

COVID-19 Re-Entry Plan

This document outlines the protocol and procedures in place for implementation prior to re-commencement of dental services. This document is subject to change in accordance with any/all updated regulations and guidelines providing by our governing bodies.

The current government guidelines state:

Patient flow and practice layout

This should be arranged to comply with social distancing measures throughout the practice.

- *Measures to separate and minimise patient numbers in practice at any one time*
- *Establishing single entry and exit points for patients, making sure alcohol-based hand gel is available for use*
- *Locate areas that could be used as stations for donning and doffing PPE.*

Communal areas

Reception:

- *Consider fitting physical barriers, such as perspex shields*
- *Allow for 2m distancing, ideally marked on the floors*
- *Consider measures to limit patient presence at the reception area*
- *Set up contactless card payment where possible*
- *Consider the provision of single use pens or ask patients to use their own.*

Toilets:

- *Provide products for cleaning and disinfection*
- *Make paper towels available*
- *Make visible hand washing signage.*

Waiting areas:

- *Remove unnecessary items, such as magazines, toys and tv remotes*
- *Consider measures to limit the use of waiting areas. For example, protocols for patients to wait outside until the time of their appointment*
- *Space chairs 2m apart, ideally marked on the floor*
- *Make hand hygiene and toilet hygiene posters available.*

Supplies

- *Check stock*
- *Check process for future procurement (contact contracted suppliers)*
- *Order appropriate and additional supplies that reduce the spread of COVID-19 in advance*
- *Consider availability of PPE fit-testing.*

Equipment

- Adhere to good practice to maintain equipment
- Refer to manufacturers' guidance, HTMO1-05 and CQC guidance
- Refer to the guidance of the Faculty of General Dental Practice (UK) in closing and reopening dental practices.

Training

- Consider additional training for dental staff. This could include rubber dam placement, four handed technique, donning and doffing of PPE and decontamination.

Staff screening

- Consider screening staff on their return to work and on a daily basis thereafter
- Establish a risk assessment for staff to protect them and identify potential COVID-19 cases. Questions should be asked in line with the case definition for COVID-19 as part of this
- Consider a staff screening log to help maintain screening records.

Health and wellbeing

Consider the following:

- Planning for workplace return on up to date PHE COVID-19 guidance
- The Health and Safety Executive guidance on COVID-19
- Information for staff to reduce the risk of transmission
- Assessing the potential impact of lockdown on staff and look into management options
- Guide staff to health and wellbeing resources
- Risk assessment and risk reduction framework.

Work rota

- Identify the availability of staff, including any capability or capacity shortfalls
- Consider increased sickness/absence, staff with childcare requirements or vulnerable households, redeployment, staff of an increased risk and annual leave commitments
- Ensure social distancing measures are in place in staff areas and facilities.

Patient communications

It is worth considering how new ways of working will be communicated with patients. Consider the use of:

- Information posters within the practice
- Putting together a 'welcome back' communication in the form of a letter, email or text. This should be ready to send once national policy allows for practices to reopen.

Patient identification and prioritisation

In anticipation of an approach being agreed, consider allocating patients into one of the following groups:

- *Shielded patients*
- *Patients at an increased risk of COVID-19*
- *Patients with urgent dental care needs*
- *Patients who have contacted the UDC system and been triaged*
- *Patients with incomplete care plans*
- *Patients with frequent recall according to NICE guidelines*
- *Patients with routine dental care needs and do not fall into any of the above groups.*

Patient journey

Consider the following:

- *Review options for appointment scheduling. For example, allowing enough time between appointments to comply with all guidelines*
- *Review options to undertake remote risk assessment, triage and consultation*
- *Process for screening patients, including those who are shielded or at an increased risk*
- *Draft a screening questionnaire for virtual and check-in screening*
- *Hygiene stations for patients (alcohol-based hand gel before or at each entry point)*
- *Reception interactions to minimise reception use. For example, digital appointment booking.*

Immediate focus

Further guidance will be released. This will cover urgent dental care and alternative (non-AGP) evidence-based care planning.

Dr Hurley said: 'The temporary cessation of routine dentistry addresses the safety of patients and of dental teams as well as supporting the public health measures required to slow community transmission of COVID-19.'

