

COVID-19 EUROPEAN AND INTERNATIONAL GUIDANCE FOR EMERGENCY/URGENT DENTAL CARE

EUROPEAN GUIDELINES					
	Official National Advice	Access to Dental Services	Protocols for urgent care for patients without / with suspected or confirmed infection	Protocols for aerosol generating procedures (AGPs)	Recommended PPE
Albania	Ministry of Health Order of Dentists of Albania <i>1st April 2020</i>	All emergency treatments to be performed in one dental hospital	No official protocol Avoid Aerosols Generating Procedures (AGPs) Analgesics and antibiotic therapy where possible Extraction preferred Pulp extirpations with minimal use of AGPs	No written protocol Recommended: PPEs Limit AGPs Use high volume aspiration (HVA) and ventilate the room between patients. Use antiseptic mouthwash (i.e. Chlorhexidine)	PPE recommended for dental procedures: <ul style="list-style-type: none"> • gowns • N95, FFP2 and FFP3, goggles or face visors, gloves • hair cap • shoe covers
Belgium	Conseil de l'Art Dentaire on the Behalf of the Service Public Fédéral de Santé Publique <i>30th April 2020</i>	Patient triage based on the following patient groups: Group A1: COVID-19 positive. Postpone any treatment and refer to hospital setting. No treatment unless absolute emergency Group A2: Suspected COVID-19 positive. Symptomatic patient or patient who has been in close contact with a confirmed case. Group B1: Asymptomatic patient with high risk conditions (shielded patients). Only urgent or required dental treatment	Urgent treatment (treatment required within 24h): <ul style="list-style-type: none"> • Oral infection with facial swelling and general symptoms • Oral bleeding • Dental trauma • Severe pain not controlled with analgesia Required treatment: <ul style="list-style-type: none"> • Oral infection not controlled following antibiotics course • Oral pain difficult to control with analgesia 	<ul style="list-style-type: none"> • Patients should use mouthwash 1% H₂O₂ solution or Povidone Iodine 1% solution for one minute before spitting in a disposable cup • Limit use of intra oral radiographs • Limit use of 3-in-1 syringe • Use of rubber dam when possible including any tooth preparation. Placed prior to start AGP 	All staff: All staff should wear at least a surgical mask at all time. Non-AGP: For treatment: <ul style="list-style-type: none"> • Surgical mask • Single use gloves • Protection apron with long sleeves (or change scrubs between each patient)

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		<p>(FFP2). If further treatment, case by case discussion and professional advice. Patients should be scheduled at the beginning of the day.</p> <p>Group B2: Asymptomatic patient with special need (patients having more difficulties with social distancing). Prioritise urgent treatment, then required treatment and then routine treatment. Scheduled at the end of the day. (use of FFP2)</p> <p>Group C: Asymptomatic patients. Dental treatment can be provided prioritising urgent treatment, then required treatment and then routine treatment.</p>	<ul style="list-style-type: none"> • Treatment following dental trauma (RCT, removal of splint) • Completion of RCT • Follow up of implant case or transplantation • Dental fracture or loose filling • Fit of prosthesis • Denture ease • Orthodontic maintenance (e.g. debonded bracket, broken arch wire) • Follow up of patients with severe periodontal disease 	<ul style="list-style-type: none"> • Use large suction tip 	<ul style="list-style-type: none"> • Eye protection (visors recommended) <p>AGPs:</p> <ul style="list-style-type: none"> • Surgical gowns with long sleeves • Eye protection + visor • Gloves <p>For patients B1 and B2, use of FFP2 masks.</p>
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Croatia	<p>Croatian Institute of Public Health (CIPH)</p> <p>22nd April 2020</p>	Basic health care and first aid	<p>Avoid AGPs</p> <p>Extraction preferred with possible incision and antibiotic therapy.</p> <p>If AGPs required extirpation and use of CaOH₂ for inter-appointment medication.</p> <p>Avoid prescription of non-steroidal inflammatory drugs</p>	<p>Not answered</p> <p>Restricted assess of patients to the surgeries.</p> <p>If it is possible to preserve the tooth, a trephination should be performed and after removing of organic content and disinfection, the root canal should be filled by CA(OH)₂. The access cavity should be filled with glass</p>	<p>For suspected / confirmed cases:</p> <ul style="list-style-type: none"> • FFP2 or FFP3 mask • Goggles or face visors • Sterile gloves and impermeable suites or coats • Slips or calipers on shoes

