The University of Washington School of Dentistry is using CDC guidance to address the unique risks of contagious agents in the dental environment. CDC guidance is updated frequently.

It is not possible to eliminate all risks. It is possible to employ precautions that mitigate risks and protect our faculty, staff, students, and patients. Universal body substance precautions remain as the front line for reasonable risk reduction. However, when dealing with a contagious agent that is spread by droplet contact, we need to recognize the need to manage our generation of aerosols as a prudent additional measure. This UWSOD protocol seeks to implement additional risk reduction while still maintaining a reasonable level of service for our patients and community. This protocol will be updated frequently as state and national public health information is available.

UW School of Dentistry Protocol

1. All elective procedures are suspended until further notice. Procedures that generate aerosols are permitted only under tightly controlled conditions as stipulated below and after COVID-19 testing. (Aerosol procedures involve the use of a hand piece, ultrasonic unit, and/or air-water syringe.) For all other procedures that generate minimal amounts of aerosol, the patient may rinse their mouth with water from a disposable cup. The water may be removed with an evacuation straw, not a high-volume suction, or the patient may expectorate into another cup, especially if their mouth is anesthetized.

2. The Oral and Maxillofacial Surgery Clinics at Sand Point and Harborview will discontinue elective procedures until further notice. They will continue to provide urgent care per the COVID-19 Clinic Protocol on page 8.

3. The Center for Pediatric Dentistry Clinic at Sand Point will discontinue elective procedures until further notice. They will continue to provide urgent care per the COVID-19 Clinic Protocol on page 8.

4. The following is a guide to what may be regarded as urgent procedures. Urgent care includes any patient needs that are urgent, such as:
   - Pain (including chronic ulcerative mucosal disease management)
   - Swelling of gums, face, or neck
   - Signs of infection such as a draining site
   - Trauma to face, jaw, or teeth, including fractures
   - Pre- and post-transplant, radiation, or bisphosphonate patients with oral symptoms (evaluate by telephone screening first)
   - Pre-transplant evaluations
   - Referrals made by physicians or other health care providers
   - Potential malignancy
   - Broken tooth
   - Ill-fitting denture
   - Final crown/bridge cementation if the temporary restoration has broken
• Repair or replacement of a provisional restoration
• In all cases, it is desirable for the urgent care provider to evaluate the patient by telephone call or teledentistry prior to advising the patient to come in for care.

5. Students are not allowed to participate in patient care until further notice.

6. All personnel, including faculty, staff, and students, must self-assess their health daily before reporting to the School of Dentistry. They must respond “No” to all the following questions:
   • Fever $\geq 100.0^\circ$ F
   • Cough
   • Sore throat
   • Shortness of breath
   • Flu-like symptoms
   • Recent and abrupt loss or reduction of the sense of smell and/or taste
   • Close personal contact (without PPE) with a suspected or laboratory-confirmed COVID-19 patient in the past 2 weeks
   • Travel within the past 2 weeks to a region with high rates of COVID-19 disease activity

If they may be ill or may transmit a communicable disease, or if their temperature is $>100.0^\circ$ F, they must not come to work but must report in sick. They should complete the Catalyst survey to determine whether COVID-19 testing is appropriate.

7. 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.

Screening questions are to be updated as current knowledge dictates.
<table>
<thead>
<tr>
<th>Patient</th>
<th>Action</th>
<th>Responsibility</th>
</tr>
</thead>
</table>
| Urgent Care patient or patient’s guardian | 1. Perform telephone or teledentistry triage to ensure the planned procedure(s) are urgent and generate minimal aerosol.  
   - If they are not urgent, reschedule.  
   - If they are likely to generate aerosol, follow protocol below.  
   2. Make sure patient is aware of new policy: Only translators, parents or guardians, and other support people who are absolutely essential to the patient’s visit are welcome to accompany patients to appointments and in the waiting area. They must pass the School of Dentistry COVID-19 screening protocol on arrival. Any other people, including children under age 16, may not enter the building.  
   3. Ask if patient or any accompanying person has ANY of these:  
      - Fever ≥100.0°F  
      - Cough  
      - Sore throat  
      - Shortness of breath  
      - Flu-like symptoms  
         - Recent and abrupt loss or reduction of the sense of smell and/or taste  
      - Close personal contact (without PPE) with a suspected or laboratory-confirmed COVID-19 patient in the past 2 weeks  
      - Travel within the past 2 weeks to a region with high rates of COVID-19 disease activity  
   4. If ANY is YES –  
      - If the “Yes” is only for cough, have an Oral Medicine or DUCC faculty member ask additional screening questions and decide.  
      - Otherwise, reschedule. Medically manage the patient’s urgent care need, using teledentistry insofar as possible. Faculty in Oral Medicine will determine if the patient’s condition requires a visit to the clinic. Advise the patient to call (not visit) their primary care provider to receive advice for COVID-19 testing. | Teledentistry triage faculty or resident  
Receptionist will screen any new appointments  
Telephone, reception (if walk-in) |
If YES is for an accompanying person, make sure that person does not accompany the patient into the building. Recommend that the person consider consulting their health care provider about whether COVID-19 testing might be advisable.

