



MINISTRY OF HEALTH
SINGAPORE

MH 34:24/8

17 June 2020

All Dental Clinics
All Registered Dental Practitioners

MOH CIRCULAR 153/2020

RESUMPTION OF DENTAL SERVICES IN PHASE TWO OF POST CIRCUIT BREAKER

MOH Circular No 132/2020 on the Gradual Resumption of Dental Services after COVID-19 Circuit Breaker dated 21 May 2020 provided guidance on the resumption of dental services during Phase One of the post Circuit Breaker (CB) period. This Circular provides further guidance on the considerations for resuming all other previously deferred dental services in Phase Two. In this next phase, the goal is to ensure that efforts to curb COVID-19 community transmission taken during the Circuit Breaker period and Phase One of reopening are sustained.

2. Urgent/emergency dental care should continue to be prioritized, followed by ongoing dental care that was previously postponed and management of time-sensitive cases. Cases with medically-indicated complaints should be prioritised over aesthetic cases.
3. All ongoing and new dental procedures may resume with guidance to minimize 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.
4. The continued risk of possible resurgence of COVID-19 transmission in the community requires all healthcare institutions and professionals to maintain the posture of vigilance and preparedness, particularly in the following areas:
 - a. Ongoing commitments to providing medical support for COVID-19 operations in dorms, testing and community facilities will continue to be fulfilled;
 - b. New specialist appointments from foreign patients are still to be deferred further for another few months. This is to mitigate continued risks of disease importation from overseas. MOH will review when such appointments in both public and private sectors may be resumed;
 - c. Additional healthcare services can only resume on condition that safe distancing measures, proper infection control and PPE measures, as well as any other guidance from MOH are complied with.
5. **Safe Management measures for safe operations.** Patient numbers should be kept to a manageable case load commensurate with the required safe distancing and safe management measures as specified in MOH Cir No 145/2020 dated 05 June 2020.



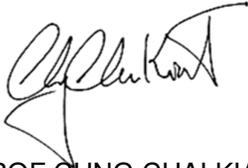
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6. As per MOH Advisory 04/2020 (Adoption of SafeEntry from 12 May 2020), workplaces and services that are in operation are required to deploy SafeEntry to log the check-in of employees and visitors. Staff with mobile phones are also encouraged to download and activate the TraceTogether app.
7. Restrictions on cross-campus movement of healthcare workers as per MOH Cir No 102/2020 would still need to be in place for a few more weeks after 19 June 2020 until there is more certainty that the community transmission rates remain under control despite the resumption of additional activities. Staff should still continue to have staggered working hours, break and meals times, consume their meals within staff break areas, and minimise social interactions during and after work, as there remains risk of community transmissions. MOH will monitor the situation with the view to ease the restrictions as soon as possible.
8. **Patient scheduling and management.** Dental clinics are advised to see patients by appointment basis. Patients may continue to be accompanied by one person as far as possible to reduce crowding in common areas. 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. Resting interval of 45 minutes for AGPs between patients would be lifted for Phase Two, but resting interval of 15 minutes will be maintained to ensure patients are scheduled in a manner that allows for proper disinfection of operatories and to prevent potential cross infection between patients.
9. The vulnerable group of patients (**Annex**) should be provided with more information so that they and their caregivers can be aware of the risk and risk reduction measures to take in reducing contagion from COVID-19.
10. All dental clinics must screen all incoming patients at all visits, whether it is a first-time or a repeat visit. This includes the accompanying visitor, if any.
11. **Infection prevention and control measures.** Dental clinics should continue to maintain strict infection control practices aligned with National Infection Prevention and Control (NIPC) Guidelines. All visitors are required to wear a mask¹ at all times within the clinic premises.
12. Good personal hygiene should be observed at all times for healthcare workers and patients. Appropriate hand hygiene e.g. at least 60% alcohol-based disinfection rub must be practiced by all personnel upon entering the clinic and upon completion of treatment and leaving the treatment area/clinic.
13. 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.
14. Effective (high volume) suction should be used with assistance [four-handed dentistry] and rubber dam used where it is technically feasible.

¹ Minimally a reusable mask



15. This Circular is for your compliance. Please ensure that all staff are aware of the contents of this Circular and comply with safe distancing and infection prevention and control measures at all times. 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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Vulnerable Groups

1. As more information emerges about COVID-19 infections, there has been further indication of groups who are at risk of poorer clinical outcomes in the event of a COVID-19 infection. Greater precautions should be taken for such individuals, in keeping with existing safe management measures applicable to the general population.
2. Such persons include:
 - a. Persons who are aged 60 and above¹;
 - b. Patients who are immunocompromised or have concurrent medical conditions such as obesity (BMI > 31), hypertension, diabetes, chronic heart and lung diseases, kidney diseases on dialysis, hypercoagulable states, cancer, or patients on drugs that cause immunosuppression.
3. Persons who are part of the groups identified above should take greater care to avoid exposure to COVID-19 infection. They should pay special attention to MOH's health advisories, to practise a high level of personal hygiene habits with frequent hand washing with soap and water. They should also comply with safe distancing and other infection prevention and control measures e.g. use of masks, avoiding crowds and avoiding close contact with others who are unwell. We also advise them to continue to take medications for any underlying health conditions exactly as prescribed, go for regular vaccinations based on clinical indication, and to seek medical attention promptly if feeling unwell.
4. Employers and caregivers for at-risk persons/ groups should support them to adhere to the above advice.

¹ While persons of age 60 and above are most susceptible to poorer clinical outcomes in the event of a COVID-19 infection, persons aged between 50-60 years old are also considered to be at higher risk of developing severe disease from COVID-19 infection, relative to younger age groups.

