SOD Protocol – November 19, 2020

This is based on current information from the state and University of Washington. All faculty, staff, and students must complete a daily self-screening and attestation related to SARS-CoV-2 (COVID-19) symptoms.

UW School of Dentistry Main Campus Protocol

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

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 3 months 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 RNA but are no longer infectious. When a positive test occurs less than 3 months after the person’s symptom onset of their most recent illness, it is possible that the positive test represents a new infection or a persistently positive test associated with the previous infection. These patients may be treated using the highest level of PPE.

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 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. 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 (covidhec@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 □ No □ Fever of 100.4 or more or chills
   - Yes □ No □ Cough
   - Yes □ No □ Shortness of breath, difficulty breathing
   - Yes □ No □ Flu-like symptoms
   - Yes □ No □ Muscle pain or fatigue
   - Yes □ No □ Vomiting, diarrhea, stomach pain
   - Yes □ No □ Runny nose, sore throat
   - Yes □ No □ Red or painful eyes; itching or scratchy eyes
   - Yes □ No □ 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.
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.
**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.**

<table>
<thead>
<tr>
<th>Patient (Adult)</th>
<th>Patient (Pediatric or Special Population)</th>
<th>Procedure Type</th>
<th>Example of Activity</th>
<th>COVID Test Status</th>
<th>Overall Risk of Exposure</th>
<th>Mask Level**</th>
<th>Face Shield or Goggles****</th>
<th>Gown*****</th>
<th>Gloves</th>
<th>Surgical Cap/Bouffant</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Non-patient care</td>
<td>Reception Administrative work</td>
<td>Not required</td>
<td>Low</td>
<td>Level I: Extended Use Masking Policy (1 per day)</td>
<td>Not Required</td>
<td></td>
<td></td>
<td></td>
<td>Requires sign-off by clinic director before proceeding</td>
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<td></td>
<td></td>
<td>Non-AGP Extraoral or limited intraoral procedure</td>
<td>Office work</td>
<td>Non-AGP prolonged intraoral procedure</td>
<td>Not required, negative for all screening criteria</td>
<td>Low</td>
<td>Level I-III Change between patients</td>
<td>Required</td>
<td></td>
<td></td>
<td>Attending faculty enters room to speak with patient and determine next steps</td>
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<tr>
<td></td>
<td></td>
<td>Non-AGP prolonged Intraoral procedure</td>
<td>Walking in halls</td>
<td>Simple extraction Sedative filling Suture removal Re-cement crown</td>
<td>Not required, negative for all screening criteria</td>
<td>Medium</td>
<td>Level I-III Change between patients</td>
<td>Required</td>
<td></td>
<td></td>
<td>Cleaning operatory afterward</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Aerosolizing procedures</td>
<td>Sitting in cafeteria</td>
<td>Simple extraction Sedative filling Suture removal Re-cement crown</td>
<td>Not required, negative for all screening criteria</td>
<td>High</td>
<td>N95, KN95 Multi-use***</td>
<td>Required</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Surgical procedures</td>
<td></td>
<td>Surgical extraction Endodontic TxRepair fractured tooth Adjust prosthesis</td>
<td>Required, Results negative within 72 hrs*</td>
<td>Low</td>
<td>Level I-III Change between patients</td>
<td>Required</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Aerosolizing procedures</td>
<td></td>
<td>Surgical extraction Endodontic TxRepair fractured tooth Adjust prosthesis</td>
<td>Test unable to be performed due to urgency or other reason</td>
<td>High</td>
<td>N95, KN95 Multi-use***</td>
<td>Required</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Any procedure</td>
<td></td>
<td>See below</td>
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</tr>
</tbody>
</table>

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**Patient (Adult)**
- Patient temperature
- Cleaning operatories
- Topical fluoride
- Patient temperature
- Cleaning operatories
- Topical fluoride
- Patient temperature
- Cleaning operatories
- Topical fluoride

**Patient (Pediatric or Special Population)**
- Patient temperature
- Cleaning operatories
- Topical fluoride
- Patient temperature
- Cleaning operatories
- Topical fluoride

**Procedure Type**
- Non-patient care
- Non-AGP Extraoral or limited intraoral procedure
- Non-AGP prolonged intraoral procedure
- Aerosolizing procedures
- Surgical procedures
- Aerosolizing procedures
- Any procedure

**Example of Activity**
- Reception Administrative work
- Office work
- Walking in halls
- Sitting in cafeteria
- Patient temperature
- Cleaning operatories
- Topical fluoride
- Patient temperature
- Cleaning operatories
- Topical fluoride
- Patient temperature
- Cleaning operatories
- Topical fluoride

**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
- 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
- Level I-III Change between patients
- Level I-III Change between patients
- Level I-III Change between patients
- Level I-III Change between patients

**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
- Not Required
- 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
**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.

***When using an N-95 mask for multiple patients, place a regular surgical mask over it. At the conclusion of a procedure, dispose of the regular surgical mask and disinfect the N-95 mask prior to reuse.** N-95 masks may be used up to five times unless soiled.

**** 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 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

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**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”

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**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*
• **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


*SOD does not have access to these results, so patients must bring in their own results.*

*Results obtained within 24-48 hours*
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