The University of Washington School of Dentistry COVID-19 protocol is based on the most recent information from the CDC, state, and University of Washington. All faculty, staff, and students who plan to come to the Health Sciences Building, Magnuson clinic at Sand Point, or any of the SOD’s service-learning rotation sites or satellite operations must complete a daily self-screening and attestation related to SARS-CoV-2 (COVID-19) symptoms. **Please note:** At this time, the requirement to wear a mask, socially distance from others, and follow strict infection control procedures must be continued after being vaccinated. Anyone who has direct or indirect patient contact must be fully vaccinated and the vaccination must be verified. Temporary exemptions for documented medical reasons will be reviewed on a case-by-case basis and may be allowed with special accommodations. Religious exemptions are considered to be permanent and cannot be accommodated in the health care setting.

**UW School of Dentistry Protocol**

1) **Fully vaccinated patients needing procedures with a moderate to high risk of aerosol generation (most dental hygiene procedures, intraoral use of a hand piece or ultrasonic device, surgical extractions).**
   a) Contact the patient in advance of the appointment and confirm that the patient has been fully vaccinated and the time elapsed since the second dose of Moderna or Pfizer vaccine or the single dose of the Johnson & Johnson vaccine.
   b) For fully vaccinated patients (at least two weeks elapsed since the second dose of Moderna or Pfizer vaccine or the single dose of the Johnson & Johnson vaccine) a COVID-19 test is not required. Advise the patient to bring their completed vaccination card to the appointment.
   c) Contact the patient via telephone 24 to 48 hours before the appointment and administer the screening questions (below). This may be done by students or staff. This screening is not a billable teledentistry appointment.
      i) If any screening item is positive, delay the appointment for 14 days. Medically manage any dental issues. Advise patient to call their PCP for appropriate care. Contact the patient periodically via telephone to assess their condition/status. If all questions are negative, confirm the appointment.
   d) Ask the screening questions again at the time of the appointment and if negative, proceed with the appointment, take vitals, including temperature, and record this information in axiUm.
   e) Scan the patient’s vaccination card and upload it into the axiUm record.
   f) Provide treatment using a level III, KN95, or N95 mask; face shield; and gown.
      i) If you elect to use an N95 mask, place a level III mask over it during AGPs. Dispose of the level III mask at the conclusion of treatment. You may reuse the N95 following this protocol and dispose it at the end of the day.
      ii) Mask selection will vary according to supply and demand.
   g) Use high-volume suction.
h) Use well-adapted rubber dams whenever possible. Disinfect the operative area with hydrogen peroxide or povidone iodine after placement of the rubber dam.

i) Individual clinics may elect to contact patients three to five days post-treatment to screen for symptoms again.

j) In some cases, based upon the professional judgment of attending faculty, a COVID-19 test may be required, even for fully vaccinated patients. This exception must be based upon objective criteria related to risks. Faculty invoking an exception must guard against implicit bias related to any demographic group. Criteria that may be considered when making this determination include:
   i) Patient has a solid organ or hematologic transplant
   ii) Patient is undergoing active cancer therapy that suppresses the immune system
   iii) Patient is taking immunosuppressant medications (e.g., daily corticosteroids at a dose that results in immunosuppression
   iv) Other immunosuppressed condition
   v) Conditions that result in poor response to vaccines generally
   vi) Symptomatic patients
   vii) Close contact (defined on page 6 below) with someone diagnosed with COVID-19
   viii) Pediatric exceptions

