COVID-19 Standard Operating Procedure

Foreword

In relation to the COVID-19 pandemic, for the safe reopening of DL Dental practice, this Standard Operating Procedure has been written with particular attention to guidance documents:

- NHS https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/06/C0575-dental-transition-to-recovery-SOP-4June.pdf
- FGDP Implications of COVID-19 for the safe management for general dental practice a practical guide https://www.fgdp.org.uk/sites/fgdp.org.uk/files/editors/Implications%20of%20COVID-19%20for%20the%20safe%20management%20of%20general%20dental%20practice%C2%A0-%20a%20practical%20guide.pdf
- BDA 'Returning to Work' Toolkit

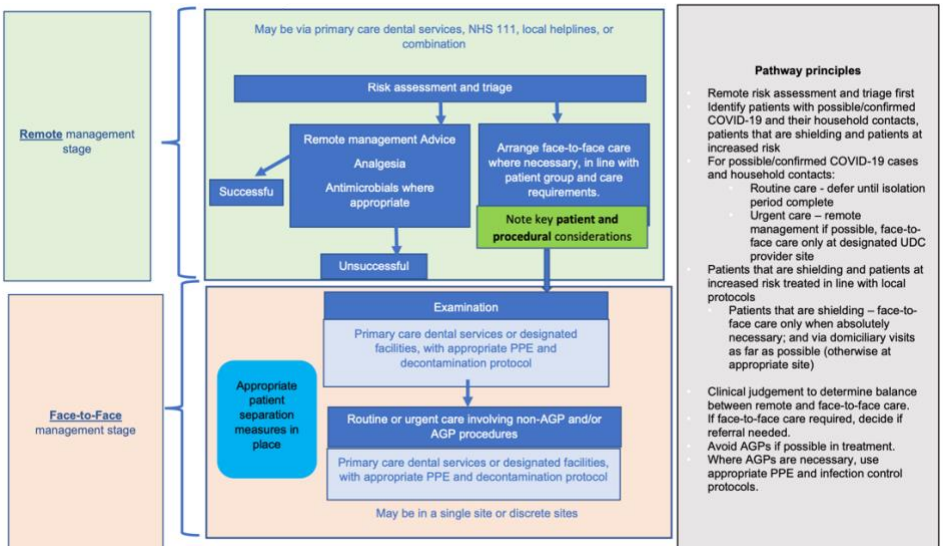
Any procedures that would reasonably be considered as normal operating procedures within the practice e.g. flushing waterlines, getting instruments ready, etc are not repeated. This document is to be used in tandem to all other policies and procedures at DL Dental throughout the coronavirus pandemic. Please see all other policies and procedures for more information regarding normal operating procedures of the practice, all guidance relating to HTM01-05 is to be continued to be adhered to.

COVID-19 Lead – Daniel Leung
Clinical Lead – Daniel Leung

Created and correct as of 06/06/2020

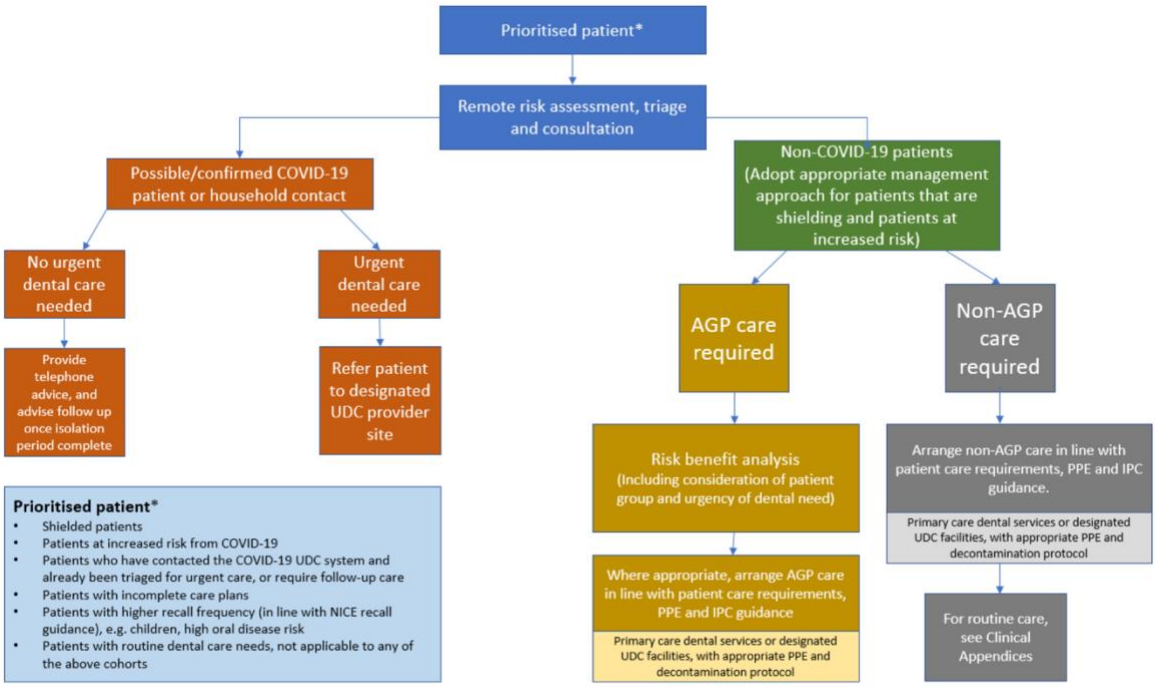
Contents:

1. Initial Pathway for patient management

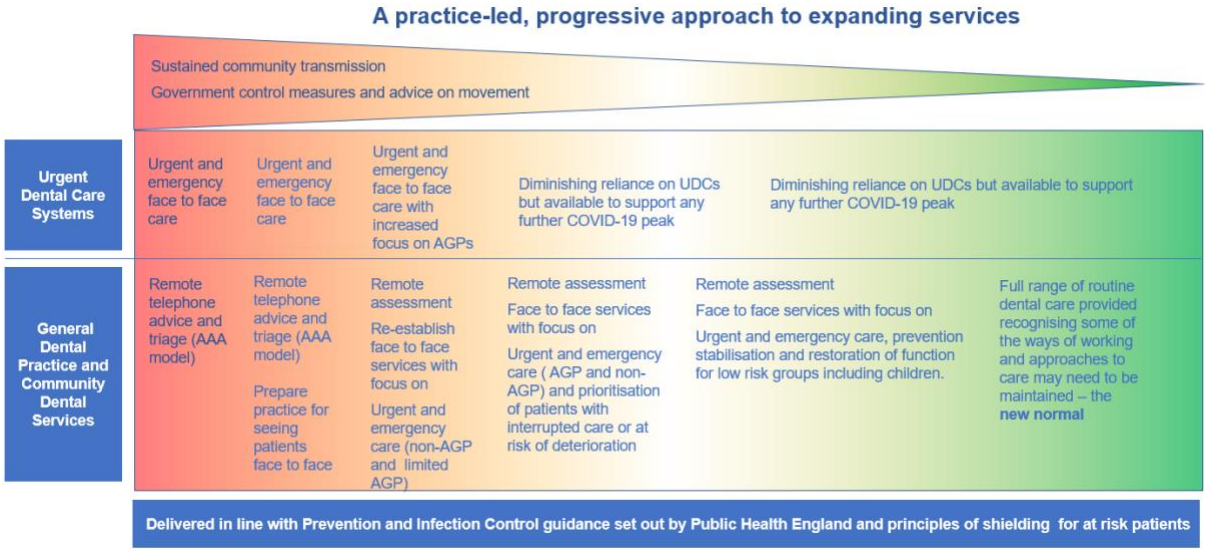


Where possible, Telephone triage with advice and analgesics will remain and deferred until routine dentistry is resumed. If it is classed as an emergency or antibiotics are required, then face to face appointments will be offered.

Below is a guide flow guide to prioritise and manage a patient who is scheduled for a face-to-face appointment.



2. Resumption of normal dental services sequence



Many of the extra measures taken listed in this document are dependent on the COVID-19 alert level set out by the government. Once the alert level has returned to 1, general dental practice minimum standards are likely to be those which existed before COVID-19 arrived in the UK. At the time of writing this document, 6th June 2020 the UK is at alert level 4.

3. Covid Alert Levels

4. Patient Category

Patients are classified into the following categories (Appendix 1):

Category 1 – Patients who are possible or confirmed COVID19 patients – including patients with symptoms, or those living in their household
Category 2 – Patients who are shielded – those who are at most significant risk from COVID19
Category 3 – Patients who are vulnerable/at increased risk from COVID19
Category 4 – Patients who do not fit one of the above categories

DL Dental will currently be providing care for patients in categories 2, 3 and 4.

This document will follow the patient journey, detailing procedures and processes throughout. The patient journey will be detailed in sections: pre-appointment, patient attendance, during treatment and after treatment. There will also be a section on management/governance tasks.

Key Considerations:
Phase 1 only includes non-aerosol generating procedures and is active from re-opening of the practice. This will be in relation to the HM Government Covid 19 alert levels 3 and 4.
Phase 2 will include aerosol generating procedures for dental emergencies only. This will be in relation to the HM Government Covid 19 alert levels 2.
Phase 3 introduction of all routine services. This will be in relation to the HM Government Covid 19 alert level 1

5. Pre-Appointment

We will ensure patients are well-informed and suitably prepared ahead of their visit to the dental practice. Patients are advised to visit the practice website (www.dldental.co.uk) where they can access information.

COVID-19 alert level 3, 4 and 5: all appointments will be made via remote access (telephone/email/SMS)

- Initial contact with DL Dental and patient by telephone
- Telephone triage to confirm status of patient category and thorough COVID-19 history (Appendix 2)
- If patient is suspected to be in category 1, patient will not be invited for an appointment, reception to discuss case with clinician and arrangements to be made for patient to be seen at 'hot site' if urgent dental treatment is required. Patient will be advised to contact 111 for contact tracing procedures
- If patients fall into category 2 and 3, special considerations will be made to ensure they are seen first during a session. (eg 9:30 or 14:00 appointments)
- The patient will be asked for consent to GDPR for contact tracing disclosure within Medical History. These will be sent out electronically ahead of the appointment to be filled out at home
- Make appointment and take payment over the telephone, advise patient to attend promptly at the time for their appointment
- Inform the patient that there will be a closed door policy in place. On arrival at the practice they must wait outside and not enter the building, they must ring the practice to inform us of their arrival, this will be regardless of weather conditions. We will ring once we are ready for the patient to enter the premises and await further instruction from our staff.
- Make patient aware that they are to attend alone unless ONE carer or parent is needed for the appointment (e.g. under 18s, reduced capacity), anyone requiring interpretation must have this arranged via telephone and no interpreters should arrive in person
- To only bring only essential items to the appointment and bring no valuables/bags, no coats if possible as will not be able to remove coat for treatment
- Make patient aware the toilet will be closed during this period so to make alternative arrangements before attendance to their appointment if needed
- Inform patient there will be use of very strict cross-infection control procedures throughout their visit

If patients try to enter the building without an appointment they will be directed to follow instructions on the door. Signs on the door will advise patients they should only enter the building if they have made an appointment. They will be asked to book an appointment and make all other enquiries over the phone.