- If ALL are NO – confirm appointment

- Note screening response in Contact Notes.

## DAY OF APPOINTMENT, Urgent Care patient, Procedure that generates minimal aerosol

<table>
<thead>
<tr>
<th>Patient</th>
<th>Action</th>
<th>Responsibility</th>
</tr>
</thead>
</table>
| All Urgent Care patients and accompanying persons at time of arrival | **Politely enforce new policy:** Every accompanying person must be **absolutely essential** to the completion of the appointment and none may be under 16 years of age.  
- If any person is non-essential or under age 16, they must leave. It is the patient’s decision whether or not to leave with that person.  
- Ask again if patient or any accompanying person has ANY of these:  
  - Fever >100.0°F  
  - Cough  
  - Sore throat  
  - Shortness of breath  
  - Flu-like symptoms  
    - Recent and abrupt loss or reduction of the sense of smell and/or taste  
    - Close personal contact (without PPE) with a suspected or laboratory-confirmed COVID-19 patient in the past 2 weeks  
    - Travel within the past 2 weeks to a region with high rates of COVID-19 disease activity.  
- If ANY is YES, patient must immediately put on a face mask.  
  - Patient is moved to designated Isolation Room with closed door to wait alone for OM faculty member.  
  - Alert the OM faculty member immediately that a potentially infected patient is waiting in the Isolation Room.  
  - Accompanying persons may not join the patient; patient must remain alone.  
  - If patient refuses to comply with any of these, dismiss and reschedule. | Receptionist | Reception Desk, Dental Urgent Care Clinic |
- If ALL are NO, proceed with appointment
- If it is apparent that an aerosol-generating procedure will be needed, follow protocol below.
- Any accompanying person who says YES to any question must immediately leave wearing a face mask. It is the patient’s decision whether or not to leave with that person. Recommend that the person consider consulting their primary health care provider about whether COVID-19 testing might be advisable. (Do not say that they must be tested.)
- Note screening response in Contact Notes.
- Contact patient by telephone 24 hours after appointment to screen for COVID-19 symptoms.

<table>
<thead>
<tr>
<th>Patient who says NO to all questions</th>
<th>1. <strong>Politely enforce new policy:</strong> The patient may be accompanied into the operatory by an accompanying person or service animal only if their presence is essential for the completion of the procedure. An accompanying person must pass all screening for COVID-19 including the absence of fever &gt;100.0° F. This assessment must be confirmed by School of Dentistry personnel. Screening by UW Medical Center security staff is not sufficient.</th>
<th>Faculty or Resident DUCC Operatory</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. <strong>Seat and greet patient in operatory</strong></td>
<td>3. <strong>Take patient temperature</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>⇒ If not &gt;100.0° F proceed with appointment using full PPE and no aerosol generation</td>
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<tr>
<td></td>
<td>⇒ If &gt;100.0° F, patient must put on a face mask.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>a. Patient is moved to designated Isolation Room with closed door to wait alone for OM faculty member.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>b. Alert the OM faculty member immediately that a potentially infected patient is waiting in the Isolation Room.</td>
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<tr>
<td></td>
<td>c. Accompanying persons may not join the patient; they must remain alone.</td>
<td></td>
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<tr>
<td></td>
<td>d. If patient refuses to comply with any of these, dismiss and reschedule.</td>
<td></td>
</tr>
</tbody>
</table>
Patient who says YES to any question and/or has temperature ≥ 100.0°F

OM faculty must wear full PPE including N95 respirator before entering Isolation Room.
All personnel entries to this room must be logged.
In the absence of appropriate PPE, OM faculty will consult with the chair of Oral Surgery for advice regarding treating the patient at Harborview.

