

SOD Pandemic Protocol – January 19, 2021

This is based on current information from the CDC, state, and University of Washington. All faculty, staff, and students who plan to come to the Health Sciences Building, Magnuson, or any of the SOD's satellite operations must complete a daily self-screening and attestation related to SARS-CoV-2 (COVID-19) symptoms. **Please note:** This protocol remains in effect for faculty, staff, and students who have been vaccinated for COVID-19. In addition, the requirement to wear a mask, socially distance from others, and follow strict infection control procedures must be continued after being vaccinated.

UW School of Dentistry Main Campus Protocol

1) Patients needing procedures with a low risk of aerosol generation:¹

- 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. This screening is not a billable teledentistry appointment.
 - 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 medical care. Meet with the patient periodically via telephone to assess their condition/status. These periodic checks should be done by a faculty member or resident. These are not billable teledentistry appointments.
 - ii) If all screening items are negative, appoint the patient.²
- b) Ask the screening questions again at the time of the appointment and, if negative, move the patient to the operatory, take vitals, including temperature and record this information in axiUm.^{3,4}
- c) Provide treatment following the PPE chart below.

2) 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). **Please note: This protocol remains in effect even for patients who have been vaccinated for COVID-19. Vaccinated persons may be protected from infection but can still harbor and transmit the virus. Current CDC recommendations are that those who are vaccinated must still wear masks in public, socially distance from others, and follow other infection control advice.**

- 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. This screening is not a billable teledentistry appointment.
 - 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. Meet with the patient periodically via telephone to assess their condition/status. These periodic checks should be done by a faculty member or resident. These are not billable teledentistry appointments.
 - ii) If all questions are negative, order a COVID-19 test 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 5 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 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, move the patient to the operatory, take vitals, including temperature and record this information in axiUm.^{3,4}
- d) Follow the PPE chart below.
 - i) The appropriate level mask, a gown, and a face shield must be worn at all times during patient interactions.
- e) For patients needing multiple aerosol-generating procedures, attempt to triage care so that multiple appointments can be accomplished within 72 hours of the COVID-19 test. Patients must be instructed to remain at home and observe social distancing and risk reduction behaviors during the 72-hour period. Per #2.b above, exceptions to the 72-hour rule may be made on a case-by-case basis, based upon professional judgment by faculty and utilizing the PPE and protocol stated above.
- f) Provide care using high-volume suction.
- g) Use well-adapted rubber dams whenever possible. Disinfect the operative area with hydrogen peroxide or povidone iodine after placement of the rubber dam.
- h) Individual clinics may elect to contact patients three to five days post-treatment to screen for symptoms again.

3) 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 10 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 6 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 10 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.
- 4) The ATC clinic will prioritize high-risk patients who require extra protections, (e.g., those who are older and/or with comorbidities).
- 5) Rules for PPE:
 - a) All clinicians, including faculty, staff, and students, must don PPE following the chart below. It must be worn at all times during patient interactions.
 - b) Clinicians, including faculty, staff, and students, may be within 6 feet of each other and of their patients so long as the clinicians are using appropriate PPE.
 - c) 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 includes 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.
 - d) 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)

- 6) Procedures that may generate a small or limited amount of aerosol may be performed for a patient who screens negative for all symptoms but has not had a COVID-19 test within 72-hours, depending upon faculty judgement and departmental consensus. A list of procedures qualifying for this exception is provided as **Attachment A**, at the end of this document. If this exception is used, 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, and a face shield or goggles.

- 7) Clinic seminars, huddles, group conferences: These small group clinic sessions are important for review and presentation of clinical cases and preparation for providing patient care. These sessions are generally of short duration (15-20 minutes) and include a small number of participants (10-12). They are allowed with the following restrictions. **Please note that these restrictions apply even if all attendees have been vaccinated.** The **convener of the meeting** must ensure that:
 - a) All participants wear a mask covering their mouth and nose at all times.
 - b) No food or beverages, including water, are permitted in the room.
 - c) The largest available room is used. The room size must permit at least 6 feet of distance between participants in all directions (approximately 115 square feet per person)
 - d) Occupants do not congregate outside the room before, during, or after use, or while entering or exiting the room.
 - e) Appropriate signage is posted for traffic flow and designated ingress/egress points in spaces as needed.
 - f) The names of all participants are recorded and retained for 30 days.
 - g) No one who has any signs or symptoms of illness may enter the room.
 - h) The room is cleaned and disinfected immediately after its use in a manner that complies with UW COVID- 19 Prevention: Enhanced Cleaning and Disinfection Protocols. (<https://www.ehs.washington.edu/system/files/resources/cleaning-disinfection-protocols-covid-19.pdf>) This includes disinfecting all high-touch surfaces including tables, chairs, doorknobs, light switches, projector controls, and any other surfaces, while using approved cleaning solutions/sprays/disinfectant wipes, personal protective equipment (PPE), and practicing good hand hygiene.
 - i) The room is identified as “clean” or “not clean” so that subsequent occupants know whether the room can be used.
 - j) The Employee Health Center (covidehc@uw.edu) is informed if symptoms of illness are experienced by an individual while at a teaching or event space so that EH&S can evaluate the space for enhanced cleaning and disinfection.
 - k) All plans and recommendations from the Back to School Task Force and Back to the Workplace Taskforce are followed