2) **Non-vaccinated or partially-vaccinated patients** needing procedures with a moderate to high risk of aerosol generation (most dental hygiene procedures, intraoral use of a handpiece or ultrasonic device, surgical extractions).
   a) Contact the patient via telephone 24 to 48 hours before the appointment and administer the screening questions (below). This may be done by students or staff.
      i) If any screening item is positive, delay the appointment for 14 days while the patient self-quarantines. Medically manage any dental issues. Advise patient to call their PCP for appropriate care. Contact the patient periodically via telephone to assess their condition/status. These are not billable teledentistry appointments.
      ii) If all questions are negative, order a COVID-19 test by following the procedure below.
   b) Appoint the patient (ideally within 24 hours of the test result, but procedures may be completed within 72 hours of a negative COVID-19 test). There may be exceptions to the 72-hour rule, based upon specific patient circumstances and professional judgment of attending faculty. This analysis must consider patient risk and risk reduction factors including social habits, recent participation in community events, travel within the past 14 days, working in a setting that requires close contact with other employees or clients, interaction with people in a group of five or more, living with someone who has engaged in these things or has had COVID-19 symptoms, practicing personal risk reduction behaviors (social distancing, frequent hand washing, wearing a mask), and other risk factors. If a faculty member approves providing an aerosol-generating procedure under this 72-hour exception, the procedure may only be performed with an assistant present, using high volume suction at the site of aerosol generation, the highest-level mask available, surgical hair bonnet, disposable gown, and a face shield or goggles.
c) Ask the screening questions again at the time of the appointment and if negative, proceed with the appointment, take vitals, including temperature, and record this information in axiUm.
d) Provide treatment using a level III, KN95, or N95 mask; face shield; and gown.
i) If you elect to use an N95 mask, place a level III mask over it during AGPs. Dispose of the level III mask at the conclusion of treatment. You may reuse the N95 following this protocol and dispose of it at the end of the day.
ii) Mask selection will vary according to supply and demand.
e) Use high-volume suction.
f) Use well-adapted rubber dams whenever possible. Disinfect the operative area with hydrogen peroxide or povidone iodine after placement of the rubber dam.
g) Individual clinics may elect to contact patients three to five days post-treatment to screen for symptoms again.

3) Non-vaccinated patients needing procedures with a low risk of aerosol generation (Attachment A):
   a) Contact the patient via telephone 24 to 48 hours before the appointment and ask the screening questions (below). This may be done by students or staff.
      i) If any screening item is positive, delay the appointment for 14 days while the patient self-quarantines. Medically manage any dental issues. Advise the patient to call their PCP for appropriate medical care. Contact the patient periodically via telephone to assess their condition/status. These are not billable teledentistry appointments.
      ii) If all screening items are negative, appoint the patient.
   b) Ask the screening questions again at the time of the appointment and, if negative, proceed with the appointment, take vitals, including temperature, and record this information in axiUm.
   c) Provide treatment using a KN95 or N95 mask, face shield, high-volume evacuation, and gown. Mask selection will vary according to supply and demand.

4) Patients who have had COVID-19 and recovered
   a) For persons who remain asymptomatic following recovery from COVID-19, retesting is not necessary and not recommended during the first 90 days after the date of symptom onset because, in the majority of cases, it results in positive tests for patients who continue to shed detectable SARS-CoV-2 fragments or “viral debris” but are no longer infectious.
   b) Patients who had mild to moderate illness and who are not severely immunocompromised may be treated with standard precautions when:
      i) Non-AGPs:
         (1) At least ten days have passed since symptoms first appeared or the date of the initial positive test (whichever is longest), and
         (2) At least 24 hours have passed since the last fever without the use of fever-reducing medications, and
(3) All symptoms (refer to symptom checklist in the screening questions below) have resolved.

ii) Elective (non-urgent) AGPs (see diagram on page seven for easy reference):
   (1) At least 20 days have passed since symptoms first appeared or the date of the initial positive test, and
   (2) At least 24 hours have passed since the last fever without the use of fever-reducing medications, and
   (3) All symptoms (refer to symptom checklist in the screening questions below) have resolved.

c) Patients who had severe to critical illness or who are severely immunocompromised may be treated with standard precautions when:
   i) Non-AGPs:
      (1) At least ten days and up to 20 days have passed since symptoms first appeared or the date of the initial positive test (whichever is longest), and
      (2) At least 24 hours have passed since the last fever without the use of fever-reducing medications, and
      (3) All symptoms (refer to symptom checklist in the screening questions below) have resolved.
   ii) Elective (non-urgent) AGPs:
      (1) At least 20 days have passed since symptoms first appeared or the date of the initial positive test (whichever is longest), and
      (2) At least 24 hours have passed since the last fever without the use of fever-reducing medications, and
      (3) All symptoms (refer to symptom checklist in the screening questions below) have resolved.

