



Peninsula Dental Social Enterprise (PDSE)

Special Measures to Support Safe Working Practice COVID-19 Phased Recovery Version 4.0

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Special Measures to Support Safe Working Practice

Covid-19 Phased Recovery

1. Introduction

This document outlines the special measures put in place by PDSE in line with current Government guidelines during the COVID-19 pandemic. This is not designed to replace current PDSE policies and procedures with relation to the management of health and safety; it will serve to provide additional advice and guidance specifically targeted at minimising the spread of the coronavirus throughout the Dental Education Facilities (DEFs) and is aimed at ensuring a safe environment for staff, students and patients.

2. Risk Management

Organisational Risk Assessment

PDSE has a duty to its employees, contractors, students and patients affected by its undertaking, to reduce workplace risk to the lowest reasonably practicable level by taking preventative measures.

We have created an organisational assessment of the risks posed by COVID-19 and the preventative measures we have implemented to reduce these risks, which is continually under review.

Although this assessment can be used to inform local risk assessments, it is stressed that these generic preventative measures are the minimum required. This does not remove the requirement for specific risk assessment of local workplace activities and processes which may require enhanced / additional preventative measures specific to those hazards and risks.

This policy should be read in conjunction with the following documents, all updated versions are available at <http://peninsuladental.org.uk/covid-19/>

- COVID-19 Organisational Risk Assessment
- Standard Operating Procedure Resumption of Clinical Activity
- Qualitative Face Fit Testing Standard Operating Procedure Policy
- Decontamination, storage and maintenance of reusable respirators
- Infection prevention and control policy

Individual Risk Assessments

It is important that PDSE is aware of any risk factors that may put individuals at an increased risk if exposed to COVID-19.

Staff, Supervisors and Students must inform PDSE if they are clinically vulnerable (moderate risk) or clinically extremely vulnerable (high risk). This may include staff who are pregnant, over 70 years of age, or staff who have a health condition that defines them as clinically vulnerable according to NHS guidelines. Further information on who is at higher risk can be found on the [NHS website](#).

All PDSE staff are required to complete an individual risk assessment on returning to the workplace. This should be submitted to their line manager and reviewed regularly. If a member of staff is identified as at risk, they may be referred to Occupational Health. Staff must notify PDSE of any changes to their circumstances that may affect the risk assessment or their ability to continue working.

All Supervisors are required to complete an individual risk assessment prior to working on clinic, which must be submitted via the Clinical Liaison Team. Supervisors identified as being in a high risk category will be referred to Occupational Health for further assessment.

Individual student risk assessments will remain the responsibility of the University of Plymouth, with any necessary preventative measures required being relayed to PDSE

3. Preventative Measures

PDSE has a duty to reduce workplace risk to the lowest reasonably practicable level by taking preventative measures. Preventative measures will always be determined through risk assessment and will be in place for all staff, students and patients to ensure the opportunity of further viral spread is limited.

To further reduce the risk of viral spread, staff groups will remain segregated as much as practicably possible. Staff groups will be split into clinical and non-clinical groups. During periods of clinical activity, clinical staff will take priority for use of communal facilities.

Preventative measures are subject to continual review and updates will be cascaded accordingly. All site specific processes will be extensively covered during student induction to ensure comprehensive understanding is achieved.

4. COVID-19 Screening

Screening of Staff and Students

In order to reduce the risk of transmission of COVID-19 between staff, students and patients and to ensure that the DEFs remain COVID-19 secure, staff and students will be required to complete a COVID-19 screening check prior to entering the clinic.

If a staff member or student confirms any of the symptoms of COVID-19 they must isolate in accordance with NHS guidance.

Screening of Patients

All patients will be sent an appointment confirmation letter outlining the additional precautions and control measures that are in place relating to COVID-19. Patients will be contacted no more than 24 hours prior to their appointment to confirm that they are not displaying any symptoms of COVID-19. All patients and chaperones will be asked to self-declare that they are free of COVID-19 symptoms and temperature checked prior to being allowed access to the building.

