Adams Dental
Standard Operating Procedures
Version 5

**This document was confirmed by all the management team,
at Adams Dental on 22.6.20.**

This document forms part of our back to work plan and is designed to be regularly reviewed and updated as further guidance and evidence becomes available.

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Attachments

1 – Return to work personalised risk assessment C 206
2 – Covid 19 practice risk assessment C 204
3 – Staff wellbeing policy C 212

1. Introduction to Adams Dental SOP

This guidance outlines the Standard Operating Procedures (SOP) for Adams Dental. This SOP will be implemented as we exit the 'delay 'phase in the UK and begin to allow treatment for patients at our practice. The primary concerns for formulating the document are safety of the patients, clinicians and staff.

We must recognize that at this stage of the Covid-19 pandemic 'real scientific evidence 'is sparse and much of the information is anecdotal and as new guidelines or evidence arise this will allow a continual adaptation of this guidance. This document will be reviewed every 2 weeks or as required.

Evidence and resources

The decisions made in this document are based on the evidence and advice from the:

Health and Safety Executive
https://www.hse.gov.uk/

DCEP document: COVID-19: Practice Recovery.
http://www.sdcep.org.uk/published-guidance/covid-19-practice-recovery/

FDGP guidelines: Implications of COVID-19 for the safe management of general dental practice, A practical guide 1st June 2020
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 Risk Assessment
https://bda.org/advice/Pages/Health-and-Safety.aspx

NHS COVID-19 guidance and standard operating procedures
https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/04/C0282-covid-19-urgent-dental-care-sop.pdf

SCDEP guidance – Management of acute dental problems during Covid 19
http://www.sdcep.org.uk/published-guidance/acute-dental-problems-covid-19/

SCDEP guidance - drugs for the management of dental problems during COVID-19
http://www.sdcep.org.uk/published-guidance/acute-dental-problems-covid-19/

GDC guidance on remote prescribing
https://www.gdc-uk.org/docs/default-source/guidance-documents/high-level-principles-remote-consultations-and-prescribing.pdf

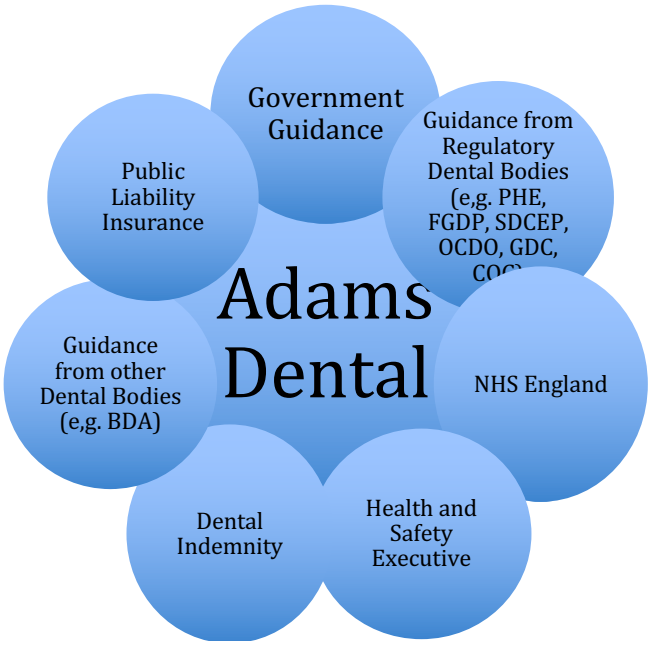
Public Health England -PHE COVID-19 Infection Control Guidance

Standard Operating Procedure: Planning for Urgent Dental Care During the COVID-19 Pandemic NHS England & NHS Improvement East of England
www.gov.uk

Standard operating procedure:Transition to recovery A phased transition for dental practices towards the resumption of the full range of dental provision. Published by Office of Chief Dental Officer England on 4th June 2020 (Version 1)
https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/06/C0575-dental-transition-to-recovery-SOP-4June.pdf

The COVID-19 leads at Adams Dental are Ricky Adams, Zaneta Dobosz and Susana Santos. The deputy lead is Dr. Alexander Adams.

A diagram showing influencing factors on how this SOP was developed and how future modifications will be considered is shown below.



Background

1. In late 2019/Jan 2020 a new strain of coronavirus 2 - SARS Cov-2 was identified in Wuhan, China.
2. The disease is called Covid-19.
3. The World Health Organisation declared it a pandemic on 12th March 2020.
4. Clinical presentation ranges from mild to moderate illness, to pneumonia or severe acute respiratory infection and death. Some people may have no symptoms at all.
5. There is currently no vaccine to prevent Covid-19.
6. Measures implemented around the world to attempt to reduce the spread of Covid-19:
   - Staying at home guidance for households with possible Covid-19.
   - Social distancing.
   - Shielding/Vulnerable groups of patients.

2. Phase of provision of care and Key Principles

The following Standard Operating Procedure (SOP) details the planning and operating of Adams Dental during the COVID-19 Pandemic.

Phase 1	The protocols employed during remote triage system
Phase 2	The protocols employed when face-to-face non-AGP urgent care is provided
Phase 3	The protocols to be employed when AGPs are to be provided
Phase 4	The protocols to be employed when routine and elective dental care recommences

Phase 1

Adams Dental has been operating Phase 1 since cessation of routine dentistry on the 25th March 2020 following advice from the Chief Dental Officer to cease dentistry, alongside Prime Ministerial advice on the 23rd March 2020. During this period we have provided advice based on national guidance, which has included avoidance of face-to-face contact with patients.

Adams Dental has established an urgent dental care telephone service, providing advice for their patients with urgent needs during usual contracted hours as directed by NHS England. Wherever it has been possible, patients have been treated with:

- Advice
- Analgesia
- Antimicrobial means where appropriate

Prescribing

Where remote triage is being offered the basic principles of the GDC's guidance on remote consultation and prescribing apply (see GDC Guidance on remote consultations and prescribing)

Antibiotics still need to be prescribed appropriately for the patient's condition and should follow choice, dose and duration of antibiotic recommended in FGDP (UK) or SDCEP guidance.

- FGDP(UK): Antimicrobial Prescribing for General Dental Practitioners
- SDCEP: Drug prescribing for dentistry
- SDCEP: Drugs for the Management of Dental Problems During COVID-19 Pandemic

Record keeping:

- All records to be kept in accordance with guidelines to include justification for remote prescription.
- Make an entry of any prescription in the patient's clinical records
- Keep a record of the prescription number

Follow up:

The patient should be advised that antibiotics will not be effective immediately but if their condition does not improve, they should seek further dental advice.

Phase 2

This will include the provisional of non- AGP urgent care. The principles of Phase 1 will still be implemented. If a patient cannot be managed with AAA and does or has a dental problem that cannot be managed by the UDC it may be necessary to offer a patient a Face-to-Face appointment. A video consultation may be required to determine the nature of the problem in order to provide a treatment plan in advance.

The treatments which can be provided at Phase 2 are Non-AGP and outlined below.
Appropriate PPE should be worn.
Non-AGP treatments would include:

- Assessment (including radiographs)
- Hand scaling with suction
- Non-surgical extractions

  NB if this became a surgical extraction a slow speed reducing handpiece could be used for bone removal with cooling provided using saline dispensed via a syringe along with high-speed suction. If this is not a suitable option, temporization or referral would need to be considered.
- Removable denture stages (subject to labs being reopen)
- Removal of caries using hand excavation or slow speed handpiece if necessary.
- Temporary fillings
- Re-cementation of crowns and bridges
- Orthodontic wire trimming and Invisalign treatment

In this phase a risk assessment should be undertaken, on a case-by-case scenario, using clinical judgments to consider if the procedure may require an AGP or satisfies the criteria for a face-to-face visit.

Phase 3

The principles of Phase 1 will still be implemented. If a patient cannot be managed with AAA or has a dental problem that cannot be managed by the UDC, it may be necessary to offer a patient a Face-to-Face appointment at our practice. A video consultation may be required to determine the nature of the problem in order to provide a treatment plan in advance.

In Phase 3 - both Non-aerosol **and** Aerosol generating procedures can be provided using appropriate PPE. Essential treatments may also start to be offered in this Phase.
AGP treatments would include:

- Dressing of teeth and palliative treatment;
- Re-implantation of an avulsed, luxated or subluxated permanent tooth following trauma with any necessary endodontic treatment being delayed until aerosol generating procedure (AGP) avoidance has been removed
- Non surgical extraction of teeth where possible to minimise aerosol;
- Provision of post-operative care including treatment of infected sockets;

- Urgent treatment for acute conditions of the gingivae or oral mucosa, including treatment for pericoronitis or for ulcers and herpetic lesions, and any necessary oral hygiene instruction in connection with such treatment;
- Incising an abscess;
- Other treatment immediately necessary as a result of trauma.

Phase 4

Routine and Elective treatment will resume using appropriate PPE as defined by the procedure (AGP vs non-AGP). This includes:

- Examinations
- Routine Restorative & Conservative Dentistry
- Periodontal treatment
- Dentures
- Implant dentistry -starting with simple cases first followed by more complex cases such as bone grafts and sinus augmentations
- Orthodontic treatment

Due to the additional costs of the enhanced measured outlined in this document required to operate at this time, along with the anticipated reduction in income from a vastly reduced appointment book as well as limitations in the kinds of treatments we can carry out. The practice will carry out regular financial reviews of the viability of the current SOP's and business models to try and minimise the likely hood of catastrophic financial failure, which may lead to the closure of the business.

3. Concerns within Dentistry

The two main increased risks within dentistry due to the Covid-19 Pandemic are:

1. Inability to maintain social distancing i.e close physical contact of clinician, dental care professional (DCP) and patient.
2. High risk of contact with droplets from aerosol as the majority of dental procedures generate aerosol and create splatter. These are referred to as aerosol generating procedures (AGPs).

The Adams Dental Standard Operating Procedures (SOP) main focus is to reduce these two enhanced risks by:

1. Reducing number of patients seen during sessions and number or people at the practice to implement social distancing for our patients and team members.

2. Reducing the risk of transmission via droplet and aerosol.

The evidence supporting the risk of transmission of some of these routes in conflicting and at this stage is sparse but it seems intuitive to believe that transmission via these routes is likely.

The main methods through which we can reduce the rate of transmission of droplets and aerosol are:

- Reduction in the number of AGP procedures, premedication oral rinse with hydrogen peroxide or Povidine Iodine to reduce salivary viral load, high volume suction, use of rubber dam.
- Reduction of transmission via contact i.e correct use of personal protective equipment (PPE)
- Reduction of transmission of viral load via aerosol using air purification and thorough cleaning after settlement of aerosol (fallow time).

4. Team members preparation to return to work

Training

All staff will be appropriately trained in preparation for reopening. This is to include support of mental health and well being of each individual.