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				ionomer (this guideline is provided in consultation with the Croatian Endodontic Society)	Complete disinfection and safe disposal or infectious waste required
Czech Republic	Ministry of Health National dental chamber <i>26th April 2020</i>	No official general restrictions Dental services provision on dental care for the general public COVID-19 positive or suspect positive emergency care only	No official clinical protocol for urgent dental emergencies- Positive, or suspected positive patients end of session patient	There is no official protocol for AGPs. The Czech dental chamber issued a protection protocol "Protection against transmission of virus- related infection disease with regard to SARA-COV-2"	<ul style="list-style-type: none"> • FFP2 face mask • face shield • head cover • clothes which fully covers arms and legs
Denmark	Danish Health Board <i>22nd April 2020</i>	Routine care to be avoided Limit AGPs to emergencies only	Symptomatic patients with suspected COVID-19 should not be treated in primary care but should be referred to hospital if they require urgent dental care. For Dental, Oral and Oral Surgery that is acute/critical, the patient can be seen once symptom free for 48 hours. Asymptomatic patients requiring may be prescribed a test for COVID-19 and results should be	HVA, four-handed dentistry and rubber dam used when it is technically feasible. At the end of treatment, the treatment room must be briefly ventilated before the next patient. Dental cleaning (scale and polish/scale and root planning) and the treatment of periodontitis must be done	Clothing during AGPs: <ul style="list-style-type: none"> • Disposable long-sleeve coat and long-sleeve cuff / disposable apron. With limited supply, disposable plastic aprons covering the neck can be used. If disposable plastic apron is not available, it can be

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			<p>available before scheduling. Postpone procedures for positive tests.</p>	<p>with the use of hand instruments.</p>	<p><i>promoted to clean</i> changed to clean clinical clothing after each patient.</p> <ul style="list-style-type: none"> • Mask and eye protection: Visor or goggles can be multiple use, cleaned and disinfected between each patient. In case of supply difficulties, full-face visors can be used alone (except for surgical procedures). Ordinary glasses and magnifying glasses can be used if they are designed for protection. • Mask should be tight-fitting and cover nose and mouth. The mask must retain at least 98% of microorganisms (type II), but does not have to be R type. As masks become leaky when moistened, they must be changed regularly and always after each patient.
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United Kingdom	<p>Office of Chief Dental Officer England</p> <p>British Endodontic Society</p> <p><i>4th June 2020</i></p>	<p>Urgent Dental Care Centers (UDCCs) and from the 8th of June dental practices resume services for all patients</p> <p>With or suspected to have COVID-19 only to be seen at UDCCs</p>	<p>Telephone triage advice / analgesics / antibiotics (when required)</p>	<p>Emergency / Urgent treatment</p> <p>Pre-op mouth rinse with 1-1.5% hydrogen peroxide or 0.2% povidone-iodine for one minute</p> <p>Local anaesthesia as indicated – consider use of Articaine or Mepivacaine in cases of pulpitis</p> <p>Isolation – Use of dental dam mandatory, ideally single tooth, and placed prior to access in such a way that the entire oral cavity is covered.</p> <p>Decontamination of the operative field (both dental dam and tooth to be treated) with 3% NaOCl or 1.5% Hydrogen Peroxide</p> <p>Access into pulp chamber: Enamel- high speed electric or turbine handpiece, HVA Dentine/Pulp – slow speed handpiece, Irrigation with NaOCl</p>	<p>AGPs (Restrict AGPs during COVID-19 alert level)</p> <ul style="list-style-type: none"> • Loupes, visor and microscope barriers • Head and foot covering • Gown • FFP3 or FFP2 Mask <p>Non-AGP</p> <ul style="list-style-type: none"> • Type IIR surgical mask, • plastic apron • visor

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				Orifice location, complete chemo-mechanical preparation to working length Obturation with preferred technique and permanent core restoration. If required cuspal coverage restoration at a later stage	<i>promote, educate & advance</i>
France	French National Dentists Association <i>5th May 2020</i>	Routine care available dependent on COVID-19 status	Available care dependent on: Group A: "Healthy patients" all treatments available Group B: Shielded patients (over 65yo, cardiac or respiratory disease, immunosuppressed), case by case discussion for non-urgent treatment (dedicated slots) Group C: High risk COVID-19, patients who had close contact with confirmed COVID-19. Emergency treatment on dedicated slots only, delay of non-urgent work (review 14days incubation) Group D: Confirmed COVID-19 patients, emergency treatment on dedicated slots only. Delay Avoid prescribing NSAID for covid-19 patients. Prescription of steroids should be carefully considered, if COVID-19 symptoms, they should be stop immediately and prescriber contacted	<ul style="list-style-type: none"> • Antiseptic mouthwash • Intra-oral radiograph should be carefully considered due to risk of cough and saliva flow stimulation • Consider panoramic and CBCT if possible and indicated • Rubber dam • HVA, 2 at same time when possible • 4-handed dentistry - • If use of dental handpiece is necessary, prefer blue contra angle rather than red; set hand piece setting to minimal water flow; proceed to sterilization after each AGP 	<p>All staff: Non-clinical staff should wear surgical mask at all times and never enter the clinical room.</p> <p>AGPs:</p> <ul style="list-style-type: none"> • Aprons • Eye protection • Surgical Hat • FFP2 masks • Single use gloves • Extra surgical gown in addition to PPE

