

Standard Operating Procedures

For

Dentale Training Clinic

The purpose of these standard operating procedures is to identify and minimise the risks associated with this COVID-19 situation in our clinics. The aim is to provide an environment for our clinicians, dental care professionals and staff to practice in and for our patients to receive necessary treatment that is as safe as is possible.

This document will be updated as new government guidance and advice is received.

Risks identified:

- 1) Close contact between clinician, dental care professional and patient of < 2 metres.
- 2) Higher risk of contact with potentially contaminated droplets due to most procedures generating aerosols (AGP).

How we will address these risks and what is the aim to reduce them:

- 1) Reduce clinician, dental care professional and patient contact by appropriately booking the clinic diary and minimising the number of patients in the waiting room at any one time.
- 2) Maximum of 4 patients permitted to use the waiting at any one time. Social distancing measures must be in place between patients.
- 3) Patients will be asked to use alcohol based hand gel at the practice entrance.
- 4) The patient should be advised to not arrive at the practice before their allocated appointment time.
- 5) Escorts will be able to attend when it is in the best interest for the patient. Escorts will be screened as per the patients.
- 6) High volume suction to be used for all AGP's.
- 7) Pre-screen of all patients prior to, them attending for their appointment which will be logged.
- 8) Correct use of PPE
- 9) Thorough cleaning with the use of Clinell wipes followed by hypochlorite spray that is prepared at a dilution of 1000ppm, Or HOCL and ventilation of the environment after each procedure.

Social distancing measures must be maintained as far as possible.

Staffing:

A risk assessment of all staff will be carried out prior to working in the practices, to ensure that they:

- a) Are, able to return to work
- b) Do not have any symptoms of COVID-19
- c) Are not in the group of vulnerable workers / high risk.

Patient Triage:

This is to be carried out remotely, either by telephone or video consultation.

The purpose of the triage is as follows:

- a) The purpose of the appointment should be **clearly understood** to allow for appropriate booking in the diary and whether AGP or non AGP surgery is to be booked.
- b) Have they had any symptoms? if so, when. Home isolated or hospitalised.
- c) Has a member of their household had symptoms? Same questions as above.
- d) Assess whether they are they vulnerable or in high risk category. Assign patient into a category as described below.
- e) Prepare the patient for alteration in delivery of treatment prior to attending the practice.
- f) It is the patient's decision whether they would like to attend. If the team have concern regarding a patient's risk on day of treatment, treatment will not be completed, and the patient sent home.
- g) Patients will be able to attend without having to wear a face mask and will be permitted to wait in the waiting room for their appointment. Any patients who do not want to wait in the waiting room where other patients of the practice are not wearing a mask, will be asked to wait in their car for their appointment and given a buzzer.

Patient toilets can be accessed and if they are used, then they must be cleaned as per this SOP.

This will be reviewed no more than 24 hours prior to the appointment to assess any changes since the triage consultation.

Patient Categories Explained:

Category 1 patients –

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

Category 2 patients –

- Those who are defined as vulnerable or shielded groups

- Over 70 regardless of MH
- Under 70 with health conditions (**see health conditions**)

Category 3 patients –

- Government defined as less vulnerable
- Age 0-69 who are not in the vulnerable or critical conditions group and who are not displaying any COVID-19 symptoms or who are not self-isolating in a household with someone displaying symptoms
- Those who are fully vaccinated

Health Conditions:

- a) Chronic long-term respiratory diseases – Asthma, COPD, emphysema, bronchitis.
- b) Heart disease / heart failure
- c) Chronic kidney disease
- d) Chronic liver disease – hepatitis
- e) Chronic neurological conditions – parkinsons, motor neurone, MS, learning difficulty, cerebral palsy
- f) Diabetes
- g) Problem with spleen – sickle cell or spleen removed
- h) Weakened immune system – HIV, AIDS, medications such as chemotherapy or steroid tablets
- i) Being seriously overweight – BMI of 40 or above
- j) Pregnancy
- k) Patients who have had an organ transplant or immunosuppression medication
- l) Patients with cancer and are receiving chemotherapy or radiotherapy
- m) Patients with cancer of the blood or bone marrow – leukemia at any stage of treatment
- n) People with severe chest conditions – cystic fibrosis or severe asthma
- o) People with severe diseases of body systems such as kidney disease (dialysis)

Diary Management:

Category 1 patients: We will not see patients in this category. They will be referred.