NOTES

1. Refer to **Attachment A** at the end of this document.

2. All visitors to the School of Dentistry are prohibited until further notice. Patients may be accompanied only by support people who are absolutely essential to the completion of their visit. All others are not permitted to enter the building.
3. A negative symptom screening and a normal temperature do not rule out COVID-19 infection, and individuals incubating COVID-19 infection are typically infectious for 48 to 72 hours before the onset of symptoms. Therefore, screening for COVID-19 through questionnaires and body temperature is helpful but not definitive.
4. The most recent estimate of SARS-CoV-2 positivity in asymptomatic patients (patients who screen negative) scheduled for the OR at UWMC was 0.3%. The false negative rate for the coronavirus test in the laboratory is 4.1%. A level 3 surgical mask is 98% effective in filtering out COVID-19 size particles. The risk when treating a screened and tested patient using a level 3 masks is $.003 \times .041 \times .02 = .0000025$ or 2.5 in one million.

Screening Questions

1. FEVER OR OTHER SYMPTOMS

Are you feeling unwell with symptoms (not attributable to other causes) such as?

Yes <input type="checkbox"/>	No <input type="checkbox"/>	Fever of 100.4 or more or chills
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Cough
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Shortness of breath, difficulty breathing
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Flu-like symptoms
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Muscle pain or fatigue
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Vomiting, diarrhea, stomach pain
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Runny nose, sore throat
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Red or painful eyes; itching or scratchy eyes
Yes <input type="checkbox"/>	No <input type="checkbox"/>	New and abrupt sensory loss of taste or smell

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**

Have you travelled outside of Washington (domestic or international)? **YES** **NO**
If Yes, have you quarantined for 14 days since returning to Washington? **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 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.
- 1) Have the patient don a surgical mask.
- 2) 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.

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

Patient (Adult)	•	•	•		•	•	See below
Patient (Pediatric or Special Population)	•	•		•	•	•	See below
Procedure Type	Non-patient care	Non-AGP Extraoral or <u>limited</u> intraoral procedure	Non-AGP <u>prolonged</u> intraoral procedure	Non-AGP <u>prolonged</u> Intraoral procedure	Aerosolizing procedures	Aerosolizing procedures	Any procedure
Example of Activity	Reception Administrative work Office work Walking in halls Sitting in cafeteria	Patient temperature Cleaning operatories Exam Radiographs Intraoral photos Topical fluoride	Simple extraction Sedative filling Suture removal Re-cement crown I&D	Simple extraction Sedative filling Suture removal Re-cement crown I&D	Surgical extraction Endodontic TxRepair fractured tooth Adjust prosthesis	Surgical extraction Endodontic TxRepair fractured tooth Adjust prosthesis Performing an AGP more than 72 hrs after a negative COVID test per the 2.b exception above Performing a limited AGP listed in Attachment A below	See below
COVID Test Status	Not required	Not required, negative for all screening criteria	Not required, negative for all screening criteria	Not required, negative for all screening criteria	Required, Results negative within 72 hrs*	Test unable to be performed due to urgency or other reason	Results obtained, AND presents with symptoms
Overall Risk of Exposure	Low	Low	Medium	High	Low	High	High
Mask Level**	Level I: Extended Use Masking Policy (1 per day)	Level I-III Change between patients	Level I-III Change between patients	N95, KN95 Multi-use***	Level I-III Change between patients	N95, KN95 Multi-use***	N95, KN95 Multi-use***
Face Shield or Goggles****	Not Required	Required	Required	Required	Required	Required	Required
Gown*****	Not Required	Required	Required	Required	Required	Required	Required
Gloves	Not Required	Required	Required	Required	Required	Required	Required
Surgical Cap/Bouffant	Not Required	Not Required	Required	Required	Not Required	Required	Required

Other						Requires sign-off by clinic director before proceeding	Attending faculty enters room to speak with patient and determine next steps Cleaning operatory afterward
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****Order and wait for COVID-19 test results before completing any aerosolizing procedure or non-aerosolizing procedures that involve prolonged intraoral exposure. A negative COVID-19 test is accepted by UWMC for up to 72 hours prior to an aerosol-generating procedure. Accepting a negative test result of more than 72 hours must be based upon clinician risk-assessment for the specific patient and clinical judgment.***

****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 \geq 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.

*****N-95 respirators will be provided only for the high-risk situations listed in the table above. Current requirements from the Washington State Department of Labor & Industries do not allow reuse of disposable respirators. Because the supply of N-95 respirators is limited and the supply chain is uncertain, they must not be used outside of high-risk situations.**