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Ireland	Health Protection Surveillance Centre <i>15th May 2020</i>	AGPs in specialist centers Other services in primary care	If is essential to perform AGPs on patient with suspected or confirmed COVID-19 or on COVID-19 Contacts the procedure should follow HPSC guidance on PPE use for AGPs (gown, respirator mask, eye protection and gloves)	Should be performed in a facility with appropriately controlled mechanical ventilation such as an operating theatre.	<ul style="list-style-type: none"> • Gloves • Long sleeve gown • FFP2 mask only for suspected or confirmed cases, but this has been taken to mean all patients.
Italy	Clinical recommendations produced by a technical panel established by the Ministry of Health, in which both Italian Dental Associations (ANDI and AIO) and the Dental Council were represented <i>13th May 2020</i>	Patients only accepted practice following telephone triage. No treatment available in practice for Covid-19 positive, suspected and those who have been in contact with positive or suspected cases	Temperature checked with a thermal scanner (all patients) upon entering the practice. During the “Emergency phase” of the pandemic dentists were only providing “undeferrable” treatment. During the “Phase 2” (easing of the lockdown) priority must be given to the treatment of all pathologies that were overlooked during the emergency phase. Therefore, priority to urgent/emergency treatment.	<ul style="list-style-type: none"> • Reduce AGPs if possible • Pre-procedural mouthrinse for 30secs with 1% hydrogen peroxide, or cetylpyridinium chloride 0.1%, or iodopovidone 1%. Followed by washing for 60secs with chlorhexidine 0.2%. • Rubber dam 	<ul style="list-style-type: none"> • FFP2/3 masks without valve and for single use for suspected COVID-19 and do AGPs • Eyewear (glasses) for non-AGP on patients not suspected of COVID-19. Face shields for all AGPs. • Single use long sleeve impervious “cover all” gowns with head cap and boot covers for all procedures.

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Greece	Hellenic Dental Federation	Dental services open to dental emergencies.	No written protocol	<ul style="list-style-type: none"> • Rubber-dam, • Surgical suction • Mouthwash with a povidone-iodine solution before the initiation of any dental procedure. 	Water-proof long sleeve gowns, face-shields, surgical masks FFP2, NR95, and gloves For patients: protective glasses and plastic apron.
Malta	Ministry of Health <i>18th March 2020</i>			<p>Four-handed dentistry should be performed. Anti-retraction hand pieces should be used and only if absolutely necessary. The patient should be given a 1% hydrogen peroxide or 0.2% povidone rinse prior to the treatment. Treatment should be conducted under rubber dam and high-volume suction. Hand-instruments should be used whenever possible to decrease airborne droplets. Extra-oral radiography is recommended in preference to intra-oral radiography.</p>	<p>For non-COVID-19 patients: Clinicians should wear disposable surgical masks, protective eyewear/face-shields and disposable gloves</p> <p>For suspected/confirmed COVID-19 patients: Patients who have tested positive or are suspected positive for COVID-19 should have treatment postponed until recovery. If they need to be seen, staff need to wear full PPE including FFP3 masks,</p>

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Norway	Norwegian Health Department	Private and public dental services open to emergency treatment until 19/04/20. From 20/04/20 routine dental services resumed with conservation of dedicated of public centres for COVID-19 confirmed cases		HVA, rubber dam when possible. 1% H2O2 mouth rinse one minute before treatment. Cover clinical tools with plastic cover disinfected between patients	<p>Laundry: Washed daily at 85 degrees at laundry or dental clinic. It should not be taken home.</p> <p>COVID-19 negative patients (Non-AGP):</p> <ul style="list-style-type: none"> • Gloves • FFP2 or FFP2R, change between patients • Eye protection (visors recommended) • Hat or hood covering all hair if available <p>COVID-19 negative patients (AGP):</p> <ul style="list-style-type: none"> • In addition to the above, long sleeved disposable or reusable gown, changed between patients