We will ensure all team members understand the measures being put in place to minimize the risks associated with delivering dental services during the COVID-19 pandemic.

At Adams Dental we train our team remotely (by using ZOOM video calls) in the practice. We ensure that we meet any special needs our team might require (e.g. additional one to one training, handouts) and that social distancing and safety of all persons is maintained.
We also use Isopharm online learning to promote awareness of changes in dentistry related to coronavirus.

All team members keep detailed training records of all training sessions delivered by Adams Dental. Training certificates and staff meeting minutes are kept securely in personal staff folders.

Return to work personalized risks assessment

Risk assessment of all team members must be carried out prior to returning back to work to ensure that they do not fall into vulnerable worker groups and are asymptomatic from Covid-19 symptoms.

At Adams Dental we use an assessment for screening of all our admin and clinical team members, and cleaner, including locums and temporary staff, prior to their return to work. Team members are assessed in line with the case definition for possible COVID-19 and isolation requirements. The purpose of this risk assessment is to protect staff and identify possible/confirmed COVID-19 cases, household contacts, staff who should be shielded, those who may require more enhanced PPE and those who are moderately or clinically extremely vulnerable from COVID-19.

Personalized staff questioner risk assessment and medical history questioner is completed by all team members. All staff members have a duty of informing the practice manager if any changes occur.

Team clothing procedure and arrival to work

The following procedure outlines the steps all team members (admin and clinical team members) must take to ensure that the risk of transmission of COVID-19 through clothing is reduced. This helps to ensure the safety of patients and team members at the practice in addition to reducing the likelihood of transmission to your home.
All team members completed a thorough training on this protocol.
All steps in the process must be followed every working day. This procedure applies to all team members.

In preparation for work, all team members must:

- ✓ Ensure they wear clean clothes
- ✓ Bring to work either two pillowcases or two disposable single-use plastic bags plus a spare disposable single-use plastic bag for their mobile phone
- ✓ Avoid public transport where possible
- ✓ Maintain social distancing and wear a fluid resistant mask if using public transport

On arrival at work:

- ✓ Clean your hands with alcohol gel a the sanitation station provided at the entrance
- ✓ Place your phone in the disposable plastic bag for the duration of the working day
- ✓ Prior to any clinical activity, change into clinical work wear as soon as possible. Ensure compliance with PPE donning and doffing procedure
- ✓ Put the clothes you wore to work in one of the pillowcases or plastic bags. Label with your name or place it in your locker immediately.
- ✓ **Team members at Adams Dental are asked to place all personal items in their locker secured with a padlock. Our practice will not take any responsibility for items being lost or theft of their personal items.**

At break and lunch:

- ✓ Clinical clothing must be removed prior to consuming food. Home clothes should be worn when eating
- ✓ Team members are asked to take their lunch and break in area provided at the next-door building in the main, front room and ensure, that social distance is kept at al time. Team members driving to work can also take their break in their car.
- ✓ Clinical team members will not need to change scrubs between sessions in one day, but must ensure that their scrubs are kept in the second pillowcase whilst they are eating

End of clinical activity before leaving the practice:

- ✓ Put all clinical work wear worn that day into the second pillowcase or plastic bag
- ✓ Change into the clothes you travelled to work in

On arriving home:

- ✓ If travelling by public transport, hands should be washed thoroughly (ensuring the washing and drying of the forearms and wrists)
- ✓ If travelling by car, clean down the car with disinfectant wipes on arriving at home
- ✓ Avoid contact with all surfaces as you enter your home
- ✓ Wipe with disinfectant wipes any areas you came into contact with
- ✓ If a pillowcase has been used to store soiled clothes place directly into the washing machine drum or if a plastic bag has been used remove clothes from the plastic bag and place in drum by hand. Dispose of the plastic bag and wash hands thoroughly (ensuring the washing and drying of the forearms and wrists)
- ✓ Do not put any other clothes or items in the washing machine
- ✓ Select a wash of 60°C or above
- ✓ Wipe down the washing machine with disinfectant wipe
- ✓ Safely dispose of the plastic bag your phone was in
- ✓ Shower and dress in fresh clothes
- ✓ One the washing cycle has completed, tumble dry clothes if possible
- ✓ If tumble drying is not possible, ensure that clothes are ironed

Pre-Preparation of the Practice Environment (reception and admin team)

Although dental treatment will require closer contact than the recommended two meters, social distancing measures will be applied as far as possible throughout the process.

The necessary PPE will be made available to reception staff. A plastic screen is put up at the reception desk and the admin staff will wear fluid resistant surgical masks. We will initially have only one admin/reception team member present at any one time, until more surgeries

are operating. Reception staff will wear FRSMs mask if 2 meters distancing cannot be maintained.

Physical and social measures will be implemented to prepare the practice environment in advance of accepting patients including appropriate signs, posters and markings.

We have used a checklist of actions for reopening a dental practice following COVID-19 shutdown, provided by iComply and some guidelines from SDCEP.

Covid 19 Practice risk assessment

Health and Safety manager Dr Ricky Adams will carry out practice risk assessment. This risk assessment is carried out prior to reopening out practice or as required should any significant event take place.

Practice risk assessment is carried out using a template, which is attached to this SOP, template 2 Covid 19 practice risk assessment C 204.

6.Staff wellbeing policy

At Adams Dental we promote a workplace environment that supports the mental wellbeing of all its team members. This have **Staff Wellbeing Policy** provides a framework within which the practice will encourage and facilitate working practices and services, which support their team's health and wellbeing, particularly in relation to COVID-19

7.Staff Illness Reporting and Self-Isolation Protocol

All team members and managers use this section as instructions on the steps to follow if they have symptoms, are exposed to an infected person or are tested positive for Covid-19 (either at home or in the workplace). Additionally we have RIDDOR policies in place and all staff members are trained and aware of reporting procedures in the practice. Any incidents will be reported to Zaneta Dobosz or Ricky Adams.

Each team member will be trained and provided with this document for ease of reference. Should the government guidance change, this document will need to be kept under review and adopted to meet guidance and/or NHS SOPs. For each 'scenario' there are management and team protocols that must be followed once finalized and communicated via training.

Illness Reporting

The self-isolation protocol applies in the following scenarios:

1. Team member has developed COVID-19 symptoms at home and/or received a positive test result
2. The team member has presented symptoms whilst in the workplace
3. A person from the team member's household has symptoms or received a positive test result
4. A team member has been exposed to a person presenting COVID-19 symptoms in the workplace
5. A team member has been contacted by NHS trace and test

All team members should be trained and made aware of the symptoms of COVID-19, currently defined by the UK government as:

- fever, particularly a high temperature (ie a temperature of 37.8 degrees or over)
- continuous cough; or
- loss of sense of taste or smell

Riddor Reporting

Adams Dental has a duty to report a case of disease to HSE where a person at work (a worker) has been diagnosed as having COVID-19 due to an incident and/or exposure at work. In reality it may be very difficult to clearly link a team member getting infected with COVID-19 to work within the practice. However, there may be scenarios where the cause of infection was more likely to be at work and should therefore be reported. For example, the practice has chosen to perform a high-risk AGE emergency treatment on a Category 1 patient, during the treatment an incident compromised an FFP2/3 mask and subsequently a team member was diagnosed with Covid-19. The practice will act responsibly and err on the side of caution in relation to RIDDOR reporting.

Additionally, employers have a duty to report any dangerous occurrences (an accident or incident at work has, or could have, led to the release or escape of coronavirus). Practice may therefore need to report an incident, such as the example given above, even if no confirmed infection has occurred.

In all cases practices will want to use G 110A/B forms to internally report incidents and carry out significant event analysis, along with quality improvement measures (action plans, meetings etc.), where applicable.

Test and trace –

At this time there is a lack of information with regards to the test and trace system available to private and NHS dental practices at this time.

Specifically as to which measures are being taken to take into account for medical and dental teams who may be in contact with the public and higher risk individuals but who are doing so under the remit of SOP such as this and those by the UDC's and only with the appropriate enhanced PPE outlined in all NHS and government guidance.

Team members are advised that if they are contacted by test and trace they are to in the first instance of that contact, inform the test and trace caller that they work in a clinical environment in both and NHS and private capacity.

They are also to request information of the day and time when they were allegedly in contact with the person/persons sick with COVID, and, if that contact falls during work time to explain that this contact would have occurred whilst in the clinical setting and during which time the team member was wearing full PPE.

The team member should ideally request the documentation from the test and trace team be sent to them in writing and to ask for a contact email or phone number where the team member or the practice manager can follow up with the test and trace team to confirm this is may be a false positive flagged due to the test and trace team not being aware of the SOP and PPE measure in place during the time of alleged exposure.

Scenarios

Scenario 1 - **Team member has developed COVID-19 symptoms at home and/or received a positive test result**

Team member responsibilities
If you develop any of the symptoms as defined above:

- contact medical services NHS111 if you suspect you have a COVID-19 related illness
- notify your manager Zaneta Dobosz by phone or video link by 8am on the first day symptoms presented.
- do not go to work
- follow current government guidelines on self-isolation, (medical advice is to stay at home for at least 7 days from when the symptoms started)
- apply for a test online, or call 119. If you test positive, you must continue to stay at home for 7 days or until your symptoms have passed. If you test negative, you must complete the 14-day isolation period
- alert people you have been in close contact with in the last 48 hours and in line with current guidelines, advise them to stay at home and self-isolate for 14 days from the day last in contact
- keep your manager informed of your condition
- provide an isolation note if you are not well enough to work from home

- if you develop new symptoms at any point after ending your first period of staying at home, then you must follow the same guidance on self-isolation again and notify your manager

Manager responsibilities
If your team member notifies you that they have symptoms or received a positive test result:

- advise the team member to contact NHS111, follow self-isolation guidelines and stay at home for 7 days from the onset of symptoms, or longer if they continue to have a high temperature
- advise them to take a test (if they haven't already) and provide them with information of local testing sites. If the team member is not able to do this, you can apply for them to have a test on their behalf using the employer referral portal.
- record their absence in your absence reporting documentation
- follow your environmental cleaning procedures of areas the team member has been working in
- if the team member has been working in the practice, prior to having symptoms, consider alerting colleagues and patients who have been in contact with them in the last 48 hours, so they can socially distance and be alert to any symptoms. If they are contacted by NHS trace and test, they should follow their guidance on self-isolating
- if the team member feels well enough, discuss options of home working whilst self-isolating
- request an isolation note if your team member is not well enough to work from home. You are able to check an isolation note is valid
- if the team member develops new symptoms at any point after ending their first period of staying at home, they must continue to follow the guidance and self-isolate again
- carry out regular welfare checks, to ensure their safety and wellbeing
- when the team member has passed the self-isolation period and does not have any symptoms, carry out a return to work/personalised risk assessment prior to the team member returning to the practice