5) The ATC clinic will prioritize high-risk patients who require extra protections, (e.g., those who are older and/or with comorbidities).
6) The 4th floor individual operatories may be used for patients who are immunosuppressed.
7) Pediatric patients who are too young to receive the COVID-19 vaccine should continue to be COVID-tested for AGPs. However, faculty may elect to use clinical judgment for pediatric patients who reside in a household where all other residents are fully vaccinated.
8) All visitors to the School of Dentistry are prohibited until further notice. Patients may be accompanied only by one support person who is absolutely essential to the completion of their visit. All others are not permitted to enter the building.
9) Rules for PPE:
   a) PPE must be worn at all times during patient interactions.
   b) You may use level III, KN95, or N95 masks. If you use an N95 mask, place a level III mask over it during AGPs. Dispose of the level III mask at the conclusion of treatment. You may reuse the N95 following this protocol and dispose of it at the end of the day.
   c) Mask selection will vary according to supply and demand.
   d) Use a face shield and hair bonnet for all AGPs.
e) Clinicians, including faculty, staff, and students, may be within six feet of each other and of their patients so long as the clinicians are using appropriate PPE.

f) Disposable PPE, other than surgical masks, that has not been exposed to aerosols or is not otherwise visibly wet or soiled may be reused. This also applies to faculty who have supervised a student performing an aerosol-generating procedure, if their supervision did not involve generating aerosol when observing or checking the student’s procedure.

g) Clinicians who have used disposable PPE for an aerosol-generating procedure must correctly doff and dispose of that PPE following dismissal of the patient. This includes faculty who briefly modify or refine a student’s treatment by performing an aerosol-generating procedure (for example, refining an operative preparation).
## Screening Questions

### 1. FEVER OR OTHER SYMPTOMS
Are you feeling unwell with symptoms (not attributable to other causes) such as?

<table>
<thead>
<tr>
<th>Yes □</th>
<th>No □</th>
<th><strong>Symptom</strong></th>
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<tbody>
<tr>
<td></td>
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<td><strong>Fever</strong> of 100.4 or more or chills</td>
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<tr>
<td></td>
<td></td>
<td><strong>Cough</strong></td>
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<td></td>
<td></td>
<td><strong>Shortness of breath, difficulty breathing</strong></td>
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<tr>
<td></td>
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<td><strong>Flu-like symptoms</strong></td>
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<td></td>
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<td><strong>Muscle pain or fatigue</strong></td>
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<td><strong>Vomiting, diarrhea, stomach pain</strong></td>
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<td><strong>Runny nose, sore throat</strong></td>
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<td><strong>Red or painful eyes; itching or scratchy eyes</strong></td>
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<td></td>
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<td><strong>New and abrupt sensory loss of taste or smell</strong></td>
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Please check □ YES to ANY of the above □ NO to ALL of the above

### 2. CONTACT HISTORY
In the past two weeks, have you had close contact with someone diagnosed with COVID-19? (Close contact = Living with or caring for someone who has a confirmed diagnosis, being within 6 feet of someone who has COVID-19 for a cumulative total of 15 minutes within a 24 hour period, or if you’ve shared their utensils, kissed them, or been coughed or sneezed on by a person with confirmed COVID-19.)

In the past two weeks, have you had close contact as defined above?

Please check □ YES □ NO

For Non-Vaccinated Patients:

**Have you travelled outside of Washington (domestic or international)?** □ YES □ NO

If a patient responds “yes” to any symptom question the day before the appointment:
1) Advise them to stay home and contact their PCP.
2) They must be free of fever for three full days.
3) They must wait at least 10 days from the onset of symptoms before being appointed.