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					<p>Suspected/confirmed COVID-19 patients:</p> <ul style="list-style-type: none"> • Gloves • FFP3 (alternative FFP2) • Eye protection (visors recommended) • Long sleeved disposable or reusable gown, changed between patients • Hat or hood covering all hair
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Poland		Dental services closed with exception of emergency care	No written protocol	Visor / Rubber dam	<ul style="list-style-type: none"> • Mask • Goggles • Apron • Visor • Shoe protection
Portugal	Directorate-General for Health <i>1st May 2020</i>	Services resumed Avoid AGPs where possible	No written protocol AGPs: Risk of dental procedures to COVID-19 transmission. All procedures that generate aerosols are considered high risk, including root canal treatments and all activities using rotating	During the appointment: <ul style="list-style-type: none"> • Instruct the patients, before any procedure, to mouthwash for 30 seconds with a hydrogen peroxide solution 1% or iodopovidone 0.2%. • Use surgical suction 	COVID-19 negative patients: Oral health professionals should use PPE according to the risk of the procedures undertaken during the appointment.

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			<p>instruments (polishing included) or an air-water syringe.</p>	<ul style="list-style-type: none"> • Rubber dam when appropriate. • Use rotation instruments with non-return valve 3 and disposable protections. • Prioritise extraoral radiographs compared with intraoral. 	<p>According to the Norm 007/2020 from the DGS.</p> <p>For COVID-19 patients or AGPs (in emergency situations):</p> <ul style="list-style-type: none"> • Surgical Apron – open in the back, disposable, waterproof with long sleeves and that sits below the knee • Mask FFP2 (N95) or FFP3; • Safety spectacles or face shields (with inferior opening) • Gloves and non-sterilized • Hairnet • Safety shoes <p>For high risk procedures, the use of a double pair of gloves (long sleeve) or a full protection suit.</p> <p>For low risk procedures (Non-AGP):</p> <ul style="list-style-type: none"> • Disposable apron on top of the clinical garment • Mask FFP2 (N95)
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Spain	Council of Dentists, Collegial Organization of Dentists in Spain <i>1st May 2020</i>	Services resumed	No written protocol	No written protocol	All staff: Reception staff should wear a surgical mask and, if possible, glasses. Non AGPs: <ul style="list-style-type: none"> • Single use of FFP2 masks without valve for up to 4 hours. Possible to re-use the mask after sterilization if not damaged (2 or 3 sterilizations permitted). • Dealing with a symptomatic patient: no need of a mask if 2 meters away; use of surgical mask if 1 to 2 meters away; use of FFP2 mask if <1 meter away. • Double pair of nitrile or latex gloves. • Eye protection

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					<p>from Waterproof advance</p> <ul style="list-style-type: none">• disposable gown, cap, and shoe covers• Avoid wearing rings, bracelets, pendants, watches, or other accessories <p>AGPs:</p> <ul style="list-style-type: none">• In addition to the above• Shoe cover• Hand hygiene (for at least 40 seconds)• Protective gown, disposable cap, and gloves, mask, and eye protection• Avoid touching your face and surrounding surfaces while wearing PPE.
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Switzerland	Dental Swiss Society <i>17th April 2020</i>	Suspected or confirmed COVID-19: Only emergency treatment that cannot be postponed. This patient group can be referred to hospital setting or dedicated emergency centre for COVID-19	Non-COVID-19 patients: Manage emergencies with additional precautions outlined.	Asymptomatic patients: Possibility to provide treatment with the following precautions: <ul style="list-style-type: none"> • Before treatment, ask patient to use viricide mouthwash (1.5% H2O2 solution or povidone-iodine solution for 30 seconds) • Rubber dam when possible. Disinfect dam. • Use both high and low speed suctions • Limit AGPs as much as possible. • Scaling only with hand scalers Patient suspected or confirmed COVID-19: <ul style="list-style-type: none"> • Treatment in a 'COVID-19 treatment room' 	All staff: All staff must wear a mask all day. PPE for COVID-19 negative: <ul style="list-style-type: none"> • Surgical mask • Disposable gloves • Eye protection • FFP2 mask for AGPs PPE for COVID-19 patients: <ul style="list-style-type: none"> • Disposable gloves • Eye protection • Surgical gown • FFP2 masks for at least 30 min following AGP and for the whole time the patient is present in the treatment room