COVID-19 alert level 1-2: there will be an open-door policy but patients and visitors will be directed to follow instructions on the door.

6. Patient Attendance

Safe entry into the building should have already been discussed at telephone triage, with additional information available on the practice website and on social media.
Clear signage and information will be displayed throughout the practice to support the patient journey. Social distancing will be maintained throughout the patient visit where at all possible. The patient will be accompanied by the staff at all times.
To minimise the risk of contamination, patients will be requested to comply with high practice infection control and prevention policies/standards, including use of hand sanitising gel on entry (Appendix 3). Patients should not have bought unnecessary items to their visit as instructed pre-appointment, however if they have, coats and bags will be held on their lap whilst in the dental chair.
Appointment intervals will be lengthened to allow for additional infection control measures.

1. Staff to follow correct hand washing technique (Appendix 3)
2. Reception staff to don PPE (Appendix 4) – apron, fluid resistant Type IIR surgical mask and visor
3. Call patient to instruct to enter
4. Reception staff member wearing PPE to open all doors to allow patient entry to building
5. Patient to enter premises onto carpeted area and asked to stop
6. Member of staff to advise patient to not touch any surfaces including door handles
7. Patient to use hand sanitiser which is provided
8. Thorough medical history including COVID-19 history to be confirmed and updated on arrival and signed on behalf of patient by receptionist if not pre signed. The patient's temperature will be taken (below 37.8°C) If using need to use in conjunction with risk assessment on case-by-case basis) (Appendix 2).
9. If COVID-19 screening passed, patient to enter surgery directly no stopping at reception, where Daniel Leung and nurse will receive patient. If failed COVID19 history – patient will be sent home and referred to UDC COVID hot site if deemed in need of emergency dental treatment
10. Front door will then be locked
11. Receptionist to wipe down all surfaces in reception area including door handles

A risk assessment of patients with mobility issues will be undertaken to minimise the possibility of falls and contaminating their mobility device. There will be an individual cases by case risk assessment of whether parents/carers or guardians should be present in the surgery during treatment and care will be taken to ensure this is done as safely as possible where this is deemed essential.

Consent - to minimise the risk of spread of COVID19, verbal consent will be gained for treatments, but not written consent. Any forms that would normally require a patient signature will instead be signed by a member of the dental team as 'COVID19' and staff initials.

Appropriate PPE will be selected based on the procedure to be performed, the list above is not exhaustive but generally:

All clinical members should be wearing the following as standard PPE for non-AGP/low risk AGE assessments and treatments:

- Disposable full face visor/goggles
- Fluid resistant mask or FFP3 respirator dependent upon risk assessment taken (Appendix 5)
- Disposable apron
- Disposable gloves

All clinical members should be wearing the following as standard PPE for AGP assessments and treatments/high risk AGE (Phase 2):

- Disposable full face visor/goggles
- FFP3 respirator
- Disposable gloves
- Surgical scrubs plus disposable apron or disposable gown. If apron worn, waterproof sleeves will be worn for AGPs

PPE to be donned before the patient enters the building with the receptionist. All clinical staff to be fit tested as appropriate for the masks if carrying out AGPs.
PPE will be donned by the buddy nurse in reception for reception staff
PPE will be donned by the operating dentist and nurse in the surgery they are about to work in

Personal Protective Equipment for COVID19 Dental Care Settings during High Alert Level			
	Reception/Waiting Room	Dental Surgery Low-Risk AGE/Non-AGP	Dental Surgery High-Risk AGE/AGP
Good hand hygiene	Yes	Yes	Yes
Disposable gloves	No	Yes	Yes
Disposable plastic apron	Yes	Yes	No
Disposable fluid resistant gown	No	No	Yes
Fluid-resistant surgical mask and full visor	Yes	Yes	No
Filtering face piece (FFP3) respirator and full visor	No	No	Yes
Shoe Coverings	No	No	Yes

Keep a formal record of fit testing and PPE etiquette training

7. During Treatment

Aerosol Generating Procedures (AGPs) or Aerosol Generating Exposure (AGE), such as those created in dentistry, may pose a significant risk of infection. In addition to our current cross infection policies and procedures, and in light of the COVID19 pandemic, we further aim to reduce this risk as much as possible by:

- Referring AGP procedures initially, until Phase 2* PPE has been sourced/ has been established. High risk AGEs should be avoided during alert level 4-5. The 3 in 1 should be used with caution and combined use of air and water should be avoided
- Treatment offered should be based on risk assessment of patient, operator, time and difficulty of procedure
- High-Risk AGE/AGP procedures should be planned for the end of the session in early stages of re-opening of the practice
- Donning appropriate and well fitted PPE
- Using strict protocols for donning and doffing PPE (Appendix 4)
- Standard PPE to be worn for low risk AGE procedures
- FFP3, visor and gown for high risk AGE procedures
- Surgeries being clear of all non-essential items
- Keeping surgery windows open but doors to surgery closed
- Handwashing procedures to be followed strictly
- When Phase 2 established, if AGP to be used, the use of high powered suction and rubber dam to be used where possible
- Once the patient is in the surgery, no one should enter without the appropriate fitting PPE. Any anticipated instruments should be ready before the patient attends. On no account should the drawers be opened. If an extra piece of equipment required, then the buddy nurse/receptionist should be called so it can be retrieved from outside the surgery. Use doorbell operated with elbow by clinician to alert buddy nurse assistance is required. In these circumstances, the equipment will be passed at the door and left on the clean worktop. The buddy nurse will be wearing PPE. A supply of commonly used equipment will be kept in 'clean decontamination' room.
- Fallow period of 60 minutes is required for high risk AGEs
- Fallow period is not necessary for non AGEs
- Treatment should be completed in one visit where possible