Scenario 2 - **The team member has presented symptoms whilst in the workplace**

Team member responsibilities:

- stop work immediately and follow doffing procedures for PPE (if applicable)
- notify your manager
- go home and avoid using public transport if possible
- refer to scenario 1 protocol and follow government guidelines on self-isolating

Management responsibilities:

- send them home immediately and advise they refer to scenario 1 protocol and follow government guidelines on self-isolating
- follow your environmental cleaning procedures of areas the team member has been working in
- advise patients and team members who have had close contact with the team member in the last 48 hours, for awareness, be alert to symptoms and socially distance
- keep a record in your absence reporting documentation
- if they are well enough, discuss options of home working if possible
- carry out regular welfare checks, to ensure their safety and wellbeing

- refer to scenario 1 protocol for next steps when ending the self-isolation period and able to return to work

Scenario 3 - **A person from the team member's household has symptoms or received a positive test result**

Team members responsibilities:

- notify your manager [name] by phone or video link by [time] on the first day you are made aware a member of your household has symptoms or tested positive for COVID-19
- do not go to work
- follow government guidelines and self-isolate for 14 days from the onset of symptoms and socially distance where practicable at home
- consider alerting people you have had close contact with in the last 48 hours
- stay in contact with your manager
- provide isolation note if requested
- if you go on to develop symptoms, you should stay at home for 7 days from the date symptoms start and follow scenario 1 protocol

Managers responsibilities:

- Advise the team member to stay at home and follow government guidelines and self-isolate for 14 days
- record their absence in your absence reporting documentation
- discuss options for home working
- request an isolation note if not able to work from home and it is an option
- advise patients and team members who have had close contact with the team member in the last 48 hours, for awareness and be alert to symptoms and socially distance
- Carry out regular welfare checks, to ensure their safety and wellbeing
- When the team member has passed the self-isolation period and does not have any symptoms, carry out a return to work/personalised risk assessment prior to the team member returning to the practice
- If the team member goes on to develop symptoms, follow scenario 1 protocol

Scenario 4 - **A team member has been contacted by NHS trace and test**

Team member responsibilities:

If you have been contacted by NHS trace and test that you have been in contact with an infected person

- Inform the test and trace caller that they work in a clinical environment in both and NHS and private capacity.
- Request information of the day and time when they were allegedly in contact with the person/persons sick with COVID, and, if that contact falls during work time to explain that this contact would have occurred whilst in the clinical setting and during which time the team member was wearing full PPE.
- Request the documentation from the test and trace team be sent to them in writing and inform the tracer that you will be forwarding their contact details to our practice manager who will be in contact with them.
- Notify your manager immediately and do not go into work
- follow government guidelines and self-isolate until further notice from the practice manager.
- stay in contact with your manager
- provide isolation note if requested, or proof of correspondence from test & trace

- if you go on to develop symptoms, you should stay at home for 7 days from the date symptoms start and follow scenario 1 protocol

Manager responsibilities:

- Advise the team member to stay at home and follow government guidelines and self-isolate until further notice.
- record their absence in your absence reporting documentation and make provisions for covering staff as needed for that working day.
- Notify the clinical manager and the practice principles.
- Request permission from the employee for their case and records to be shared with you from NHS test & trace (they may to do this directly with test & trace).
- request from the employee a copy of any correspondence from test and trace.
- Contact NHS test & trace and establish communication with a tracer authorised to discuss the employees case.
- In writing or email send the tracer our SOP and explain the enhanced PPE and clinical measures in place during the time period referenced.
- carry out regular welfare checks, to ensure their safety and wellbeing
- carry out a return to work/personalised risk assessment prior when they have ended the isolation period
- refer to scenario 1 protocol if the team member goes on to develop symptoms

8.Practice preparation and action plan

General

We arranged for the practice to be cleaned thoroughly and removed any clutter to facilitate frequent cleaning and disinfection.

We have a screen protector at the reception desk.

If we will be operating waiting areas, then we will ensure that social distancing between seating will be arranged.

- Posters about COVID-19 and protective measures at entrance and throughout practice. Posters will be updated as required according to the national guidance.
- Social distancing markers (2m) throughout the practice, as well as patient/staff flow signage and plan how you will enforce this
- We remove all non-essential items including pictures, ornaments, toys, books and magazines etc. from all areas of the practice
- We remove and/or deactivate water dispensers or beverage machines
- We arrange a designated area for patient belonging storage during appointments
- We place laminated signage around the practice to support the patient journey/direct patients

Operational

- We arrange zoning the appointment diary into treatment sessions
- We consider using single-use pens or ask patients to use their own
- We create Rotas for cleaning of reception and communal areas throughout the day. Our staff rota and patients appointments booking is managed well to allow our staff members to keep the practice and all areas used clean as required.
- We create rotas and break times accordingly to maintain social distancing
- We have reviewed how you we issue treatment plans and medical histories etc. and we have adopted a paperless process as much as possible, whilst also having an analogue counterpart available for those patients unable to comply with the online documentations and process. Please see document 'AD COVID Patient Journey' for further details of this protocol.
- A digital and analogy pre-appointment pack (PAP) has been created and will be sent to all patients prior to attending an appointment.
- Our Clinical manager Susana Santos has carried out an audit for waste management. Waste management contracts were reviewed as waste volume likely to increase. Waste volume will be monitored, waste management contractors will be updated and contract reviewed accordingly if required.
- Use cashless payments where possible and consider online pre-payment as part of your patient journey. Wireless PDWQ machines are located at the reception to allow patients make payment whilst keeping social distance with our staff and other patients.

Clinical

- We arranged a specific room for “Donning” of PPE and it is currently in Surgery 3
- Ensure FFP2/3 masks have been fit tested and that you have certificates on file. Training for all staff members has been arranged on 24th June 2020, this will allow the fit testing of the current masks, as well as certification for our staff to be able to

fit test each others new masks should we change brand. This training will provide us with competence of fit test different facemasks.

Hygiene

- We created a hand sanitising station for patients at practice entrance
- We ask patients to arrive for their appointments wearing face covering. Alternatively, we will provide patients with facemasks at the reception upon their arrival.
- We ensure that supplies for hand and respiratory hygiene (Alcohol sanitiser/tissues) are available throughout the practice, especially outside surgeries with laminated instructions.
- We have a foot controlled clinical waste bins throughout practice
- We placed hand-washing instructions above all appropriate sinks, including in toilets
- We placed posters and signage in the practice regarding hand and respiratory hygiene (“Catch it, bin it, kill it”)

9.Hand and Respiratory Hygiene Policy and Procedure

It is our practice policy is to provide clear information to team members on what hand and respiratory hygiene measures should be undertaken within the practice and when they should be followed.

10.Hand hygiene and procedure best practice

Washing hands thoroughly with soap and water is essential to reduce the transmission of infection. All team members should ensure they are familiar with hand hygiene best practice and know when they should undertake hand washing and santisation. Hand hygiene can be undertaken using an alcohol handrub when hands are visibly clean.

- A good hand washing technique involves wetting the hands under warm running water before applying liquid soap
- The hands should be rubbed together for 15 – 20 seconds so that the soapy water comes into contact with all surfaces of each hand, wrists and forearm
- It is important to wash under any rings and it is advisable to remove wristwatches before washing
- Hands should be rinsed thoroughly and then dried with paper towels
- When using hand sanitiser, hands should be free of visible dirt
- Enough hand sanitiser should be used to completely cover all the surfaces of each hand
- The hands should be rubbed together until the solution has evaporated

At Adams Dental wer have diagrams of the procedures that all team members must follow when washing and sterilising their hands. The diagrams are placed by all handwash station in each surgery.

When to perform hand hygiene

1. All team members, patients and visitors to the practice should decontaminate their hands with alcohol-based hand rub when entering and leaving the practice
2. Hand hygiene must be performed immediately before and after every episode of direct patient care and before putting on and after removing gloves
3. Hand hygiene must be performed after any activity or contact that potentially results in hands becoming contaminated, this includes (but not limited to):
    a. The removal of PPE
    b. Equipment decontamination
    c. Waste handling

Respiratory hygiene and procedure best practice

Respiratory and cough hygiene should be observed by staff and patients/carers. Disposable tissues have been made available and should be used to cover the nose and mouth when sneezing, coughing, or wiping and blowing the nose – ‘Catch it, bin it, kill it’. The following poster is displayed throughout the practice.

Respiratory and cough hygiene is designed to minimise the risk of cross-transmission of respiratory illness (pathogens).

<u>Team members should follow the following guidelines and should encourage, as much as possible, patients and other visitors to do the same:</u>

- ✓ Cover the nose and mouth with a disposable tissue when sneezing, coughing, wiping and blowing the nose
- ✓ Dispose of all used tissues promptly into a waste bin
- ✓ Wash hands with non-antimicrobial liquid soap and warm water after coughing, sneezing, using tissues, or after contact with respiratory secretions or objects contaminated by these secretions
- ✓ Where there is no running water available or hand hygiene facilities are lacking, staff may use hand wipes followed by alcohol-based hand rub and should wash their hands at the first available opportunity
- ✓ Keep contaminated hands away from the eyes nose and mouth

Staff should promote respiratory and cough hygiene helping those (e.g. elderly, children) who need assistance with this e.g. providing patients with tissues, plastic bags for used tissues and hand hygiene facilities as necessary.

Measures to be taken within the practice

The following measures have been taken to ensure that good hand hygiene can be undertaken by team members, patients and visitors to the practice:

a) Hand hygiene facilities for patients to use when they enter the practice have been be provided
b) Disposable tissues and bins have been made available for team members, patients, and other visitors throughout the practice
c) Laminated signs have been placed throughout the practice offering advice on hand hygiene, respiratory hygiene and cough etiquette.
d) Instructions include how and when to perform hand hygiene, to use tissues to cover nose and mouth when coughing or sneezing and to dispose of tissues and contaminated items in waste bins (lined and foot operated)
e) Suitable supplies of products and equipment for hand and respiratory hygiene are being maintained, this includes (but not limited to):

a. Alcohol-based hand rub (ABHR; 60- 80% alcohol by volume)
b. Soap
c. Paper towels
d. Tissues
e. Waste bins (lined and foot operated) for disposal, at the practice entrance, reception, waiting rooms, surgeries and any other identified contact points

10.1.Personal Protective Equipment

PEE Staff Training

At Adams Dental all team members (admin and clinical members) will receive a thorough on the following:

- When to use PPE
- What PPE is necessary
- How to properly don, use, and doff PPE in a manner to prevent contamination of self and others.
- How to correct utilize reusable PPE (e.g. goggles, visors, gowns) and ensure they are properly cleaned, decontaminated, and maintained after and between uses according to manufacturer's instructions.
- How to remove PPE when taking breaks from clinical activities and maintain physical (social) distancing in staff rest areas.