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				<ul style="list-style-type: none"> • No contact with other patients in the practice should happen. • Patient must wear a surgical mask when he arrives. <p>General rules applying to all patients:</p> <ul style="list-style-type: none"> • Avoid AGPs when possible • Generalise use of rubber dam. • Low and high-speed suction simultaneously. • No treatment can be provided without adequate PPE. 	<i>promote, educate & advance</i>
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INTERNATIONAL GUIDELINES					
	Official National Advice	Access to Dental Services	Protocols for urgent care for patients without / with suspected or confirmed infection	Protocols for aerosol generating procedures (AGPs)	Recommended PPE
Australia	<p>Australian Dental Association</p> <p>Dental Board of Australia</p> <p><i>8th May 2020</i></p>	<p>Alert level 1 restrictions – return to routine dental services, following screening of COVID-19 status (however, need to be checked with local state/territory health department).</p> <p>Defer routine care for COVID-19 positive or suspected cases. Confirmed positive cases requiring urgent care will be treated within a hospital. Urgent care for suspected cases to be provided in by individual practices.</p>	<p>Patient screening</p> <p>All dental treatments using standard precautions for people who do not meet epidemiological or clinical risk factors for COVID-19 infection transmission (low risk).</p> <p>Defer non-urgent treatment for people who DO meet epidemiological or clinical symptom criteria for COVID-19 risk (moderate or high risk). Urgent dental treatment for people who DO meet epidemiological or clinical symptom criteria for COVID-19 risk or confirmed as a COVID-19 case:</p> <ul style="list-style-type: none"> Aerosol generating procedures (AGPs) allowed with implementation of full suite of protective measures. <p>Pulp extirpation and extractions (avoiding surgical extractions). Defer completion of endodontics until after the pandemic.</p>	<p>Pre-procedural mouthwash 1% hydrogen peroxide, 0.2% povidone iodine, 0.2% chlorhexidine, an essential oil mouth rinse, rubber dam, disinfection of the dam, high volume aspiration (HVA). See patient at the end of the day for suspected cases.</p>	<p>Low risk patients: standard PPE (Fluid resistant surgical mask, plastic apron, goggles)</p> <p>Moderate to high risk: FFP2/N95 (fit-tested), fluid impervious disposable gown, Face visors (during the peak)</p>

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			Reversible pulpitis use of hand excavator to limit AGP.		<i>promote, educate & advance</i>
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Canada	<p>Canadian Dental Association</p> <p>British Columbia Dental Association 29th May 2020</p> <p>Alberta Dental Health Association & College 28th May 2020</p> <p>Manitoba Dental Association 1st June 2020</p> <p>New Brunswick Dental Society 8th May 2020</p>	<p><u>British Columbia</u> – Phase 2 Routine care for low risk patients (non-COVID-19).</p> <p>Routine care suspended for high risk (confirmed positive or suspected).</p> <p><u>Alberta, Manitoba, New Brunswick</u> Return to routine dental care for low risk patients. Moderate risk can be treated in a general dental office, however defer care if possible. High risk patients should not be treated in a general dental office. Instead treated in a hospital setting.</p> <p><u>Saskatchewan</u> Urgent care to be provided at dental offices for their own patients. Failure to treat patients or to refer them for treatment can</p>	<p><u>British Columbia</u> Telephone screening for COVID-19 of emergency patients.</p> <p>Manage low risk patients with standard precautions Avoid AGPs in high risk patients.</p> <p><u>Alberta, Manitoba, New Brunswick</u> Limit AGPs for all COVID-positive should NOT be treated in a general dental office.</p> <p>Avoid the use of dental handpieces and the air-water syringe. Use of ultrasonic scalers not recommended during this time. Prioritize minimally invasive/atraumatic restorative techniques (hand instruments only).</p> <p><u>Ontario</u></p>	<p><u>British Columbia</u> Standard precautions for low risk</p> <p>High risk: Limit staff providing treatment. Limit AGPs and consider EO imaging.</p> <p><u>Alberta, Manitoba, New Brunswick, Ontario</u> Follow proper donning/doffing of PPE 1% hydrogen peroxide mouthrinse for 30 seconds prior to examination of the oral cavity, rubber dam or other isolation techniques, HVA, spoon excavation of decay, possible application of silver diamine fluoride, restrict using high speed handpieces or ultrasonic devices to limit aerosol</p>	<p><u>British Columbia</u> Low risk patients: Standard PPE</p> <p>High risk patients (AGPs): N95 respirator (fit tested), eye protection (goggles or face shield), gloves, gown.</p> <p><u>Alberta, Manitoba, New Brunswick, Ontario</u> Non-AGPs: Level 2 or 3 mask, face shield or appropriate protective eyewear, scrubs, gloves</p> <p>AGPs: N95 respirator (fit tested), eye protection (goggles or face shield), gloves, lab coat or gown (must have a cuff).</p> <p>Gloves, head cap, eye protection: face shield,</p>

