This is based on current information from the state and University of Washington. Because restarting clinical practice will take place incrementally, some dates may be adjusted. All faculty, staff, and students must complete a daily self-screening and attestation related to COVID-19 symptoms.

**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 administer the screening questions (below). This may be done by students or staff. This screening is not a billable teledentistry appointment.
   b) Appoint the patient.²
   c) Repeat the screening at the time of the appointment.³,⁴
   d) Provide treatment following the PPE chart below.
   e) Faculty supervising students in clinic must don PPE following the chart below.
      i) Faculty and students may be within 6 feet of each other so long as both are using appropriate PPE.
      ii) Disposable PPE that has not been exposed to aerosols or is not otherwise visibly wet or soiled may be reused.
      iii) The appropriate level mask, a gown, and a face shield must be worn at all times during patient interactions.

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).⁵ 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 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, and other risk factors.
   c) Administer the screening questions at the time of the appointment.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. Depending upon professional judgment by faculty, this time can be extended for specific patients where there is a high level of confidence that the patient is engaged in effective personal risk reduction behaviors (social distancing, frequent hand washing, avoidance of gatherings).

f) Provide aerosol-generating care in operatories that have extended walls and air purification units in place.

g) Provide care using high-volume suction.

h) Use well-adapted rubber dams whenever possible. Disinfect the operative area with hydrogen peroxide or povidone iodine after placement of the rubber dam.

3) The ATC clinic will prioritize high-risk patients who require extra protections, (e.g., those who are older and/or with comorbidities).

4) Faculty supervising students in clinic must don PPE following the chart below.
   i) Faculty and students may be within 6 feet of each other so long as both are using appropriate PPE.
   ii) Students who have used disposable PPE for an aerosol-generating procedure must correctly doff and dispose of that PPE following dismissal of the patient.
   iii) Faculty who have supervised a student performing an aerosol-generating procedure may reuse the PPE if their supervision did not involve generating aerosol when observing or checking the student’s procedure. When faculty must modify or refine a student’s treatment by performing an aerosol-generating procedure (for example, refining a operative preparation), the faculty member must correctly doff and dispose of the PPE.

5) 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. Examples include occlusal adjustment of a restoration, removal of orthodontic cement using a handpiece, air drying a tooth or tissue for examination, or brief use of the air-water syringe to rinse an area. 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. In addition, these patients must be treated in operatories where they are not immediately next to or across from other patients.

6) 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:
   a) All participants must wear a mask covering their mouth and nose at all times.
   b) No food or beverages, including water, are permitted in the room.
c) Occupancy in the room must permit at least 6 feet of distance between participants in all directions.

d) Occupants must not be permitted to congregate outside the room before or after use, or while entering or exiting the room.

e) Post appropriate signage for traffic flow and designated ingress/egress points in spaces as needed.

f) The largest available room must be used.

g) The names of all participants must be recorded and the information retained for 30 days.

h) Anyone who has any signs or symptoms of illness must not enter the room.

i) The convener of the meeting must ensure that 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.

j) The convener of the meeting must ensure that the room is identified as “clean” or “not clean” so that subsequent occupants know whether the room can be used.

k) The convener of the meeting must inform the Employee Health Center 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.

l) The convener of the meeting must follow all plans and recommendations from the Back to School Task Force and Back to the Workplace Taskforce.

NOTES

1. Radiographs, exams, oral hygiene instruction, fluoride application, placement of interim restoration without the use of a hand piece, simple extractions, appliance adjustments, impressions, biopsy, administration of local anesthetic, bite records, try-ins, deliveries.

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. Until further notice, all pre-doc clinical activity will be assigned to clinical locations based upon availability of space and appropriate precautions. The D-3 clinic will be used whenever possible, according to the schematic below. This allows patients to enter through the main lobby and come directly to the clinic without using elevators or stairwells. The ATC clinic will be prioritized for high-risk patients (those who are older and with comorbidities).

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 SC-2 positivity in asymptomatic patients scheduled for the OR at UWMC was 6 positive tests out of >1000 patients, and the false negative rate for the coronavirus test in the laboratory is 4.1%.

   Risk of exposure to SC-2 is <1.1% (upper limit of the 95% CI) x 4.1% = <4.5 exposures to SC-2 per 10,000 patient contacts with asymptomatic test negative patients.

   Using a surgical mask with an estimated filtering effectiveness of >95% (leakage <5%), the risk of exposure is 1.1% x 4.1% x <5% = <2.3 SC-2 exposures per 100,000 patient contacts. (Dr. Thomas Dodson, 5/12/2020)

5. Examples include but are not limited to:
   a. An AGP is performed for a patient who tests COVID-19 negative. Subsequent AGPs are required, all performed with use of a well-adapted rubber dam with the operative site disinfected prior to use of a hand piece. The patient consistently screens negative for symptoms. High-volume evacuation is used at the source.
   b. Permanent cementation of a crown/bridge two weeks after a negative COVID-19 test for a patient who screens negative for symptoms.
   c. Performing radiographs or impressions for a patient with a sensitive gag reflex who screens negative for symptoms. An N-95 or KN-95 mask and face shield will be used.
   d. The only aerosol generated will be from an air/water syringe, and an assistant using high-volume evacuation at the source will be present. The patient screens negative for symptoms, and Level III or higher masks and face shields will be used.

6. The main campus clinics will have plexiglass wall extenders installed to reduce the horizontal spread of aerosols. They will also employ portable air filtration systems with HEPA filters of appropriate size, UV-C light, and titanium dioxide filters. These clinic modifications will be implemented by UW Facilities and will be completed over the next few weeks.

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Screening Questions

1. **FEVER OR OTHER SYMPTOMS**

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

<table>
<thead>
<tr>
<th>Yes □</th>
<th>No □</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes □</td>
<td>No □</td>
<td>Fever of 100.4 or more or chills</td>
</tr>
<tr>
<td>Yes □</td>
<td>No □</td>
<td>Cough</td>
</tr>
<tr>
<td>Yes □</td>
<td>No □</td>
<td>Shortness of breath, difficulty breathing</td>
</tr>
<tr>
<td>Yes □</td>
<td>No □</td>
<td>Flu-like symptoms</td>
</tr>
<tr>
<td>Yes □</td>
<td>No □</td>
<td>Muscle pain or fatigue</td>
</tr>
<tr>
<td>Yes □</td>
<td>No □</td>
<td>Vomiting, diarrhea, stomach pain</td>
</tr>
</tbody>
</table>
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 with COVID-19 for around 10 minutes, 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 10 minutes or more close contact with large groups of people (15 or more)?

Please check □ 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 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. 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 judgment.

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

**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

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
  - 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:

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

D251 Teaching Clinic (Clerkship):

- Green: Unit pen
- Yellow: Unit closed
D351 Teaching Clinic (General Practice):

- **Green**: Unit Open
- **Yellow**: Unit Closed
- **Blue**: Oral Surgery
- **Orange**: Perio (for General Practice Clinic)

“High Risk” = Patient who are older and with comorbidities