Screening of Visitors

Prior to entry all visitors must be COVID-19 screened prior to entering any site, including taking of temperatures.

Screening of Contractors

COVID-19 screening will be completed prior to entry, including the taking of temperatures.

Symptoms of COVID-19

Symptoms of COVID-19 include:

- Temperature over 37.8C
- A new, continuous cough
- Loss or change to your sense of smell or taste

Staff, Supervisors or students who develop symptoms of COVID-19 should stay home and self-isolate in accordance with NHS guidelines. Anyone with symptoms is advised to get tested for COVID-19.

Self-isolation

Self-isolation is when you do not leave your home because you have or might have coronavirus (COVID-19). Staff, Supervisors and students who are self-isolating must stay at home and must not attend the DEFs.

Staff, Supervisors and students should self-isolate immediately if:

- They have symptoms of COVID-19
- They have tested positive for COVID-19
- They live with someone who has symptoms or has tested positive
- someone in their support bubble has symptoms or has tested positive
- They are told by NHS Test and Trace that they have been in contact with a person who has COVID-19

The duration of the self-isolation period will depend on the reason for the isolation. The minimum isolation period is 10 days. However, this may increase to 14 days if:

- They live with someone who has symptoms or tested positive
- Someone in their support bubble has symptoms or tested positive
- They've been told by NHS Test and Trace that they've been in contact with someone who has COVID-19

Staff, Supervisors and students must self-isolate for the correct duration dependent on the reason for the isolation.

If any staff, Supervisor or students develop any symptoms at any point after ending their first period of self-isolation, they must follow NHS guidance and self-isolate again for the appropriate time depending on their circumstances.

Developing symptoms during the working day

If a member of staff, supervisor or students become unwell during the working day or develop symptoms of COVID-19 they should:

- Inform their line manager or the Clinic Team Leader immediately and go home
- Avoid touching anything
- Cough or sneeze into a tissue and dispose of this (or use their sleeve if they do not have a tissue)
- Use a separate bathroom to others
- Use their own phone or computer if they need to contact NHS 111 or a Doctor

A period of self-isolation must then be completed in accordance with NHS guidelines.

Test & Trace

Staff, supervisors and students will be strongly advised to use the NHS Test and Trace system and will be asked to request a test if they are displaying symptoms and follow self-isolation guidance. A test can be arranged by visiting NHS.UK or by contacting 119 via telephone for those without internet access. Evidence of the test result may be requested by PDSE.

If you are already self-isolating, you should continue with this for the remainder of the isolation period in accordance with NHS guidance. Once you have completed your advised period of self-isolation and are symptom free, you may contact your line manager to discuss your return to work.

If you receive a negative test result, you should follow the NHS guidance on whether or not you need to self-isolate still. This guidance can be found on the [NHS website](#). If you are no longer required to self-isolate, you should contact your line manager to discuss your return to work.

If staff, supervisors or students are still experiencing a temperature, they must continue to self-isolate until their temperature returns to normal and should seek medical advice.

Further information on what to do if you have been tested for COVID-19, including what to do if you receive an unclear, void, borderline or inconclusive test result can be found on the [NHS website](#).

Reporting of absences

All absences from clinic should be reported via the normal absence reporting procedure.

Returning after an absence

PDSE staff may contact their line manager to discuss their return to work if they feel better and no longer have symptoms. Staff must complete the period of isolation as specified by the NHS before returning to work.

Supervisors must discuss their return to work with the Clinic Lead.

Students must discuss their return their absence with the Clinic Team Leader or Clinic Lead.

If symptoms persist, staff, supervisors and students should remain off work and seek medical advice from NHS111 using the online service (or call NHS111 if unable to access the online service).

Confirmed cases of COVID-19

If a PDSE member of staff receives a positive test result for COVID-19 they must inform their line manager and PDSEHR@plymouth.ac.uk

If you become aware positive or symptomatic COVID-19 case amongst students, this **must** be reported to covidreporting@plymouth.ac.uk or via telephone on 01752 587676.