If a patient responds “yes” to any contact history question the day before the appointment:
1) Advise them to self-quarantine for 14 days while monitoring for symptoms every day.
2) Advise them to contact their PCP if they develop symptoms.

If a patient who is not fully vaccinated responds “yes” to the travel question and “no” to the 14-day quarantine question:
1) Advise them to self-quarantine for at least 14 days while monitoring for symptoms every day.
2) Advise them to contact their PCP if they develop symptoms.

If a patient responds “yes” to any symptom question on the day of the appointment:
1) Take the patient’s temperature, if not already taken.
2) Have the patient don a surgical mask.
3) Summon a faculty member to:
   a) decide if/how to medically address the patient’s dental symptoms;
   b) arrange for monitoring and/or testing;
   c) arrange for dental follow-up; and
   d) inform infection prevention and control services, local and state public health authorities, and other health care facility staff as appropriate about the presence of a person who requires investigation for COVID-19.
<table>
<thead>
<tr>
<th>Question</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>If Yes, have you been tested for COVID 3-5 days after returning and quarantined for 7 days since returning to Washington?</td>
<td>☐</td>
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<tr>
<td>If you did not get tested 3-5 days after returning, did you quarantine for 10 days after returning to Washington?</td>
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</tbody>
</table>
When can a patient have an elective AGP after recovering from COVID19 infection?

If more than 20 days have passed since COVID symptoms appeared, or date of 1st positive test

AND

At least 24 hours have passed without any fever, without the use of any fever reducing medications

AND

Their other COVID symptoms have improved - cough, GI, shortness of breath

THEN - STANDARD PRECAUTIONS ARE WARRANTED
PPE Information

Level 1: Low barrier. Designed for procedures with a low amount of fluid, blood, aerosol exposure, or spray. Particle filtration efficiency @ 0.1 micron is >95%. (A COVID-19 virus particle is spherical with an approximate diameter of 0.125 microns.) Resistance to penetration by fluid under pressure is 80 mm Hg.

Level 2: Moderate barrier. Suitable for procedures with a light to moderate amount of blood, fluid, aerosols, or spray. Particle filtration efficiency @ 0.1 micron is >98%. (A COVID-19 virus particle is spherical with an approximate diameter of 0.125 microns.) Resistance to penetration by fluid under pressure is 120 mm Hg.

Level 3: High barrier. Ideal for procedures with a moderate to high amount of blood, fluid, aerosols, or spray. Particle filtration efficiency @ 0.1 micron is >98%. (A COVID-19 virus particle is spherical with an approximate diameter of 0.125 microns.) Resistance to penetration by fluid under pressure is 160 mm Hg.

NIOSH Approved N-95: Indicated for use when treating patients with airborne diseases such as TB or influenza. Particle filtration efficiency @ 0.1 micron is 99.9%. (A COVID-19 virus particle is spherical with an approximate diameter of 0.125 microns.) Resistance to penetration by fluid under pressure is 160 mm Hg. Current requirements from the Washington State Department of Labor & Industries do not allow reuse of disposable respirators after one day.

**** A face shield or goggles must be worn at all times during patient interactions.

***** Gowns may be worn between patients in some instances including:
- Faculty performing student procedure checks where gowns do not get visibly soiled
- Performing non-aerosolizing procedures
- Student gowns should be changed between morning & afternoon sessions
- Gowns should be discarded/laundered after procedures when visibly soiled

Faculty, staff, and students must use a regular mask in non-clinical and common areas or when working in proximity to others.

