

**Amendment to Standard Operating Procedures during Covid-19 Pandemic**

This document is subject to change depending on current COVID-19 alert level and guidance from Public Health England, but correct at the time of writing on 3rd June 2020.

1. **For Patients**
* We will be operating a **CLOSED DOOR POLICY** at all times. This means that if a patient does not have a **PRE-BOOKED APPOINTMENT**, they will not be seen under any circumstances. Those patients will be advised to call the practice to make an appointment.
* Patients that have contacted us during lockdown, will be prioritised and will be seen first. This will be followed by patients with an open course of treatment and then routine examinations.
* Patients who call the practice to make an appointment will be triaged and risk assessed by a member of staff. The staff member will fill out a current state of health questionnaire, no more than 3 days before the appointment. They will then be assigned to a risk group and if appropriate will be offered an appointment. If not, they may be referred to a UDC or will be given appropriate advice on the phone.
* In the event that a patient is currently shielding, the dentist will speak directly to the patient and perform their own risk assessment and assess the risk versus the benefit of delaying treatment. For example a diabetic patient with a dental abscess may get worse if untreated.
* Patients will be asked to attend alone where possible, to minimise the risk of social interaction.
* On arriving at the practice, the patient will have their temperature taken, will wash their hands and pay for their treatment (via contactless means, where possible). They will then sign and date their Current State of Health Questionnaire.
* The patient will then be called into the surgery by the dentist or dental nurse.
* Patient will be asked to rinse with a 1.5% hydrogen peroxide mouthwash
* Any follow up appointments will be made in surgery
* The patient will be asked to sanitise their hands before exiting the surgery
* The patient will then be escorted out of the surgery
* Follow up the patient within 14 days to ask if they have since developed coronavirus symptoms
* Elective procedures may be deferred or reassessed
* We will not be following our usual cancellation policy – if you do need to cancel your appointment this will not go against your record of attendance
* Appointments will be scheduled to avoid contact with other patients – appointments will be spread out to allow for enough time to disinfect all areas and avoid cross infection, this will be done in all surgeries and waiting rooms
* Safety measures will be employed at all levels of the patient journey to ensure that the risk of harm is minimised
* High quality care will be provided, embracing the highest level of protection and universal prevention measures in relation to COVID19 infection prevention.
* Patients who are medically compromised will be advised to wear a simple face covering whilst waiting for their appointment in reception areas
* We will minimise the amount of time any patient spends at reception as far as reasonably possible.
1. **For Staff**
* Staff will be expected to maintain social distancing measures where appropriate at all times.
* Staff will adhere to all new policies and protocols that have been implemented during the Covid-19 Pandemic. Anyone found to not be following correct protocols will be subject to disciplinary proceedings.
* Each morning staff will report their temperature to the Practice Manager, who will make a log of this.
* On entering the premises staff will wash their hands.
* Staff will come to work in their own clothes and shoes and will change into their scrubs on site. At the end of the day staff will take their scrubs home to be washed at 60 degrees Celsius and will LEAVE their shoes in work.
* Staff are to change out of their uniforms at lunch time
* It is advised that you decontaminate your personal belongings such as your mobile phone
* All staff will undergo a risk assessment prior to recommencing their duties this will involve a review of any high risk factors that may results in an adverse outcome of COVID19 (e.g. pregnancy)
* The practice has developed clear guidance for staff who become unwell and how they report their sickness, staff will be required to self-isolate at home and contact 119 or log their details into the NHS test and trace site.
* Staff and patients who may have been in contact with a member of staff will may also need to be traced and contacted
* Staff who are self-isolating will have regular welfare checks to ensure their safety and wellbeing. They will be advised to receive a coronavirus test as soon as possible
1. **For Triager**
* When a patient calls the practice, a member of staff will go through the current state of health questionnaire, which will include updating the patient’s medical history on R4, so as to minimise interaction with reception staff.
* If deemed to be low risk, the triager will then book an appointment for the patient for no longer than 3 days after the questionnaire has been completed.
* If the appointment is after the 3 days window, then the patient will be required to fill in a new form.
* If the patient is booked in, then the form will be taken to reception, for them to sign on arrival.
* This form will then be scanned into the patients’ notes **IMMEDIATELY.**
* If it is not deemed appropriate for the patient to be booked in for an appointment at the practice, then the triager will pass the form to the Dentist who will then call the patient to discuss what other options are available for them.
* The triager or the person who has made the patients appointment will call the patient 14 days following their visit to the practice to ensure covid symptoms.
1. **For Reception**
* Staff on reception will have the option to wear a fluid-resistant mask, as per PHE PPE guidelines. This will be sessional use.
* Staff will minimise contact with patients as far as is possible, by requesting contactless payments be taken and by making sure that ALL patients follow the procedures outlined above.
* Staff will not be able to make appointments for patients who turn up at the Practice. Those patients will be directed to go home and call the practice to make an appointment.
1. **Infection control**
* Standard infection control procedures will be adhered to at all times, this guidance can be found in HTM 01-05.
* Since covid-19 is transmitted through the air, transmission based precautions will be applied when caring for patients.
* Evidence shows that the virus can survive on some surfaces for up to 72 hours, therefore we will limit surface contamination as far as possible.
* DUWL’s have been purged weekly to avoid biofilm.
* Filters have been changed as per manufacturers instruction
* All water outputs have been temperature tested to ensure they are within the correct ranges to avoid legionella (this was done 5 days prior to the practice re-opening and routine weekly checks will now be resumed)
* Dental suction units and spittoons have been flushed with suction disinfectant 5 days prior to reopening and will now be done daily as per routine disinfection of surgery
* Dilution of surgery air should reduce any risk of potential airborne viral transmission by reducing exposure time to any airborne viral aerosols and also reduce the chance of these aerosols settling on surfaces, therefore windows will be left open at all times whilst the practice is open
* The door of the surgery must remain closed to prevent viral spread
* Rubber dams will be used when carrying out AGP’s. However it will not be possible when ultrasonic scalers are used, in this case high volume aspiration is advised as well as four handed dentistry.
* A combination of PPE will provide the best protection to staff and patients.
* High alert level / high risk AGE – FFP2/3 masks, visor and gown
* High alert level / low risk AGE – FRSM visor and apron
* Low alert level / high or low risk AGE – visor, FRSM and Appropriate eye protection
* FFP2/3 masks will be fit tested for all staff

**Performing AGP’s;**

* Put your mask on before you enter the surgery
* Wash your hands and don gloves in the surgery
* Record the time of patient entry and exit on a laminated sheet on the surgery door
* Nobody should enter the surgery whilst it is in use, only the dentist and dental nurse are to be in the room **(the only exception to this is during a medical emergency, see section 6)**
* Once AGP is finished the dentist will remove all of their PPE and dispose of it into a clinical waste bin then leave the room
* The dental nurse will remain in PPE and disinfect the surgery
* Follow standard infection control guidelines to clean surgery paying particular attention to door handles and patient contact points
* Patient care equipment will be cleaned according to manufacturer’s instructions and where possible with chlorine or hypochlorous based disinfectant that is effective against enveloped viruses.
* Clean all surfaces with a neutral detergent followed by a chlorine or hypochlorous based disinfectant
* Disposable equipment such as mop heads and cloths will be used for environmental cleaning and disposed of as clinical waste
* Once decontamination is complete PPE should be removed and disposed of as clinical waste
* Manufacturer’s instructions will be followed for dilution, application and contact times for all detergents and disinfectants as these will differ with each product.
* The dental nurse will transport used instruments to decontamination room (wearing gloves and apron)
* No one is to re-enter the surgery for 60 minutes. At the end of the 60 minutes put on mask and apron and re-enter
* The room will then be re-decontaminated and can be used immediately
* The length of the fallow time is to commence from the time the AGP ceases
* If no AGP has been done then the room can be decontaminated and used again right away
* All treatment materials and equipment necessary for the procedure **must** be available to avoid the nurse needing to leave the room mid procedure, especially if it is an AGP.
* Before treatment, make sure the surgery is completely set up with all equipment and materials you will use for that patient before the patient enters the surgery
* Use disposable barrier coverings for light handles and switches etc
* Do not open draws or cupboards once an AGP is commenced
* Work surfaces must be kept clear – this also extends to ensuring all equipment in sight should be minimised to only that which is strictly necessary for the procedure
1. **Change in resuscitation council UK guidelines**

For most medical emergencies management will be no different from the pre-COVID time **EXCEPT** for situations that involve airway and breathing. In the unlikely event of a cardiac arrest:

* Recognise cardiac arrest by looking for the 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 patients mouth. If you are in any doubt about confirming cardiac arrest, the default position is to start chest compressions until help arrives.
* Make sure an ambulance is on its way. If COVID19 is suspected, tell them when you call 999.
* If there is a perceived risk of infection, rescuers should place a cloth/towel over the victim’s mouth and nose and attempt compression only CPR and early defibrillation until the ambulance arrives. Put hands together in the middle of the chest and push hard and fast.
* Early use of a defibrillator significantly increases the persons chances of survival and does not increase risk of infection
* If the rescuer has access to any form of personal protective equipment (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 adviser.
1. **Step by step cleaning guide**

Clean all reusable equipment and surfaces systematically using wipes provided (one wipe per surface), as described below:

**Clinical room:**

* Wearing FRSM, visor, apron, gloves (if AGP performed add apron and FFP3)
* Ensure the whole chair is cleaned from top to base unit
* Clean the light on the dental chair and 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
* When cleaning the surfaces, work systematically from the top or furthest away point
* Clean wall cabinets, then work surfaces, then base cabinets
* Clean the handles on units/cupboards
* Clean the computers
* Dispose of used keyboard barrier as clinical waste – replace after fallow time
* Clean the taps and hand wash basins
* Wipe down the paper towel dispensers
* Wipe down the alcohol gel and soap dispensers
* Clean the door handle, light switches etc.
* Mop the floor with bleach
* Dispose of PPE into a small bag, tie the bag securely and then dispose of this into clinical waste nag (orange)
* Leave the room for fallow time specified (if AGP has been carried out fallow time is 60 minutes from time AGP ceased)

**For common zones and reception area**

* Put on a FRSM, apron and gloves
* Using wipes provided wipe door handles
* Switches (light switches, computer switches)
* Telephones
* Chairs
* Sofas
* Work surfaces (reception desk)
* Window ledges
* Handrails
* TV and unit
* Tables
* Patient toilet (handrail, hand wash sink, toilet seat, hand wash and paper towel dispenser) or anything else that the patient may come into contact with
* Mop the floor with bleach at the end of each session

(Cleaning of common zones and reception area is to be done after each patient leaves the surgery, once appointment times get shorter, this is to be done as often as possible and at the end of each session)

**Staff area (kitchen)**

* Wearing FRSM and gloves
* Spray down kitchen surfaces with disinfectant spray and wipe with paper towel
* Spray and wipe kitchen cupboards and handles
* Wipe door handle on kitchen door
* Wipe tables and chairs
* Wipe fire extinguishers
* Clean toilet and sink
* Wipe hand drier and paper towel dispenser
* Mop floor with bleach

**Donning of PPE: Follow the steps below, in order, when donning and doffing PPE.**

* Perform aseptic hand wash
* Mask (FRSM, FFP3)
* Visor and eye protection
* Gown or apron
* Gloves

**Doffing of PPE: Get ready a clinical waste bag at point of use – dispose each item as you remove it**

* Remove gloves by gripping each wrist and turning inside out directly into the clinical waste bag
* Remove visor or eye protection by touching either side of the visor (around by the ears) with one finger each side and sliding off the face (visor shield is to be disposed of, keep frame for decontamination)
* Remove mask by unlooping each ear loop
* Remove apron by tearing from the neck and waist tie
* Aseptic handwashing must now be performed

You must fill in a cleaning schedule checklist every day.

**Appendix 1. What is an AGP**

Aerosol generating procedures should be minimised where possible. Operators may be concerned at the ‘splatter’ that is created by dental procedures, but this is droplet contamination which universal precautions will guard against.

**AGPs are listed below:**

* The air turbine
* High pressure 3:1 air syringe (the risk of aerosols could be reduced when using a 3:1 if only the irrigation function is used, followed by low pressure air flor from the 3:1 and all performed with directed high-volume suction)
* Surgical motors with irrigant/irrigation
* Ultrasonic scalers and piezo handpieces
* Rotary endodontic handpieces
* Sandblasting, air abrasion, air polishing.

**Non-aerosol generating procedures are listed here:**

* Remote consultations
* Oral health assessment
* Preventative and self-care measures delivered in line with Delivering Better Oral Health, non AGP aspects
* Hand instruments/scaling
* Simple dental extractions
* Caries excavation with hand instruments
* Caries removal with slow speed and high-volume suction
* Placement of restorative material
* Orthodontic treatment
* Removable denture stages (if patient has normal gag reflex)
* Paediatric oral health including stainless steel crowns and diamine fluoride applications.

**Appendix 2: Donning and doffing PPE**

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:

* Perform hand hygiene
* Put on head covering and covering for your shoes
* Put on your disposable (or re-usable) gown and close the Velcro neck fastening and waist tie
* If you wear glasses, remove and clean them with an alcohol wipe
* Put on your fluid resistant 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
* Replace your glasses (if worn)
* Put on your full face visor (should cover your whole face and chin). Check in the mirror to see that it is correctly positioned
* Put on the correct sixe of disposable gloves and cover the cuffs on your gown
* Remain vigilant about the integrity of your own and other 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 in a dedicated waste
* Discard disposable gowns after each use
* Launder cloth gowns or protective clothing after each session
* Exit the patient room or care area
* Perform hand hygiene
* Remove eye protection
* Carefully remove eye protection by grabbing the strap and pulling upwards and away from the 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 from the bottom strap by touching only the 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

All disposable PPE must be placed directly into a bag that is sealed and stored after each patient.

At the end of the working day place all the bags from that day into one orange bag.

**Appendix 3: People at high risk and moderate risk from coronavirus**

People at high risk 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 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)

* Are 70 or older
* Are pregnant
* Have a lung condition that 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 patient list.