If a student tells you they are symptomatic or have tested positive, please ask them to contact us directly – do not do this for them – as we will have to ask them follow-up questions and we cannot accept third party reports (unless the person is seriously unwell).

Students claiming extenuating circumstances due to either a suspected or confirmed case of COVID-19 should also be advised that they are required to inform the University either by reporting it to covidreporting@plymouth.ac.uk

If a member of Clinical Supervisor is symptomatic or has tested positive, this should be logged on iTrent and emailed to healthandsafetyoffice@plymouth.ac.uk

5. Handwashing and Sanitization

Hand sanitizer stations placed at the entrance of every building, must be utilized by staff and students prior to entering the clinic.

Staff and students should be reminded to wash their hands regularly using soap and water for 20 seconds and particularly after blowing their nose, sneezing or coughing.

Handwashing facilities with soap, water and paper towels are widely available throughout all buildings and frequent handwashing must be continued at regular intervals throughout the day. The use of hand dryers is prohibited and drying with paper towels should be utilized instead.

<https://www.nhs.uk/live-well/healthy-body/best-way-to-wash-your-hands/>

[https://www.who.int/gpsc/5may/Hand Hygiene Why How and When Brochure.pdf](https://www.who.int/gpsc/5may/Hand_Hygiene_Why_How_and_When_Brochure.pdf)

6. Social Distancing

Social distancing involves reducing day-to-day contact with other people as much as possible, in order to reduce the spread of coronavirus (COVID-19). The current Government guidance for social distancing states a distance of at least 2 metres, or 1 metre with 'additional risk mitigation' (1m+) where 2m is not viable between individuals wherever possible.

The Government advice regarding 'additional risk mitigation' for 1 metre plus (1m+) social distancing is as follows:

Where the social distancing guidelines cannot be followed in full, in relation to a particular activity, businesses should firstly consider whether that activity needs to continue for the business to operate, and, if so, take all the mitigating actions possible to reduce the risk of transmission between their staff (and students).

All staff and students must adhere to social distancing guideline. Measures have been implemented to assist this including:

- Visible signage is situated around the building prompting social distancing.
- Screens have been erected at all reception desks.
- In both clinical and non-clinical settings where staff and students are unable to maintain the recommended 2m social distancing, a medical grade mask or visor must be worn.

Where possible, one way systems have been established for movement around the buildings, with a 'keep left' system in place in stairwells and corridors.

- Designated passing areas are identified with signage in all longer stairwells and back to back passing should be adopted where required.

Low density occupation levels have been calculated for all areas and are indicated by signage attached to entrances. This should be adhered to where possible, however it is recognised that there will be times throughout the day when this will not be achievable. Throughout these periods other measures will be implemented in order to mitigate risks, including:

- Issuing fluid resistant face masks to students on entry to the building,
- Staggering processes to allow groups to access areas in phases,
- Limiting the activity to as short as time as possible.

7. Building Ingress & Changing Facilities

Access for Staff and Supervisors

Staff and Supervisors can access the building using their swipe card during usual access hours. Any staff who experience issues with accessing the building should report this to their line manager immediately.

Staff should ensure that social distancing is observed when arriving at work. This includes when using the car park and on entry and exiting the building.

Access for Students

In order to prevent unauthorised access to the buildings, reduce high volumes of people in one area at the same time and to allow for phased access to the buildings, students will be unable to swipe into any main entrances. Student swipe access will be enabled for all internal swipe doors; however, students will not be permitted to digress around the building and must remain in their allocated areas.

Each site has been allocated a specific student entrance and will follow the procedure detailed in the student ingress process (*appendix 1 – student ingress & egress protocol*).

PDSE staff will allow student access from 8.30, students will be phased into the building in groups of 10 and issued with a fluid resistant facemask. Students will be escorted by staff to the changing rooms in groups of 10 and then escorted to their allocated bay. In order to ensure all students are on bay in a timely manner, this process is required to be as swift as possible.

Access for Patients

Access for patients is by appointment only. Patients should attend alone where possible.