******** 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/launched after procedures when visibly soiled**

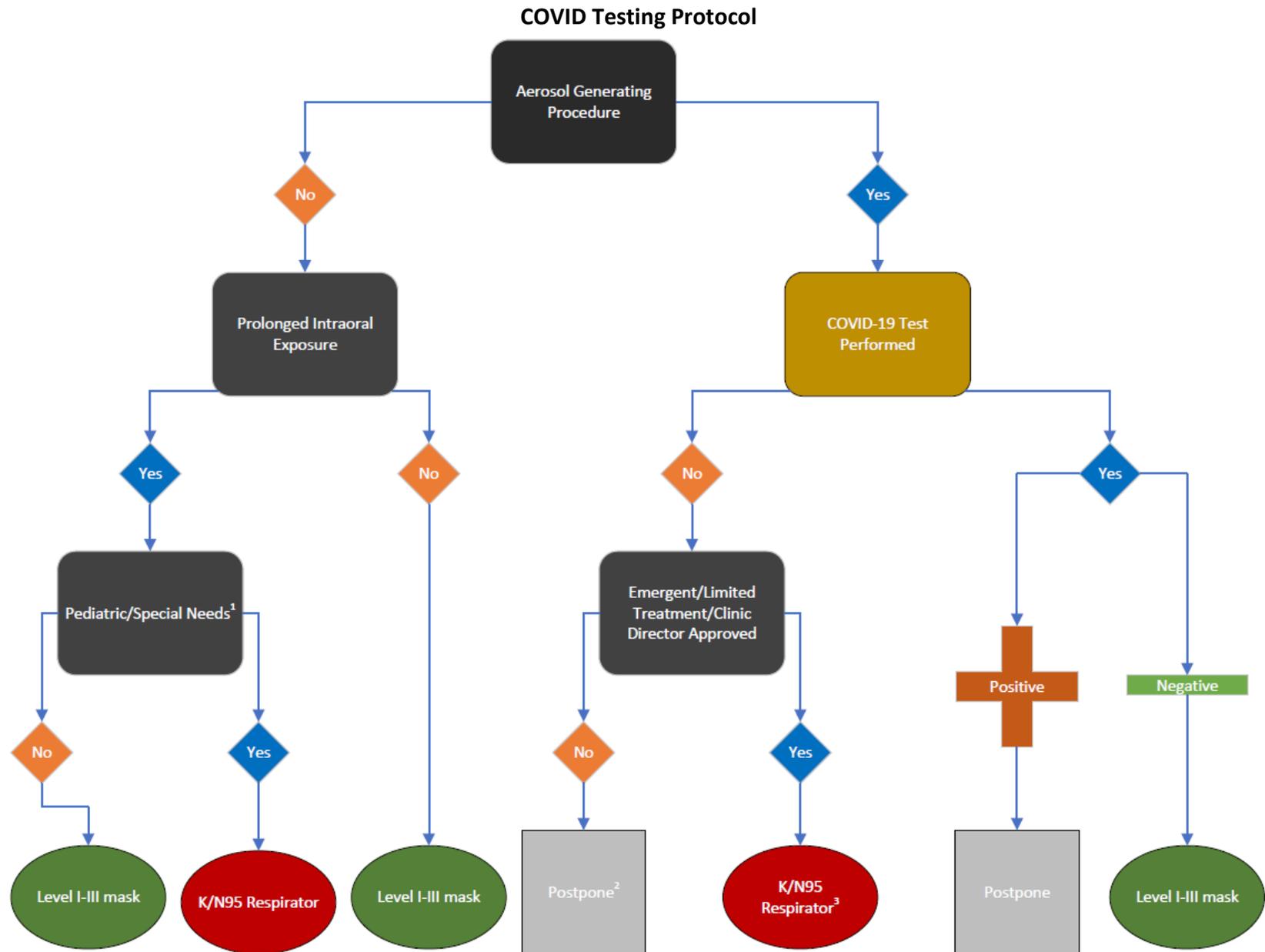
Faculty, staff, and students must use a regular mask in non-clinical and common areas or when working in proximity to others.

- 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 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 6 feet of another person.

- A mask may be removed when eating a meal but you must maintain at least 6 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.



1) For example, a patient who may have difficulty cooperating with planned procedures.

2) Counsel patient based on symptoms and reschedule at least 2 weeks later.

3) Use isolated room for non-AGP; use airborne infection isolation room for AGP.

Note: This flow chart is specific for COVID-19 testing. However, the same decision process should be used for other serious contagious agents.

High Level COVID Testing Guidelines for Clinics

UW Medicine Guidelines:

It is highly recommended that SOD patients 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>

UW Medicine Testing Contact Information

Patients Call: **206-520-8700**

Providers Can Call: **206-520-8770**

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 – NCVLT
- 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, SOD community 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

<http://www.seattle.gov/mayor/covid-19/covid-19-testing>

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 without a SARS-CoV-2 (COVID-19) test. Patients must be negative for all screening criteria. If approved, they must be performed with an N95 or KN95 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
- Enamelplasty/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)

- Study protocol includes air-drying of teeth for 5 seconds or less for photos, scanning, and examination.
- Occasional minor denture adjustment on disinfected prosthesis and performed outside of the mouth.
- Doors to the RCDRC operatory are closed
- Adjustment takes approximately five (5) seconds at intervals as needed

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