Legal Statement

The accompanying algorithms are guidance and not directives. They do not override laws, regulations, or official orders that exist or that may come into existence in particular states or localities. Dentists should stay up-to-date about local developments in this regard and, if necessary, consult local legal counsel. The ADA encourages dentists making treatment decisions to consider these algorithms in exercising their clinical judgment based on their own education and experience and in the light of any unique patient-specific factors.

The purpose of the algorithms is to assist dentists and dental offices in making informed decisions concerning patient triage, evaluation, and treatment during the COVID-19 crisis. The algorithms are based on the best scientific information currently available to the American Dental Association and are not influenced by legal, economic, or political considerations. They provide conservative general guidelines that may eventually be shown to have more applicability to some regions and practice settings than to others. As more information becomes available, they may be modified or supplemented.

The algorithms do not constitute legal advice or legal guidance, but because their goal is to minimize transmission of the coronavirus to patients and the dental team to the reasonable extent possible in the context of providing for patient healthcare needs, the algorithms may serve to help lower legal exposure by lowering the risk that anyone will contract the virus in a dental office that follows them.

Ethical Support

The ADA Code of Ethics supports the process defined herein as a way to address emergency/urgent care given current knowledge.
Algorithm 1: Interim Guidance for Triaging Patients for Emergency and Urgent Dental Care

Updated: 4/1/2020

Are you experiencing dental pain?

Yes

No

Do you have a fever AND swelling on your face or inside your mouth?

Yes

No

What is your pain level on a scale of 1 to 10?

1-5 (mild to moderate)

6-10 (severe or intolerable)

Are you experiencing uncontrolled bleeding?

Yes

No

Follow-up questions to ask:

- Are you having trouble swallowing?
- Are you having trouble opening your mouth?

Delay scheduling appointment until further notice (e.g., in accordance with state and local guidance) and instruct patient to contact office if condition worsens.

Emergent

Refer patient to emergency department

Urgent

Use the Algorithm 2: Screening to Identify COVID-19 Infection for Emergency and Urgent Dental Patients algorithm to screen urgent patients for COVID-19 infection to determine if patients can be seen in dental setting.

Routine or Non-Urgent

Delay scheduling appointment until further notice (e.g., in accordance with state and local guidance) and instruct patient to contact office if condition worsens, if applicable.

Pain could be related to these urgent conditions:

- Severe dental pain from pulpal inflammation
- Pericoronitis or third-molar pain
- Surgical post-operative ostetis, dry socket dressing changes
- Abscess, or localized bacterial infection resulting in localized pain and swelling
- Tooth fracture resulting in pain or causing soft tissue trauma
- Dental trauma with avulsion/luxation
- Final crown/bridge cementation if the temporary restoration is lost or broken
- Replacing temporary filling on endo access openings in patients experiencing pain
- Snipping or adjustment of an orthodontic wire or appliances piercing or ulcerating the oral mucosa

Use the Algorithm 2: Screening to Identify COVID-19 Infection for Emergency and Urgent Dental Patients algorithm to screen urgent patients for COVID-19 infection to determine if patients can be seen in dental setting.

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.
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. Does the patient have a fever?
   - Yes → Does the patient have signs/symptoms of an acute respiratory infection?
     - Yes → Advise patients to go to emergency department preferably with dental consult available. Immediately page infection control.
     - No → Patient can be seen in dental setting as their fever could be related to a dental infection (see Algorithm 3: Risk of COVID-19 Transmission for Emergency and Urgent Dental Patients and Their HCP)
   - No

2. Does the patient have signs/symptoms of an acute respiratory infection?
   - Yes
   - No → Emergency or urgent dental patient can be seen in dental setting (see Algorithm 3: Risk of COVID-19 Transmission for Emergency and Urgent Dental Patients and Their HCP)

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

**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.**

**Scenarios for dental facilities and PPE**

- **A** 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.
- **B** 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.
- **C** 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**

- **Low risk**
  - Use clinical judgment and take all precautions to prevent transmission.
  - Suggest that the patient is tested for COVID-19 infection after dental treatment. If positive, dental HCP should quarantine for 14 days.
- **Moderate risk**
  - Given that asymptomatic patients may carry the virus, CDC suggests a 14-day quarantine.
  - Use clinical judgment and take all precautions to prevent transmission.
  - If treatment is implemented, require that the patient is tested for COVID-19 infection immediately after dental care; if positive, dental HCP should quarantine for 14 days.
- **Moderate-high risk**
  - Refer patient to emergency department or dental facility that meets criteria for scenario A. If not feasible, treat patient.*

* 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.

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*See next page for key remarks regarding Algorithm 3*
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.

5. 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 ADA Evidence-based clinical practice guideline for the urgent management of pulpal- and periapical-related dental pain and intraoral swelling 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 in-person 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).