1. Take patient temperature, if not already taken
2. Faculty must:
   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,
   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.

3. If a procedure is required for a suspected COVID-19 positive patient with emergent dental needs that cannot be managed medically in the School, faculty transfers the patient’s care to UW Medical Center.
   • The Emergency Department (ED) staff need to be prepared to accept and evaluate a possible COVID-19 patient. **UW Faculty member calls UWMC ED** and asks to speak to the attending so ED can anticipate arrival of patient. Call 206-598-6190 (hospital page operator) and ask to be transferred to UWMC Emergency Department attending physician.
   • Explain that you are referring a patient to the ED for a dental consultation from Hospital Dentistry and you suspect the patient of having a COVID-19 infection based on *(describe symptoms and signs)*.
   • The patient must wear a face mask at all times.

4. Note all information in patient chart.
5. Staff must thoroughly disinfect the room before next occupation, wearing full PPE including N95 respirator. The room should not be occupied by another patient for at least 30 minutes.

| Patient who says YES to any question and/or has temperature ≥ 100.0°F | OM faculty must wear full PPE including N95 respirator before entering Isolation Room. All personnel entries to this room must be logged. In the absence of appropriate PPE, OM faculty will consult with the chair of Oral Surgery for advice regarding treating the patient at Harborview. 1. Take patient temperature, if not already taken 2. Faculty must: 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, 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. 3. If a procedure is required for a suspected COVID-19 positive patient with emergent dental needs that cannot be managed medically in the School, faculty transfers the patient’s care to UW Medical Center. • The Emergency Department (ED) staff need to be prepared to accept and evaluate a possible COVID-19 patient. **UW Faculty member calls UWMC ED** and asks to speak to the attending so ED can anticipate arrival of patient. Call 206-598-6190 (hospital page operator) and ask to be transferred to UWMC Emergency Department attending physician. • Explain that you are referring a patient to the ED for a dental consultation from Hospital Dentistry and you suspect the patient of having a COVID-19 infection based on *(describe symptoms and signs)*. • The patient must wear a face mask at all times. 4. Note all information in patient chart. 5. Staff must thoroughly disinfect the room before next occupation, wearing full PPE including N95 respirator. The room should not be occupied by another patient for at least 30 minutes. | Oral Medicine Faculty | Isolation Room with closed door |

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THREE DAYS BEFORE APPOINTMENT, Urgent Care patient, Aerosol-Generating Procedure

<table>
<thead>
<tr>
<th>Patient</th>
<th>Action</th>
<th>Responsibility</th>
</tr>
</thead>
<tbody>
<tr>
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<td></td>
<td></td>
</tr>
<tr>
<td>Urgent Care patient or patient’s guardian</td>
<td>1. Perform telephone or teledentistry triage to ensure the planned procedure(s) are urgent and likely to be aerosol-generating. ⇒ If they are not urgent, reschedule.</td>
<td>Teledentistry triage faculty or resident</td>
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<tr>
<td>2. Make sure patient is aware of new policy: Only translators, parents or guardians, and other support people who are absolutely essential to the patient’s visit are welcome to accompany patients to appointments and in the waiting area. They must pass the School of Dentistry COVID-19 screening protocol on arrival. Any other people, including children under age 16, may not enter the building.</td>
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</tr>
</tbody>
</table>
1. Fever >100.0°F, cough, sore throat, shortness of breath, flu-like symptoms, recent and abrupt loss or reduction of the sense of smell and/or taste, close personal contact (without PPE) with a suspected or laboratory-confirmed COVID-19 patient in the past 2 weeks, travel within the past 2 weeks to a region with high rates of COVID-19 disease activity.

2. Treat in DUCC isolation room. Full PPE including N95 respirator if available or an N95 mask before entering isolation room. All personnel entries to this room must be logged. Use well-fitted rubber dam when appropriate and high-volume suction.