'The profession's appreciation of the risks and compliance with the public health measures has contributed to setting the conditions for further easing of lockdown and we can reasonably anticipate the resumption of dental care in all settings, in England.'

'As we transition from the current COVID-19 peak and a continued reduction in risk of sustained community transmission of COVID-19 is maintained our plan for the longer-term recovery can commence.'

'The immediate focus is on increasing access for patients and supporting practices as they manage the on-going risks in delivering dental care, notably aerosol generating procedures.'

Our protocol

Action Time Frame

<p>W/C Monday 1st June 2020</p>	<p>Practice Manager – Finalising re-entry plan, carry out re-entry risk-assessment. Sending out notification of changes to patients. Set appropriate training for team members. Create staff screening risk assessment and screening log. Create patient literature on changes to service provision, new protocols, ‘welcome back’ letters. Create a ‘patient screening process’ and screening questionnaire. Create ‘new normal’ service provision plan to include new implemented virtual options. Create a ‘patient list allotment system’. Formulate a diary structure to account for differing patient criteria and treatments.</p> <p>Practice Admin Team – Carry out a ‘bounce-back’ consultation with SoE and adhere to all suggestions. Diary management and assist with re-entry plans.</p> <p>Head Dental Nurse – Ensure appropriate stock levels and safety equipment are to be stocked prior to re-open.</p>
<p>W/C Monday 15th June 2020</p>	<p>Practice Manager, Practice Lead & Head Dental Nurse in the practice to being re-entry actions and complete table at bottom of this document.</p>
<p>W/C Monday 22nd June 2020</p>	<p>Diluted Patient Treatment Rota will commence of 1 dentist in each day 10am – 5pm. (Staffing as listed above)</p>
<p>T.B.D</p>	

Patient flow and practice layout

- Front door is patient entry, back door is patients exit.
- An area provided by the front door for donning PPE. An area located by the back door for doffing PPE.
- Only one patient to be in the premises at any time. Only the patient with the due appointment is allowed inside, and only after any other patient prior has left and the premises has been properly processed.
- All 'walk-by' patients, unplanned patients, and queries, will be served through the service window.
- A contactless temperature gauge will be used prior to patient entering premises.
- The visiting patient should be provided with a mask and gloves prior to entering the premises.
- Patients must attend alone, unless it is a translator, guardian, carer, or legal representative.
- Reception area must have a distance marker at the desk.
- Clerical staff must wear PPE appropriately.
- Reception equipment must have disposable coverings and wiped down appropriately after any use.

Communal areas

Reception:

- No cash payments, contactless payment only.
- 2m distancing marker on the floors.
- Patients to use their own pens or use a single use pen (unless patient opts to use our PPE)

Toilets:

- Products provided for cleaning and disinfection
- Paper towels available
- Visible hand washing signage.

Waiting areas:

- Patients to wait outside until the time of their appointment
- Chairs spaced 2m apart, clear markings on the floor

Equipment

- Continued adherence to good practice to maintain equipment
- Refer to manufacturers' guidance, HTMO1-05 and CQC guidance
- Refer to the guidance of the Faculty of General Dental Practice (UK) in closing and reopening dental practices.

Work Force

All team members within the practice must adhere to the physical distancing guidelines.

- 1 person required for reception duties.
- 1 person required to provide chairside assistance and decontamination.
- 1 person required to provide dental treatment.
- Remaining team members to maintain the current status of either working from home or receiving lay-off support payment.

Staff screening

- Screening will take place for staff on their return to work, and on a daily basis thereafter
- A risk assessment available for staff to protect them and identify potential COVID-19 cases. Questions should be asked in line with the case definition for COVID-19 as part of this
- Staff screening log implement to help maintain screening records.

Health and wellbeing

- Adhering to PHE COVID-19 guidance and The Health and Safety Executive guidance on COVID-19
- Information available for staff to reduce the risk of transmission
- A full lock-down protocol is in place and staff are informed

Patient identification and prioritisation

Patients should be allotted into one of the following groups:

- Shielded patients
- Patients at an increased risk of COVID-19
- Patients with urgent dental care needs
- Patients who have contacted the UDC system and been triaged
- Patients with incomplete care plans
- Patients with frequent recall according to NICE guidelines

- Patients with routine dental care needs and do not fall into any of the above groups.