PPE required for domestic cleaning of the practice

Appropriate PPE (i.e. apron, gloves, safety goggles) should be utilised for environmental cleaning throughout the practice.

PPE required in non-surgical areas

Required PPE will be available to reception staff, based on the risk assessment. If one cannot ensure that a two-meter distance is maintained between reception staff and patients and there is no glass/plastic screen at your reception desk, reception staff should wear fluid resistant surgical masks.

Team members are aware that in event of 2 admin staff members working together at the reception, they both must wear fluid resistant masks.

We have a plastic screen is provided as a barrier. Fluid resistant surgical masks should also be used if there is more than one person at reception present and physical (social) distancing cannot be maintained for whatever reason.

PPE required for NON – AGP / LOW RISK AGE

When providing direct patient care, PPE that meets the requirements for non-aerosol generating procedures is:

- Single use disposable gloves
- Single use disposable plastic apron
- Fluid-resistant (Type IIR) surgical mask
- Eye / face protection (single use or reusable face/eye protection/full face visor or goggles

PPE required for AGP / HIGH RISK AGE

When providing direct patient care, PPE that meets the requirements for aerosol generating procedures is:

- Single use disposable gloves;
- Single use disposable plastic apron;
- Single use or reusable gowns
- FFP2 / FFP3 / Respirator type mask
- Fluid-resistant (Type IIR) surgical mask can be placed over these masks
- Eye / face protection (single use or reusable face/eye protection/full face visor or goggles)

PPE should be disposed of after each session or earlier if damaged, soiled, or uncomfortable.

Usual dental practice involves the disposal of facemasks after each patient. Under the current circumstances, dental professionals should risk assess the frequency of changing surgical type IIR masks, including sessional use.

Appropriate PPE should be selected following a risk assessment of the procedure, the staff, the patient, as well as the current national alert level in order to best protect all concerned. A risk assessment should also be conducted for any accompanying carers. PPE selection will be dependent on the risk assessment (see Table above).

PPE Summary table

Information in the table below is based on current recommendations from the UK Government and the Faculty of General Dental Practice at the time of publication.

	Reception/No Clinical Treatment	Standard PPE for Low-risk AGE (Non-AGP)	Enhanced PPE for High-risk AGE (AGP)	Decon Room/Runner
Good hand hygiene	Essential	Essential	Essential	Essential
Disposable gloves	Dependent on activity (e.g. should be worn for cleaning)	Essential	Essential	Essential
Disposable plastic apron	Dependent on activity (e.g. should be worn for cleaning)	Essential	No	Essential
Gown	No	No	Essential	No
Fluid-resistant surgical mask	Essential (sessional use where 2m social distancing cannot be maintained)	Essential	No	Essential
Filtering face piece respirator (FFP3 or FFP2 if not available)	No	No	Essential	No
Eye and Face protection	No	Essential	Essential	Essential
Head and Shoe Covers	No	No	Recommended if deemed appropriate due to individual risk and for clinical team members who wear turbans, hijabs or other head covering as part of their faith	Unclear, so recommended if deemed appropriate due to individual risk and for team members who wear turbans, hijabs or other head covering as part of their faith

Reusable PPE

Reusable PPE must be used and cleaned in line with guidance and practice policies.

Scrubs

The use of full gowns in high risk situations will protect scrubs worn under the gown, therefore, clinical team members will not need to change scrubs between sessions in one day (for example before and after lunch). However, scrubs should be removed before eating and changed daily—with washing procedures followed as outlined in the Team Clothing Procedure.

Gowns

We currently don't have facilities to wash uniforms and gowns at the practice.
We have a protocol in place with instructions on doffing and disinfection of these gowns and it is carried out following a strict protocol to prevent contamination.

Practice policy for washing reusable gowns and uniforms

When doffing, used gowns End of clinical activity before leaving the practice:

- ✓ Each staff member is responsible for washing his or her own uniforms and gowns.
- ✓ When doffing, put used gowns in designated area in Surgery 3 in dirty uniforms bin (single use bin bag to be used)
- ✓ When putting used gowns in the bin, ensure that the gown does not touch outer surface of the plastic bag or the bin.
- ✓ At the end of the session/day, the plastic bin bag with used gowns is placed in a second single use plastic bin bag
- ✓ Each team member takes their gowns and scrubs home to wash
- ✓ Put the dirty gowns in a washing machine very carefully and ensure you don't touch areas around
- ✓ Dispose of the plastic bags and wash hands thoroughly (ensuring the washing and drying of the forearms and wrists)
- ✓ Do not put any other clothes or items in the washing machine
- ✓ Select a wash of 60°C or above
- ✓ Wipe down the washing machine with disinfectant wipe and any areas around that may be contaminated

Reusable Masks

Reusable masks with appropriate filters are available and may be used within the practice, however, it is important that doffing and disinfection of these masks is carried out following a strict protocol to prevent contamination. After training provided, each individual is responsible for their reusable masks and follows the manufacture guidance for maximum amount of hours they can wear these masks and they must never be used for more than 1 session.

Visors that fit loupes

Not all visors allow for loupes to be worn, therefore the practice will need to make arrangements to ensure that all clinical team members have appropriate visors if loupes need to be worn.

Mask Selection

The following should be considered when considering the appropriate mask for clinical team members to wear before a procedure:

- Mask selection will be dependent on the procedure and/or the individual clinical team member
- A risk assessment should be undertaken before a procedure is undertaken
- All FFP2 / FFP3 masks must be fit tested – ***session booked for 24th June 2020***
- In most instances an FFP2 mask would seem to provide adequate protection for high risk AGEs
- FFP3 masks can provide some marginal benefit in terms of protection compared to an FFP2 mask. It may be worth considering the use of a higher-grade respirator (FFP3) if a risk assessment indicates that this would be worthwhile
- Whichever mask is worn, it must be appropriately fit tested, and it should be stressed that mitigating measures such as rubber dam usage, high volume suction and four handed dentistry are all key factors in reducing exposure to aerosol

For team members unable to wear masks

Clinical team members who are unable to wear a FFP2/FFP3 mask either due to a failure of fit testing as a result of having a beard and are unable to shave for either religious or cultural reasons have the option of wearing a powered air purifying respirator (PAPR) hood. A PAPR hood functions at the level of an FFP3 mask but is reusable and does not require any fit testing. Those who may have skin conditions such as eczema may also find the PAPR useful.

11.PPE Donning and Doffing Procedures

It is imperative that all team members follow this procedure to minimise the potential for cross contamination.

Location and set-up of donning and doffing areas

At Adams Dental we have designated Surgery 3 for donning and doffing. We ensure that the area is kept clean at all the time. Doffing should be performed cautiously in Surgery 3 where we use hand washing facilities and clinical waste disposal.

Note that where a procedure which involves a higher risk of aerosol generated exposure (AGE) has been undertaken, a team member's mask must not be removed until they have left the surgery.

Before putting any PPE on requirements for all team members

- Ensure they are hydrated
- Ensure they are not wearing any jewellery, bracelets, watches or stoned rings
- Be in their appropriate clinical workwear (e.g. for clinical team members this is likely to be scrubs and wipe clean or washable footwear)
- Tie hair back
- Have all the PPE they are about to don in front of them ready to put on

Donning and Doffing Procedure for Lower-Risk AGE/Non-AGP

Donning

1. Perform hand hygiene using alcohol hand gel or rub, or soap and water
2. Put on plastic apron, making sure it is tied securely at the back
3. Put on surgical face mask, if tied, make sure securely tied at crown and nape of neck. Once it covers the nose, make sure it is extended to cover mouth and chin
4. Put on face visor
5. Put on non-sterile nitrile gloves

The team member will now be ready to enter the patient area.

Doffing

All PPE must be disposed of as healthcare (including clinical) waste.

The following doffing procedure should be followed in order.

1. Remove gloves, grasp the outside of the cuff of the glove and peel off, holding the glove in the gloved hand, insert the finger underneath and peel off second glove
2. Perform hand hygiene using alcohol hand gel or rub, or soap and water
3. Snap or unfasten apron ties the neck and allow to fall forward. Snap waste ties and fold apron in on itself, not handling the outside **as it is contaminated**, and discard in clinical waste
4. Once outside the patient area, remove face visor and [discard] OR [place in container for reprocessing in line with manufacturer's instructions]
5. Perform hand hygiene using alcohol hand gel or rub, or soap and water
6. Remove surgical mask and discard in clinical waste
7. Perform hand hygiene using alcohol hand gel or rub, or soap and water

Donning and Doffing Procedure for Higher-Risk AGE/AGP

Donning
The following donning procedure should be followed in order.

1. Before putting on PPE the team member must:
   - Have all the PPE they are about to don in front of them ready to put on. The team member should check PPE is the correct size and the respirator is the same type they have been fit tested to use is available
   - [Ensure that their buddy is present and able to assess the fitting of the PPE once donned]
   - Perform hand hygiene using alcohol hand gel or rub, or soap and water
2. Put on the long-sleeved, fluid repellent gown. Fasten neck and waist ties
3. Mask (FFP2/FFP3):
   a) Ensure that the same conditions as the fit testing are met (type of mask, size, spectacles)
   b) Position upper straps on crown of head above the ears
   c) Position lower strap at the nape of neck
   d) Ensure the respirator is flat against cheeks
   e) Use both hands to mould the nose piece from the bridge of the nose, pressing firmly on both sides of the nose until a good facial fit is achieved – **DO NOT PROCEED IF THIS CANNOT BE ACHIEVED**
   f) Perform a fit check in line with manufacturer's instructions
4. [Put on cap]
5. Put on face visor and adjust fit if required
6. Put on correctly sized gloves and ensure the glove covers the cuff of the gown
7. [This practice adopts a "buddy" system for checking the fitting of masks and gowns. The team member must ensure that their "buddy" is satisfied that their PPE is of the correct fitting before entering the patient area.]

The team member will now be ready to enter the patient area.

Doffing
All PPE must be disposed of as healthcare (including clinical) waste.

The following donning procedure should be followed in order.

1. Gloves:
   a) Grasp outside of glove with opposite hand and peel off
   b) Hold removed glove in the gloved hand
   c) Slide fingers of un-gloved hand under the cuff of the gloved hand
   d) Peel off the glove over the first glove and discard
2. Perform hand hygiene using alcohol hand gel or rub, or soap and water
3. Gown:
   a) Unfasten necktie
   b) Unfasten waist tie
   c) Pull gown away from the neck and shoulders, touching the inside of the gown only using a peeling motion as the outside of the gown will be contaminated **NOTE: the outside of the gown will be contaminated**

    d) Turn the gown inside out and fold/roll into a bundle and [discard in clinical waste] OR [reprocess in line with manufacturer's instructions]
4. [Remove cap and discard]
5. Eye protection:
    a) Tilt head slightly forwards and use both hands to remove face visor
    b) [Discard] OR [Place in container for reprocessing]
6. Mask:

Should not be removed until after the team member has left the surgery

    a) Do not touch the front of the respirator as it will be contaminated
    b) Lean forward slightly
    c) Reach to the back of the head with both hands to find the bottom retaining strap and bring it up to the top strap
    d) Lift straps over the top of the head
    e) Let the respirator fall away and [discard in clinical waste] OR [reprocess in line with manufacturer's instructions]
    f) Wash hands with soap and water

Donning and Doffing for Higher-Risk AGE with Powered Air Purifying Respirators (PAPR)

Donning

The following donning procedure should be followed in order.

1. Before putting on PPE the team member must:
   - Have all the PPE they are about to don in front of them ready to put on including the PAPR. The team member should check PPE is the correct size.
   - [Ensure that their buddy is present and able to assess the fitting of the PPE once donned]
   - Perform hand hygiene using alcohol hand gel or rub, or soap and water
2. PAPR:
   a) Put on the elasticated theatre cap
   b) Attach the hood to the PAPR helmet using snap-on mounts
   c) Put on the belt and battery pack
   d) Connect the power cord to the PAPR and put the helmet on
   e) Ensure the PAPR shows three green lights (battery fully charged)
   f) Set power on quiet
3. Put on the long-sleeved, fluid repellent disposable gown **over** the PAPR hood. Fasten neck and waist ties
4. Put on correctly sized gloves and ensure the glove covers the cuff of the gown
5. [This practice adopts a "buddy" system for checking the fitting of masks and gowns. The team member must ensure that their "buddy" is satisfied that their PPE is of the correct fitting before entering the patient area.]

Doffing

The following donning procedure should be followed in order. Team member must have a "buddy" to perform doffing of PAPR.

1. Gloves:
   a) Grasp outside of glove with opposite hand and peel off
   b) Hold removed glove in the gloved hand
   c) Slide fingers of un-gloved hand under the cuff of the gloved hand
   d) Peel off the glove over the first glove and discard
2. Perform hand hygiene using alcohol hand gel or rub, or soap and water
3. Gown:
   e) Unfasten necktie
   f) Unfasten waist tie
   g) Pull gown away from the neck and shoulders, touching the inside of the gown only using a peeling motion as the outside of the gown will be contaminated **NOTE: the outside of the gown will be contaminated**
   h) Turn the gown inside out and fold/roll into a bundle and discard
4. PAPR

   The PAPR should not be removed until after the team member has left the surgery
   a) Roll hood forward over top of helmet starting from the back
   b) Detach snap on mounts & pull gently up and forward to release the hood from the helmet
   c) Dispose safely
   d) Wash hands with soap and water
   e) Buddy (wearing gloves) removes helmet, belt & battery pack

f) Disinfect helmet disinfect helmet following a strict protocol to prevent contamination

Public Health England Video demonstrations of PPE

The link below contains information provided by Public Health England on putting on and removing PPE and all team follow this procedures.

https://www.youtube.com/watch?v=kKz_vNGsNhc
https://www.youtube.com/watch?v=-GncQ_ed-9w

12.Infection control and precautions required during Covid pandemic (SICPs and TBPs)

Standard Infection Control Precautions (SICPs) are measures that we take to reduce the risk of infectious agent transmission, which have been developed through recognised sources such as HTM01-05. The SICPs in the Infection Prevention and Control Procedures (M 257B) should be adhered to by all staff, for all patients, at all times.

Transmission-based Precautions

Transmission-based Precautions (TBPs) are an **addition** to the SICPs (not a replacement) when SICPs alone are insufficient to prevent cross-transmission of infectious agents. They are to be applied when caring for a patient with a known or suspected infectious agent such as COVID-19. The TBPs are classified on the following routes of transmission:

- **Contact precautions:** used to prevent and control infection transmission via direct contact or indirectly from the immediate care environment

- **Droplet precautions:** used to prevent and control infection transmission over short distances via droplets (>5µm) from the patient to a mucosal surface or the conjunctivae of a dental team member. A distance of approximately 1 metre around the infected individual is the area of risk for droplet transmission

- **Airborne precautions:** used to prevent and control infection transmission via aerosols (≤5µm) from the respiratory tract of the patient directly onto a mucosal surface or conjunctivae of one of the dental team without necessarily having close contact

During the COVID pandemic, it would be advisable suspect all patients, staff, and visitors of having an infectious agent and apply TBPs wherever possible. This SOP set contains TBPs, which we adapted, and use to build upon existing SICPs.

13.Environmental Cleaning Considerations and Schedule

All team members involved in cleaning processes have been trained in the areas to clean, process to follow and products to use. The team will wear a mask, eye protection (goggles/visor), apron and gloves where required when carrying out environmental cleaning*****.

Cleaning products

During COVID pandemic we use cleaning product that is safe and effective against viruses.
We use chlorine tablets, which are safe and alternative to liquid bleach.

At Adams Dental we have the following solutions available:

- **General disinfection of surfaces**
  1 tablet of chlorine in 1 liter of water
  We allow 15 min contact time

- **Toilet**
  1 tablet of chlorine per 2.5 liter of water

- **Floors, tiles, Food preparation surfaces**
  1 tablet of chlorine in 5litres of water
  We allow it soaking for 3 minutes and air dry or using disposable paper towels.
  Neutral (non cationic) solution can be added to aid cleaning.

- **Mops, cleaning cloths, cleaning sponges**
  1 tablet of chlorine in 16 liters of water
  We soak to bleach clean but do not soak overnight.

- **Body liquid spills**
  1 tablet of chlorine in 100ml water
  We allow a minimum 2 min contact time

- **Labortory discard jars**
  1 tablet of chlorine in 400ml water
  We soak overnight

For all surfaces that are not safe to be cleaned with chlorine or alcohol we use:

- Clinell
- Steriwipes – for dental chair

COSHH risk assessments (M 267B) have been completed for all cleaning products and the team is been trained in their safe handling, use and disposal. Our COSHH lead person Susana Santos has carried this out.

Compatibility of cleaning and disinfectant products with areas to be cleaned have been checked and outlined in the schedule. The team will follow manufacturer's instructions for dilution, application and contact time.

Equipment

Mop handles and buckets are color-coded, designated to zones in line with the Infection Prevention Procedures and will be cleaned following each use with a solution of 1000ppm chlorine.

Mop heads are reusable and will be disinfected following each use with a solution of 1000ppm chlorine.

Floors are cleaned with water combined with chlorine. We use chlorine tablets and as per the manufactures instructions we use 1 tablet per

Floor and reusable mop cleaning procedure:

1. Mop handles and buckets are color-coded according to zones
2. Floors area cleaned with chlorine solution (1 tablet of chlorine in 5 litres of water)
3. Neutral (non cationic) solution can be added to aid cleaning.
4. Mops must be cleaned after each use with chlorine solution (2 tablet of chlorine in 16 litres of water).
   Soak to clean bleach.
5. Mops must not be soaked overnight
6. Clean mops must be placed with the mop-head up

Disposable cloths and paper towels will be discarded once use in line with local Infection Prevention Procedures.

Toilets

As the patient toilet facilities will require cleaning after each use, a sign has been placed on display asking patients to request access. Paper towels and lined, foot operated bins have been provided. Air hand-dryer has been removed from use.

Waiting room

All unnecessary items such as magazines, leaflets, pens and books have been removed from the waiting room and surfaces are free of clutter to enable thorough cleaning. Chairs have been reduced in number and we have plastic chairs in place, which are easy to clean.
Water cooler has been removed from the waiting room also. Receptionist can provide patient with drinking water in a disposable cup upon request.

General surfaces

Unnecessary items have been removed from all general surfaces throughout the practice to enable thorough cleaning.

Schedule

During the COVID pandemic, the practice has created an additional cleaning schedule for team members to follow throughout the course of each day. This will be an addition to the existing domestic cleaning and clinical cleaning schedules. Copies of the schedule have been laminated and placed at reception/in the surgeries/in the staff room.

The table below is our cleaning guide we follow through the day to ensure all areas are clean as required.

Items given to patient at the reception

Any items given to patients e.g. sundries sold by the practice are being cleaned with Clinell disinfecting wipes prior to it being given to them.

The table below is our guide for domestic cleaning carried out of our common areas.

Area	Frequency	Room	Cleaning product	Responsible
Door handles and rails	Every time a patient, staff member or visitor enters and leaves	Reception/waiting room/ surgery/ staff room	Chlorine based cleaner	Receptionist/Nurse
Telephone	After each use and prior to change in user	Reception/ surgery	Chlorine based cleaner	Receptionist/Nurse
Computer screen	After each use and prior to change in user	Reception/surgery	Clinell wipes	Receptionist/Nurse
Computer keyboard	After each use and prior to change in user	Reception/ surgery	Clinell wipes	Receptionist/Nurse
Computer mouse	After each use and prior to change in user	Reception/ surgery	Clinell wipes	Receptionist/Nurse
Clinipads	After every use	Reception	Clinell wipes	Receptionist
Card machine	After every use	Reception	Clinell wipes	Receptionist
Pens	After every use	Reception/ surgery	Chlorine based cleaner	Receptionist/Nurse
Reception counter/desk	Every time a patient, staff member or visitor enters and leaves	Reception	Chlorine based cleaner	Receptionist/Nurse
Waiting room chairs	After every use	Reception/waiting room	Chlorine based cleaner	Receptionist/Nurse
Office chair	At the beginning and end of each session, between change in user, or sooner if visibly contaminated	Reception	Chlorine based cleaner	Receptionist
Floor	At the end of each session, or sooner if visibly contaminated	Reception/waiting room	Chlorine based cleaner	Receptionist/Cleaner
Alcohol hand gel dispensers	At the beginning and end of each session, or sooner if visibly contaminated	Reception/waiting room/ surgery/corridor	Chlorine based cleaner	Receptionist/Nurse/Cleaner
Toilet including sink and taps	After every use/regularly	Toilet	Chlorine based cleaner	Receptionist/Nurse/Cleaner
Reception safety screen	At the beginning and end of each session, or sooner if visibly contaminated	Reception/waiting room	Chlorine based cleaner	Receptionist/Cleaner

14.Aerosol Generated Exposure (AGE) Definition and Standard Control Measures

Below we have some information about some recommendations on control measures that we adopted to mitigate the risk of aerosol exposure and to allow us to define the procedures that are considered to be high and low risk.

AGPs and AGEs

Aerosols are a potential significant mode of virus transition and can be produced naturally during breathing, speaking, sneezing and coughing. The risk of transmission from person to person can be higher where there is a dental intervention that has the potential of creating aerosol (known as Aerosol Generating Procedures (AGPs)). Different national SOPs may be using different terms. A simplistic understanding is that AGP = High Risk AGE and Non-AGP = Low Risk AGE, however there are subtle differences between the 2 definitions, and we recommend that practices adopt the terminology and categorisation in the guidance or NHS SOP they are synthesising with this document set.

Current FGDP recommendations regarding High Risk AGEs

The current guidance is that High risk AGEs should be avoided during a high alert level (4/5). It is also important to note that treatments involving AGEs should be avoided in windowless rooms and those with windows that cannot be opened, unless they have additional mechanical extraction ventilation.

Identifying risks

Identifying the risk of exposure before undertaking a procedure is vital to ensure that appropriate risk mitigation measures are put in place (for example, appropriate levels of PPE or use of a rubber dam etc.)

Levels of AGEs in specific procedures

The following table is adapted from the Faculty of General Dental Practice (FGDP UK) guidance and provides a helpful illustration of what procedures might result in high and low risk AGEs.

Procedure	Low Risk (aerosol exposure)	High Risk (aerosol exposure)
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	Definitive restoration Use of high-speed handpieces (rubber dam and high-volume aspiration

	function only followed by low pressure air flow	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 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 ultrasonic scalers
Fissure sealants	Fissure 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 & High-Volume Aspiration 3-in-1 syringe - irrigation function only followed by low pressure air flow	High-speed handpieces used Mitigation using rubber dam & High-Volume Aspiration
Incise and drain abscess	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 oropharynx likely to induce a cough reflex

Standard Control Measures

The following table provides a standard list of control measures that could be utilised by Adams Dental in mitigating the risk of AGEs.

Technique/ measure	Recommendation
High volume suction	Essential
Personal protection PPE: Face masks, visors/goggles, gloves and protective outwear in accordance with guidance	Essential
Use of recommended techniques for donning and doffing PPE including the use of a spotter for doffing	Essential
Time and procedures for decontamination and air change between patients as per guidance	Essential
Using 4 handed techniques for dentistry	Strongly recommended (non exhaustive list) Note that the FGDP recommend four handed dentistry with High Volume Aspiration as a mitigation measure for all the following procedures where is not viable to use a rubber dam: ▪ Hygiene procedures with ultrasonic scalers ▪ Oral and periodontal surgery where handpieces are employed ▪ Preparation of teeth for indirect restorations with sub gingival margins
Reduce any unnecessary use of and time spent on procedures that may generate aerosol	Strongly recommended
Dry field operating (rubber dam,* cotton wool rolls)	Recommended where clinically appropriate
Alternate procedures to reduce aerosol use via handpieces (e.g. ART/ Hall or chemotherapeutic caries removal)	Recommended as an option where clinically appropriate.
Resorbable sutures	Recommended as an option where clinically appropriate to reduce clinical contact
Extraoral radiographs (where appropriate)	Recommended as an alternative to intraoral radiographs
Pre-procedural mouthrinse	The use of hydrogen peroxide mouth rinse and Povidine Iodine as a mouthwash has been suggested as a potential method to reduce

	amount of virus in aerosols (but there is not direct evidence of the efficacy of this to reduce C-19 transmission and use should be balanced against the risk of an allergic reaction/ generation of aerosol with rinsing).
High volume aspiration (HVA)	HVA has been shown to significantly reduce bio-aerosols and must be considered as a key mitigating measure in the reduction of aerosol spread. The use of four handed dentistry will also improve the efficiency and effectiveness of the dental team, which can also impact on the exposure risk in terms of aerosol spread and length of operative procedure

15.Surgery Disinfection Procedures (High-risk AGE/AGP)

Fallow period

For further information of fallow period please read the FGDP guidance linked in the list of resources as the start of this SOP.

We recognize that there has been a wide variety of opinion regarding the need and duration of a fallow time following high risk AGE's and we expect this section of our SOP to be reviewed in the next version of our SOP or as alert levels reduce in the country.

The Fallow Period begins from the time a high-risk AGE procedure is completed, not the time the patient leaves the surgery. This is the last moment in which the high risk equipment was being used.

The FGDP guidance explains that a practitioner can choose to adjust the recommended 60 minute time if, after carrying out a thorough risk assessment, it is considered that the risk from an AGE can be modified and provides examples of mitigating factors such as.

- Type of procedure carried out – whether a high or low risk AGE
- Use of rubber dam
- Use of HVA
- Duration of the aerosol generation
- Dimensions of the room
- Methods of ventilation
-

Our clinical team will be using rubber dams wherever possible and use of high-volume suction is standard protocol for our AGP procedures, we have not given these measures any additional weighting in our consideration of adjusting fallow time at this time.

We have invested in upgrading our air-conditioning units (all of which are extraction only) and calculated the air changes per hour, by measuring the overall dimension of the room, removing the volume of fixed items such as cabinets, using the data of the air flow of each unit to calculate the time for one air clearance in each of the different clinical rooms, and then taken the figure for 6 air clearances (as outlined in the FGDP guidance).

In both clinical rooms planned to be used for AGP's this 6ACH is 25 and 28 minutes in room 1 and 2 respectively.

As such we have adjusted our fallow time to 30 minutes instead of 60. This is only applicable with the doors of the rooms shut and the air conditioning units on extraction mode at their maximum setting.

Summary of calculation of Adams Dental ACH

ROOM		HEIGHT*	LENGTH	WIDTH	ROOM SIZE	DEDUCTIONS	HEIGHT	LENGTH	WIDTH	UNIT SIZE	TOTAL AIR VOLUME	AIR CON TYPE	AIR FLOW METRES/HR	PER MIN	TIME FOR ONE CLEARANCE	TIME FOR 3 CLEARANCE MINIMUM RECOMMENDED	TIME FOR 6 CLEARANCE				
1	RM	2.65	3.85	3.5	35.70875	UNIT 1	0.86	0.55	2.6	1.2298	31.56157	BROLIN	450	7.5	4.208209333	12.624628	25.249256				
						UNIT 2	0.86	0.7	3.15	1.8963											
						CUPBOARD	0.7	0.3	2.5	0.525											
						CHIMNEY	2.65	0.13	1.44	0.49608											
						TOTAL				4.14718											
2	RM	2.65	3.65	4.3	41.59175	UNIT 1	0.86	0.6	2.52	1.30032	35.08265	BROLIN	450	7.5	4.677686667	14.03306	28.06612				
						UNIT 2	0.86	0.6	3.7	1.9092											
						UNIT 3	0.86	0.6	1.4	0.7224											
						CUPBOARD	0.7	0.3	3.55	0.7455											
						CHIMNEY	2.65	0.48	1.44	1.83168											
						CUPBOARD 2	0.7	0.3	1.38	0.2898											
						TOTAL				6.5091											
3	RM	2.65	3	3	23.85					0											
	BAY	2.65	2.4	0.4	2.544	UNIT 1	0.55	2.2	0.84	1.0164	23.9874	B&Q	230	3.83333333	6.257582609	18.77274783	37.54549565	IF BROLIN USED IN SURGERY 3			
						UNIT 2	0.55	2.5	0.84	1.155								9.59496	15.9916		
						CUPBOARD	0.7	0.22	0.3	0.0462											
						CUPBOARD	0.7	0.9	0.3	0.189											
						TOTAL				2.4066											
					26.394					0											
										0											
										0											
										0											
RECEPTION		2.65	4.3	3.9	44.4405	CHIMNEY	2.65	0.14	1.42	0.52682	46.69618	BROLIN	450	7.5	6.226157333	18.678472	37.356944				
BAY		2.65	2.1	0.5	2.7825					0											
										0											
					47.223					0											
										0											
										0											

See also attached summary in excel format

Cleaning of Clinical rooms following AGP/HIGH RISK AGE

Staff are to reenter the room once the fallow time has ended wearing new FRSM, gloves and eye protection and to carry follow the IPC measure outlined in the practice IPC document.

Key ares to focus on (including but not limited to)**:**

- Handling and disposal of all clinical waste (including PPE)
- Decontamination of treatment areas;
    - Work surfaces
    - Dental Chair (all areas including underneath and foot controls)
    - Clinician and Nurse stools (including underneath)
    - Dental chair light
    - Hand controls
    - Trolleys
    - Spittoons
    - Aspirators
    - Door handles
    - Cabinets/cupboard doors and handles
    - Shelves
    - Windowsills
    - Sinks (including taps, splashbacks, and drainage points)
    - Floors
    - Exposed surfaces
    - Computer keyboards/covers
    - Computers
    - X-ray machines and equipment (sensors, cords, units, switches)
    - Waste containers (sharps, amalgam, clinical)
    - Dispensers (soap, alcohol gel, paper towel, gloves)
    - Light switches
- Disinfection of aspiration and spittoon with non-foaming detergent
- Changing of disposable covers
- Decontamination of instruments

Cleaning products used following high risk AGE's/AGP's

All surfaces are cleaned with a disinfectant solution of 1,000ppm chlorine as per manufacturer's instructions.

We use chlorine tablets, which are safe and alternative to liquid bleach.

- **General disinfection of surfaces that are not chlorine sensitive**
  1 tablet of chlorine in 1 litre of water
  We allow 15 min contact time

- **Floors**
  1 tablet of chlorine in 5litres of water
  We allow it soaking for 3 minutes and air dry or using disposable paper towels.
  Neutral (non cationic) solution can be added to aid cleaning.

- **Mops, cleaning cloths, cleaning sponges**
  1 tablet of chlorine in 16 liters of water
  We soak to bleach clean but do not soak overnight.

- **Body liquid spills**
  1 tablet of chlorine in 100ml water
  We allow a minimum 2 min contact time

- **Labortory discard jars**
  1 tablet of chlorine in 400ml water
  We soak overnight

For all surfaces that are not safe to be cleaned with chlorine or alcohol we use:

- Clinell
- Steriwipes – for dental chair

The team will follow manufacturer's instructions for dilution, application and contact time.

16.Surgery Disinfection Procedures (Low-risk AGE/Non-AGP)

Windows will be kept open to allow for improved airflow during and after a low-risk AGE procedure in neutral pressure rooms. We also have air conditioning units that do not recirculate air to different rooms. They are set to extraction only and this will be used for APP and non-AGP procedures.

The team will follow the PPE Donning and Doffing Procedures. Laminated Public Health England 'Putting on PPE for non AGPs' and 'Taking off PPE for non AGPs' posters are on display in all surgeries and our donning/doffing area which is in Surgery 3.

Decontamination of the clinical area following a low-risk AGE procedure can commence as soon as a patient has left the room.

15 minutes will be allocated for a clean of the surgery before the arrival of the next patient. The team will follow Infection Prevention procedures; wear a face mask, eye protection (goggles/visor), apron and gloves. They focus on (including but not limited to) the following areas*:

- Handling and disposal of all clinical waste (including PPE)
- Decontamination of treatment areas;
    - Work surfaces
    - Dental Chair
    - Inspection lamp
    - Hand controls
    - Trolleys
    - Spittoons
    - Aspirators
    - Door handles
    - Computer keyboards/covers
    - X-ray equipment
- Disinfection of aspiration and spittoon
- Changing of disposable covers
- Decontamination of instruments

Cleaning products used following high risk AGE's/AGP's

All surfaces are cleaned with a disinfectant solution of 1,000ppm chlorine as per manufacturer's instructions.