Treatment Procedure

- Mirror and probe ready for assessment of patient
- Once diagnosis and treatment confirmed, the receptionist is called (by using bell) to gather all equipment needed for treatment from clean decontamination room.
- Once equipment is gathered, the equipment is bought and left on the clean side of the worktop in surgery
- If further equipment needed during appointment, the bell will be used again to alert receptionist

Risk Stratification for Aerosol Generated Exposures (AGEs)

Procedure	Low Risk AGE/Non-AGP	High Risk AGE/AGP
Oral hygiene instruction	Maintaining social distance or wearing PPE	X
Extra-oral radiography/CBCT	Maintaining social distance or wearing PPE	X
Intra-oral radiography (risk assess the need in relation to COVID-19)	Those without a cough reflex/adult, well-tolerated	Poorly tolerated (e.g. cough reflex or paediatric pts) Full mouth peri-apical radiographs (due to time)
Dental photography	Extra-oral Intra-oral (if unlikely to trigger cough reflex)	Intra-oral (if likely to trigger cough reflex)
Clinical examination	Avoiding 3-in-1 syringe	With 3-in-1 syringe
Direct restoration of a tooth	Provisional restoration Without use of high-speed handpieces but with appropriate isolation 3-in-1 syringe – irrigation function only followed by low pressure air flow	Definitive restoration Use of high-speed handpieces (rubber dam and high-volume aspiration should be used to mitigate risk)
(Re) cementation crown or bridge	Provisional (re)cementation without use of powered instruments but with appropriate isolation 3-in-1 syringe – irrigation function only followed by low pressure air flow	Definitive cementation
Removable prosthodontics	When well tolerated for all stages	When poorly tolerated for all stages
Adjustment and repair of removable prosthesis	With disinfection of prosthesis and use of appropriate PPE	X
Extraction of a tooth	Non-surgical extraction	Surgical extraction involving bone removal/sectioning
Restoration or repair of implant retained prosthesis	Restoration or repair NOT requiring high-speed handpieces	Restoration or repair requiring high-speed handpieces
Surgical implant placement	X	Avoid complex surgery (especially involving the maxillary sinus) during high alert levels
Endodontic procedures	Simple access to carious broken tooth with hand excavation and dressing	Rubber dam isolation and high-volume suction

Periodontal procedures	Periodontal debridement with hand instruments using high-volume aspiration	Using ultra-sonic scalers
Fissure sealants	Sealants where the tooth can be adequately isolated and adequate moisture control is obtained	X
Minimally invasive restoration	Avoid use of high-speed handpieces Mitigation using rubber dam and high-volume aspiration 3-in1 syringe – irrigation function only followed by low air pressure air flow	High-speed handpieces used Mitigation using rubber dam and high-volume aspiration
Incise and drain abscesses	Mitigation with use of high-volume aspiration	X
Orthodontic treatment	Debonding or repairs avoiding use of high-speed handpieces	High-speed handpieces use or multiple repairs/extensive use of 3-in-1
Assessment of oral soft tissues	Clinical examination (avoid initiating cough reflex)	Examination of posterior oro-pharynx likely to induce cough reflex

8. After Treatment

1. At the end of a treatment, the patient should leave the room immediately, then clean their hands directly outside the surgery using alcohol gel provided.
2. For low risk AGE/non AGP procedures - standard decontamination procedures to be followed and routine cleaning, no fallow period required
3. For high risk AGE/AGP procedures – the surgery should not be re-entered for a fallow time of 60 minutes, timed from cessation of the last high-risk AGE/AGP
4. The dentist and nurse will clear away equipment into the dirty box once the patient has left the surgery. Windows will be left open to allow ventilation.
5. Following treatment where an aerosol has been generated, the clinical team should doff the PPE (gloves and apron in surgery and place on worktop (to be disposed of later once the nurse has cleaned down following the appropriate fallow time), except mask and visor, see doffing guidance by PHE (Appendix 4). A thorough hand washing technique (Appendix 3) is used before leaving the room.
6. Masks/ respirators and visors to be doffed by clinical team in 'dirty decontamination' room and wiped down
7. Hand hygiene procedure to be followed again
8. Masks/ respirators and visors to be transferred to clean area
9. If patient has not already paid for their appointment, payment is to be taken on patient leaving surgery. Receptionist to ensure clingfilm placed over chip and pin card reader and to offer patient wipe to clean card before insertion. Cling film to be disposed of after payment completed and terminal to be wiped.

Safe Management of Laundry - Scrubs should not be worn outside the practice and should be changed daily. At the end of the day, scrubs should be taken home for washing in a sealed plastic bag, pillowcase, or dissolvable single-use bag. Once home, scrubs should be washed on their own at the max temperature indicated on the garment washing instructions (minimum 60°C for 30 minutes), in a load not more than half the machine capacity, then tumble dried or ironed. Footwear should be wiped down.

For high-risk AGE and AGPs, after 60 minutes fallow time the nurse will clean down the surgery wearing a FFP3, apron and gloves and visor. They will mop the floor with bleach solution in addition to the thorough clean of the surgery with wipes.

