Algorithm 2: <u>Interim Guidance</u> for Screening to Identify COVID-19 Infection for Emergency and Urgent Dental Patients

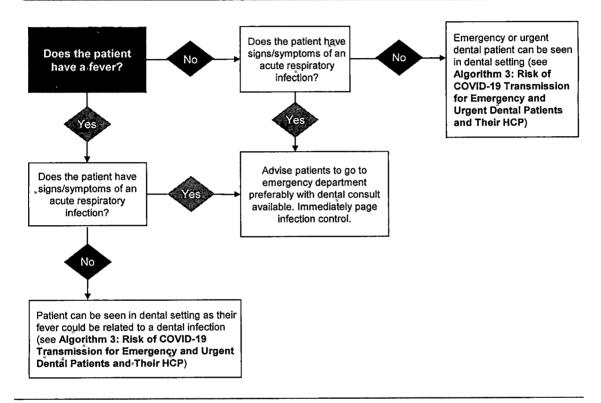


Updated: 4/1/2020

Summary of Procedures

- 1. Clinic staff should speak to all patients 1-2 working days (or sooner if able) before any scheduled session.
- 2. Call patients for whom in-person visit may not be necessary and issue can be solved without an office visit.

Emergency and urgent dental patients in this algorithm are being evaluated for COVID-19 infection signs/symptoms to determine in which clinical setting they should be seen. Patients with **active** COVID-19 infection should **not** be seen in dental settings per CDC guidance.



- During screening procedure for COVID-19 infection, patients should be asked if they have tested positive for COVID-19 infection and if yes, the patient should be immediately referred to the emergency department for the management of the dental condition. If patient has previously tested positive for COVID-19 infection and 3 days have passed since symptoms have resolved, the patient can be seen in a dental setting (see Algorithm 1).
- 2. Fever in the absence of respiratory symptoms in the context of this algorithm should be strongly associated with an emergency or urgent dental condition (e.g., dental infection) if dental settings are to be used.
- 3. No companions should be invited inside the clinic, they should not sit in the waiting room, and patients with a fever being seen in dental setting should be given a mask if they don't have one already. As the patient's mask will come off during dental treatment, it should be placed back on as soon as treatment is complete.
- 4. If patient has had exposure to an individual with suspected or confirmed COVID-19 infection, traveled to countries currently under a travel ban, or been exposed to confirmed SARS-CoV-2 biologic material (either themselves or via another individual), consider referring patient to a hospital setting. Risk of transmission increases with these exposures.
- 5. If the patient needs to be referred for COVID-19 testing, they should be given detailed instructions on when/where to go for testing, how to justify the need for testing to the testing facility visited, and how to contact the dental clinic to report test results. Clinic director and/or coordinators should maintain a list of patients who will not be coming in for inperson visits in charts or find another mechanism that fits into the clinic's workflow. It is critical that a list of dental patients that have been referred to other settings due to suspected COVID-19 infection be maintained.
- Information about reporting suspected cases of COVID-19 infection can be found here: https://www.cdc.gov/coronavirus/2019-ncov/php/reporting-pui.html

These algorithms are interim guidance informed by the latest recommendations from health care agencies (e.g., World Health Organization, Centers for Disease Control and Prevention) and the scientific literature. They will be revised and updated as new data emerge.

Algorithm 3: Interim Guidance to Minimize Risk of COVID-19 Transmission for Emergency and Urgent Dental Patients and HCP

Updated: 4/1/2020

Summary of Procedures

- 1. Clinic staff should speak to all patients 1-2 working days (or sooner if able) before any scheduled session.
- 2. Call patients for whom in-person visit may not be necessary and re-schedule.
- 3. See emergency triage and COVID-19 infection screening procedures.