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  1 tablet of chlorine in 5litres of water
  We allow it soaking for 3 minutes and air dry or using disposable paper towels.
  Neutral (non cationic) solution can be added to aid cleaning.

- **Mops, cleaning cloths, cleaning sponges**
  1 tablet of chlorine in 16 liters of water
  We soak to bleach clean but do not soak overnight.

- **Body liquid spills**
  1 tablet of chlorine in 100ml water
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- **Labortory discard jars**
  1 tablet of chlorine in 400ml water
  We soak overnight

For all surfaces that are not safe to be cleaned with chlorine or alcohol we use:

- Clinell
- Steriwipes – for dental chair

The team will follow manufacturer's instructions for dilution, application and contact time.

17.Patient Group Categorisation and Acceptance Criteria

Definitions of catergories

Category 1 Patients:

- Patients with a confirmed case of COVID-19
- Patients who are self-isolating with COVID-19 symptoms
- Patients who are self-isolating in the same household as someone with COVID-19 symptom

Category 2 Patients:

- People that the Government define as being at high risk (clinically extremely vulnerable) or moderate risk (clinically vulnerable)

Category 3 Patients:

- All other patients

At Adams Dental we define patient groups and clarify what services they will offer and to whom.
We use Patient Screening and Triaging Procedure as a guide to how patients could be categorized.

Considerations

For example, it may be unwise or not permitted for us to treat Category 1 patients and either instruct patients from this group to follow the latest government guidance on isolation or refer them to the UDC system (if an emergency). **Alternatively, if we are allowed, we may choose to only treat Category 1 patients at the end of the working day,** after a risk assessment/clinical triage is performed and only for certain emergencies etc.

If treating category 2 patients, then significant efforts should be made to ensure that they are separated from other patient groups. This could include a separate waiting area, only treating this group for emergencies and/or at the beginning of a session/the working day. It is probably advisable for practices to discourage attendance by this group. Visors are required when treating this category type for both AGP / non AGP

Current Guidance/Considerations

At the time of publication the FGDP guidance is that Category 1 patients are not to be seen in general practice, that high risk AGEs should be avoided during a high alert level (4/5) and where patients are shielding clinicians should conduct their own risk assessment and assess the risk versus benefit of delaying treatment therefore, it would be wise for the clinical triage to be performed for patients in Category 2 before they attend.

Practice policy regarding treating different categories of patients

The practice has decided that for:

Category 1 – We will not be treating category 1 patients for any treatments at the practice and these patients will be referred to NHS UDC's.

Category 2 - We will be providing emergency only treatment services to this population group.

High-risk AGE to be avoided as much as possible in this group of patients and enhanced high-level PPE is to be worn for high risk AGE's for this patient category.

Reception and the practice manager must be informed prior to booking in a Cat 2 patient as it may be necessary to arrange this booking at a unique time so as to minimize the likelihood of contact with additional team members and staff.

Visors are required for this patient group for AGP and non AGP.

Category 3 - We will be providing treatment as needed based on our capacity as a whole, the practice will be prioritizing urgent care overall, high-risk AGE to be avoided as much as possible in this group of patients during an alert level 4, and enhanced high-level PPE is to be worn for high-risk AGE's for this and all patient categories during high risk alert levels, such as an alert level 4 and 5.

18.Patient Screening and Triaging Procedure

At Adams Dental we do our best to provide a clear structure to team members on the screening and triage process, providing them with the steps they need to take and questions that must be asked. The process consists of 4 main components. We consider this as a template to be adapted to meet national/NHS guidance, practice decisions, and our own particular circumstances.

1. **Pre Screening** – This takes place before an appointment is booked and is to determine which category the patient is in and whether the practice can accept them. This takes the form of a series of questions that will be outlined below. Patient details such as email address should be confirmed at this point. Patients are also sent digital forms ('PAP') and payment links (if applicable) at this stage if the appointment can be booked without clinical triage (e.g. by a competent receptionist) then it may be, or the clinical team can be asked for their input in triaging this patient. See the Patient Journey document.

2. **Clinical Triage** – This is an optional step that we will often take to determine whether or not the patient will be attending for an AGP/High Risk AGE and the level of risk involved enabling you to decide what precautions will need to be taken when the appointment should be booked for and for how long etc. The clinicians are all responsible for reviewing their day lists and bookings in advance and ensuring the patient is booked in for the correct procedure in the correct category.
   Where possible we also are using virtual consultation software (e.g. Heydoc) as part of this process.

3. **Screening** - This step takes place 24 hours before the appointment, when the patient is called and once again asked the screening questions outlined below. At this point the patient is also informed of the details of the **Patient Attendance Procedure (C 228)** and given all other relevant information regarding their appointment

4. **Final Screening** – This takes place when the patient attends the practice. They are asked the screening questions a final time. If screening questions indicate that the patient is now in category 1 they are instructed as per the practices position on this category

COVID-19 Screening Questions

1. **Have you been in contact with any persons who are unwell or have COVID-19 Symptoms?**

2. **Do you, or anyone in your household, have a temperature is excess of [37.8] degrees or a fever?**

3. **Do you or anyone in your household have a persistent cough? - This means coughing a lot for more than an hour, or 3 or more coughing episodes in 24 hours (if you usually have a cough, it may be worse than usual).**

4. **Have you, or anyone in your household, recently developed anosmia? (loss of or change in your normal sense of smell or taste)?**

If the patient answers yes to any of the questions above then they are a **Category 1** patient who should be accepted or rejected in line with our Patient Group Categorisation and Acceptance Criteria and if treating this category of patients booked in line with our Appointment Book Management Principles for COVID-19.

If the patient answers no to all of the above questions then a further questions is asked to determine if they are a Category 2 or Category 3 patient

1. **Are you in a government-defined vulnerable/shielded group (clinically extremely vulnerable or clinically vulnerable) or over 70 years of age?**

Patient is likely to know if they are in the high risk (clinically extremely) group, as they should have been informed of this by their GP. Patients may not know that their health condition puts them in the moderate risk (clinically vulnerable) group. If the practice or patient is unsure, they may wish to check against the government's definition of conditions that fall into this group.

If the patient answers yes to this question above then they are a **Category 2** patient who should be accepted or rejected in line with your Patient Group Categorisation and Acceptance Criteria (C 206) and if treating this category of patients booked in line with your Appointment Book Management Principles (C 230).

19.Risks associated with steps of treatment

PPE 1 – non AGP
PPE 2 – AGP
* When high volume suction is used, saliva ejectors are also needed to remove pooled liquid in the throat.

Step 1

Treatment	Low Risk	Mod Risk	High Risk	Justification	PPE Level
Examination and risk assessment	X			Negligible risk of aerosol generation if 3in1 not used (use gauze and cotton rolls)	1
Extra oral x-ray	X			Consider extra-oral film in patients intolerant to intra-oral	1
Intra oral x-ray		X			
				Written info for patient	1
Diagnostic statement and care plan	X			Oral hygiene can be demonstrated extra-orally on a model	1
Oral hygiene instructions	X				
OHI delivered in patients mouth		X			
				Written and verbal advice can be prescribed	1
Advice on smoking cessation and lifestyle modification	X				
Plaque scores following use of disclosing tablet/solution	X			Minimal risk of aerosol generation Potential risk of splatter and use of spittoon	1
Bleeding scores	X				
Risk factor control/correction of plaque retentive factors without use of high-speed handpiece/powered scaler. If slow speed handpiece used turn off air/water and dry teeth with cotton wool roll first		X		Minimal risk of aerosol generation High volume suction and saliva ejector	1
Supra-gingival scaling using hand instruments		X		Minimal risk of aerosol generation High volume suction	1
Prophylaxis using slow-speed handpiece. Turn off air and water and dry teeth with cotton wool roll first.		X		Minimal risk of aerosol generation Potential risk of splatter High volume suction	1
Correction of plaque retentive factors – high – speed handpiece			X	High risk of aerosol generation High volume suction	2
Supra gingival scaling using powered instruments (e.g. sonic, ultrasonic)			X	High risk of aerosol generation High volume suction	2

Step 2

Treatment	Low Risk	Mod Risk	High Risk	Justification	PPE Level
Sub-gingival instrumentation by Hand (RSD) including use of antimicrobial adjuncts		X		Minimal risk of aerosol High volume suction	1
Draining of lateral periodontal abscesses using hand instruments		X		Minimal risk of aerosol High volume suction	1
Sub-gingival instrumentation using powered instruments (sonic/ultrasonic)			X	High risk of aerosol generation High volume suction	2

Step 3

Treatment	Low Risk	Mod Risk	High Risk	Justification	PPE Level
Surgical periodontal treatment not requiring use of ultrasonic/sonic instruments (e.g. Biopsy)		X		Minimal risk of aerosol generation High volume suction	1
Surgical periodontal therapy requiring use of powered instrumentation and handpieces			X	High risk of aerosol generation Potential risk of splatter High volume suction	2

Step 4

Treatment	Low Risk	Mod Risk	High Risk	Justification	PPE Level
Supportive periodontal therapy using hand instruments /sub and supra gingival debridement		X		Minimal risk of aerosol generation	1
Supportive periodontal therapy using powered instruments / sub and supra gingival debridement			X	High risk aerosol generation High volume suction	2

20.Surgery preparation and considerations

Initial actions

- ✓ Check operation of chair and light functions
- ✓ Open air and water lines to unit
- ✓ Flush dental unit water lines with biocidal as per manufacturer's instructions
- ✓ Clean and lubricate couplings and air motors then reconnect, as per manufacturer's instructions
- ✓ Test handpieces for functionality
- ✓ Test suction system. Run cleaning solution through hoses. Check that the cup fill, bowl flush and spittoon have water flowing
- ✓ Check dental materials for expiry date and order as required
- ✓ Check stocks of supplies and consumables and order as required
- ✓ Reprocess instruments prior to returning them to use
- ✓ Organise engineer visits for maintenance and testing as required
- ✓ Remove all non-essential items from surgeries (pictures, leaflets, ornaments etc.) and ensure all surfaces have the only required items

Clinical Considerations

- ✓ Plan all treatments in advance (decide your acceptance criteria, AGE lists and booking times and consider clinical triage - this will enable you to plan more easily/book effectively)
- ✓ Doors should be closed and locked (if possible) during treatments. We also have a sign at the surgery door informing: ***Surgery in use, please do not enter.***
- ✓ Single use items should be used wherever possible
- ✓ Worktops must be completely clear except for items required for the procedure
- ✓ Materials and instruments, including possible additional items, should be planned in advance and placed on worktops in appropriate containers/pouches
- ✓ Employ measures to reduce risk of aerosol (e.g. high-volume suction)
- ✓ Use rubber dam and where appropriate and/or pre-procedural mouth rinse (hydrogen peroxide/povidine Iodine)
- ✓ Copies of radiographs should be placed in a clear plastic sleeve that can be disinfected or disposed of as infectious waste
- ✓ Paper records to be removed and only completed in a clean area following doffing of PPE and hand hygiene
- ✓ Avoid the opening of drawers during procedures wherever possible
- ✓ Chaperones must be asked to leave the surgery before an AGP/High Risk AGE takes place in most cases
- ✓ *Should* a team member need to leave the surgery and re-enter during an AGP/High Risk AGE then the doffing and donning procedures must be followed
- ✓ Review your specific manufacturer's guideline for water line management re: COVID-19
- ✓ If an AGP/High Risk AGE is being performed, then a DO NOT ENTER sign should be placed on the door
- ✓ Windows should ideally be opened during treatments
- ✓ Treatments should be avoided in windowless rooms and those with windows that cannot be opened, unless they have additional mechanical extraction ventilation
- ✓ High risk AGEs/AGPs should be avoided during a high alert level (4/5)
- ✓ The 3-in-1 should be used with caution and combined use of air and water avoided
- ✓ Air conditioning, which recirculates air into the surgery, should be switched off during treatment
- ✓ Air conditioning that removes air from the environment should be switched on during treatment

21.Patient journey overview

At Adams Dental we consider and plan our patient journey.

In line with risk assessments we plan our patients journey to minimize the likelihood of transition of coronavirus and we introduce reasonable control measures along the route.

The patient journey outlined below also serves as a template and an example that we adapt in the practice. Our trained admin and clinical team members involved carry it out.

1. Patient contacts practice/is contacted by practice
2. Patient is pre-screened for COVID-19 status using questionnaire and given advice if needed regarding isolation
3. Practice identifies if patient is vulnerable/shielded
4. Patient is categorised and triaged using questionnaire and acceptance criteria (to be informed by national guidance and/or relevant NHS SOPs)
5. Patient details are confirmed (e.g. email address)
6. Appointment is booked or clinical triage arranged
7. Clinical triage takes place (if required) and appointment is then booked
8. Patient is sent prepayment link and digital documentation to complete prior to attending or emailed pre appointment pack (e.g. Medical History, Forms, Explainer Video links etc.)
9. Patient is called 24 hours before appointment and is screened for COVID-19 status, attendance procedure is explained (recommendation to use toilet before attending, how they will be summoned into the practice, hand hygiene at entrance etc.)
10. Chaperoning and consent procedures are explained, and appointment is then confirmed
11. Patient attends practice and attendance procedure is followed including screening upon arrival
12. Patient leaves the practice and is emailed a treatment plan, estimate etc.
13. Reception team to follow up on estimates

22.Patient Attendance Preparation Procedure

At Adams Dental we plan the patient journey from the moment the patient arrives outside of the practice to the point where they exit the building. All our team members are trained and we ensure that they are familiarized with this procedure and we understand that it will allow the us to communicate with patients, set expectations regarding the patient journey and reduce the risk of transmission within the practice environment.

This conversation should take place at the screening stage of the patient journey (usually 24 hours before the appointment). This procedure once finalized will be sent to a patient as part of a digital or paper pre-appointment pack (PAP) which will also be hosted on our website.

The patient attendance procedure outlined below is intended serves us a template and an example that we adapt.

- ✓ The patient should use the toilet before attending the practice
- ✓ The patient should bring their own pen (if they will need to sign paper forms)
- ✓ The patient should only bring minimal belongings into the practice with them
- ✓ The patient should attend alone wherever possible or with one other person if absolutely necessary
- ✓ More vulnerable patients should wear a simple face covering when they attend
- ✓ If the patient requires a chaperone, they should be advised of the practice policy on chaperones
- ✓ The patient can only enter the building when summoned by phone/SMS or at the agreed time
- ✓ The patient will be met by a team member wearing appropriate PPE who will check any changes to their medical history since the PAP was completed
- ✓ Patients will be screened using the standard COVID-19 screening questions and if now in Category 1 will be referred to an appropriate center (if it is an emergency) or advised to self-isolate
- ✓ The patient must use the hand sanitiser [and put on a disposable mask and gloves] when entering the building from the PPE station inside the front door
- ✓ If not using pre-payment/online payment, then payment for should be taken in advance of the dental appointment
- ✓ If not using emailed digital forms the patient should use their own pen to sign paper forms or gloved hands to use clinipad (which is then sanitized)
- ✓ If necessary, remind patient to comply with the social distancing markers at reception etc.
- ✓ The patient should then be escorted directly into the surgery
- ✓ We made arrangements for patients to put their belongings in containers, which will be disinfected after use.
- ✓ Once entering the surgery, the patient is asked to retain their facemask and gloves, which will be provided to them at the reception until the end of the appointment.
- ✓ At the end of treatment, the patient should leave the room immediately, dispose of PPE in a clinical waste bin and perform hand sanitation using alcohol gel placed outside the door
- ✓ The patient collects their belongings from the designated area, and is escorted to the practice exit

23. Safeguarding

At Adams Dental we understand that the government's stay at home advice and other social restrictions have seen people's day-to-day lives drastically altered. These changes have led to an increase in reports of those suffering domestic abuse and concerns about some children being at greater risk of abuse or neglect. At Adams Dental we provide some additional safeguarding considerations and indicators that all team members should be familiar with at this time.

All team members should ensure they are clear on how to spot signs of abuse and act in accordance with our Children and Adults at Risk Safeguarding Policy.

All our team members completed online training session with Isopharm online learning on Safeguarding Children and Vulnerable Adults Level 2.

Every team member is responsible for safeguarding and promoting the wellbeing of children and adults at risk of abuse or neglect. Healthcare personnel are in a position to recognise possible signs of abuse and neglect or to hear something that causes concerns. Health professionals have a duty to recognise and take responsibility for safeguarding children, young people and adults using appropriate systems for identifying, sharing information, recording and raising concerns, obtaining advice and taking action.

Domestic Abuse

The Government's stay at home advice in response to the COVID-19 Pandemic can create new challenges for people subjected to domestic abuse and for those who support them. The National Domestic Abuse helpline has seen a significant increase in calls and online requests for help since the lockdown. Survivors may be at home with their perpetrator and unable to escape from the abuse.

In addition to general indicators, all team members should be aware of further indicators of domestic abuse that may exist at this time—these include:

- ✓ Patient giving short or one-word answers to questions
- ✓ Frequent calls or requests for professional contact by the patient
- ✓ Frequent missed appointments and check-ins
- ✓ Patient discussing a 'tense' or 'uneasy' home environment or feelings of fear
- ✓ Increased feelings of anxiety, depression and/or panic
- ✓ Partner/ex-partner/family member requesting to have access to health advice/information or prescriptions on the behalf of another person
- ✓ Partner/ex-partner/family member repeatedly answering the patients' phone
- ✓ Indicator that someone in the background of a call is dictating or controlling the conversation with the patient, for example a sense that you are on speaker phone or hearing another voice in the background of the call
- ✓ Patient discussing a strict routine that they must stick to
- ✓ Patient discussing that they are unable to take daily exercise, go grocery shopping or pick up medication
- ✓ Patient discussing that they are unable to have phone/social media contact with friends/family

Safeguarding Children

The practice will ensure that team members are aware that children may be at increased risk of abuse, harm and exploitation during the pandemic. Team members should consider that isolation can place children at a greater risk of neglect, which is compounded by the increased economic challenges and poverty that families may be facing, and by the increased exposure of children to neglectful environments as they spend more time in the home. The closure of schools may further limit the contact that children have with professionals who can identify the signs of neglect and take steps to intervene and report concerns. Team members should maintain a professional curiosity and keep a holistic view of the family and emerging risks.

If a team member has a concern, they should follow discuss it with our Safeguarding Lead Dr. Ricky Adams.

24.Appointment Book Management Principles (C 230)

At Adams Dental we consider and plan how we manage the scheduling of appointments to allow for social distancing, the management of AGP's/High Risk AGEs and enhanced cross infection control procedures.
We do our best to provide clear instructions to your reception team regarding appointment lengths and where to book patients from each category. For the '**Patient Category Specific'** section it is important to bear in mind that national guidance/NHS SOPs will dictate the boundaries of which groups you are allowed to see and what treatments you can perform.

Diary Zoning

At Adams Dental we zone their appointment diary to allow for separation of the patient categories, to group procedure types together and to create space for urgent dental care appointments. We also consider trying to minimise the number of attendances per patient.

Considerations

Appointments on existing treatment plans should be reviewed and appointment lengths adjusted to allow for surgery turnaround time where the treatment includes an AGP/High Risk AGE. Appointment lengths for non AGP/Low Risk AGE appointments should be reviewed and we may wish to consider extending these to facilitate a slowing of the throughput of patients and allowing for social distancing. Where surgery space allows, clinicians may wish to consider working between multiple surgeries for AGP's/High Risk AGEs to maximise clinical time available or designating specific surgeries to perform certain procedures only.

Triage

For unplanned treatment (e.g. emergencies) triage can be carried out to confirm symptoms, assess treatment needs and likelihood of an AGP/High Risk AGE being carried out prior to the appointment being booked.

We may also wish to consider the use of virtual consultations as part of the triage process and we have Heydoc software available for this.

- We may wish to consider using the SDCEP framework for Management of Acute Dental Problems for their reception teams. https://www.sdcep.org.uk/published-guidance/management-of-acute-dental-problems-madp/
- We may create a list of urgent dental care appointments clearly identifying the appropriate appointment length and if it is an AGP/High Risk AGE (see below)
- Our clinicians may provide temporization and pain relief at urgent dental appointments may wish to consider using the triage process to assess definitive treatment thus minimizing the number of visits and reducing risk of transmission

Instructions for Reception Team/Clinical Triage

Patient Category Specific

The practice has decided that **Category 2** patients should be placed at the times in the appointment book where they are least likely to come in contact with other patients or additional team members, for example the start or end of a clinical session.

The practice has decided that **Category 1** patient can be seen at the practice but that the practice manager must be informed prior to booking in a Cat 1 patient as it may be necessary to arrange this booking at a unique time so as to minimize the likelihood of contact with additional team members and staff. Enhanced PPE is required for cat 1 patient regardless of high or low risk AGE.

The practice has decided that **Category 3** patients can be seen in any slots that are not prioritized for other categories.

Appointment Types and Lengths

Our clinicians will instruct our admin team members on type and length of appointments are required.
Please see internal document re appointment lengths guides and fees during initial phase of reopening for more information or speak to your line manager if unclear.