Decontamination of Surgery Post Appointment - The responsible person undertaking the cleaning with detergent and disinfectant should be familiar with these processes and procedures:

- Collect all cleaning equipment before entering the room. Before entering the room, perform hand hygiene then put on surgical mask/ FFP3, eye protection, disposable plastic apron and gloves before entering the room. (if coming back after fallow period following AGE)
- Keep the door closed with windows open to improve air flow and ventilation whilst using detergent and disinfectant products
- Use disposable wipes (EN14476), to clean and disinfect all hard surfaces or floor or chairs or door handles or reusable non-invasive care equipment or sanitary fittings in the room

- If no high-risk AGE/AGP procedures have been undertaken, floor cleaning should be done at the end of each session
- The floor will be cleaned thoroughly with a mop after every treatment involving a high-risk AGE/AGP

9. **Step-by-step cleaning guide for AGPs**

Clean all reusable equipment and surfaces systematically from the top or furthest away point as described below:

- Ensure the whole chair is cleaned from top to base unit
- Clean the light on the dental chair, foot pedals
- Clean the dental stools
- Clean the outside of any material containers used during the procedure. Where possible dispense materials prior to the episode of care and minimise containers on surfaces
- Clean wall cabinets, then work surfaces, then base cabinets
- Clean the handles on units/ cupboards
- Clean the computers
- Clean the taps, hand wash basins
- Wipe down the paper towel dispenser
- Wipe down the alcohol gel and soap dispensers
- Clean the door handle, light switches etc.

On All Staff Leaving the Room

- Discard detergent or disinfectant solutions safely at disposal point
- All waste from suspected COVID19 contaminated areas should be removed from the room and quarantined until patient results are known (this may take 48 hours); if the patient is confirmed to have COVID19 further advice should be sought from the local health protection team (HPT) – We should not be seeing Suspected Covid 19*
- Clean, dry and store reusable parts of cleaning equipment
- Remove and discard apron and gloves as clinical waste
- Perform hand hygiene
- Doff mask/ respirator and visor in dirty decontamination room

Cleaning of Communal Areas - If a suspected case spent time in a communal area, for example, a waiting area or toilet facilities, then these areas should be cleaned with detergent and disinfectant (as above) as soon as practically possible, unless there has been a blood or body fluid spill which should be dealt with immediately. Once cleaning and disinfection has been completed, the area can be put back in use.

Electronic equipment such as desk phones, tablets, desktops and keyboards should be decontaminated at least twice daily. Payment terminals should be wiped after use or covered over with a protective covering that can be replaced. All non-essential toys, reading materials, communal objects to be removed from waiting room.

Digital clinical records may be completed in the surgery whilst wearing PPE, or in a clean area following doffing of PPE and hand hygiene. If not washable, the keyboard and mouse should be covered with single-use cling film.

10. Management Tasks

Refresher training on using equipment to be given to staff on return to work

Staff to be updated on Resuscitation Council (UK) guidelines on medical emergencies.
For most medical emergencies, the management will be no different to pre-COVID except for situations that involve the airway and breathing (cardiac arrest, asthma and choking), which will generate a significant risk of AGE. In the event of cardiac arrest the current (correct as of 06/06/2020) Resuscitation Council (UK) guidance is as follows:

- Recognise cardiac arrest by looking for absence of signs of life and the absence of normal breathing. Do NOT listen or feel for breathing by placing your ear and cheek close to the patient's mouth. If you are in any doubt about confirming cardiac arrest, the default position is to start chest compressions until help arrives
- Make sure ambulance is on its way. If COVID-19 is suspected, tell them when you call 999
- If there is a perceived risk of infection, rescuers should place a cloth/towel over the victims mouth and nose and attempt compression only CPR and early defibrillation until the ambulance (or advanced care team) arrives. Put hands together in the middle of the chest and push hard and fast
- Early use of a defibrillator significantly increases the person's chances of survival and does not increase risk of infection
- If the rescuer has access to any form of PPE this should be worn
- After performing compression-only CPR, all rescuers should wash their hands thoroughly with soap and water; alcohol-based hand gel is a convenient alternative. They should also seek advice from the NHS 111 coronavirus advice service or medical advisor

11. Daily Practice Routine

- Staff to travel to practice (Appendix 6)
- 8.50 AM practice to be opened to include window opening, switching on of equipment etc
- 9AM practice meeting to discuss patient list with all team members
- Receptionist to don PPE
- 9.30AM first patient
- Patient to ring reception on arrival and wait outside the practice
- Receptionist to call and meet patient at the carpeted area where temperature is taken and patient to carry out hand sanitising. Medical history and COVID screening questions to be verbally completed and signed on behalf of patient. Meanwhile clinical staff to don PPE.
- Once patient passed screening, patient greeted by clinical staff into surgery

- Assessment and treatment carried out in surgery
- Clinical team to clean down using guidelines
- Receptionist to use standard mask and disposable gloves. Maintain social distancing
- Payment to be taken on patient leaving surgery. Receptionist to ensure clingfilm placed over chip and pin card reader and to offer patient wipe to clean card before insertion. Cling film to be disposed of after payment completed and terminal to be wiped.

12. Keeping Staff Safe

1. All staff should be risk assessed at the morning briefing to protect them. Keep possible cases, household contacts, staff who should be shielded, or those at increased risk, away from work .
2. During the morning briefing, COVID19 history and temperature checks to be completed on all staff members. A brief overview of the daily workflow to be discussed and reviewed.
3. In line with government advice, it is recommended that as part of risk assessment, dental services review resource requirements for service operations and commitments. Where appropriate, this should allow staff to stay at or work from home to avoid non-essential travel and contact; or to participate in local workforce redeployment efforts in line with local arrangements
4. COVID19 guidance around social distancing and good hygiene practice should be promoted as far as possible in the workplace.
5. Staff who fall into vulnerable groups at high or increased risk of complications from COVID-19 will not see patients face-to-face. Remote working will be prioritised for these staff.