Bookings/Diary Management

scheduling of patients for treatment as services resume should take into account: • the urgency of needs • the particular unmet needs of vulnerable groups • available capacity to undertake activity

- All patients awaiting a call back should be processed and booked.
- 1 clinic running a day to ensure single patient occupancy. All three treatment rooms to be alternatively used per patient to ensure adequate time lapse between use of facilities.
- At least 30 minutes between each appointment.
- No multiple/family bookings. Patient must attend alone unless it is a translator, guardian, carer, or legal representative.
- Avoid aerosol treatments – refer where needed (until adequate PPE sourced).
- Allotted diary space at end of day should be protected for emergencies.

Personal Protective Equipment

Full standard disposable surface/equipment protective coverings must be used. Scrubs should be changed per session.

PPE - Non AGP

- Gloves
- Mask (FFP2)
- Visor
- Apron
- Shoe Covers
- Hair Covers

PPE – AGP

- Gloves
- Mask (FFP2 + Dental mask or FFP3 mask)
- Visor
- Apron
- Gown



- Shoe Covers
- Hair Covers

Patient PPE

- Apron
- Goggles
- Gloves

Re-entry Processes

** Staff members must ensure they are wearing adequate PPE and adhering to physical distancing**

RE-ENTRY INITIAL CHECKS			
Task	Actions Required	Notes	Name Signature
Ensure premises is secure	Perform a quick visual check of doors and windows to make sure nothing has been disturbed		
Visual check of all rooms	Ensure all areas look safe and in-tact		
CLEANING PRIOR TO RE-OPEN			
Non-Clinical Areas		Tick when complete	Staff member please tick when checked
Chairs and furniture: one full clean			
Cleaning equipment: full clean after use (not dental equipment)			

Doors including handles: clean push plates and handles		
Electrical items including computers or TVs: dust daily, phones and keyboards cleaned with detergent wipe & clean		
Dust all areas		
Floor – hard: vacuum and steam mop		
Hand wash containers/hand rub/towel dispensers: full clean		
Low surfaces e.g. skirting boards: full clean		
Non-clinical cupboards: one full outer clean		
Paintwork: wipe marks		
Hand washing and kitchen sinks: full clean (not decontamination sinks)		
Tables/desks, reception desk domestic waste bins: one full clean		
Toilets: full clean		
Household (not clinical) waste bins: one full clean		
Ceilings: dust		
Blinds: dust		
Dental cupboards: full outer clean		
Doors including handles: full clean		
Fridges and freezers: full clean		
High surfaces e.g. curtain rails, top of door frames: dust		
Kettles, Hot drinks machine & boiler: full clean		
Microwave and cooker etc.: one full clean		
Radiators: one full clean		
Switches, sockets and data points: one full clean		
Shelves: dust		
Ventilation grilles – extractor and inlets: dust & clean		
Walls: dust		
Non-clinical cupboards: inner clean		
Internal glazing, including partitions and mirrors: clean		
High surfaces e.g. curtain rails, top of door frames: full clean		
Internal glazing, including partitions and mirrors: clean		
Fridges and freezers: full clean and defrost		

External glazing: full clean		
Clinical Areas	Tick when complete	Staff member please tick when checked
Chairs and furniture: one full clean		
Cleaning equipment: full clean after use		
Doors including handles: clean push plates and handles		
Electrical items including computers or TVs: dust daily, phones and keyboards cleaned		
Dust all areas, clean all areas		
Floor – hard: vacuum and steam mop		
Hand wash containers/hand rub/towel dispensers: full clean		
Low surfaces e.g. skirting boards: full clean		
Paintwork: wipe marks		
Hand washing and kitchen sinks: full clean		
Tables/desks, reception desk domestic waste bins: one full clean		
High surfaces e.g. curtain rails, top of door frames: dust		
Clinical waste bins: one full clean		
Ceilings: dust & clean		
All cupboards and drawers: full clean		
Dental chairs and dentist/dental nurse chairs: Full clean inc suction system		
Autoclaves: full clean		
Pouching machine: full clean		
Water Deionisers: Full clean & replace filters		
Compressor: full clean		
Cold sterile containers: full clean		
Instruments: Ensure all processed are in date, any expired must be processed		
Other:		

