The University of Washington School of Dentistry COVID-19 protocol is based on the most recent information from the CDC, the State of Washington, and the University of Washington. All faculty, staff, and students who 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 be free of all SARS-CoV-2 (COVID-19) symptoms (refer to page 4). The requirement to wear a mask 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 following UW protocols for faculty, staff, or students. Because all UW Medicine and some non-UW rotation sites require verification of booster vaccination, you are strongly encouraged to receive a booster. Temporary vaccination 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.

1) **For all patients.**
   a. Contact the patient at least one day in advance of the appointment to confirm the patient’s vaccination status. This may be done by students or staff.
   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) advise them to bring their completed vaccination card to their first 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.
   i) If any screening item is positive and not attributable to seasonal allergies, asthma, or other causes, delay the appointment for 10 days past the onset of symptoms. Medically manage any dental issues. Advise the patient to call their PCP for appropriate care of symptoms related to potential COVID-19 infection. 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 vaccinated patient’s vaccination card and upload it into the axiUm record if this has not previously been done.
   f. Note the non-vaccinated patient’s vaccination status into the axiUm record if this has not previously been done.

2) **For patients needing a procedure that generates an aerosol (AGP):**
   a. Provide treatment using a N95 mask, face shield, hair bonnet, gloves, and gown.
   b. Place a level III mask over the N95 mask during AGPs. Mask selection will vary according to supply and demand.
c. 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. If the N95 mask becomes wet, soiled, or damaged, dispose of it and obtain a new one.
d. Use high-volume suction.
e. Use a well-adapted rubber dam whenever possible. Disinfect the operative area with hydrogen peroxide or povidone iodine after placement of the rubber dam.
f. Individual clinics may elect to contact patients three to five days post-treatment to screen for symptoms again.

3) **For patients needing a procedure with a low or no-risk of generating an aerosol:**
   a. Follow 1 a to 1 f above
   b. Provide treatment using a KN95 or N95 mask, face shield, gloves, gown, and high-volume suction (if any aerosol is anticipated). Mask selection will vary according to supply and demand.
c. If using an N95 mask, place a level III mask over it. 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. If the N95 mask becomes wet, soiled, or damaged, dispose of it and obtain a new one.
d. Individual clinics may elect to contact patients three to five days post-treatment to screen for symptoms again.

4) **Need for a COVID-19 test:**
   a. 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 requiring a COVID-19 test 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 4 below) with someone diagnosed with COVID-19
      viii) Pediatric exceptions

5) **Patients who have had COVID-19 and recovered:**
   a. “Recovered” is defined as:
      i) 20 days or more have passed since COVID symptoms appeared or from the first positive COVID test; AND
      ii) At least 24 hours have passed without a fever, without any fever-reducing medication(s); AND
      iii) All COVID symptoms have resolved.
b. For persons who remain asymptomatic following recovery from COVID-19, the above protocols may be followed.

6) **Immunosuppressed patients (refer to 4.a.i-v above)**
   a. The ATC clinic will prioritize high-risk patients who require extra protections, (e.g., those who are older and/or with comorbidities).
   b. The 4th floor individual operatories may be used for patients who are immunosuppressed.
Screening Questions

1. **FEVER OR OTHER SYMPTOMS**
   Are you feeling unwell with symptoms (not attributable to seasonal allergies, asthma, or other causes) such as:
   
   - Yes □ No □ Fever of 100.4°F 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

On the day before the appointment, if a patient responds “yes” to any symptom question:
1. Advise them to stay home and contact their PCP.
2. Before being reappointed:
   a. They must be free of fever for three full days without the use of fever-reducing medication; and
   b. They must wait at least 10 days from the onset of symptoms before being appointed.

On the day of the appointment, if a patient responds “yes” to any symptom question:
1. Have the patient don a surgical mask
2. Take the patient’s temperature, if not already taken
3. Summon a faculty member to:
   a. Decide if/how to medically address the patient’s dental symptoms
   b. Advise them to stay home and contact their PCP
4. Before being reappointed:
   a. They must be free of fever for three full days without the use of fever-reducing medication; and
   b. They must wait at least 10 days from the onset of symptoms

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**
Rules for PPE
1. PPE must be worn at all times during patient interactions.
2. Masks must always cover the nose and chin when worn.
3. Hand hygiene must be completed before and after touching your mask.
4. Your non-clinical/common area mask should be stored in a clean and dry place when eating or drinking.
5. Eating and drinking are not allowed in patient care areas.
6. A mask may be removed when eating a meal in the health science building.
7. Faculty, staff, and students must use a regular mask in non-clinical and common areas or when working in proximity to others.
8. Faculty, staff, and students 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.
9. When directly interacting with patients, a face shield must be worn to protect your eyes and the mask.
10. Student gowns must be changed between morning & afternoon sessions. Gowns must be discarded/laundered after procedures when visibly soiled.
11. Gowns may be worn between patients in some instances including:
   a. Faculty performing student procedure checks where gowns do not get visibly soiled.
   b. Performing non-aerosolizing procedures.
   c. Disposable PPE, other than surgical masks, may be reused if it has not been exposed to aerosols or is not otherwise visibly wet or soiled. 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).

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. This 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 or higher 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.
UW Medicine COVID Testing 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>
<thead>
<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 from any other site(s). 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:**

<table>
<thead>
<tr>
<th>City of Seattle COVID-19 Testing (Free)</th>
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<tbody>
<tr>
<td>Register over the phone: 206-684-2489</td>
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<tr>
<td><em>SOD does not have access to these results, so patients must bring in their own results.</em></td>
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<tr>
<td><em>Results obtained within 24-48 hours</em></td>
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