



Revisiting the Patient Screening Process based on the ADA Patient Screening Form During COVID19



**A Dental Whale
Presentation
By: Rita Chernyak
Weaver**

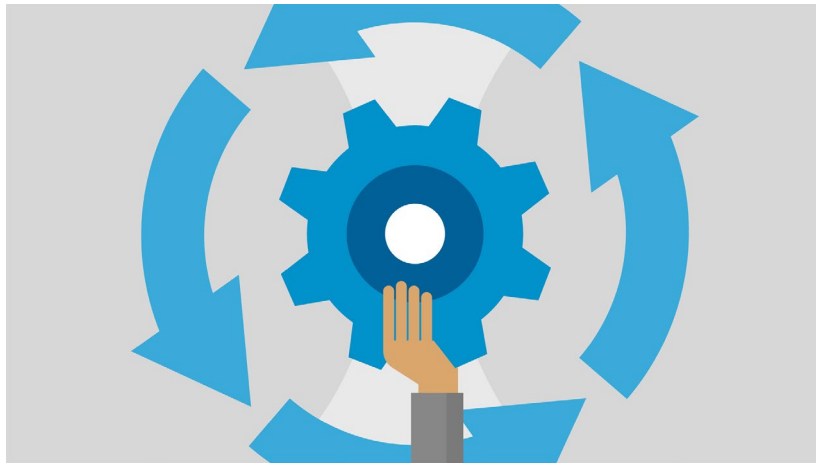
May 20, 2020



ADA's RETURN TO WORK TOOLKIT



Purpose of this Presentation: to Streamline the Patient Screening Process



The Patient Screening Process: Follow ups

Positive responses would likely indicate a deeper discussion with the dentist is needed before proceeding with **elective dental treatment**. For decades, dentistry has operated under the assumption that each patient is infectious.

The Appendix Form is meant to facilitate follow-up discussions and inquiries the dental health care provider should engage in the event the patient returns any **positive responses to the ADA Patient Screening form**.

Provider should utilize his or her professional opinion and best judgment.

Thorough documentation is KEY!

Appendix to the ADA Tool Kit Patient Screening Form

Patient name: _____

If, after additional assessment guided by this form, you decide not to proceed with treatment after additional supplemental assessment, please ensure that you:

1. Refer the patient out as necessary in the event of a severe dental emergency
2. If you determine that treatment can be rescheduled, please re-schedule the patient at least ten (10) days from the date of the initial appointment. This will account for the seven (7) of recommended self-isolation period and three (3) days clear of symptoms. Re-screening will then be completed at the follow up appointment using the ADA's Patient Screening Form.

	Pre-Appointment notes	In-Office Notes
<p>If the patient has a fever or indicates that they have fever or that they have felt hot or feverish recently (14-21 days), assess:</p> <ol style="list-style-type: none"> 1. Whether the patient's fever was potentially caused by the dental emergency/acute condition itself. 2. Also assess the severity of the dental emergency/patient's other symptoms. 3. If in your professional opinion you believe that the patient's fever may be caused by the dental emergency, consider treating the patient.* 		
<p>If the patient indicates that s/he has shortness of breath or difficulties breathing, assess the following:</p> <ol style="list-style-type: none"> 1. Confirm that the patient is not suffering from other ailments or chronic conditions that may cause difficulty breathing, including but not limited to asthma and chronic obstructive pulmonary disease (COPD) 2. If the patient is suffering from ailments or chronic conditions that may cause difficulty breathing, confirm that the patient is not displaying any additional symptoms associated with COVID19 – i.e. cough, flu-like symptoms, and loss of taste and smell. 3. If in your professional opinion you believe that the patient's shortness may be caused by other ailments or chronic conditions that may cause difficulty breathing, and the patient is not displaying additional symptoms associated with COVID19, and the patient has otherwise passed the 		

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<p>Patient Screening Questionnaire, you may treat the patient*.</p> <p>If the patient indicates that s/he has been in contact with any confirmed COVID-19 positive patients, first determine the nature of the contact.</p> <p>If the patient is in regular contact with COVID-19 confirmed individuals as part of the course and scope of their employment (i.e. ICU nurse, first responder etc.) assess:</p> <ol style="list-style-type: none"> 1. Is the patient regularly tested for COVID-19 by his/her employer? 2. If so, when was the last time the patient tested for COVID19, and did they test negative? Date of last test: _____ Test result: _____ 3. If a patient is in regular contact with COVID-19 confirmed patient and is regularly tested for COVID-19, you may proceed to provide care to the patient*. 		
<p>If the patient indicates that s/he has been in contact with any confirmed COVID-19 positive patient, first determine the nature of the contact.</p> <p>If the patient was in contact with a COVID-19 positive patient in a non-employment setting, determine:</p> <ol style="list-style-type: none"> 1. The nature of the contact and how long ago was the patient's contact with the COVID-19 confirmed patient. 2. If the patient has last had contact with the COVID-19 confirmed patient more than seven days ago and is otherwise currently not presenting any COVID19 symptoms, you may proceed to provide care to the patient*. 		

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In the event of a fever, assess:

- Whether the patient's fever was potentially caused by the dental emergency/acute condition itself.
- Also assess the severity of the dental emergency/patient's other symptoms.
- If in your professional opinion you believe that the patient's fever may be caused by the dental emergency, consider treating the patient.



If you decide not to treat, there are two options:

1. Patient referral (dental emergency).
2. If treatment can be rescheduled, re-schedule the patient at least ten (10) days from the date of the initial appointment.

Includes:

Seven (7) of recommended self-isolation period AND
Three (3) days clear of symptoms.

Re-screening will then be completed at the follow up appointment using the ADA's Patient Screening Form.



Shortness of Breath/Difficulty Breathing:

- Confirm that the patient is not suffering from other ailments or chronic conditions that may cause difficulty breathing.
- Confirm that the patient is not displaying any additional symptoms associated with COVID19.
- The patient is not displaying additional symptoms associated with COVID19, **and** the patient has otherwise passed the Patient Screening Questionnaire, you may treat the patient.



Individuals in contact with COVID19 patients in the course and scope of employment

Is the patient regularly tested for COVID-19 by his/her employer?

If so, when was the last time the patient tested for COVID19,
and did they test negative?

Date of last test: _____

Test result: _____



If the patient was in contact with a COVID -19 positive patient in a non employment setting, determine:

- Determine the nature of the contact with a confirmed COVID19 patient, and how long ago was the patient's contact with the COVID-19 confirmed patient.
- If the patient has last had contact with the COVID-19 confirmed patient **more than seven days ago** and is **otherwise currently not presenting any COVID19 symptoms**, you may proceed to provide care to the patient.



Population of Patients that are 60 Plus, Immunocompromised, or both...

If the patient is immunocompromised and/or over the age of 60 assess:
Whether the patient has any COVID-19 symptoms.

If this patient has no COVID-19 symptoms, you should proceed to provide care to the patient.



Takeaways and Wrap Up!



- Use the ADA Screening Checklist
- The Appendix: NOT a comprehensive list
- Use professional judgment
- Document your decisions in the patient's file
- Use the discussed measures – PPE, infection control practices, patient screening, to continue rendering excellent care to the patient!
- Dentistry is essential!!!



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