RE-ENTRY PROTOCOL

EQUIPMENT & MATERIALS

Task	Actions Required	Notes	Name Signature
Clear signage to note single access and exit points should be visible.	As described		
Signage/Posters must be displayed inside and on door to outline measures in place	As described		
Stations for hand hygiene and donning/doffing PPE must be set by entrance and exit	As described		
Marker outlining 2 metre from reception desk required	As described		
Ensure removal of all unnecessary items i.e. magazines etc	As described		
Signage noting our contactless payment requirements must be visible	As described		

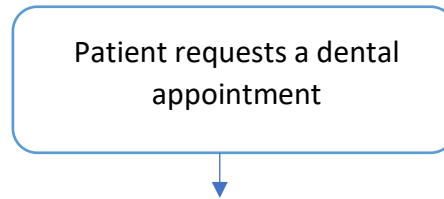
IT equipment re-instated.	All computers to be re-instated. Loaded and checked in working order		
Tablets/Card Machines/Phones/T-Loop checked.	Must be checked to be in working order. Fully charged.		
Ensure air condition is in working order	As described		
Ensure smoke detectors are in working order	As described		
<u>Autoclave</u> Run cycle on autoclave	Switched on, run test and ensure in working order		
<u>Autoclave</u> Rubber door seal and sealing surfaces wiped with a clean, disposable non-linting cloth AC	Ensure this has been carried out		
<u>Autoclave</u> Chamber and shelves checked for cleanliness and debris	Ensure this has been carried out		

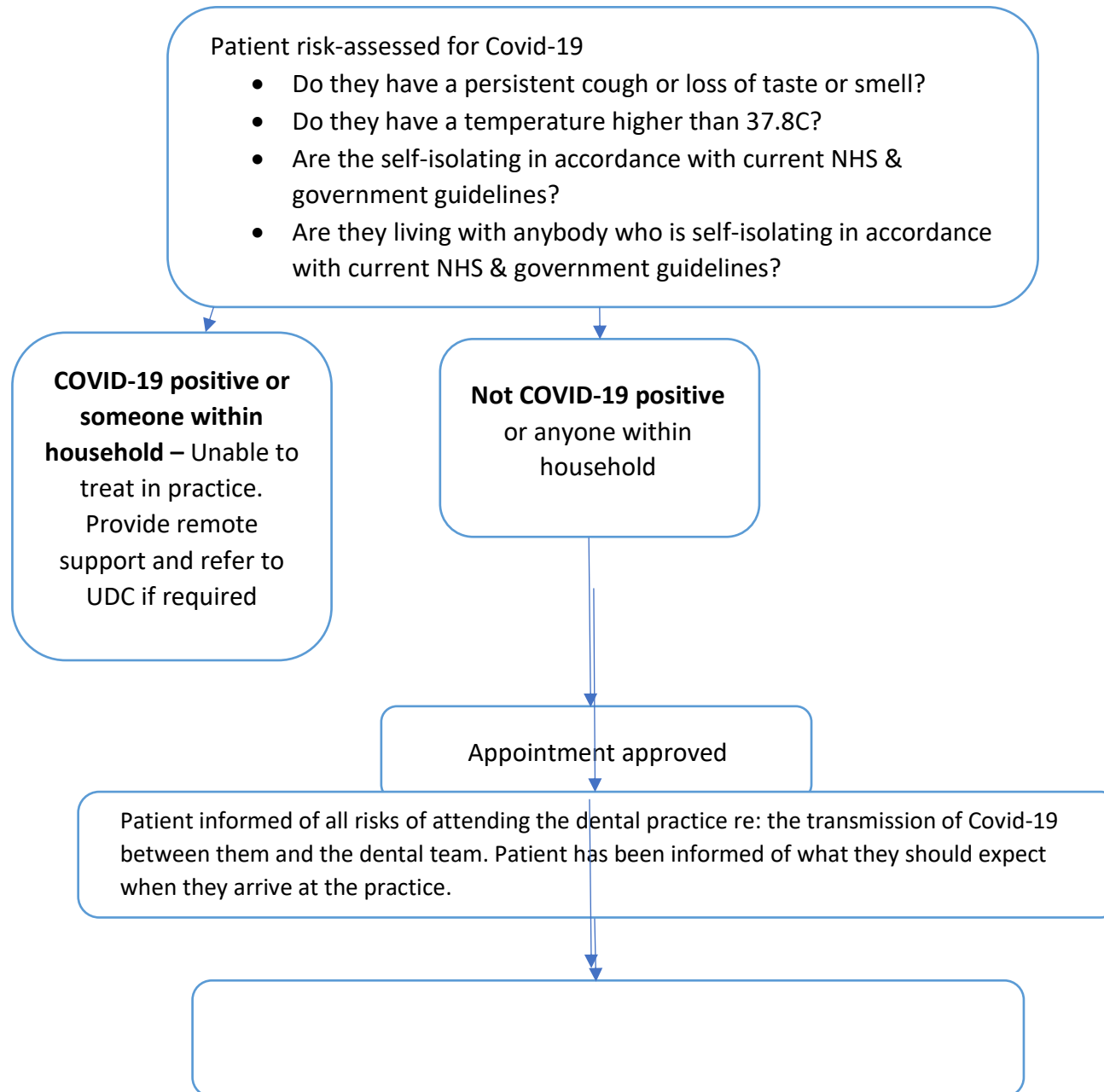
<p><u>Autoclave</u> Reservoir drained and flushed with water</p>	<p>Ensure this has been carried out</p>		
<p><u>Autoclave</u> Autoclave drained and left with door open</p>	<p>Ensure this has been carried out</p>		
<p>Test Compressor, clean and drain</p>	<p>As described</p>		
<p>Emergency drugs and equipment inc defibrillator and oxygen cylinder</p>	<p>Check all emergency drugs and equipment is in working order and stored appropriately and in-date</p>		
<p>Pouching machine must be tested and in working order.</p>	<p>As described</p>		
<p>Dental unit waterlines flushed for 3 minutes</p>	<p>As described</p>		
<p>Check the dates on view packs of sterilized instruments</p>	<p>Ensure all pouched instruments are in date. Any expired should be reprocessed before use</p>		

