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.

1. 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 in-person 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.


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 scheduled for an emergency in-person appointment?

- Yes
- No

Is this patient scheduled for an urgent in-person appointment?

- Yes
- No

Was this patient scheduled as part of a routine, non-urgent in-person appointment?

- Yes
- No

Does diagnosis necessitate an aerosol-generating procedure?

- Yes
- No

Can this appointment be postponed without causing the patient significant pain and distress?

- Yes
- No

Postpone patient visit until further notice (e.g., ).

You and your staff have N95 respirators fitted to your face, full-face shields, and basic clinical PPE (including eye protection), and you are prepared to follow approved disinfection procedures immediately after this and every procedure.

You and your staff have surgical facemasks and full-face shields, basic clinical PPE (including eye protection), and are prepared to follow approved disinfection procedures immediately after this and every procedure.

You and your staff have surgical facemasks, basic clinical PPE (including eye protection), and are prepared to follow approved disinfection procedures immediately after this and every procedure.

Risk for Transmission to HCP and patients

<table>
<thead>
<tr>
<th>Low risk</th>
<th>Moderate risk*</th>
<th>Moderate-high risk*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quarantine for HCPs</td>
<td>No 14-day quarantine required</td>
<td>Use clinical judgment and take all precautions to prevent transmission.</td>
</tr>
<tr>
<td>Recommended Treatment Plan for Patient</td>
<td>Treat Patient</td>
<td>Refer patient to emergency department or dental facility that meets criteria for scenario A. If not feasible, treat patient.*</td>
</tr>
</tbody>
</table>

* 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.

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.

HCP: healthcare personnel; PPE: personal protective equipment.

See next page for key remarks regarding Algorithm 3.