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	<p>The College of Dental Surgeons of Saskatchewan 27th April 2020</p> <p>Royal College of Dental Surgeons of Ontario 31st May 2020</p>	<p>create legal liabilities, including charges of negligence or patient abandonment</p> <p>Ontario Return to routine dental care for non-COVID patients. Defer routine care for positive patients. Emergency/urgent care can be provided.</p>	<p>For emergency or urgent care, no AGPs allowed in COVID positive patients</p>	<p>Four-handed dentistry, HVA and dental dams. The number of DHCP present during the procedure should be limited to only those essential for patient care and procedure support. Visitors should not be present for the procedure.</p>	<p>Cover all gown, fit tested powered air purifying respirators (PAPR) or N95 filtering facepiece respirators</p>
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India	<p>Dental Council of India 7th May 2020</p> <p>Indian Endodontic Society</p>	<p>Re-opening based on local administration allowances.</p> <p>Avoid routine care. Focus on emergency care and urgent care. Patients requiring emergency care should be attended immediately. Urgent care to be managed pharmacologically when possible.</p>	<p>EMERGENCY (Situations which increase the patient's death risk):</p> <ul style="list-style-type: none"> • Uncontrolled bleeding. • Cellulitis or diffuse bacterial infections leading to intra-oral or extra-oral edemas, and potential risk of damage to airways • Facial bones trauma, which may damage the patient's airways. <p>URGENT (situations which require priority care but do not increase the patient's death risk):</p> <ul style="list-style-type: none"> • Acute dental pain (Pulpitis). • Pericoronitis. • Alveolitis. • Dental or periodontal abscesses. 	<p>Limit AGPs, four-handed technique, HVA, limited access to the operatory</p> <p>AGPs should ideally be done in designated isolation rooms which should be equipped with High Efficiency Particulate Air Filters (HEPA 13 or 14) / Augmented Ventilation</p>	<p>AGPs: Gloves, head cap, eye protection: face shield, "Cover all" gown, Fit-tested Respirator mask N95 for all routine procedures. FFP-3 for treating COVID-19 positive. Single use only.</p> <p>Non-AGP: Gloves, head cap, eye protection (glass), fit-tested Respirator mask N95/FFP-2 "Single extended use unto 6-8</p>

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			<ul style="list-style-type: none"> Dental care needed for another critical medical procedure. Cementation fixed prosthodontics or crowns. Biopsies. Adjustments of orthosis and prosthesis that cause pain and compromise chewing function. Changing intracanal medication. Removal of extensive dental caries or restorations that cause pain. Mucositis. Dental trauma with avulsion or luxation 		<p>hours if not spoiled</p> <p>“Protect N95 with a surgical triple layered mask which must be changed after every patient”.</p>
	Official National Advice	Access to Dental Services	Protocols for urgent care for patients without / with suspected or confirmed infection	Protocols for aerosol generating procedures (AGPs)	Recommended PPE
New Zealand	Ministry of Health Dental Council 11 th May 2020	<u>Alert level 2</u> Routine, urgent or emergency care can be provided for patients who are NOT: <ul style="list-style-type: none"> COVID-positive or suspected. Close contact of a confirmed COVID-19 case, or have not been in isolation with a suspected case in the last 14 days. 	<ul style="list-style-type: none"> Low risk care: Urgent care can be provided “as normal” No restrictions on AGP/Non-AGP setting using standard precautions. High risk care: Avoid AGPs where possible 	Standard precautions for low risk patients. Appropriate PPE for AGPs in high risk patients and procedure to be carried out in a negative pressure room. Use of HVA and rubber dam.	Low risk care: AGPs and non-AGPs <ul style="list-style-type: none"> Surgical mask Gloves Eye protection Gowns High risk care: Non-AGP <ul style="list-style-type: none"> Surgical mask Gloves Eye protection with full face shield

