



MINISTRY OF HEALTH
SINGAPORE

MH 34:24/8

21 May 2020

All Dental Clinics
All Registered Dental Practitioners

MOH CIRCULAR 132/2020

GRADUAL RESUMPTION OF DENTAL SERVICES AFTER COVID-19 CIRCUIT BREAKER PERIOD

The Multi-Ministry Taskforce has assessed the situation and decided to exit the Circuit Breaker when it ends on 1 June 2020. In tandem with the gradual opening of the economy, non-essential dental services which were deferred can also resume in a controlled and gradual manner.

2. Even as we resume more healthcare services, managing the current outbreak situation and preventing new clusters from forming remains our priority.

PHASE ONE (“SAFE RE-OPENING”)

3. In the next few weeks, the resumption of more healthcare services will be gradual and controlled, as we need to carefully balance against the need to set aside sufficient capacity, critical resources and manpower to cover ongoing COVID-19 operations. Appropriate safe distancing and precautionary measures will also be required.

4. MOH has instructed healthcare providers to triage and prioritise the resumption of services for patients or clients with more urgent medical needs first. In addition, as there is still a need to reduce the risk of community transmissions, physical visits should continue to be avoided where possible. Patients who are assessed to need physical follow-up will be contacted, and their appointments spaced out so as to maintain safe distancing in the premises.

5. Urgent/emergency dental care should continue to be prioritized, followed by ongoing dental care that was previously postponed and management of time-sensitive cases that are likely to lead to higher clinical risk or potential complications if left further untreated.

6. Dental practitioners are to resume with the provision of ongoing dental procedures with guidance to minimise aerosol generation. Aerosol generating procedures (AGPs) present a higher risk of transmission of the virus and should only be undertaken where no other option is available. The use of hand instrumentation should be highly prioritized.



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7. Guidance on ongoing dental services/procedures is non-exhaustive and includes but is not limited to:

Phase One (“Safe Re-opening”)	
General Dentistry	Direct restorations with guidance to minimise aerosol generation where possible
Endodontics	Root canal treatment for symptomatic teeth
Periodontics	Follow-up of patients with moderate to severe forms of periodontitis
Prosthodontics	<ul style="list-style-type: none"> - Ongoing crown/bridge procedures - Ongoing fabrication and issue of partial / full dentures <p>Procedures to continue to be deferred: Initiation of new cases for crowns and bridges</p>
Orthodontics	<ul style="list-style-type: none"> - Orthodontic review / maintenance / adjustments - Orthodontic debanding - Issue of retainers - Issue of aligners <p>Procedures to continue to be deferred: Initiation of any orthodontic procedures except those that are trauma-related, time-sensitive or medically indicated</p>
Oral Surgery	<ul style="list-style-type: none"> - LA Op for removal of wisdom teeth for Tables 1B (SF812T) and 2C (SF813T) under the Table of Surgical Procedures (TOSP). - All other surgical procedures involving general anaesthesia (GA), local anaesthesia (LA) or LA with sedation should be referred to the National Dental Centre Singapore (NDCS), National University Centre for Oral Health Singapore (NUCOHS) or public and private hospital dental clinics for management*. <p>Procedures to continue to be deferred: Elective dental implant placement including placement of immediate implant after tooth extraction</p>

**During Phase One, there is a need to prioritise and limit the absolute number of surgeries that can take place to reduce the potential risk of complications arising that may result in a patient being admitted into a hospital for management.*

GENERAL GUIDELINES

8. Dental clinics should consider the availability of manpower resources, COVID-19 related safe-distancing and infection prevention and control measures, and operational limitations, all of which may impact the healthcare services delivery efficiency and serviceable case load.

Patient Scheduling and Management

9. To ensure that crowds do not congregate at the clinics either within or outside its premises, waiting time at the clinics should be limited. Dental clinics are advised to see patients by appointment basis.



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10. In common areas such as waiting areas and registration areas, all patients and accompanying visitors should keep a distance of one metre apart from one another. Patients should consult with the doctor alone if possible. If they need to be accompanied, the number of accompanying persons should be limited to one.

11. Patients should be scheduled in a manner that allows for complete disinfection of operatories.

Infection Control

12. Dental clinics should continue to maintain strict infection control practices aligned with National Infection Prevention and Control (NIPC) Guidelines.

13. 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.

14. Patients should be provided with a one-minute mouth rinse prior to starting any dental procedure, such as mouth rinses containing 1% hydrogen peroxide or 0.2% - 1% povidone or 0.05% - 0.1% cetylpyridinium chloride.

15. Effective (high volume) suction should be used with assistance [four-handed dentistry] and rubber dam used where it is technically feasible.

16. Hand hygiene should be observed at all times for the healthcare workers and patients. Any persons entering a clinic must practice appropriate hand hygiene i.e. hand rub; and again upon completion of treatment and leaving the treatment area/clinic.

17. Dental clinics must ensure appropriate intervals* between patients:
a. 15 minutes between operator room / dentist to the next patient for non-AGPs
b. 45 minutes between operator room / dentist to the next patient for AGPs

**This is to allow sufficient time for proper disinfection of all areas and to prevent potential cross infection between patients. A sufficient time period is also required for rooms to be rested to mitigate risk of aerosol transmission. This is also to allow for a controlled and gradual manner for the safe resumption of dental services as is the intent of Phase One 'Safe re-opening'. Dentist should keep to the stipulated time intervals even if they decide to shift to a different operator room to treat another patient. Dental practitioners are advised to work from one dental chair and should not be 'double booking' patients at this time.*

SafeEntry and TraceTogether

18. As per MOH Advisory 04/2020 (Adoption of SafeEntry from 12 May 2020), workplaces and services that are in operation are required to deploy SafeEntry to log the check-in of employees and visitors. Staff with mobile phones are also encouraged to download and activate the TraceTogether app.

PHASES TWO AND THREE

19. The Multi-Ministry Taskforce will monitor the daily infection rates. If the community transmission rates remain low and stable over the subsequent few weeks, and the dormitory



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situation remains under control, then we can move into **Phase Two (“Safe Transition”)**, with the gradual resumption of more activities.

20. In the early part of Phase Two, most healthcare services for most patients will resume, with services for medically necessary treatments prioritised. All dental procedures, with the exception of aesthetic facial procedures, may also resume. The Ministry will release further details in due course.

21. For clarification on this circular, please contact SDC (SDC@spb.gov.sg) or Dr Carolina Un Lam (Carolina_UN_LAM@moh.gov.sg).



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