Emergency and urgent dental patients in this algorithm are asymptomatic, have no known COVID-19 exposure, recovered from COVID-19 infection, or have recently undergone testing and do not have COVID-19 infection. Is this patient Was this patient Is this patient scheduled scheduled for an scheduled as part of No for an urgent in-person No emergency in-person a routine, non-urgent appointment? in-person appointment? appointment? Yes Can this appointment be Does diagnosis necessitate postponed without causing an aerosol-generating the patient significant pain. Postpone patient visit until procedure? and distress? further notice (e.g.,). Aerosol No Aerosol C** You and your staff have N95 respirators You and your staff have surgical You and your staff have surgical fitted to your face, full-face shields, and facemasks, basic clinical PPE facemasks and full-face shields, basic clinical PPE (including eye protection), (including eye protection), and are basic clinical PPE (including eye and are prepared to follow approved protection), and you are prepared to prepared to follow approved disinfection procedures immediately after this and disinfection procedures immediately after follow approved disinfection procedures immediately after this and every this and every procedure. every procedure. procedure. Risk for Transmission to Moderate-high risk* (LÓM ÚEL) Moderate risk* **HCP** and patients Given that asymptomatic patients may carry Use clinical judgment and take all the virus, CDC suggests a 14-day quarantine. precautions to prevent transmission. Use clinical judgment and take all precautions Suggest that the patient is tested for No 14-day to prevent transmission. COVID-19 infection after dental Quarantine for HCPs quarantine treatment. If positive, dental HCP If treatment is implemented, require that the required should quarantine for 14 days. patient is tested for COVID-19 infection immediately after dental care; if positive, dental HCP should quarantine for 14 days. Refer patient to emergency department or dental facility that meets criteria for scenario A. Recommended Treatment Treat Patient If not feasible, treat patient.* Plan for Patient

These algorithms are interim guidance informed by the latest recommendations from health care agencies (e.g., World Health Organization, Centers for Disease Control and Prevention) and the scientific literature. They will be revised and updated as new data emerge.

^{*}A less protective option than N95 respirators is the use of a surgical facemask with a full-face shield; use of a surgical face mask alone may be considered if the supply chain of respirators cannot meet demand with the understanding that this may increase the risk of infection of dental health care professionals engaged in the care and community transmission.



Algorithm 3: Key Remarks

Updated: 4/1/2020

- 1. The three algorithms serve as interim guidance for triage, screening and risk assessment of patients during the time of COVID-19 pandemic.
- 2. If basic PPE, including surgical facemasks are not available, do not proceed with any dental procedure, regardless of emergency/urgent patients.
- 3. If a patient with a confirmed diagnosis for COVID-19 within the last 14 days, who presents with respiratory symptoms, is treated in the dental office, or if any patient is treated without the appropriate PPE, these are considered high-risk scenarios. Dentist and members of the dental team should proceed to 14-day quarantine.
- 4. Surgical facemasks should be selected based on procedure being performed. Level 3 masks should be prioritized for aerosol-generating procedure when scenarios A and B are not possible.
- An aerosol-generating procedure performed without N95 respirator is a moderate-risk scenario for COVID-19 transmission to HCP and other patients.
- 6. If the patient is referred for COVID-19 testing, they should be given detailed instructions on when/where to go for testing, how to justify the need for testing to the testing facility visited, and how to contact the dental clinic to report test results. If a test is positive, the clinic needs to report the exposure to all patients treated after the infected patient.

Additional measures

- a) Use dental hand-piece with anti-retraction function, 4-handed technique, high-volume saliva ejectors, and a rubber dam when appropriate to decrease possible exposure to infectious agents.
- b) Hand-pieces should be cleaned after each patient to remove debris followed by heat-sterilization.
- c) Have patients rinse with a 1.5% hydrogen peroxide or 0.2% povidone before each appointment.
- d) For pediatric patients who cannot rinse, always have a rubber dam placed for all aerosol generating emergency procedures. The use of pre-procedure rinse should be substituted by the use cotton rolls soaking, as it may difficult for these patients to rinse appropriately.
- e) Guidance titled <u>ADA Evidence-based clinical practice guideline for the urgent management of pulpal-and periapical-related dental pain and intraoral swelling</u> is still applicable.
- f) When appropriate, use NSAIDs in combination with acetaminophen to manage dental pain.
- g) Clean and disinfect public areas frequently, including waiting rooms, door handles, chairs, and bathrooms. Patient companions should wait outside clinic or in car.
- h) Office manager and/or other staff should maintain a list of patients who will not be coming in for inperson visits in charts or find another mechanism that fits dental office's workflow. It is critical that a list of dental patients that have been referred to other settings due to suspected COVID-19 infection be maintained.
- i) Patients with a resolved COVID-19 infection can be seen in a dental setting:
 - 1) at least 3 days (72 hours) since COVID-19 infection symptoms resolved AND
 - 2) at least 7 days since their symptoms first appeared (defined as resolution of fever without the use of fever-reducing medications and improvement in respiratory symptoms) (e.g., cough, shortness of breath).