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		<ul style="list-style-type: none"> Exhibiting any symptoms of COVID-19. International travellers in the last 14 days. <p>These low risk patients can be treated in dental practice.</p> <p>Urgent or emergency care only for all who reply yes to the above. These high risk patients will most likely be treated in tertiary care or hospitals. Can be treated in dental practices, only when you can meet the room and PPE requirements</p>			<p>Impervious single use apron</p> <p>High risk care: AGPs</p> <ul style="list-style-type: none"> N95 or FFP2 mask (single use) Gloves Eye protection with full face shield Long sleeve impervious gowns
	Official National Advice	Access to Dental Services	Protocols for urgent care for patients without / with suspected or confirmed infection	Protocols for aerosol generating procedures (AGPs)	Recommended PPE
UAE	<p>Dubai Healthcare City Authority</p> <p>24th of March</p>	<p>Postpone elective/routine procedures until further notice.</p> <p>Restrict practice to dental emergencies and urgent care only. Practice due diligence and make well-informed decisions about providing – or not providing – treatment. Dental professionals are not expected to provide treatment unless, in their professional opinion, it is safe to do so for both patients and the dental team.</p>	<p>The protocol distinguishes between “emergency” and “urgent” care</p> <ol style="list-style-type: none"> Potentially life threatening dental emergencies referred to hospital (uncontrolled bleeding, spreading infection, airway compromise, etc) Urgent dental care <p>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 (list of procedures classed in this way accessible via the hyperlink)</p>	<p>Single patient treatment room (where possible) with the door closed.</p> <p>Pre-procedural mouthwashes for 30 seconds supervised.</p> <ul style="list-style-type: none"> Hydrogen peroxide 1% (dilute 3% to 1%). Chlorhexidine 0.2%. Povidone iodine mouth rinse (0.2%). Listerine essential oil mouth rinse. 	<p>Masks:</p> <p>Fluid resistant surgical masks for:</p> <ul style="list-style-type: none"> Non-operative management. Where an operative intervention is required. Where standard precautions are recommended. <p>N95 masks:</p> <ul style="list-style-type: none"> For AGPs Single use

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				<p>Four-handed dentistry. Consider use of hand instrumentation. Use of slow speed turbine without water spray whenever possible. Rubber dam and HVA. Handpieces autoclaved after each patient.</p>	<p>• If reusable 'shields' are used, they need to be cleaned and disinfected between patients. Note: Regular corrective eyewear is not adequate for aerosol-generating procedures. Gloves - disposable sterile gloves Aprons and gowns Impervious aprons or gowns (long-sleeve) should be worn to protect uniform or clothes at all times. Head and feet: Wear disposable caps and shoe covers. Changed between patients.</p>
<p>USA</p>	<p>Centers for Disease Control and Prevention (CDC) 19th May 2020 American Association of Endodontists (AAE); JOE</p>	<p>Telephone triage all patients in need of dental care. Defer treatment for suspected COVID-19 patient. These patients should be managed pharmacologically first and, if needed, emergency treatment should be carried out in Negative pressure rooms/Air borne infection isolation rooms (AIIRs)</p>	<p>In March, 2020, it was recommended to prioritise urgent and emergency visits and delay elective visits and procedures. The latest CDC guidelines recognise that dental settings may also need to deliver non-emergency dental care: "Dental settings should balance the need to provide necessary services</p>	<p>Avoid aerosol-generating procedures whenever possible. Avoid the use of dental handpieces and the air/water syringe. Use of ultrasonic scalers is not recommended. Prioritise minimally invasive/atraumatic</p>	<p>Dental health care during procedures likely to generate splashing or spattering of blood or other body fluids:</p> <ul style="list-style-type: none"> • surgical mask • eye protection (goggles, protective eyewear with solid side shields, or a full-face shield)

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	<p>27th March 2020</p>		<p>while minimizing risk to patients and dental healthcare personnel”.</p> <p>Actively take the patient’s temperature.</p> <p>Pre-procedural mouth rinse with 0.2% povidone-iodine, or 0.5-1% hydrogen peroxide mouth rinse</p>	<p>restorative techniques (hand instruments only).</p> <p>If aerosol-generating procedures are necessary for dental care, use four-handed dentistry, high evacuation suction and dental dams to minimize droplet spatter and aerosols.</p>	<p>gown or protective clothing</p> <p>AGPS on patients assumed to be non-contagious the above and a N95 respirator or a respirator that offers a higher level of protection such as other disposable filtering facepiece respirators, PAPRs, or elastomeric respirators</p>
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Hyperlinks to guidance documents

Cochrane Group Rapid Review

Recommendations for the re-opening of dental services: a rapid review of international sources

https://oralhealth.cochrane.org/sites/oralhealth.cochrane.org/files/public/uploads/covid19_dental_review_16_may_2020_update.pdf

European

Czech Republic

https://www.orthodont-cz.cz/data/files/organizace_osetreni_covid_epidemie_csk.pdf

Denmark

<https://www.sst.dk/da/udgivelser/2020/haandtering-af-covid-19-kritisk-funktioner-i-tandplejen>

France

http://www.ordre-chirurgiens-dentistes.fr/index.php?id=161&tx_ttnews%5Btt_news%5D=999&cHash=8a65337d9f447fe973745e3fb45d702f