Staff should undergo a thorough risk assessment via a robust occupational health policy prior to recommencing their duties (Appendix 7). This should involve a survey of any factors that may result in a higher risk of an adverse outcome from COVID-19. Workers who are found to be high risk following their assessment should seek appropriate advice from either occupational health or their own medical practitioner for the most appropriate and safe course of action.

Stock levels of PPE should be closely monitored to ensure sufficient PPE is available.

Staff should undergo regular and practical training on relevant CPD topics so that they retain the appropriate skill mix. This can be completed digitally to avoid face-to-face contacts. All staff should keep their CPD and PDP portfolios up to date.

Staff areas

1. No PPE to be worn in the staff rooms
2. Rigorous hand hygiene an regular cleaning to be completed
3. Toilets to be cleaned regularly
4. Keep areas clean and tidy at all times and free of waste
5. Social distancing to be maintained in staff rooms/areas

13. Staff with Symptoms of COVID19 and Household Contact

- Staff with symptoms of COVID19, or who live with someone with symptoms should stay at home and self-isolate as per advice for the public.
- If a staff member develops symptoms of COVID19, then consider contact tracing previous patients. Consider using government App, consider antibody testing asap
- If staff become unwell with symptoms of COVID19 while at work, they should stop work immediately, cover their face with a mask and go home. Decontamination should be carried out as for a patient with symptoms of COVID19. Contact 111 for guidance of potentially exposed staff to decide if we all need to isolate or carry on as normal.
- If a staff member tests positive for COVID19, contact 119 for guidance of potentially exposed staff to decide if we all need to isolate or carry on as normal.
- Staff at Increased Risk from COVID19 - the government has issued guidance about stringent social distancing and shielding for vulnerable groups at particular risk of severe complications from COVID19. Staff who fall into these categories should not see patients face-to-face, regardless of whether a patient has symptoms of COVID19 or not. Remote working should be prioritised for these staff.
- All members of staff who are self-isolating are eligible for Coronavirus testing and will be offered the opportunity if they wish to be tested, they should use the self-referral portal to book a test.
- Dental staff with symptoms or who have tested positive for COVID-19 should self-isolate for at least 7 days from onset of symptoms. After 7 days, or longer, if dental staff still have symptoms other than cough or loss of sense of smell/taste, they must continue to self-isolate until they feel better. Staff living in a household where someone has symptoms should stay at home for 14 days from the onset of household contact's symptoms. However, if the member of staff becomes symptomatic during the 14 days isolation, they should isolate for 7 days from the date of symptom onset.

Local COVID testing site = Sheffield teaching hospitals/ contact 119
https://www.gov.uk/apply-coronavirus-test-essential-workers

14. Appendix

Appendix 1

The Impact of COVID-19 on vulnerable groups

Most people (>80%) who get COVID-19 infection will have mild or, as is increasingly understood, almost no symptoms at all and some studies have suggested that up to 60% of people may have asymptomatic COVID-19. This means that it will be almost impossible to identify many of the patients who attend the surgery and are potentially infective. This is why we need to take the appropriate precautions so that we can protect our patients, other members of the dental team and ourselves from COVID-19 infections. There are certain high risk groups that are at risk of becoming more ill if they develop COVID-19 and require ITU admission. Black, Asian and Minority Ethnic (BAME) communities have been found to be at increased risk, this may be because of increased prevalence of conditions such as heart disease, diabetes and obesity in these communities.

Classification of categories of patients

Category 1 – Patients who are possible or confirmed COVID19 patients – including patients with symptoms, or those living in their household
Category 2 – Patients who are shielded – those who are at most significant risk from COVID19
Category 3 – Patients who are vulnerable/at increased risk from COVID19
Category 4 – Patients who do not fit one of the above categories

DL Dental will currently be providing care for patients in categories 2, 3 and 4.

People at high risk (clinically extremely vulnerable), Category 2, include people who:

- Have had an organ transplant
- Are having chemotherapy or antibody treatment for cancer, including immunotherapy
- Are having an intense course of radiotherapy (radical radiotherapy) for lung cancer
- Are having targeted cancer treatments that can affect the immune system (such as protein kinase inhibitors or PARP inhibitors)
- Have blood or bone marrow cancer (such as leukaemia, lymphoma or myeloma)
- Have had a bone marrow or stem cell transplant in the past 6 months, or are still taking immunosuppressant medicine
- Have been told by a doctor that they have a severe lung condition (such as cystic fibrosis, severe asthma, or severe COPD)
- Have a condition that means they have a very high risk of getting infections (such as SCID or sickle cell)
- Are taking medicine that makes them much more likely to get infections (such as high doses of steroids or immunosuppressant medicine)
- Have a serious heart condition and are pregnant

People at moderate risk (clinically vulnerable), Category 3, include people who:

- Are 70 or older
- Are pregnant
- Have a lung condition that's not severe (such as asthma, COPD, emphysema or bronchitis)
- Have heart disease (such as heart failure)
- Have diabetes
- Have chronic kidney disease
- Have liver disease (such as hepatitis)
- Have a condition affecting the brain or nerves (such as Parkinson's disease, motor neurone disease, multiple sclerosis or cerebral palsy)
- Have a condition that means they have a high risk of getting infections
- Are taking medicine that can affect the immune system (such as low doses of steroids)
- Are very obese (a BMI of 40 or above)
- Patients with head and neck cancer/post radiotherapy/chemotherapy may also be more vulnerable although they were not officially included in the government patient list

Every day we are learning more about the risks associated with COVID-19 and it is likely that these lists will change over time.

