



MINISTRY OF HEALTH
SINGAPORE

14 February 2020

ADVISORY ON COVID-19 READINESS PREPAREDNESS MEASURES FOR DENTAL CLINICS

Given the evolving Covid-19 situation, MOH has raised the DORSCON level for Covid-19 to Orange with effect from 7 February 2020. This advisory informs you of the measures to be implemented at DORSCON Orange.

2. At DORSCON Orange, this indicates that local transmission has taken place, and there is a risk of community transmission. The aim is to preserve provision of essential services during the outbreak and mitigate further transmission, based on the following key considerations:

- a) mitigate risk of community spread in the service setting;
- b) impact on patients if service is suspended or scaled back;
- c) conserve healthcare sector resources to ensure sustainability for long-term operations; and
- d) minimise risk of spread to other healthcare settings.

3. Essential services should continue under DORSCON Orange. Dental clinics are to ensure appropriate rostering, adequate staffing and clinical service coverage to sustain essential services. Clinical protocols should be adapted to minimise the need for patient or staff transfers, weighing the potential risk of cross-clinic transmission against the risks to the individual during the transfer. Non-essential and non-urgent dental services should be scaled back or deferred to reduce the risk of community spread and ensure sustainability of operations.

Measures to be Taken

4. Dental clinics are advised to put in place the following response measures tied to the DORSCON changes. Depending on how the situation evolves, the implementation of the measures may be staggered.

a) Infection Control

- To continue to maintain strict infection control practices aligned with National Infection Prevention and Control (NIPC) Guidelines.
- Clinic staff, as employees of the dental clinic, should be equipped with the appropriate Personal Protective Equipment (PPE) while continuing to provide care to all patients, with strict infection control measures in place. Please refer to **Annex** for the PPE guidelines.
- Appropriate decontamination and environmental cleaning to minimise transmission of infection by indirect contact with surfaces.
- Appropriate cohorting of clinical service areas with separate patient flows for low and high risk areas if applicable.

b) Patient Management

- Screen patients for fever or respiratory symptoms and travel history based on prevailing case definition.
- Patient transfers between healthcare institutions/clinics should be minimised.
- Non-essential and non-urgent dental services should be deferred, if deemed clinically appropriate by the dental practitioner. In these situations of deferment, patients should be provided with appropriate supportive measures (e.g. ensure adequate medication, pain and emergency management).

c) Staff Surveillance and Wellbeing

- Twice daily temperature taking for all staff, including administrative and non-clinical staff.
- Staff who have travel history to Mainland China within the last 14 days should be placed on mandatory Leave of Absence (LOA) until 14 days after their date of return from Mainland China.
- Staff with acute respiratory symptoms, such as fever or cough, should not be allowed to enter the premises and are advised to seek medical attention.

d) Visitor, Volunteer and Vendor Management

- Conduct registration for visitors/volunteers/vendors for contact tracing purposes, with the collection of name, NRIC/FIN/Passport number and phone contact. Clinics should collect their address, if their phone contact is not available.
- Screen visitors, volunteers and vendors for fever, respiratory symptoms and travel history, based on prevailing case definition. Visitors/volunteers/vendors who have travel history to Mainland China within the last 14 days, fever or respiratory symptoms should not be allowed to enter the premises.
- Due to the increased risk of community transmission, visitor/vendor management policies should be scaled up to mitigate risk of transmission. These measures may include controlling the ingress and egress routes to facilitate registration and segregation, implementing temperature screening and further limiting the number of visitors (including caregiver), if not already done by the building management. For your information, public healthcare institutions are limiting to 1 visitor (including caregivers) at any one time.

e) Staff/Manpower Movement

- At DORSCON Orange. cross-institutional movement of manpower should be minimised as far as possible to reduce risk of community spread.
- Designate separate teams to ensure continuation of essential services, where possible.
- Separate rostering for staff dealing with fever vs clear areas and minimise movement across areas within premise where possible.
- There may be exceptional circumstances where cross-movements to other public or private healthcare institutions by specialists or medical teams are required for the provision of emergency and time-critical services. Some examples are ePCI, organ transplant, emergency surgical services, neuro-interventional services, etc. Dedicated cross-institutional operational

arrangements, care protocols and mitigation measures to reduce transmission must be worked out for these exceptional circumstances.

- More measures to further limit or potentially cease cross-institutional movement are currently being explored and details will be provided soon.

5. We have prepared an accompanying information pack on Covid-19 for your reference. We also encourage you to check the MOH website (www.moh.gov.sg/Covid-19-wuhan) regularly for further updates and Health Advisories.

6. This advisory supercedes the circular titled 'Advisory on 2019-nCoV Readiness Preparedness Measures for Private Specialist Clinics' dated 10 Feb 2020, should you have received it.

7. MOH will continue to work closely with you on safeguarding the wellbeing of our healthcare workers and patients, as well as maintaining the confidence in our healthcare system in this challenging time. For any further queries or clarifications, please do not hesitate to contact Sarah Leong (sarah_leong@moh.gov.sg) or Carolina Un Lam ([Carolina UN LAM@moh.gov.sg](mailto:Carolina_UN_LAM@moh.gov.sg)).

8. Thank you.

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GUIDING PRINCIPLES FOR PPE USE DURING DORSCON ORANGE

Please note the following guiding principles:

- a. Staff protection and patient safety are the priority in the course of providing clinical care.
- b. A risk-based approach is to be adopted for PPE use by staff:
 - i. The type of PPEs used should be dependent on risk areas (Table 1);
 - ii. Full PPEs should be reserved for staff handling or caring for suspected and confirmed cases;
 - iii. 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;
 - iv. Other risk factors include: types of care procedures performed (e.g. full PPE when taking nasal and throat swab specimens), care environment (e.g. rooms with appropriate ventilation).
- c. **Appropriate and responsible usage of PPEs** must be strictly observed to ensure rational and sustainable PPE use.

Table 1: Guidance on PPE use 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.