this.

<sup>9</sup> <https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-current-situation/covid-19-current-cases>

4. If you need to see a high risk patient:

- Schedule and manage the patient in a way that minimises face-to-face interaction with others (e.g. at the end of day or session).
- **Avoid aerosol-generating procedures where possible.** All rotary handpieces generate aerosols, regardless of whether the motor is electric or air-driven (with or without water). Other aerosol generating instruments commonly used in oral health care include ultrasonic and sonic scalers, triplex syringe, air-abrasion and air-polishing etc.
- When aerosol-generating procedures are required:
  - Wear at minimum an N95 or FFP2 mask<sup>6</sup>, gloves, a long sleeved impervious gown, and eye protection – a full face shield/visor over any of the following: (1) safety glasses that have side vents, or (2) goggles, or (3) prescription glasses. Treatment should occur in a **negative pressure room**.
  - Use measures aimed at reducing the extent and contamination of aerosol and splatter as appropriate, for example, high volume evacuation systems, use of rubber dam, and pre-procedural mouth rinse.<sup>3</sup>
  - Preferably use a slow speed handpiece that operates at  $\leq 40000$  rpm, and where possible turn the chip air off, to minimise the aerosol generated during the procedure.

5. If over-the-counter or prescription medication is required for high risk patients:

- Prescriptions can be sent to the pharmacy for collection without the patient presenting at the dental surgery.
- Where prescriptions are issued to suspected or COVID-positive patients, please ask the patient not to attend the pharmacy themselves to pick it up – they should send a family member or arrange delivery by the pharmacy (delivery may incur a cost).
- Follow the [new rules for electronic prescriptions](#) to support virtual care in the community, published 2 April.

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<sup>3</sup> At this time there is limited information on the effectiveness of specific mouth rinses against COVID-19. Peng, X et al reported that since SARS -CoV-2 is vulnerable to oxidation, preprocedural mouth rinse containing oxidative agents such as 1% hydrogen peroxide or 0.2% povidone is recommended, for the purpose of reducing the salivary load of oral microbes, including potential SARS -CoV -2 carriage. Pre-procedural mouth rinse will be most useful in cases when rubber dam cannot be used. (Peng, X et al. *Transmission routes of 2019 – nCoV and controls in dental practice*. International Journal of Oral Science. (2020). The effectiveness of chlorhexidine against COVID-19 is unknown

<sup>6</sup> Respiratory protection can also be achieved using: full face reusable respirator, supplied air respirator (SAR), powered air-purifying respirator (PAPR), or FFP3 respirators. Users should be trained how to don, use, doff and decontaminate these appropriately to prevent agent transfer

## What is “urgent” and “emergency” care?

“Urgent care” includes treatment for:

- dental or soft-tissue infections without a systemic effect
- severe pain
- fractured teeth or pulpal exposure
- adjustment or repair of dental appliances where patient health is negatively impacted (for example, ability to eat).

“Dental emergencies” include:

- trauma-including facial/oral laceration and/or dentoalveolar injuries, such as avulsion of a permanent tooth
- oro-facial swelling that is serious and worsening
- post-extraction bleeding that the patient is not able to control with local measures
- dental conditions that have resulted in acute systemic illness or raised temperature as a result of dental infection
- severe trismus
- acute infection that is likely to exacerbate systemic medical conditions such as diabetes.

## Steps to limit transmission for all patients

### Patient scheduling and management

- Continue to screen patients for any COVID-19 symptoms before booking, and when they arrive for their appointment; similarly, for a support person that may be attending.

If the support person answers 'yes' to any of the COVID-19 screening questions, and no alternative support person is available, ask the support person to wear a surgical mask before entering the practice.

- Schedule and manage patients to limit the time they will spend in a common area and their contact with others. For example, when a patient arrives you may consider asking them to wait outside of the practice area until their appointment time, and escorting them directly into the clinical area, where possible.

This is particularly important when providing care for patients who are 70 years and over or considered high risk for severe COVID-19 infection because of a pre-existing health condition.<sup>2</sup>

- Ask patients to arrive as close as possible to their appointment time.
- Limit points of entry into the facility.
- Post visual alerts (e.g. signs, posters) at the entrance and in strategic places (e.g. waiting areas, elevators) to provide patients and health care practitioners with instructions (in appropriate languages) about hand hygiene, respiratory hygiene, and cough etiquette.
- Instructions should include to cough into the crook of your elbow or to use tissues to cover nose and mouth when coughing or sneezing, to dispose of tissues and contaminated items in lined, no-touch waste receptacles, and how and when to perform hand hygiene.
- Provide supplies for respiratory hygiene and cough etiquette, including alcohol-based hand rub (ABHR) with 60-95% alcohol, tissues, and lined, no-touch receptacles for disposal, at healthcare facility entrances, waiting rooms, and patient check-ins.
- Request patients to wash their hands (where facilities allow) or 'hand sanitise' on arrival and departure from the clinic.
- Continue to practise social distancing wherever possible (between staff; and between staff and patients).<sup>10</sup>

For multi chair clinics, ensure enough space is maintained in the clinic so that patients and their support person are able to maintain a social distance of at least 2 metres from others when entering and exiting the clinic.