Appendix 2

COVID-19

Triage Questions – Remote Risk Assessment and during patient attendance screening

1. Have you tested positive for Covid 19 in the last 7 days?
2. Are you waiting for a COVID 19 test or the result?
3. Do you or anyone in your household have a new, continuous or persistent cough or a high temperature on 37.8°C or greater, loss of taste or smell? (Dry cough means coughing a lot for more than an hour, or 3 + coughing episodes in 24 hours, not a long-standing dry cough of non-COVID origin unless it is particularly worse than usual)
4. You or anyone in the household had symptoms of COVID 19 in the last 14 days?
5. Have you been notified by the NHS Test and Trace in the last 14 days that you are a contact of a person who has tested positive for Covid 19 and you do not live with that person?
6. Are you in the vulnerable group or are you at increased risk of Coronavirus, for example, 70 or older, or 70 or older with an underlying health condition?

If the patient answers 'yes' to 1-5, then they belong to the group of patients who are possible or confirmed COVID19 patients and must be referred to the hot site based at CCDH. If the patient answers 'no' to 1-5, they are classed as asymptomatic, continue risk assessment to determine which patient category group they belong to (Category 1-4 as listed on page 1)

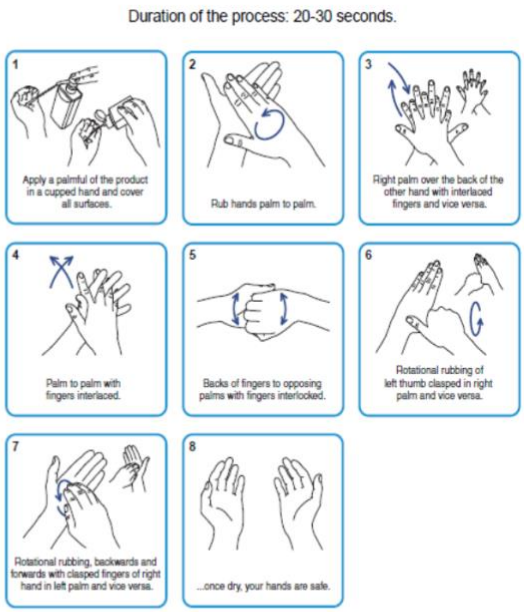
A patient who has recovered from COVID 19 or who has completed a period of self-isolation, can be regarded as asymptomatic. Even though the coronavirus infection has cleared, a cough maybe persistent for several weeks in some people and the loss of , or change in, sense of smell and taste may also linger. As long as they have completed the period of self- isolation of 7 days, they can be regarded as asymptomatic.

Patients who are in the shielded group will have been informed of their shielded status by their GP
Manage the patient's condition with as little intervention as possible to minimise exposure risk. Where remote management is not possible, dental teams should align with any local arrangements for shielded patients at increased risk when providing face-to-face

Appendix 3

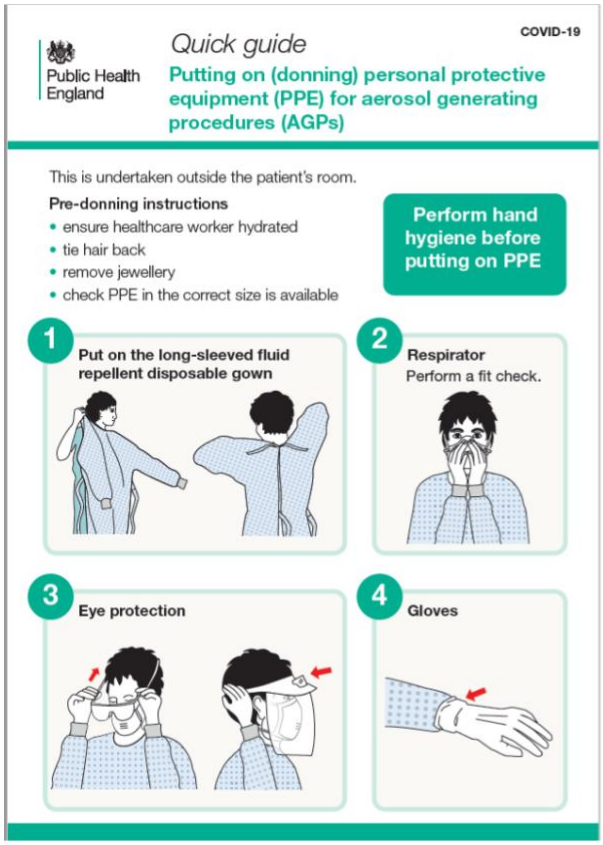
Hand hygiene (Taken from NHS – COVID-19 Guidance and Standard Operating Procedure)

