**Table S1: Craniofacial Intervention by Tier**

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| **Category** | **Specific Situation** | **Tier** | **Recommendation** |
| Cleft Lip and Palate | Primary cleft lip repair  | Tier 1a | Postpone |
| Primary cleft palate repair | Tier 1a | Repair prior to 12 months of age  |
| Alveolar bone graft | Tier 1a | Postpone if able based on eruption of permanent canines |
| Revision procedure  | Tier 1a | Postpone |
| Orthognathic Surgery  | Tier 1a | Postpone |
| Mandibular Distraction Osteogenesis/Tongue Lip Adhesion | Healthy patient in outpatient setting  | Tier 1a | Consider age of patient and importance of timing of procedure |
| Unhealthy or hospitalized | Tier 3a | Tier 3a: Do not postpone |
| Craniosynostosis | Minimally invasive approach  | Tier 2a or Tier 3a | Tier 2a: Consider postponing but not beyond 3 months of ageTier 3a: Do not postpone |
| Open approach  | Tier 2a | Consider postponing but not beyond 12 months of age |
| Findings of elevated intracranial pressure  | Tier 3a | Do not postpone |
| Facial Trauma | Facial fracture: Intervention based on cosmetic concern | Tier 1a | Postpone |
| Facial fracture: Symptomatic patient  | Tier 3a | Do not postpone |
| Facial nerve injury  | Tier 3b | Do not postpone |
| Other Craniofacial Procedures | Low acuity procedures in healthy patients (tissue expansion, facial reanimation, fat grafting, etc) | Tier 1a | Postpone |
| Oncologic resection with low risk of progression or metastasis  | Tier 2a | Consider postponing |
| Oncologic resection with intermediate to high risk of progression or metastasis | Tier 2a or Tier 3a | Tier 2a: Consider postponingTier 3a: Do not postpone |