- Each health care worker must wear a mask outside of direct patient care and will be issued a single-procedure mask at the beginning of their shift. These masks will be worn for the duration of the shift.
- A mask may be worn continuously unless it becomes wet or soiled.
- When interacting with patients on droplet/contact precautions, a face shield must be worn to protect your eyes and the mask.
- Masks should always cover the nose and chin when worn.
- Hand hygiene must be completed before and after touching your mask.
- Your non-clinical/common area mask should be stored in a clean and dry place when eating or drinking.
- There will be no eating or drinking in patient care areas or within six feet of another person.
- A mask may be removed when eating a meal but you must maintain at least six feet of distance from other people.

Beards

The School of Dentistry recognizes and respects that faculty, staff, or students may have beards for religious or cultural reasons. Facial hair can interfere with the function of masks, thus creating a risk of disease transmission when performing aerosol-generating procedures. Fitted N-95 masks are not adequate for use over a beard, when performing an aerosol-generating procedure. We are committed to providing reasonable accommodation in these cases and that requires the use of powered air purifying respirators (PAPRs). We will purchase PAPRs and provide training in their effective use as needed, so please let a supervisor or faculty member know if you require one for religious or cultural reasons. A level 3 mask may be used over a beard.
when performing non-aerosol-generating procedures. A level 1 to 3 mask can be used over a beard in non-clinical environments.

High Level COVID Testing Guidelines for Clinics

UW Medicine Guidelines:
It is highly recommended that SOD patients who require a COVID test get routed to the UW Medicine COVID testing clinics due to the high sensitivity and specificity of their results, the fast turnaround time, as well as front desk access to patient results.

For more information regarding UW Medicine COVID testing (including UW Medicine fees and charges), please see their FAQ: https://www.uwmedicine.org/coronavirus

<table>
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<tr>
<th>UW Medicine Testing Contact Information</th>
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<tbody>
<tr>
<td>Patients Call: 206-520-8700</td>
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<tr>
<td>Providers Can Call: 206-520-8770</td>
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</table>

UW Medicine staff will find an appropriate location/time for patients
Provisioned SOD can get results through EpicCare Link (“ECLink”), usually within 24 hours of the test

Placing an Order:
- If a provider has access to Epic:
  - Provider can place and sign an order for COVID-19 testing using the COVID-19 SmartSet
  - There is only one “COVID” test – NCVQLT
- If a provider does not have Epic access:
  - Patients can call in to get an order placed or schedule for a COVID test:
    - 206-520-8700
  - Front desk staff can do a warm transfer to the UW Medicine COVID line:
    - 206-520-8770
    - For internal use only and NOT to be shared out with patients
- If these two phone lines are used, an SOD provider does not need to place a specific order

Counseling a patient prior to an AGP appointment:
- Provider must discuss the need for a COVID test prior to any AGPs, and how the test must be performed within 72 hours of the scheduled SOD appointment
- Provider must a message to the relevant front desk staff to let them know that this will be necessary AND document in the EHR
  - A template is recommended
  - Use UW415 code for “COVID Test Required”

Check out process:
- Front desk should reiterate the need for a COVID test prior to any AGPS and how the test must be performed within 72 hours of the scheduled SOD appointment
- Designated role (front desk or provider) supports the patient to obtain COVID test:
  - Gives the patient the patient line (206-520-8700)
  - OR does a warm handoff to the UW COVID line (206-520-8770)
- Designated role (front desk or provider) schedules the next tentative appointment
  - There is an option to use appointment status “COVID Test Needed” (COVTN), which marks the appointment block as red
Prior to the SOD appointment with an AGP (day of):

- **Front desk** and **providers** must review the day’s schedule to see which patients are pending results
- **Designated staff** must check EC Link for test results
  - If results are negative: “COVID Test Needed” appointment status is used (COVTN), convert status to “COVID Test Completed” (COVTC)
    - Strongly recommend writing “COVID test negative as of [date, time] – STAFF INITIAL” in appointment notes
  - If results are positive: Follow SOD protocol for positive results
  - If results are still pending or inconclusive: Follow-up with patient and tentatively reschedule appointment
- **Designated staff** must upload results into axiUm