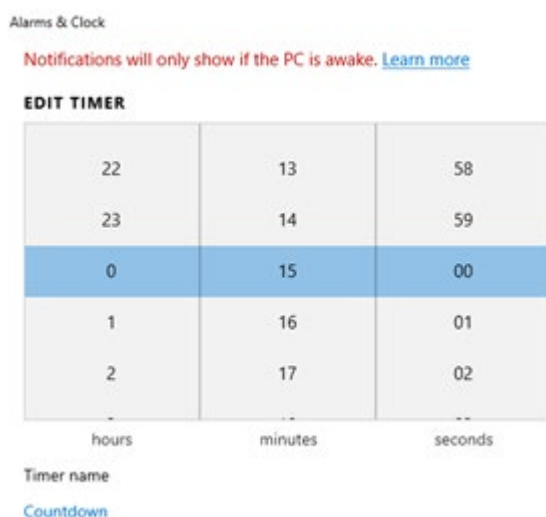
Category 2 patients: Seen at the beginning of a session where possible

Category 3 patients: Appointments booked appropriately, depending on AGP or Non AGP.

The appointment diary must be organised efficiently to allow for social distancing and provision of AGP's.

75 minutes added to the turnaround time for all AGP's as no air purification systems are in use within the practices. This allows for a fallow time of 60

minutes (to start from the time the AGP ceases / handpiece is put down) before the surgery is then cleaned down and prepared for further AGP's. 25 minutes added to the turnaround time for all AGP's in surgeries where an Extraoral Dental Vacuum System with HEPA filtration and UV light is used. This allows for a fallow time of 15 minutes (to start from the time the AGP ceases / handpiece is put down) before the surgery is then cleaned down and prepared for further AGP's. Please refer to the operating manual for UV light and documentation for efficiency of the dental vacuum system that has been supplied to all clinics. Clinical studies have been carried out to test efficiency, and we now have the evidence to support the reduction in fallow time. To ensure that you are allowing the correct fallow time of 15 minutes from the moment the AGP ceases, a timer should be used. There is a timer app on every PC. To access this, search in the search box, alarms and clock, you will then be able to start the timer. Please see below:



Practice Environment:

The practice environment must be prepared prior to accepting patients for treatment.

- Surgeries will be zoned – Non AGP's and AGP's
- Surgery rotation must be implemented to allow for sufficient fallow and decontamination of surgery where AGP's have been delivered
- Hand sanitizer at entrance and exit for patient use
- Disposable tissues and foot controlled lined bin for patient use
- Hand sanitizers outside the surgeries
- Foot controlled clinical waste bins inside and outside AGP surgeries
- Appropriate signage regarding clinical waste bins in communal areas, by exit of practice and outside surgeries.
- Catch it, bin it, kill it signs

- Equipment checks to be carried out on all equipment to ensure no faults and fit for purpose. This includes all radiography equipment, pressure vessels
- Disposable cups and patient refreshment facilities are to be removed / disabled
- Magazines, leaflets, and toys are to be removed
- **Do not enter** sign for AGP surgery when surgery is in use
- Door sign for AGP surgery to display time the AGP ceased. This allows accurate fallow time prior to decontamination
- When a patient leaves the surgery, reception and corridor must be clear of any other patient aiding social distancing measurers.
- Patients will be permitted to use practice toilet facilities. If used, room touch points **MUST**, be cleaned by a member of staff.

Hand hygiene:

All staff should decontaminate their hands on entering and leaving the practice. Hand washing should follow at the nearest available point and should include forearms.

For clinical staff and dental care professionals, the above should be carried out at the following times:

- Immediately before any direct contact or patient care
- Prior to donning PPE (see PPE)
- Immediately after any activity or contact where hands may be contaminated
- After removing (doffing) PPE
- After equipment decontamination
- After handling clinical waste
- At the end of every clinical session

All patients entering the practice must decontaminate their hands with alcohol rub provided and again on leaving the practice.

PPE:

PPE is to be worn by all clinicians and dental care professionals when treating patients within the practice. This includes the following, which is provided by the practice:

- Normal fluid resistant surgical masks (FRSM)
- Disposable aprons
- Disposable gloves
- Reusable visors / frames
- Scrubs – existing scrubs

Implant placements and other minor oral surgery are deemed as low risk = Stealth masks are no longer required to be worn.