3. If a procedure is required for a suspected COVID-19 positive patient with emergent dental needs that cannot be managed medically, faculty transfers the patient’s care to UW Medical Center. The Emergency Department (ED) staff need to be prepared to accept and evaluate a possible COVID-19 patient. UW Faculty member calls UWMC ED and asks to speak to the attending so ED can anticipate arrival of patient. Call 206-598-6190 (hospital page operator) and ask to be transferred to UWMC Emergency Department attending physician. Explain that you are referring a patient to the ED for a dental consultation from Hospital Dentistry and you suspect the patient of having a COVID-19 infection based on (describe symptoms and signs). The patient must wear a face mask at all times.
<table>
<thead>
<tr>
<th>Risk Level</th>
<th>Low</th>
<th>Low</th>
<th>Low</th>
<th>Medium</th>
<th>High</th>
<th>High</th>
<th>High</th>
</tr>
</thead>
<tbody>
<tr>
<td>Procedure Type</td>
<td>Non-Patient Care</td>
<td>Aerosolizing</td>
<td>Non-Aerosolizing</td>
<td>Non-Aerosolizing</td>
<td>Non-Aerosolizing, Prolonged Intraoral Procedure</td>
<td>Aerosolizing</td>
<td>Non-Aerosolizing or Aerosolizing Procedure</td>
</tr>
<tr>
<td>COVID-19 Testing*</td>
<td>NA</td>
<td>COVID-19 Test Negative within 72 hrs*</td>
<td>COVID-19 Test Negative within 72 hrs* OR not tested but negative for all screening criteria</td>
<td>COVID-19 Test Negative within 72 hrs* OR not tested but negative for all screening criteria</td>
<td>COVID-19 Test Negative within 72 hrs* OR not tested but negative for all screening criteria</td>
<td>COVID-19 Test unable to be performed due to urgency</td>
<td>COVID-19 Test Negative within 72 hrs* but patient develops symptoms during visit</td>
</tr>
<tr>
<td>Example Activity</td>
<td>Reception Administrative work Office work Walking in halls Sitting in cafeteria</td>
<td>Surgical extraction Endodontic Tx I&amp;D Repair fractured tooth Adjust prosthesis</td>
<td>Patient temperature Cleaning operatories Exam Radiographs Intraoral photos</td>
<td>Simple extraction Topical F Sedative filling Suture removal Re-cement crown</td>
<td>Simple extraction Topical F Sedative filling Suture removal Re-cement crown</td>
<td>Any procedure</td>
<td>Attending faculty enters room to speak with patient and determine next steps Cleaning operatory</td>
</tr>
<tr>
<td>Mask Level**</td>
<td>Level I Extended Use (1/day)</td>
<td>Level I-III Change between patients</td>
<td>Level I-III Change between patients</td>
<td>Level I-III Change between patients</td>
<td>N95 Multi-use***</td>
<td>N95 Multi-use***</td>
<td>N95 Multi-use***</td>
</tr>
<tr>
<td>Face Shield (multi-use, clean between patients)</td>
<td>-</td>
<td>+</td>
<td>+</td>
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<td>Gown</td>
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<tr>
<td>Gloves</td>
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<td>+</td>
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<tr>
<td>Surgical Cap/Bouffant</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>+</td>
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<td>+</td>
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</tbody>
</table>
*When possible, 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. UWSOD strongly recommends a shorter window of 24-36 hours. Accepting a negative test result of more than 36 hours must be based upon clinician risk-assessment for the specific patient and clinical judgement.

**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.

***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 if possible. Alternatively, place the mask in a paper bag with your name. You may have several N-95 masks in rotation so they dry between uses. You may use each up to 5 times.

For staff who chose to use outside masks in non-clinical areas, understand there is no data to validate their protection. The key premise of washing your hands before and after touching masks must still be maintained. The outside mask must be put away before entering clinical areas: i.e. in locker, backpack, etc. No outside masks should be present in clinical areas.

- Each health care worker who decides to wear a mask outside of direct patient care 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 should be worn to protect your eyes and the mask.
- Masks should always cover the nose and chin when worn.
- Hand hygiene must be done before and after touching your mask.
- Your mask should be stored in a clean and dry place when eating or drinking.
- For all, whether masked or not, there will be no more eating or drinking in patient care areas or within 6 feet of another person.
FAQs

**A patient reports a fever and sore throat. What should I tell them?**
Advising the patient to contact their primary care provider by telephone. Reschedule the dental appointment. Until the primary care provider tells them otherwise, the patient must self-quarantine for 14 days. Re-contact the patient after that period of time to confirm absence of symptoms prior to reappointing.

**I am a Patient Registration Specialist and some patients may arrive for an urgent care appointment without having been screened. What should I do?**
This is likely to happen on a regular basis for both existing and new patients. You should ask the patient the screening questions. Follow the protocol above.

**Who should ask the screening questions for urgent care patients?**
The faculty member or resident who is covering telephone triage/teledentistry should screen the patient for symptoms and urgent care need. These patients will be triaged according to level of need. If the patient may need a procedure that will generate an aerosol, they will be referred for COVID-19 testing prior to scheduling the dental appointment.

**An Urgent Care patient answered “no” to all of the screening questions. Who should take the patient’s temperature?**
The provider who will be treating the patient should obtain the temperature in the operatory, because the thermometer is in contact with saliva.

**An Urgent Care patient answered “yes” to one or more of the screening questions. What should I do now?**
Ask the patient to wear a mask. Place the patient in an operatory or private isolation room and summon a faculty member to obtain a temperature and talk to the patient.

**My partner has a fever and cough. What should I do?**
Stay home. Call your primary care provider, virtual clinic, or equivalent, or complete the Catalyst survey to determine whether COVID-19 testing is appropriate. Until you are advised otherwise, you and your partner should remain isolated from others for 14 days. You and your partner should not share a room if possible, and you should employ careful surface cleaning and decontamination with an antimicrobial solution. Monitor your own health for any symptoms on the screening list and your temperature. If you become symptomatic, begin this same protocol again. The CDC has home care details and home cleaning and disinfection details.

**How will I be able to complete my clinical competencies if the suspension of clinical procedures goes on for several weeks?**
We are working with all clinical faculty to ensure that there is maximum flexibility in accomplishing clinical procedures and competencies. Our goal is to have you graduate on time and certify your competencies.
What about social distancing in patient waiting rooms?
Social distancing is recommended whenever it can be practically implemented. Patients in waiting rooms may elect to sit close to other patients but, since most of the waiting patients have been screened, the risk level is reduced. We have also sharply limited the number of accompanying people to lessen the number of people in the room.

My patient responded “no” to all of the screening questions but said that she did have a cough last week. What should I do?
Please obtain the patient’s temperature and consult with a faculty member to further talk to the patient and assess risk and advisability of rescheduling.

How long will the suspension of elective procedures be in effect?
The dean and his task force are evaluating state and national public health information several times per day. The current situation is very fluid and changes to this protocol will occur frequently. We will immediately notify you of any changes.

I am a student and I do not feel well. What should I do?
First, stay home. You may call Hall Health to speak to someone and discuss your symptoms. Do not come to the Hall Health Clinic if you are not feeling well. Call for advice.

I am an employee (faculty, staff) and I do not feel well. What should I do?
First, stay home. You should call your primary care provider to discuss your symptoms and receive advice. Alternatively, you are welcome to call the UW Medicine Coronavirus Information Line for advice: (206) 520-2285.

I am a student in a high-risk category. What should I do?
First, please consult with your primary care provider for advice. We will work with you to arrange for reasonable accommodations through approved UW mechanisms.

I am a staff/faculty member in a high-risk category. What should I do?
First, please consult with your primary care provider for advice. Then, discuss any limitations to your regular work with your supervisor. UW is regularly updating its advice related to telecommuting and alternative work arrangements.

How can I get questions answered?
The dean has convened a COVID-19 task force to advise him and help to craft and update this policy. The members of the task force are:

- Dr. Sara Gordon
- Dr. E. Ricardo Schwedhelm
- Dr. Mark Drangsholt
- Dr. Rolf Christensen
- Dr. Sue Coldwell
- Dr. Mihwa Kim
- Ms. Sandy Phillips

You are welcome to address questions to any member of the task force or directly to the dean. You can also send them to sodcovid19@uw.edu.
This policy will be posted to the School of Dentistry intranet home page.