Ultrasonic bath (should be emptied, flushed)	Ensure test is carried out and in working order.		
All chairs water bottles should be emptied, rinsed left upside down	Ensure this has been carried out		
Impression disinfection bath emptied and washed out	Ensure this has been carried out		
Clinical waste stored appropriated and arrange collection	Ensure this has been carried out		
Offensive waste, amalgam waste etc checked	Ensure all stored and sealed appropriately		
Sharps bin sealed and replaced if more than 2/3 full and arrange collection	Ensure this has been carried out		
Run all water lines throughout the practice – Legionella	Ensure hot water reaches temperature of 55 it is either within 2 mins		

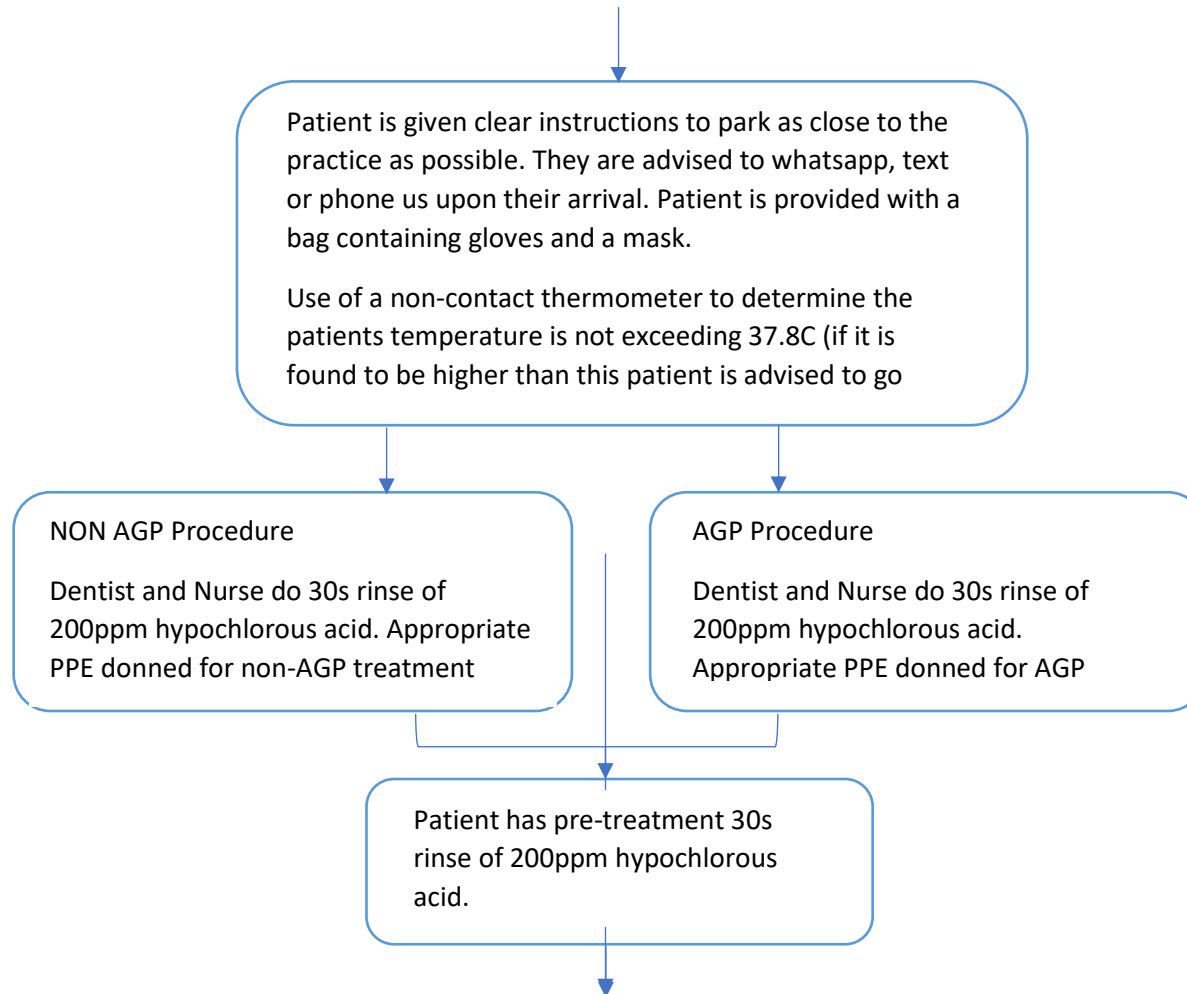
Drain water purifiers	Ensure this has been carried out		
All water storage bottles should be drained and left upside down to dry	Ensure this has been carried out		
Ensure all materials, supplies, sundries are in date and appropriately stocked	As described		
X-ray equipment must be in safe and working order	As described		
Prescription Pads, Stationery and office supplies must be adequately stocked	As described		
Portable appliances must have visual check and be in working order	As described		

Patient Journey





Treatment room has not been used for at least 1 hour since last use.
Windows are open in treatment room, all protective coverings in place.



Verbal consent obtained for any proposed treatment. Usual hard-copy forms requiring a signature will be signed by the dentist on behalf of the patient as 'Covid-19'. Consent paperwork can be emailed to the patient for later acknowledgement and receipt.

Appointment carried out. Treatment provided as required.
If AGP – High volume aspiration used as well as rubber dam.
All appropriate post-treatment advice and documentation provided.

After patient has exited the room. Dentist and nurse clear away all equipment into dirty-storage container. Ensure windows are open. Exit the room and remove PPE.

Treatment is left for 1 hour. During this time, cleaning of the rest of the practice should be carried out.

After 1 hour the dental nurse re-enters the room and performs feel IP & C procedure.

Patient will have exited through the back door after following the contactless sign-out procedure, removing PPE and applying hand gel.



Patient should be given a follow up call after their appointment to ensure all is as it should be and they are satisfied.

This document is subject to regular reviews and amendments, in accordance with latest guidance and regulations.