

Covid-19

Information and Frequently Asked Questions

for Dental Practitioners

Date: 14 Feb 2020

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1. Background: Covid-19

1.1 What is Covid-19?

The etiological agent of the pneumonia cluster in Wuhan city in end-2019 has been determined to be a novel coronavirus (Covid-19). Coronaviruses are a large family of viruses that can cause illnesses ranging from the common cold to Severe Acute Respiratory Syndrome (SARS) and Middle East Respiratory Syndrome (MERS). The global case fatality rate is about 2.0%. Source of transmission is assessed to be predominantly through contact and droplet.

1.2 What are clinical features of Covid-19 infection?

Common symptoms noted for Covid-19 infection include fever, cough and shortness of breath. Other common symptoms noted in coronavirus infections include runny nose, sore throat, headache and malaise.

1.3 What are the treatment options?

No vaccine or specific treatment for Covid-19 infection is currently available. Treatment is supportive and based on the patient's clinical condition.

2. Local situation and case definition

2.1 Why are we in DORSCON Orange?

On 7 Feb 2020 (Fri) the local risk assessment was raised to DORSCON Orange. This signals that based on the evidence we have, the disease can be severe and spread easily, but has not spread widely in Singapore and is being contained. This is in view that most cases have links to previous cases or travel history to China, suggesting limited local community spread. Hence, we have taken more aggressive pre-emptive measures to manage the situation, such as advice to cancel or defer non-essential large-scale events, and daily temperature and health checks at the workplace. These measures aim to minimise the risk of further transmission of the virus in the community.

2.2 What is the Covid-19 suspect case definition?

The latest case definition (6 Feb 2020) in effect can be found in the following MOH circular disseminated to all registered dental practitioners. Please see **Annex A**.

2.3 Should the suspect case definition be amended to remove travel/ close contact history now that we are in DORSCON Orange and there is presumably community spread?

- a) While the ban on travelers coming from mainland China came into effect on 1 Feb 2020, Singapore residents and long-term pass holders are still allowed to return to Singapore. Hence, patients may still have a relevant travel history.
- b) Community spread is still limited in Singapore. We will continue to review the situation and may change the case definition in future as needed.

2.4 Why are we being asked to refer pneumonia cases for Covid-19 testing even when they do not fit case definition? Haven't there been cases with only URTI symptoms or even asymptomatic patients?

- a) Doctors should have a higher index of suspicion for patients clinically assessed to have pneumonia. These patients should be referred for further evaluation to exclude possible Covid-19 infection.
- b) Given the limited community spread in Singapore, the chance of detecting a Covid-19 case in someone with URTI remains low.

3. Clinical assessment

3.1 What is significant travel history?

Depending on the presenting symptoms, any personal history of **recent travel to areas with evidence of significant community spread (in the past 14 days)** warrants further questioning. Please check against the latest case definition guidance.

3.2 What is significant occupational contact history?

“Frequent or close contact during work with recent travellers from Mainland China” refers to persons who had close daily interactions with large groups of travellers (i.e. more than 10 individuals) from Mainland China (with travel history in the last 14 days).

Examples:

- a) Persons who are considered to have had **frequent or close contact** through occupation include:
 - Individuals who work at shops, restaurants or hotels, which are frequented by large tour groups (i.e. more than 10 individuals) from Mainland China.
- b) These persons would **not** be considered to have had frequent or close contact:
 - Individuals who work at shops, restaurants and hotels, which are *occasionally* visited by travellers from Mainland China
 - Taxi drivers or private car hires with passengers who are travellers from Mainland China
 - Visitors to tourist sites frequented by travellers from Mainland China
 - Individuals with household members who had travelled Mainland China etc.

3.3 If a patient lives with someone on home quarantine orders or Leave of Absence, or had recent travel history to Mainland China, and they develop respiratory symptoms, should they be managed as a suspect case?

You should ask whether the household member who is on quarantine, Leave of Absence, or had recent travel history is well. If the household member is well, the patient does not meet the criteria for a suspect case.

If the household member has fever or respiratory symptoms, both the patient and the household member should be evaluated for whether they meet the suspect case definition.

3.4 How should I manage patients who are on a Leave of Absence after recent travel to China?

- a) If the patient did not present with URTI symptoms, manage the presenting complaints as appropriate and give the necessary return advice.
- b) If the patient is presenting with symptoms of acute respiratory illness, they should be evaluated to see if they meet the suspect case definition.

3.5 What do I do if the patient's employer/school requires certification that the patient is "free from Covid-19"?

It is currently not possible to confirm this at the point of primary care attendance. It is recommended that you factually state the patient's clinical condition and your professional assessment on his fitness for work/school, bearing in mind the latest advisories from MOH on mandated Leave of Absence.

General advice should be given to ensure employees/children are well before going back to work or school, and to seek medical attention immediately if unwell.

3.6 Do I need to test my patients for Covid-19?

Point of care testing is not currently available for the primary care setting. Laboratory processing is needed, and the turnaround time for the test is currently about 1-2 days.

3.7 What can I do about patients who make false declarations on their travel and contact history?

Under the Infectious Diseases Act, patients with risk for Covid-19 must act responsibly to avoid putting others at risk. This includes providing accurate information on travel and contact history. You may use the following statement to inform patients of the consequences:

Cases of 2019 Novel Coronavirus infection (2019-nCoV) have been reported in the Mainland China and around the world, and cases are still reported almost daily in Singapore.

Patients and visitors visiting our clinic will be asked about their recent travel and contact history to assess the risk to the disease. Please inform our clinic staff, if you:

1. Visited Mainland China; or
2. Had close contact with someone with 2019-nCoV; or
3. Had frequent or close contact with recent travellers from the Mainland China

in the last 14 days, or 14 days from the onset of illness.

The information you provide is important in managing the risk of 2019-nCoV transmission. The Infectious Diseases Act requires a person who has reason to suspect that he is a case or carrier of 2019-nCoV, or has had contact with a person with 2019-nCoV, to act in a responsible manner to not expose other persons to the risk of infection by the disease.

3.8 How should I manage suspect cases in my dental clinic?

Suspect cases should not be allowed to enter the clinic premises nor be managed in the dental clinic, in order to reduce the risk of cross-transmission of pathogens within the dental clinic and further transmission of the virus in the community.

Suspect cases whose conditions are medically stable should be referred to the nearest General Practitioner (GP) clinic for further evaluation immediately. Suspect cases who require urgent dental treatment should then be referred to either one of the national specialty centres (NDCS / NUCOHS), if deemed clinically appropriate by the GP.

Please call the SCDF (995) ambulance if the patient is medically unstable (i.e. hypotensive or breathless). Please inform the ambulance operator that you are referring a Covid-19 suspect case.

3.9 If patients suspect they have symptoms, can they be encouraged to call the hotline for ambulance to fetch them to TTSH / KKWCH instead of going to the GP clinics and infecting others in the process?

Patients are advised to visit a doctor at a primary care clinic for a medical assessment.

Patients should seek medical treatment at the hospitals' emergency departments only for serious, urgent and life-threatening emergencies.

Patients with a temperature of 38 degrees Celsius and above, showing respiratory symptoms and/or who have travel history to Mainland China within the last 14 days,

should not be allowed to enter the clinic premises. Instead, they should be asked to see a doctor immediately.

3.10 What is the follow up for healthcare workers who have cared for suspect/confirmed cases?

Contact type	Definition	Follow-up
a) Close contact <i>without appropriate PPE</i> (High Risk)	Within 2 metres of a case with a contact time of \geq 30mins OR conduct of high risk procedures (e.g. nebulisation) <i>without appropriate PPE</i> e.g. Dr wearing a surgical mask who saw a patient for more than 30 mins who was later confirmed to be a case; Dr wearing a surgical mask who took a nasopharyngeal swab from a patient who was later confirmed to be a case.	Quarantine for 14 days from last exposure to case
b) Casual contact <i>without appropriate PPE</i> (Moderate risk)	Brief (<30mins) face-to-face interaction with a case without high risk procedure . e.g. Triage staff wearing surgical mask who interacted with a patient who was later confirmed to be a case; Dr wearing surgical mask who saw a patient for less than 30 min who was later confirmed to be a case	Phone surveillance by MOH for 14 days from last exposure to case.
c) Protected contact (Low risk)	Contact with case with appropriate PPE worn as per prevailing MOH guidelines at the time the case was seen. e.g. HCWs with appropriate PPE (including attending physicians, nurses, paramedics, triage staff)	Self-monitoring for 14 days from last exposure to case (twice-daily temperature monitoring; monitor for symptoms)

Contact type	Definition	Follow-up

4. Infection Control Measures

4.1 How should I set up my triage and segregation of patients?

Clinics are advised to triage and segregate patients with fever and respiratory symptoms from well patients, to focus on reducing the risk of cross transmission of pathogens within the clinic.

4.2 What PPE should doctors and other staff wear in my dental clinic?

Spread of Covid-19 is assessed to be predominantly through **droplet and contact transmission**, and the appropriate infection control measures should be taken.

Staff protection and patient safety are the priority in the course of providing clinical care. A **risk-based approach** is to be adopted for PPE use by staff, with the following guiding principles:

- a) The type of PPEs used should be **dependent on risk areas** (Table 1);
- b) Full PPEs should be reserved for staff handling or caring for suspected and confirmed cases;
- c) Consider **exposure risk** when handling or caring for close contacts. 'Close contacts' defined as approximately within 2 metres to the case with prolonged contact time;
- d) Other risk factors include: **types of care procedures** performed (e.g. full PPE when taking nasal and throat swab specimens), patient's condition (e.g. don surgical mask when caring for transplant and renal patients, etc.), care environment (e.g. rooms with appropriate ventilation).

Please refer to **Table 1**.

As the source of transmission for Covid-19 is assessed to be predominantly through contact and droplet, dental practitioners should wear surgical mask and protective eyewear/face shield for all dental procedures as they are likely to generate splashes or sprays of saliva and/or blood (bio-aerosols from high speed hand pieces, rotary instruments, ultrasonic scalers, suctions and air syringes). Clinic staff who are in non-clinical areas where there is no direct patient contact (e.g. administrative offices, store rooms, etc.) are not required to wear PPE.

Dental practitioners handling suspect cases who are referred to NDCS / NUCOHS for urgent treatment should implement additional precautionary measures (i.e. appropriate PPE, engineering controls on airflow, air filtration, etc.), in addition to standard precautions, to minimize the risk of cross-transmission within the dental

clinic and further transmission of the virus in the community. Under DORSCON Orange, recommended use of PPE when handling suspect cases at the national specialty centres includes gloves, N95 mask, gown and eyewear protection.

4.3 Where can I get more PPE?

- a) Please contact your usual supplier for PPE.
- b) Masks: To support healthcare workers, MOH will be making available rationed quantities of surgical masks for sale to dental clinics through Zuellig Pharma. The first round of surgical mask sales to dental clinics is ongoing with effect from 12 February 2020. Orders can be placed directly with Zuellig Pharma by emailing SGZPSCallCenterMailbox@zuelligpharma.com. If there are any queries, you may call them at 1800 546 9188.

We will continue to monitor the situation and take guidance on the allocation of PPE to support our healthcare workers.

Table 1: Guidance on PPE use for dental clinics during DORSCON ORANGE in different settings and clinical areas

(Extracted from MOH Circular 38/2020: Guidance on PPE use for healthcare workers during DORSCON Orange)

Settings	Clinical Areas	Recommended use of PPE			
		Yellow	Frequency of PPE use	Orange	Frequency of PPE use
Dental Clinics [#]	Triage staff	Surgical mask	Extended use up to 6 hrs	Surgical mask	Extended use up to 6 hrs [^]
	Routine cases	No mask required; surgical mask if droplet precaution needed	-	Surgical mask	Extended use up to 6 hrs [^]
All other non-clinical areas [^]	Administrative, offices, store rooms, etc. where there is no direct patient contact	No PPE required	-	No PPE required	-

Footnotes:

[^]Extended use should be for the period when staff are in clinical areas (exceptions include evident contamination of PPE e.g. blood spillage, soiled, or soggy, in which case staff should change PPEs). Staff must strictly adhere to hand hygiene practices in addition to PPE use to prevent cross contamination.

[#]Dental clinic attendances should provide screening questions for travel history and respiratory symptoms, and these cases should be referred to ED / GP clinics for further triage if the patient fulfils criteria for suspect case or when assessed to be of high risk by a clinician.

4.4 What are suitable agents for cleaning and disinfection?

The following agents are suitable for wiping down surfaces and disinfecting equipment used:

- a) Bleach (dilute 1-part bleach in 49 parts water, 1,000ppm, or according to manufacturer's instructions). Bleach solution should be prepared fresh and left on the surface for a contact time of at least 10 minutes; OR
- b) Alcohol / alcohol-impregnated wipes (e.g. isopropyl 70%, ethyl alcohol 60%) for the wipe down of surfaces for up to 15 minutes where the use of bleach is not suitable, e.g. metal; OR
- c) Any other disinfectants that are effective against coronavirus.

4.5 What PPE should be worn during cleaning?

- a) Routine cleaning: Gloves +/- surgical facemask
- b) After seeing suspect case: Gloves, N95 mask, gown. Eye protection if splashes are expected

4.6 What is appropriate hand hygiene?

- a) Alcohol-based hand-rub disinfectant, OR
- b) Soap and water
 - Proper handwashing technique, using the 7-step method, should be followed.

4.7 How do I dispose of used PPE?

Waste generated from suspect cases, including used PPE, should be bagged, sealed in a biohazard waste bag, and disposed of by a licensed waste-contractor.

5. Public Health Preparedness Clinic (PHPC)

5.1 When will PHPCs be activated?

As of 11 Feb 2020, the PHPC scheme has not been activated. Please note that the activation of the scheme is not tied to the DORSCON level. MOH is monitoring the evolving situation closely, and PHPCs will be informed of any activation by MOH and AIC through circulars and/or SMS. PHPCs should regularly update their contact details to AIC by email (gp@aic.sg).

6. Staff movement and surveillance

6.1 How should staff movement in dental clinics be arranged?

- a) In terms of good practice, it may be good for dental practitioners to arrange such that dentists and staff cover only one additional site, aside from the base clinic, to reduce the risk of cross-institutional transmissions. This is similar to the approach for GPs and polyclinics.

- b) On hiring of locums, the restriction of healthcare workers across institutions applies to public healthcare institutions only. For dental clinics, locum hiring may continue, but dentists should make sure that their locums do not practise in Hospitals and Polyclinics. Dental clinics should also keep a record of where their locums practice.

6.2 Should healthcare staff returning from China be quarantined?

All staff working in the healthcare sector who have returned to Singapore from Mainland China **will be required to take a Leave of Absence (LOA) for 14 days upon their return.** Employers should grant the LOA as paid leave, over and above the staff's annual leave entitlement. The health advisory for persons placed on leave of absence has been in effect from 31 Jan 2020, 6pm.

Staff who have been put on a LOA should stay at home and avoid social contact. They should avoid crowded places and refrain from attending social or public gatherings. In addition, they should monitor their health closely, and see a doctor promptly if they are unwell and inform their doctor of their travel history.

7. Visitor and vendor management

7.1 At DORSCON Orange, must dental clinics station triage staff at the entrance to screen cases before entering the clinic?

Clinics are advised to set up a screening counter as a triage point for incoming patients and visitors. It should ideally be located outside the clinic's entrance. In the event there is insufficient manpower and/or space to set up a separate screening counter, the clinic's registration counter can double-up as the screening counter.

The clinic should install appropriate signage near the entrance. For patients who have acute respiratory symptoms and without a surgical mask, clinics should provide them with one.

7.2 Is there a need to restrict people coming into my clinic?

Staff are to make ground assessment with the principle of safe-guarding patients and staff safety and well-being.

Visitors to dental clinics (including delivery, dispatch personnel etc.) should be received outside the clinic.

Each patient should be accompanied by a maximum of only one other person.

Screen visitors for fever (38 degrees Celsius and above), respiratory symptoms and travel history. Visitors who have travel history to Mainland China within the last

14 days, fever or respiratory symptoms should not be allowed to enter the clinic premises. Instead, they should be asked to see a doctor immediately.

Conduct visitor registration with the collection of NRIC and phone contact. Providers should collect visitor's address, if their phone contact is not available.

Dental clinics should defer non-essential and non-urgent procedures for unwell patients until they are deemed non-contagious with diseases that can be transmitted through airborne, droplet or contact transmission, whether the concern is flu, Covid-19 or other transmissible illnesses.

8. For further information

As clinical and operational recommendations may change with the evolving situation, please keep up to date with the latest advisories from MOH:

- MOH circulars disseminated to all registered dental professionals
 - MOH Covid-19 website <https://www.moh.com.sg/Covid-19>
 - MOH Alert <https://mohalert.moh.gov.sg>
(SingPass required to access medical alert information and circulars from MOH. Please only use Internet Explorer to assess circulars via MOH Alert. You may also email MOH_INFO@moh.gov.sg for the circulars.)
 - AIC Primary Care Pages <https://www.primarycarepages.sg>
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9. Annexes

Annex A

MOH circulars on latest case definition

Circular title	Date
<u>MOH Circular No. 31/2020</u> 2019 Novel Coronavirus (2019-nCoV)	6 Feb 2020
<u>MOH Circular No. 39/2020</u> GUIDANCE ON PPE USE FOR HEALTHCARE WORKERS DURING DORSCON ORANGE	7 Feb 2020