- Limit the number of people providing patient support in the treatment area to one.
- Be generous with appointment times to allow careful, unrushed attention to IPC procedures. A general 'slow-down' approach is recommended overall.

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<sup>2</sup> Patients considered high risk for severe COVID-19 include those with serious respiratory disease, serious heart conditions, immunocompromised conditions, severe obesity, diabetes, chronic kidney disease or those undergoing dialysis, and liver disease; and pregnant patients

<sup>10</sup> Consider offering non-clinical team members the option of wearing a surgical mask where social distancing is not practical

## Waiting areas

- All unnecessary items should be removed from the waiting room, such as magazines and toys, and surfaces kept clear and clean.
- Separate waiting room chairs by at least 2 metres.
- Clean surfaces and high-touch surfaces (door handles, chair arms, reception counter etc.) regularly with a detergent with water or ready detergent wipes.
- Areas of known contamination should be cleaned and disinfected as described in the Dental Council's Transmission Based Precautions – Cleaning section contained in the [Infection Prevention and Control Practice Standard](#).

## Contact tracing

- Establish and maintain a contact register for all people entering the practice including date and time of entry and exit, and the person's phone and email details, to enable contact tracing.

## Team management

- If team members are unwell, they should stay home.
- Consider introducing measures to monitor your own health and that of your team.
- Consider organising team members so that they work within a team 'bubble' when delivering clinical care, to limit the number of potential close contacts between clinical team members and to make tracing of team members to patients simpler.
- Continue to limit your social interaction outside of work as much as possible; and suggest clinical team members (including those with decontamination duties) do the same.
- Ensure your team members understand the risks associated with dental practice during COVID-19 Alert Levels, and the measures you are taking to mitigate the risks.

## Hand hygiene

- All clinical team members should perform hand hygiene before and after all patient contact, and contact with potentially infectious material, and before putting on and after removing PPE, including gloves. Hand hygiene after removing PPE is particularly important to remove any pathogens that might have been transferred to bare hands during the removal process.
- Clinical team members should perform hand hygiene by using ABHR with 60-95% alcohol or washing hands with soap and water for at least 20 seconds. If hands are visibly soiled, use soap and water before returning to ABHR.
- Hand hygiene supplies should be readily available to all staff in every care location.
- Hand hygiene should be performed after going to the bathroom, before preparing and eating food, and after coughing and sneezing.

## Personal protective equipment

- Select appropriate PPE in accordance with the PPE requirements specified in this document, at minimum.
- Do not wear scrubs outside of the practice setting.
- Oral health care practitioners must have received training in and demonstrate an understanding of:
  - when to use PPE
  - what PPE is necessary
  - how to properly don, use, and doff PPE in a manner to prevent self-contamination.

This is of particular importance for staff members not usually wearing PPE, or introducing new types of PPE into the practice, such as an N95 mask or PAPR.<sup>6</sup>

- Any reusable PPE must be properly cleaned, decontaminated, and maintained after and between uses.

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<sup>6</sup> Respiratory protection can also be achieved using: full face reusable respirator, supplied air respirator (SAR), powered air-purifying respirator (PAPR), or FFP3 respirators. Users should be trained how to don, use, doff and decontaminate these appropriately to prevent agent transfer

## Additional steps to limit transmission when providing care for high risk patients

For suspected or COVID-positive patients, additional steps should be taken to limit the risk of transmission.

To minimise risk practitioners must:

- use telehealth when possible
- encourage patient respiratory hygiene using alternatives to facemasks (e.g. tissues to cover cough or encourage them to cough into the crook of their elbow, and wash their hands following)
- isolate symptomatic patients as soon as possible. Place patients with suspected or confirmed COVID-19 in private rooms with door closed and private bathroom (where possible)
- protect healthcare personnel
- emphasise hand hygiene
- limit the number of staff providing their care.

### During treatment

- Limit the number of people providing patient support in the treatment area to one. Offer the support person a surgical mask, particularly if they are in a different “bubble” to the patient.
- If when providing care the planned treatment changes and different room and PPE requirements apply, stop the treatment until the necessary PPE and room requirements are in place.
- If the patient wants to keep their extracted tooth, clean and disinfect the tooth.

