

Recommended guidelines for seeing patients during the next eight weeks.

Phone protocol is that the patients will have called the office and spoken to a front team member and or a doctor on call with Weave. If the emergency is deemed to require teledentistry, then we send a link to the patient, and then the doctor can decide after seeing the issue if a visit is necessary or not. If not, they are put on a call list to the office when we reopen.

All teledentistry consults can bill via medical billing, and if your office isn't doing this, stay tuned.

Have the COVID screening form signed along with a COVID release form, and these should be in the Midway Education Site or soon!

To see a patient, they must get tested.

We are using the Microgendx.com test. Your front desk team can take the patient's credit card and have a test overnighted to them. There are ways to charge for the test, perhaps through medical insurance (to be confirmed). Patients must agree to follow social distancing and stay at home, so we know they are not contagious for their appointment.

The test will evaluate if they have the virus or not. If the patient test positive, we will offer palliative care until they test negative twice after the symptoms disappear. The first test is two weeks after symptoms disappear to see if they are negative (if positive they need to stay in isolation), and 2nd test is four weeks after; before they can get back with their life and family. They pay for these tests when we order them; it's an easy credit card payment. If patients don't want to get retested, then I would wait four weeks before seeing them and have them take one test or do an antibody in-office test.

If they answered "yes" on the screening form to have had the virus, we must know how long since they have had symptoms. If four weeks have gone by, one additional negative test is suggested, but we could do an antibody test in the office

When they come to the office, every patient will receive an antibody test. By giving the test, we can still have a false negative from the first test and though not perfect, is an excellent screening tool. The patient will pay for this test, probably with a \$30 co-pay (medically bill these tests), and I expect these to come via Midway Dental. If they have IgG, they have a long term antibody supposedly. If they have IgM and or IgM and IgG, my feeling is they may still be active, and the Microgendx test missed it (should not happen), and I recommend not treating them that day. I would retest in 2 weeks with a Microgendx test and another antibody test.

My opinion is this is all about being safe and minimizing COVID patients in your office.

If in the future, we have the ID Now in office Virus Testing, we will no longer have to be using Microgendx testing.

The day of the visit:

The patient will be instructed to text us when they arrive and will be escorted into the office by the assistant

The assistant will be wearing her mask (maybe a level 3 for this or a KN95 or N95) and gloves

We should instruct the patient to wear a mask (level 2 or 3) before they enter the office and put their cell phone in a plastic baggie such that they do not touch this while in the office

The patient once entering the office will be given a surgical gown, shoe covers, and headcovers

Take the patients temperature while they wear their mask

Have the patient wash their hands and remove the mask to do a pre-rinse.

They will then take the antibody test and sit in the waiting room where there is nothing to read and only one chair as we await the results. At this point, they will sign the forms, if on an iPad great, we can disinfect, if not via a pen, and again they will wash their hands going to the treatment room, and if they used a pen with gloves, they could simply remove and discard them.

If IgM is positive, they will be rescheduled and retested in 14 days. We may want to have another Microgenx test done along with the antibody test as stated previously

Once the results come in, and they are negative or IgG positive, we can proceed.

There will be NO front team members; someone must inform the patient that the antibody test is "\$X" dollars or whatever fee we decide and there will be a "\$X" PPE fee plus an examination fee

They are escorted to the room wearing their mask and newly placed gloves in the waiting room

- Recline the patient and evaluate the procedure.
- Protect the assistant with an N95 or KN95 mask, a surgical gown, a head cover, and shoe covers as the doctor.
- Both should use facial shields

Plan and set up the room with the right set up before the patient sits in the room and reviewed by the doctor and assistant

Openly, you should never open drawers expose nothing in the operatory.

From the initial teledentistry or previous conversations, the doctor should have an idea of what is necessary.

If we need an x-ray, we take one.

If we need a cone beam, the patient would be escorted with a mask on to the other side along with gloves on to have their scan. Wipe the CBCT down immediately

The procedure as we all know should minimize aerosols

The cassettes should all be ready and no wrapping

I would have the patient post rinse before leaving and wear "their" mask when leaving

The assistant breaks down the room after they walk the patient out of the office and again

Disinfection protocols for the room should follow the new guidelines from OSHA

I do feel that we must when leaving the office change clothes and place such in a bag and those clothes, for now, must be washed at home.

Mandatory shower when you get home

You must wash your hands before leaving the office

If you are driving, I recommend disinfecting the steering wheel, keys, and handles in the car after getting home.