During the SOD appointment with an AGP:

- **Providers** must add:
  - **UW416** to indicate COVID-19 test performed, results **negative**
  - **UW417** to indicate COVID-19 test was performed, results **positive**
    - Typically this appointment would be rescheduled but is included for tracking purposes
  - **UW418** to indicate COVID-19 test was performed, results **inconclusive**
    - **OF NOTE:** These will show up generically as “COVID Test Completed” in axiUm for patient privacy
- **Providers** should use appropriate PPE as determined by SOD protocol

Other COVID-19 Test Sites:

**Other sites:** Patients must bring in a copy of their own results. Advise patients that test results must be within 72 hours of the appointment. *Not all sites have a short turnaround time – try to recommend UW Medicine sites for fastest turnaround and staff ability to check results.*

**BE ADVISED:** Not all sites are approved by SOD. If a person is interested in an outside COVID site, an SOD faculty member must ask what kind of test it is, the sensitivity and specificity of the lab results, and whether the site plans to continue to use this service. The turnaround time should also be well within 72 hours.

Current approved sites:

- **City of Seattle COVID-19 Testing** (Free)
  - **Register over the phone:** 206-684-2489
  - **SOD does not have access to these results, so patients must bring in their own results.**
  - **Results obtained within 24-48 hours**
Attachment A

Limited Aerosol-Generating Procedures
The following procedures may be considered for completion for non-vaccinated patients without a SARS-CoV-2 (COVID-19) test. Patients must be negative for all screening criteria. If approved, they must be performed with an KN95 or N95 mask, face shield or goggles, fluid resistant gown, hair bonnet, high volume suction, and four-handed technique. Rubber dam isolation is required whenever possible and appropriate.

Pediatrics
• Occlusal adjustment of previously placed restoration
• Trauma splint removal
• Air/water syringe for irrigation/drying of site
• No-preparation “Hall” stainless steel crown
• Cementation of a space maintainer
• Simple extraction
• Adjustment of a removable appliance (e.g. flipper, occlusal guard)
• Pt. with a negative COVID test, past 72 hr window, but under 96 hrs since test. Each case must be assessed individually and requires faculty approval.

Orthodontics
• Preparing ≤ 4 teeth for bonding brackets or attachments
• Removing adhesive, attachments, or bite pads on < 4 teeth
• Enameloplasty/equilibration of ≤ 4 teeth
• Interproximal reduction at ≤ 4 sites (each site between 2 teeth)
• Retainer or oral device adjustment performed on a disinfected device outside the mouth
• Using the air/water syringe is acceptable for the above procedures, but air and water should not be used together
• A handpiece with no- or minimal chip air should be used when possible
• Total duration of AGP is less than 5 minutes

Regional Clinical Dental Research Center (RCDRC)
• Air-drying of teeth for photos, scanning, and examination.
• Adjustment of removable appliance performed on a disinfected prosthesis outside of the mouth.
• Minor occlusal / restoration adjustment
• Toothbrushing by patient over sink of less than 5 minutes duration
• Doors to the RCDRC operatory are closed

Restorative Dentistry
• Prosthetic appliance (after disinfection) adjustment outside of patient’s mouth
• Minor occlusal/restoration adjustment
• Insertion of prosthetic appliances (dentures, crowns, posts, and implants)

Endodontics
• The duration of aerosol generation is expected to be ≤2 minutes for these procedures. Rubber dam isolation is required.
• Removal of a temporary restoration for continuation of endodontic therapy.
• Adjusting and polishing a composite restoration after completion of endodontic therapy.
• Limited occlusal adjustment

**Oral Medicine**

• Evaluation & Management
• Trigger Point Injections (extraoral)
• Trigger Point Injections (intraoral/velscope) - depending on site
• Intraoral Exam (short less than 1 min)
• Intraoral Exam (long)
• Intraoral Photos
• Alginate Impression
• Bite registration
• Biopsy - depending on site
• Patch Testing