### Cleaning and decontamination

- Appropriate PPE should be worn for cleaning down the room. At minimum wear a gown<sup>11</sup>, gloves, surgical mask and protective eyewear.
- Wipe down hard surfaces using a two-step process: first with detergent and water, then hospital grade disinfectant<sup>12</sup> with activity against respiratory virus, including COVID-19.
- After treating a suspected or COVID-positive patient when aerosol generating procedures have occurred, the room should remain closed for a stand-down period of 20 minutes prior to cleaning.
- Remove any linen that has been used into linen bags for hot washing.
- Remove and discard PPE as clinical waste<sup>8</sup> (taken off in the following order: gloves, hand hygiene, gown, hand hygiene, protective eyewear (if separate from mask), hand hygiene, mask, hand hygiene).<sup>13</sup> Perform hand hygiene thoroughly to elbows.

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<sup>8</sup> Defined as controlled waste within the Council's Infection prevention and control practice standard

<sup>11</sup> If wearing a long sleeved impervious gown, a fresh gown is needed for cleaning

<sup>12</sup> Based on current available literature - inactivation of COVID-19 on surfaces within 1 minute by using 62-71% ethanol, 0.5% hydrogen peroxide or 0.1% sodium hypochlorite

<sup>13</sup> <https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-novel-coronavirus-information-specific-audiences/general-cleaning-information-following-suspected-probable-or-confirmed-case-covid-19>

## Guidelines for oral health services at COVID-19 Alert Level 2

## Appendix 1

Patient risk	Situation	Type of Treatment	Type of procedures	PPE required	Minimum room requirements
Low risk patient	<p>Patients who:</p> <ul style="list-style-type: none"> <li>are not positive for COVID-19</li> <li>do not exhibit any of the following symptoms:                             <ul style="list-style-type: none"> <li>cough</li> <li>sore throat</li> <li>shortness of breath</li> <li>runny nose, sneezing, post-nasal drip (coryza)</li> <li>loss of smell (anosmia)</li> </ul> </li> </ul> <p>with or without fever</p> <ul style="list-style-type: none"> <li>are not a suspected case, or are not a close contact, or have not been in isolation with a suspected case in the last 14 days</li> <li>have not travelled internationally in the last 14 days</li> </ul>	Routine care, and urgent or emergency care	<p>All procedures</p> <p>When generating an aerosol, use the measures aimed at reducing the extent and contamination of aerosol, as provided on page 4</p>	<p>Surgical mask (Level 2 or above)</p> <p>Eye protection<sup>1</sup></p> <p>Gloves</p> <p>Outer protective clothing as per the IPC practice standard</p>	<p>eg dental surgery</p> <p>Standard precautions apply, as per IPC practice standard</p>
High risk patient	<p>Patients who:</p> <ul style="list-style-type: none"> <li>are COVID-positive</li> <li>are suspected to be COVID positive</li> <li>are a close contact or have been in isolation with a suspected case in the last 14 days</li> <li>are exhibiting symptoms of COVID-19</li> <li>have travelled internationally in the last 14 days</li> </ul>	Only urgent or emergency care <sup>2</sup>	<b>Non-aerosol</b> generating procedures	<p>Surgical mask (Level 2 or above)</p> <p>Eye protection<sup>3</sup></p> <p>Gloves</p> <p>Outer protective clothing as per the IPC practice standard. In addition, an impervious single-use layer, e.g. apron, must be worn with reusable outer protective clothing.</p>	<p>Single room</p> <p>Door closed</p>
			<b>Aerosol</b> generating procedures	<p>N95 or FFP2 mask (single use)<sup>4,5</sup></p> <p>Eye protection<sup>3</sup></p> <p>Gloves</p> <p>Long sleeved impervious gowns<sup>6</sup></p>	<p><b>Negative pressure</b></p> <p>Single room</p> <p>Door closed</p> <p>Stand room down for 20min after treatment before cleaning (only for aerosol generating procedures for confirmed or suspected COVID-19 patients)</p>

<sup>1</sup> Safety glasses that have side vents; or goggles; or prescription glasses covered with a full face shield/visor

<sup>2</sup> Aim to schedule and manage confirmed or suspected COVID-19 patients so as to limit the opportunity for contact with other patients and team members

<sup>3</sup> Full face shield/visor over any of the following: (1) safety glasses, or (2) goggles, or (3) prescription glasses

<sup>4</sup> Respiratory protection can also be achieved using: full face reusable respirator, supplied air respirator (SAR), powered air-purifying respirator (PAPR), or FFP3 respirators. Users should be trained how to don, use, doff and decontaminate these appropriately to prevent agent transfer

<sup>5</sup> Aerosol generating procedures should be avoided where possible. If such a procedure is absolutely essential, appropriate PPE is required. This requirement is due to the prolonged nature of such procedures and the close proximity of the operator. These are distinctive features of the aerosol generating procedures used in clinical dentistry

<sup>6</sup> Change at least between patients