

Supplemental Materials and Methods

Workflow of the Dental Practice Personnel

Before the dental healthcare service reopened, all medical staff (Including dentists, nurses, logistics staff, management staff) were required to conduct nucleic acid tests for SARS-Cov-2 in April. Only those with negative infection were allowed to work. In addition, they were organized for on-line and on-site trainings to understand the knowledge related to COVID-19 and further enhance the awareness of prevention and control of nosocomial infection.

Since reopening in April 20, body temperature of each staff has been checked every morning at the hospital entrance. It was required that appearance of any symptoms related to COVID-19 infection such as fever should be reported. The person with COVID-19 symptom(s) would have been forbidden to work until they obtained a negative result about SARS-Cov-2 nucleic acid and recovered. Dentists and nurses in close contact with the patients were equipped with personal protective equipment including disposable N95 masks, gloves, caps, shoe covers, face shields, and work uniforms, all of which were used for no more than 4 hours.

Finally, for the management of clinical rooms, measures were taken to ensure all equipment in sight should be minimised to only what was necessary to avoid viral cross-contamination. And common contact areas, such as the chair lamp, handles, and dental comprehensive console, were covered with a barrier. All clinics (both in use and not used) needed to be disinfected with ultraviolet rays twice a day.

Patient Pathway for Paediatric Dental Services

All children except those who need emergent treatments were required to make an appointment through online registration system one week ahead of the interview. After filling out children's name, identification number, and parent's cell number, the parent would receive a text message with appointment information. And children together with their accompanying persons needed to go to the hospital as scheduled.

When entering the hospital, children and their accompanying persons should pass through the patient passage way in accordance with the bulletin boards posted by the hospital. Only those who provided the appointment messages, the children's identity information and the accompanying person's Health QR-code were allowed to enter the hospital. A child could only be accompanied by one family member, and anybody with fever was prohibited from entering the hospital.

The Health QR-Code was a technology which could reflect the person's current health status and also record all the people he/she closely contacts with. Once a person is confirmed to be infected with COVID-19, the government can locate all his/her close contacts and immediately take further measures to stop the disease from spreading.

After providing all the information in the entrance, children and their parents needed to go to the reception area of the hospital according to the specific route, and then went to the front desk to register and complete an information collection questionnaire (Appendix Table 1). Afterwards, they were allowed to enter the treatment area of the Department of Paediatric Dentistry to fill in another questionnaire (Appendix Table 2) before entering the treatment room. Based on the above information, infected/suspected patients will be

interviewed and treated at a specific isolation room.

The receiving dentist would inquire and examine the child according to the protocols, and X-ray examination might be needed during the process. According to the examination results, if the dentist believed that the child only needed non-AGPs procedures, then the treatment would be completed directly during this visit. If the dentist thought that it was necessary to perform any AGPs procedures, an appointment would be made with the parent for the next follow-up visit.

Before the follow-up visit, the child needed to go to another qualified hospital to complete the SARS-CoV-2 nucleic acid test and got a report. Please note that the nucleic acid test report was valid within 14 days. After the dentist verified the report during the follow-up visit, AGPs could be performed on the child. With the completion of the treatment process, the children and their parent were required to leave the hospital according to the specific route instructed by the staff.

Appendix Table 1

Outpatient information registration form

Part 1: Patient information

Name :

Contact information :

1. Are you diagnosed or suspected of being a patient who has recovered from COVID-19?
2. Are you diagnosed or suspected of being an asymptomatic patient infected with COVID-19?
3. Have you ever experienced symptoms of COVID-19 including fever, dry cough, fatigue, difficulty breathing or other symptoms?
4. Have you recently been in contact with patients infected or suspected with COVID-19?

Signature :

Date:

Color of the Health QR Code:

Time of the entrance:

Temperature:

Recorder:

Part 2: Accompanying person

Name :

Contact information :

5. Are you diagnosed or suspected of being a patient who has recovered from COVID-19?
6. Are you diagnosed or suspected of being an asymptomatic patient infected with COVID-19?
7. Have you ever experienced symptoms of COVID-19 including fever, dry cough, fatigue, difficulty breathing or other symptoms?
8. Have you recently been in contact with patients infected or suspected with COVID-19?

Signature :

Date:

Color of the Health QR Code:

Time of the entrance:

Temperature:

Recorder:

Appendix Table 2

Informed Consent for Oral Clinic During the COVID-19 pandemic period

1. *The dentist has told me what kind of treatment I should take.*
2. *During the pandemic period of COVID-19, I understand that hospitals and dentists have taken strict precautions against the occurrence of nosocomial infections.*
3. *During the pandemic period of COVID-19, I understand that dentists can not identify asymptomatic patients, and there will be cross infection risk during oral diagnosis and treatment.*
4. *I understand that any treatment has risks, and drug may cause allergies or side effects.*
5. *I promise that the following facts are true (please tick the corresponding option)*
 - A. *I have been diagnosed with COVID-19 infection*
 - B. *I have been a suspected case of COVID-19 infection*
 - C. *I have recently had symptoms of COVID-19 infection*
 - D. *I have not had any symptoms of COVID-19 infection recently*
 - E. *I have not recently been in contact with patients who have been diagnosed or suspected of being infected with COVID-19.*
6. *If you choose A . B or C in the Question 5 , please answer this question (please tick the corresponding option)*
 - A. *I have been hospitalized and have not any symptom now.*
 - B. *I have been hospitalized and have some symptoms now.*
 - C. *I have not been hospitalized and have not any symptom now either.*
 - D. *I have not been hospitalized but have some symptoms now.*

I understand the above content and promise that the choices made are true and effective.

Patient signature:

Dentist signature:

Date:

Appendix Table 3. The changes in the patients' diagnoses from April 20 and July 31 in 2019. Nine

common diagnoses were listed in the table. Other uncommon diagnoses were classified as "Other".

| | Apr 2019 | May 2019 | Jun 2019 | Jul 2019 |
|-----------------------------|-----------------|-----------------|-----------------|------------------|
| Caries | 329 (29.14%) | 929 (28.99%) | 918 (29.51%) | 1212 (28.40%) |
| Pulpitis | 128 (11.34%) | 304 (9.49%) | 295 (9.48%) | 417 (9.77%) |
| Apical Periodontitis | 255 (22.59%) | 734 (22.90%) | 688 (22.12%) | 943 (22.09%) |
| Retained Primary Teeth | 92 (8.15%) | 281 (8.77%) | 268 (8.62%) | 369 (8.65%) |
| Malocclusion * | 86 (7.62%) | 253 (7.89%) | 251 (8.07%) | 538 (12.60%) |
| Tooth Trauma * | 79 (7.00%) | 244 (7.61%) | 236 (7.59%) | 152 (3.56%) |
| Early Loss of Primary teeth | 32 (2.83%) | 89 (2.78%) | 86 (2.76%) | 115 (2.69%) |
| Deep Pits and Fissures * | 19 (1.68%) | 56 (1.75%) | 56 (1.80%) | 124 (2.91%) |
| Supernumerary Teeth | 30 (2.65%) | 78 (2.43%) | 85 (2.73%) | 119 (2.79%) |
| Other | 79 (7.00%) | 237 (7.39%) | 228 (7.32%) | 279 (6.54%) |
| Total | 1129 | 3205 | 3111 | 4268 |

The changes in the patients' diagnoses from April 20 and July 31 in 2019. The asterisks (*) represent significant difference using Pearson Chi-square test ($P < 0.05$).

Appendix Figure 1



Appendix Figure 1. The proportion of representative treatment methods and the average number of teeth/ root canal treated per visit in 2020 and 2019.