Greece

American Dental Association (2020) What constitutes a dental emergency?

https://success.ada.org/~media/CPS/Files/Open%20Files/ADA_COVID19_Dental_Emergency_DDS.pdf

Ireland

<https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/infectionpreventionandcontrolguidance/dentalservices/Guidance-ManagingInfectionRisk-DentalServices-COVID19.pdf>

Italy

http://www.salute.gov.it/portale/news/p3_2_1_1_1.jsp?lingua=italiano&menu=notizie&p=dalministero&id=4835

Malta

<https://deputyprimeminister.gov.mt/en/health-promotion/Documents/Guidance%20for%20Dental%20Practices%20in%20Malta%20%20Covid19.pdf>

Norway

<https://www.helsedirektoratet.no/veiledere/koronavirus/kommunehelsetjenesten-og-tannhelsetjenesten/tannhelsetjenesten?malgruppe=undefined>

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Spain

<https://www.consejodentistas.es/comunicacion/actualidad-consejo/notas-de-prensa-consejo/item/1783-plan-estrategico-de-accion-para-clinicas-dentales-durante-el-periodo-de-desescalada.html>

Switzerland

<https://www.sso.ch/home/coronavirus.html>

Portugal

<https://www.dgs.pt/directrizes-da-dgs/orientacoes-e-circulares-informativas/orientacao-n-0222020-de-01052020-pdf.aspx>

International

Australia

<https://www.dentalboard.gov.au/News/2020-05-08-COVID19-update-to-dental-practitioners-8-May.aspx>

<https://www.ada.org.au/Covid-19-Portal/Dental-Professionals>

Canada

<https://www.cda.org/Home/News-and-Events/COVID-19-coronavirus-Updates/Coronavirus-Information/protocols-for-patient-communication-and-emergency-treatment-during-covid-19>

https://media.oralhealthgroup.com/uploads/2020/04/20200427_CDSS_IPC_Interim_Protocol_Update.pdf

<https://www.cdsbc.org/Documents/covid-19/Transitioning-Oral-Healthcare-to-Phase-2.pdf>

https://www.dentalhealthalberta.ca/wp-content/uploads/2020/05/Expectations-and-Pathway-for-Patient-Care-during-the-COVID-19-Pandemic_5.28.2020.pdf

[https://www.manitobadentist.ca/PDF/COVID-](https://www.manitobadentist.ca/PDF/COVID-19/May%2022%202020%20Pathway%20and%20Interim%20IPC%20Guidance%20for%20Patient%20Care%20During%20Phase%20%20of%20the%20COVID-19%20Response.pdf)

[19/May%2022%202020%20Pathway%20and%20Interim%20IPC%20Guidance%20for%20Patient%20Care%20During%20Phase%20%20of%20the%20COVID-19%20Response.pdf](https://www.manitobadentist.ca/PDF/COVID-19/May%2022%202020%20Pathway%20and%20Interim%20IPC%20Guidance%20for%20Patient%20Care%20During%20Phase%20%20of%20the%20COVID-19%20Response.pdf)

[https://mcusercontent.com/34f636e7557b39aa5e11d7824/files/486e73b1-e91a-419d-8521-](https://mcusercontent.com/34f636e7557b39aa5e11d7824/files/486e73b1-e91a-419d-8521-3b41da1f06a8/NBDS_COVID_19_OPERATIONAL_PLAN.pdf)

[3b41da1f06a8/NBDS_COVID_19_OPERATIONAL_PLAN.pdf](https://mcusercontent.com/34f636e7557b39aa5e11d7824/files/486e73b1-e91a-419d-8521-3b41da1f06a8/NBDS_COVID_19_OPERATIONAL_PLAN.pdf)

<https://nsdental.org/covid-19/>

https://az184419.vo.msecnd.net/rcdso/pdf/standards-of-practice/RCDSO_COVID19_Managing_In_Person_Care.pdf

India

<http://www.dciindia.gov.in/Admin/NewsArchives/Dental%20Clinics%20Protocols%20Final.pdf>

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New Zealand

<https://www.dcnz.org.nz/assets/Uploads/COVID/Guidelines-at-Alert-Level-2-final.pdf>

UAE

<https://dhcr.gov.ae/en/covid-19#InterimBtn>

USA

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/dental-settings.html>

<https://www.aae.org/specialty/clinical-resources/covid-19-updates-resources/>

<https://www.aae.org/specialty/clinical-resources/coronavirus-disease-19-covid-19-implications-for-clinical-dental-care/>