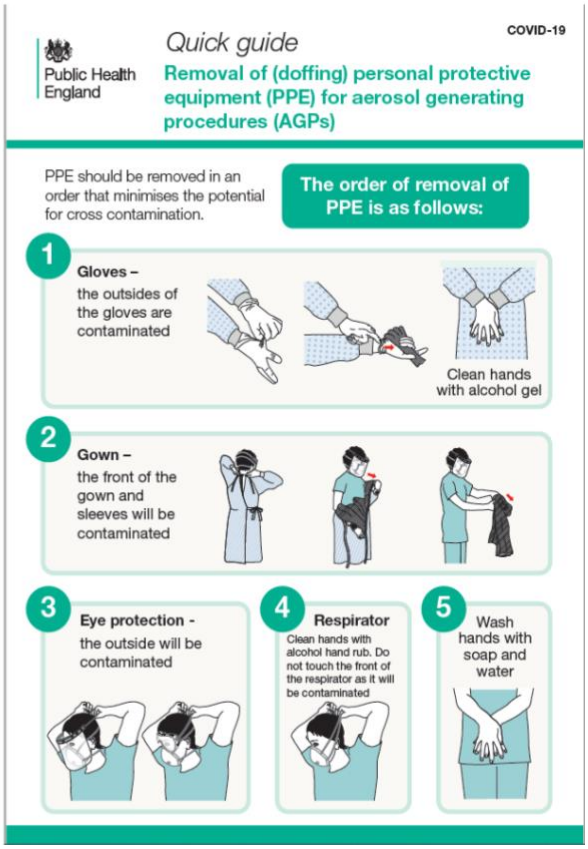
1a: Best practice – how to hand wash 1b: Best practice – how to hand rub



Appendix 4

Best practice – donning and doffing PPE (Taken from NHS – COVID-19 Guidance and Standard Operating Procedure)





Prior to donning PPE:

- Remove all jewellery and watches
- Tie your hair back if it is long enough
- Perform hand hygiene.

PPE should be donned in the following sequence:

- Put on head covering and covering for your shoes (if applicable)
- Put on your disposable (or re-usable) gown and close the Velcro neck fastening/ tie on and the waist tie.
- If you wear glasses, remove and clean them with an alcohol wipe
- Put on your fluid resistant mask or FFP2/3 respirator mask that has been fit-tested for you.
- Ensure that the mask is flat against your cheeks and mould the nose-piece to fit.
- Perform a fit check and adjust if any air escapes around the edges.
- Place reusable mask over respirator if using FFP3
- Replace your glasses (if worn)
- Put on your full face visor (should cover your whole face and your chin). Check in the mirror to see that it is correctly positioned
- Put on the correct size of disposable gloves and cover the cuffs on your gown
- Remain vigilant about the integrity of your own and others' PPE.

PPE should be doffed in the reverse order, taking extreme care to ensure that contaminated surfaces of PPE are not allowed to come into contact with unprotected parts of the body After completion of dental care:

- Remove gloves
- Remove gown or protective clothing and discard the gown in a dedicated container for waste or linen
- Discard disposable gowns/ aprons after each use
- Launder cloth gowns or protective clothing after each session
- Exit the patient room or care area to Dirty Decontamination room
- Perform hand hygiene
- Remove eye protection
- Carefully remove eye protection by grabbing the strap and pulling upwards and away from head. Do not touch the front of the eye protection
- Clean and disinfect reusable eye protection according to manufacturer's reprocessing instructions prior to reuse.
- Discard disposable eye protection after use
- Remove and discard surgical mask or respirator
- Do not touch the front of the respirator or mask
- Surgical mask: Carefully untie the mask (or unhook from the ears) and pull it away from the face without touching the front
- Respirator: Remove the bottom strap by touching only the strap and bring it carefully over the head. Grasp the top strap and bring it carefully over the head, and then pull the respirator away from the face without touching the front of the respirator.
- Perform hand hygiene.

Aprons and gowns are single use (unless otherwise stated for reusable gowns)

Respirators, fluid-resistant (Type IIR) surgical masks (FRSM), eye protection and disposable fluid repellent gowns can be subject to single sessional use.

Appendix 5

Public Health England | Academy of Medical Royal Colleges | GIG CYMRU NHS Wales – Iechyd Cyhoeddus Cymru Public Health Wales | Health Protection Scotland | HSC Public Health Agency | NHS

Recommended PPE for primary, outpatient, community and social care by setting, NHS and independent sector

Setting	Context	Disposable Gloves	Disposable Plastic Apron	Disposable fluid-repellent coverall/gown	Surgical mask	Fluid-resistant (Type IIR) surgical mask	Filtering face piece respirator	Eye/face protection[1]
Any setting	Performing an aerosol generating procedure[2] on a possible or confirmed case[3]	✓ single use[4]	✗	✓ single use[4]	✗	✗	✓ single use[4]	✓ single use[4]
Primary care, ambulatory care, and other non emergency outpatient and other clinical settings e.g. optometry, dental, maternity, mental health	Direct patient care – possible or confirmed case(s)[3] (within 2 metres)	✓ single use[4]	✓ single use[4]	✗	✗	✓ single or sessional use[4,5]	✗	✓ single or sessional use[4,5]
	Working in reception/communal area with possible or confirmed case(s)[3] and unable to maintain 2 metres social distance[6]	✗	✗	✗	✗	✓ sessional use[5]	✗	✗

Personal Protective Equipment for COVID19 Dental Care Settings during High Alert Level			
	Reception/Waiting Room	Dental Surgery Low-Risk AGE/Non-AGP	Dental Surgery High-Risk AGE/AGP
Good hand hygiene	Yes	Yes	Yes
Disposable gloves	No	Yes	Yes
Disposable plastic apron	Yes	Yes	No
Disposable gown	No	No	Yes
Fluid-resistant surgical mask and full visor	Yes	Yes	No
Filtering face piece (FFP3) respirator and full visor	No	No	Yes
Shoe Coverings	No	No	Yes

Appendix 6

Staff Journey to and from the Practice

Appendix 7

Staff Risk Assessment

Daily checks for all staff according to Appendix 2 for Covid History and temperature checks

Risk assessment to include https://www.hse.gov.uk/news/assets/docs/working-safely-guide.pdf

Identify Vulnerable and shielded staff including Black and Minority Ethnic and pregnancy