



## Memo and Dental Whale's Appendix to the ADA Patient Screening Form

**DISCLAIMER:** The information provided in this guidance does not, and is not intended to, constitute legal advice. The information provided in Guidance is for general informational purposes only, compiled for the benefit of Dental Whale's customers.

### **Introduction:**

**When screening patients at your dental practice, we recommend for you to be using the Patient Screening Form found on page 16 of the American Dental Association's Interim Guidance Tool Kit. The ADA recently updated its Tool Kit on May 7, 2020, and it can be accessed by going to :**

[https://success.ada.org/~media/CPS/Files/Open%20Files/ADA\\_Return\\_to\\_Work\\_Toolkit.pdf](https://success.ada.org/~media/CPS/Files/Open%20Files/ADA_Return_to_Work_Toolkit.pdf)

According to the ADA's Patient Screening form, any positive responses would likely indicate a deeper discussion with the dentist is needed before proceeding with **elective dental treatment**.

Note that for decades, the dental industry has been operating with already-implemented protections from aerosolized exposure and blood-borne transmission, and the status quo in rendering treatment to each every patient has, therefore, always been one where the provider operated under the assumption that each patient is infectious. This assumption remains no different during the COVID-19 pandemic.

Of course, since the outbreak of COVID-19, all dental practices should implement additional heightened safety measures through compressive PPE, engineering safeguards (barrier techniques etc), and administrative safeguards (changing policies and procedures on practice operations such as restricting third-party visitors, clearing waiting room of unneeded objects etc.) Patient screening is another additional administrative safeguard to be taken at this time. You achieve this screening through the attached **most updated** ADA Screening Form and Dental Whale's Appendix to the ADA Screening Form.

As such, the attached 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. Note that, ultimately, the provider should utilize his or her professional opinion and best judgment, as it is impossible to account for every contingency or potential factual scenario.

Lastly, please note that good record keeping has always been an essential risk management practice, but comprehensive record keeping is particularly critical at this time.

Should you proceed with dental care of any kind in the event the patient's positive responses on the ADA Patient Screening Form were reconciled through the attached Appendix or based on your professional judgment, it is important to thoroughly document the patient's record with your additional assessment to proceed with treatment.

We hope the attached Appendix will guide you through the assessment process in the event of the patient's positive responses.



## Dental Whale’s 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. When re-scheduling, we recommend that you reschedule 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, again, completed at the newly rescheduled appointment using the ADA’s Patient Screening Form and if needed through this Appendix 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"> <li>1. Whether the patient’s fever was potentially caused by the dental emergency/acute condition itself.</li> <li>2. Also assess the severity of the dental emergency/patient’s other symptoms.</li> <li>3. If in your professional opinion you believe that the patient’s fever may be caused by the dental emergency, consider treating the patient.*</li> </ol>		
<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"> <li>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)</li> <li>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.</li> </ol>		



<p>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, <b>and</b> the patient is not displaying additional symptoms associated with COVID19, <b>and</b> the patient has otherwise passed the Patient Screening Questionnaire, you may treat the patient*.</p>		
<p>If the patient indicates that s/he has been in contact with any <b>confirmed</b> 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"> <li>1. Is the patient regularly tested for COVID-19 by his/her employer?</li> <li>2. If so, when was the last time the patient tested for COVID19, and did they test negative? Date of last test: _____ Test result: _____</li> <li>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*.</li> </ol>		
<p>If the patient indicates that s/he has been in contact with any <b>confirmed</b> 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"> <li>1. The nature of the contact and how long ago was the patient’s contact with the COVID-19 confirmed patient.</li> <li>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*.</li> </ol>		



<p>If the patient indicates that they are immunocompromised (heart disease, lung disease, kidney disease, diabetes, asthma, or any other immune disorders), and/or over the age of 60, that patient <b>should not be automatically turned away.</b></p> <p>If the patient is immunocompromised and/or over the age of 60 assess:</p> <ol style="list-style-type: none"><li>1. Whether the patient has any COVID-19 symptoms.</li><li>2. If this patient has no COVID-19 symptoms, you should proceed to provide care to the patient.*</li></ol>		
---	--	--

**\*If after completing the assessment guided by this appendix, you proceed to treat the patient, you will continue following best practices**, including following compressive PPE measures, disinfecting procedures, engineering safeguards (i.e. the use of barrier techniques), and administrative safeguards.