AGP's are placed into one of two categories.

Category 1 – Lower risk AGP's / AGE's which includes placement of implants. The use of 3 in 1 with air only / water only is deemed as lower risk. The use of combined air and water through the 3 in 1 should be avoided, however irrigation function followed by a low pressure air flow may be used carefully.

Category 2 – Higher risk AGP's / AGE's which require the use of high-speed air rotas / generation of aerosols, piezo surgery units, combined air and water with 3 in 1, and ultrasonic scalers.

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Dentale Training clinics: Surgical gowns must still be worn by delegates and DCP's for the delivery of implant placements.

Patient PPE:

- Well fitting goggles – these should be disinfected following every procedure and a second pair used to alternate while the first pair are being disinfected

Reception:

- It is no longer mandatory for reception staff to wear face masks and visors, however these are available for all staff who prefer to do so.
- Social distancing must still be observed as far as possible.

Work-wear management:

- Work-wear should not be worn to the practice or outside the clinic after use
- No home clothes are to be worn in the surgery.
- Surgery work-wear is scrubs
- Transportation and hygiene management of work-wear should follow the work-wear policy.
- Clinicians and dental care professionals are responsible for laundering their own work-wear.
- A clean set of scrubs each day is required

Pre Surgery Preparation:

- Removal of all clutter from surgeries, this includes upholstered patient chairs
- Disinfection of water lines, prior to starting a session, between patients and again at the end of a session
- Work tops completely clear, apart from what is needed for each session
- Materials and instruments prepared in advance for each procedure
- Surgery drawers must not be accessed during a procedure, unplanned items that **might** be required should be stored in a lidded box and accessed if necessary. This might include alternative healing abutments or implant sizes for example

- Computer keyboard and mouse must have a washable cover and cleaned between each patient or a disposable cover and replaced between patients, such as cling film. This is of great importance especially in AGP surgeries
- Computers must also be covered with a removable disposable cover

During Treatment:

- The surgery door is to remain closed
- Only the patient, clinician and the necessary dental care professionals are to be in the surgery during a procedure
- The surgery should be ventilated if possible and where windows are present, these should be open.
- The use of air conditioning units, are permitted in the surgeries as these circulate only the air in each individual room.
- DO NOT ENTER sign on the door where AGP's being delivered
- Avoid the patient rinsing or spitting into the spittoon
- If a colleague needs to leave the surgery for any reason, then full doffing is required followed by a new donning process before re-entry

Decontamination Processes:

Standard cross infection control procedures will be maintained at all times. This SOP is in addition to these procedures to provide a further increase in standards in respect of COVID-19.

Following Non AGP's

Normal cross infection control procedures are to be followed

Following AGP's

The fallow time is 60 minutes where there is not air purification. A sign should be placed on the surgery door where the AGP has been delivered that displays the time the AGP ceased. Decontamination can begin after 60 minutes.

The fallow time in surgeries where an Extraoral Dental Vacuum System with HEPA filtration and UV light is reduced to 15 minutes. Please refer to the operating manual for UV light and documentation for efficiency of the dental vacuum system that has been supplied to all clinics.

AGE's = Aerosol Generated Exposure

As per AGP's

Communal Areas

Communal areas and reception are to be cleaned with detergent and disinfectant throughout the day.

Cleaning down:

- Windows open during use of detergent / disinfection products or
- Air con may be left on with window slightly ajar
- Disposable items in clinical waste

- Disinfection of water lines
- Mikrozid wipes followed by Disposable cloths / paper towels with hypochlorite spray prepared at a dilution of 1000ppm or HOCL for wiping down **all** surfaces and handles.
- Chlorite solution followed by general purpose floor cleaner or warm soapy water to clean floors.

Training:

- All staff must be trained prior to returning to work in the following:
 - Home clothes / work clothes management
 - Zoning in reception
 - Patient flow
 - Appointment management
 - CPR update – COVID-19. In the event of a medical emergency, mouth to mouth and mouth to mask to mouth is not to be carried out. Do not put your face near to the patient to check for breathing. Chest compressions and use of defibrillator if necessary, can be carried out.
- All staff must sign to say they have read and understood the SOP

Delegate Confirmation:

I confirm that I have read and understand the Standard Operating Procedures for Dentale Training Clinic, and I will adhere to these during my training course with Dentale.

Delegate Name:

Delegate Signature:

Date: