OCDO
OFFICE OF CHIEF DENTAL OFFICER ENGLAND

A Prompt to Prepare

19th May 2020

The evidence of the risk of COVID-19 transmission to staff and patients, arising from clinical proximity and the unique aerosol generating procedures (AGP[1]) involved in dentistry, remains a key factor in the temporary suspension of routine dentistry. However, dental care cannot be postponed indefinitely.

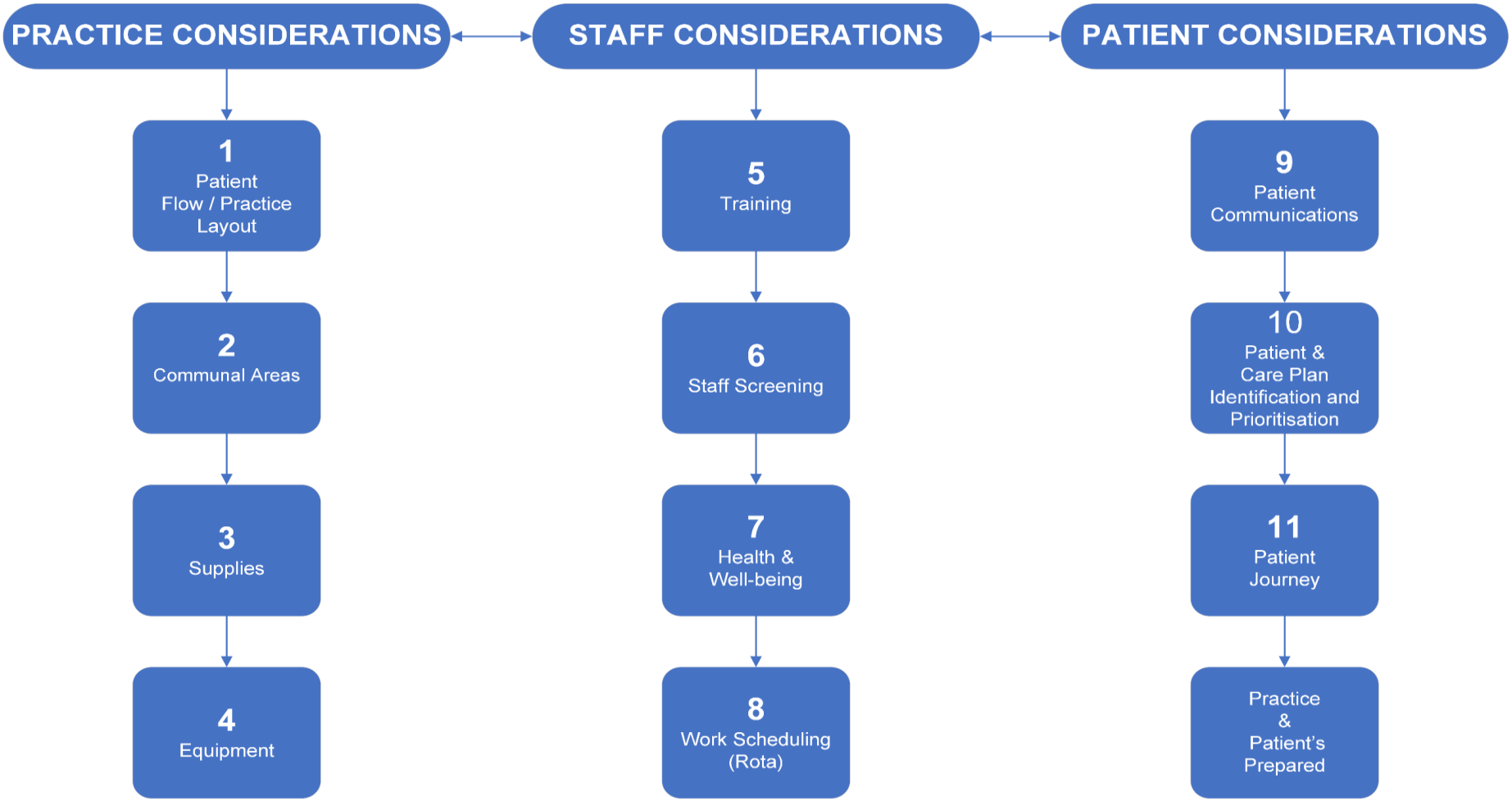
A sustained reduction in COVID-19 transmission risk will provide an opportunity to safely resume some elements of dental care. However, safety standards, personal protective equipment (PPE) and infection prevention and control (IPC) will affect the tempo of transition as well as capacity and prioritisation for dental care.

In preparing for the resumption of routine dental care practices may wish to consider patient priorities, practice pace, proximity and levels of protection required for the safe delivery of dental care. The following handrail is intended as a prompt to prepare, designed by dental practitioners for use in primary care settings.

Practitioners may wish to refer to the guidance due to be published by recognised professional bodies. Dental teams are advised to ensure that they regularly update their knowledge and understanding of the published COVID-19 Public Health England guidance and its application in a dental setting.

[1] Aerosol Generating Procedures (AGP) are described/defined as procedures that result in the production of airborne particles (aerosols) that create the potential for airborne transmission of infections that may otherwise only be transmissible by the droplet route. Aerosol Generating procedures in dental care include use of high-speed dental drills, ultrasonic scalers

Consideration Pathway



Please refer to corresponding number within the document for further detail and explanation. It is important all preparations are reviewed regularly and updated in accordance with guidance.

Practice considerations

1. Patient flow / practice layout

Patient flow and practice layout should be considered, in order to comply with social distancing measures throughout the practice. For example:

- measures to separate and minimise the number of patients in practice at any one time;
- establishing single entry and exit points for patients, with alcohol hand gel available for patient use;
- Consider areas in the practice that could be utilised as PPE donning and doffing stations;

An example video of patient flow and practice set-up, developed by HEE Yorkshire & Humber, could be used to support practices design their patient flow.

2. Communal areas

- Reception:
  - Consider fitting physical barrier (e.g. perspex shield);
  - Allow for 2m distancing, ideally marked on floors;
  - Consider measures to limit patient presence at reception area;
  - Set up contactless / card payment where possible;
  - Consider using single-use pens or ask patients to use their own;
- Toilets:
  - Ensure availability of products for cleaning and disinfection, see here;
  - Ensure availability of paper towels for hand drying;
  - Make hand washing signage visible;
- Waiting areas:
  - Remove unnecessary items (e.g. magazines, toys, tv remote);
  - Consider measures to limit use of waiting areas; e.g. protocols for patients to wait outside until the time of their appointment;
  - Allow for social distancing measures (chairs spaced 2m apart, ideally marked);
  - Make hand hygiene and toilet hygiene posters available;

3. Supplies

- Check inventory of stock;
- Ensure process for future procurement (contact your contracted suppliers);
- Order in advance supplies required to reduce potential spread of COVID-19 (e.g. appropriate PPE (see here), hand sanitisers, digital thermometer etc);
- Consider availability of PPE fit-testing

4. Equipment

- Adherence to good practice to maintain dental equipment;
- Refer to manufacturers' guidance; HTM01-05 and CQC guidance;
- Refer to Faculty of General Dental Practice (UK) guidance in closing and re-opening dental practices;

Staff considerations

5. Training

- Consider additional training for staff (sign up to some courses may be required, e.g., e-Learning for Health):
    - Rubber dam placement (a training video can be accessed by signing up to eLFH here);
    - Four handed technique;
    - Donning and doffing of PPE;
    - Decontamination & IPC;
    - COVID-19: infection prevention and control guidance should be read by all dental team members; and
    - Infection Prevention & Control courses on e-Learning for Health website;
    - Updated resuscitation guidelines (see here) and PPE requirements;
    - Scenario-based team training in the practice;

6. Staff screening

- Consider staff screening on initial return to work and on daily basis thereafter
- As part of risk assessment, questions should be asked in line with the case definition for possible COVID-19 and isolation requirements (please check regularly for updates and amend questions as necessary);
- Establish risk assessment for staff to protect them and identify possible / confirmed COVID-19 cases, household contacts, staff who should be shielded, and those at increased risk. See UDC SOP for further details on keeping staff safe (refer to Appendix 4) and risk assessment (Section 4.1.1.2).
- Consider drafting a staff screening log to assist with maintenance of screening records

7. Health and wellbeing

Consider:

- Planning for returning to the workplace on up-to-date Government and Public Health England (PHE) COVID-19 guidance;
- The Health and Safety Executive advice and guidance relating to COVID-19;
- Information for staff regarding the measures to reduce risk of transmission;
- Assessing impacts of lockdown on staff and explore management options;
- Signposting staff to health and wellbeing resources (see UDC SOP for further details);
- The risk assessment and risk reduction framework;

8. Work scheduling (rota)

- Assess availability of staff (consider any capability and capacity shortfalls that may be managed through staff rotas);
- Consider:
    - Increased sickness and absence rates;
    - Staff with childcare requirements or vulnerable adults;
    - Staff redeployed, e.g. UDC;
    - Staff who are of increased risk or shielded, or live in the same household as those of increased risk or shielded;
    - Annual leave commitments;
- Social distancing measures in staff areas/facilities – if not possible consider staggering breaks

Patient considerations

9. Patient communications

When practices reopen there will be new ways of working, which will mean changes for patients accessing care. Although some changes are unknown, it is worth considering how these key differences will be communicated with patients (e.g. new measures to support infection prevention and control, social distancing, and screening and triage). For example:

- Information posters throughout practice;
- Drafting a “Welcome back” communication (letter / email / text) to patients, to be developed and ready to send once national policy allows for practices to reopen;

10. Patient and care plan identification & prioritisation

Although an approach has not yet been agreed, in anticipation of the need to prioritise patients on return to practice, consider identifying and allocating patients and care plans into one of the following groups:

- Shielded patients;
- Patients at increased risk from COVID-19;
- Patients with urgent dental care needs;
- Patients who have contacted the COVID-19 UDC system and already been triaged for urgent dental care or require follow up care;
- Patients with incomplete care plans;
- Patients with frequent recall according to NICE recall guidelines (e.g. children, high oral disease risk, those who have been through stabilisation and need review);
- Patients with routine dental care needs, not applicable to any of the above cohorts;

In identifying and prioritising patients, consider methods for logging practitioner/practice time and resources expended on patient record triage together with the outcome of any “remote” patient consultation and pre-appointment screening.

11. Patient journey

Consider:

- Review of options for appointment scheduling (e.g. allowing sufficient time between appointments to accommodate compliance with Decontamination in primary care dental practices (HTM 01-05), NICE guidance: Infection prevention and control and COVID-19: infection prevention and control guidance);
- Review of options to undertake remote risk assessment/triage/consultation (teledentistry);
- Process for screening patients including shielded and at increased risk patients (see UDC SOP section 4.1.1.2 for further information);
- Drafting a screening questionnaire for both virtual and check-in screening
- Sanitising stations for patients (e.g. alcohol hand gel before or at entry point);
- Reception interactions – measures to minimise reception use; e.g. digital appointment booking (online, email), receipts