Access for Visitors

Only essential visitors should visit any sites during the COVID-19 period, all main entrances will remain locked to prevent unauthorised access. All visitors should pre-arrange their visit prior to attending, unauthorised or unannounced visitors may not be permitted entry.

Visitors must be informed of the special measures that have been implemented due to COVID-19 and must adhere to these whilst in the facilities.

Access for Contractors

Contractors are only permitted to attend site by prior arrangement, booked via the PDSE Maintenance Team. This allows the Maintenance Team to issue pre-site attendance information to all contractors prior to any visit, advising that they should not attend if they have, or have been in contact with anyone who has symptoms.

8. Communal Areas & Lunch Facilities

The capacity for student communal areas varies across sites. Where possible, additional space will be provided through the use of the training and seminar rooms, which will be available for break times. Clinical staff groups will have priority access to communal areas and non-clinical staff will be expected to stagger their break times accordingly.

Throughout the day students and clinical staff groups will be required to either remain on bay or leave the building. When not on bay, all students should maintain social distancing as specified above, where this is not possible students will be required to wear a fluid resistant face mask.

PDSE will allocate staff to monitor student breaks to ensure compliance with measures is achieved. Whilst facilities such as microwaves and hot water boilers will remain in use, access will be limited to ensure social distancing achieved and to allow routine cleaning to be undertaken following use of items. Communal areas will require cleaning after each use, this will be facilitated by PDSE staff on a rotational basis.

Students who are on site for the duration of the day, should be encouraged to:

- Bring a cold pack lunch
- Utilize outside space, weather permitting
- Eat off site, where possible.

Immediately after heavy use, all communal areas and lunch facilities will be taken out of use and will be subject to cleaning before being utilised by other staff groups.

9. Toilet Facilities

In all sites designated toilets have been assigned for use by staff, students and patients. This designation is identified by signage placed clearly on the front of toilet doors.

All toilets have visible hand washing reminder posters and are equipped with soap and paper towels.

Toilets are required to be cleaned on an increased basis visible signage has been placed in every toilet emphasising the cleaning processes required. In order to facilitate this every toilet will be equipped with the necessary cleaning aides and disposal guidance.

Patient toilets will be cleaned in between use by PDSE staff on a regular basis throughout the day. Whilst cleaning on a scheduled basis, all staff must wear the standard PPE of:

- Disposable apron
- Fluid resistant surgical mask
- Eyewear/visor
- Gloves

Staff and students will be required to assume personal responsibility for toilet cleaning following use.

10. Non-Clinical Office Areas

The main offices at each DEF have been identified as non-clinical areas and as such, clinical staff and students must not enter without seeking prior authorisation.

Staffing levels will be monitored within all offices to ensure social distancing can be maintained. Due to the higher capacity of staff between Plymouth sites, an office schedule is to be used between to ensure that numbers remain reasonable to allow for social distancing.

Staff must always wear a medical grade facemask or visor in the DEFs; this includes when working in non-clinical areas where 2m cannot be maintained.

Most office-based staff have an allocated workspace so the requirement for hot-desking should be minimal. However, where hot-desking is required the desk space including all equipment within that area must be wiped down before use (e.g. telephone, mouse, keyboard etc.). Desks must always be kept clear.

11. Clinical Areas

Clinical activity is restricted to either the bay area or the single surgery space, dependent on the type of treatment being carried out, further restrictions may apply. Further information can be

found in the PDSE Standard Operating Procedure which should be read in conjunction with this policy and prior to carrying out any clinical activity at any site.

Non-clinical staff will not be permitted to enter the bay without seeking prior authorisation.

Staff and students working in the clinical environment are not permitted to take any personal belongings onto the clinic.

Bay Logs:

The easing of social and economic lockdown measures following the COVID-19 outbreak is being supported by NHS Test and Trace. In order to assist this service, we are required to keep a temporary record of visitors for 21 days, to assist NHS [Test and Trace](#) with requests for that data if needed. This could help contain clusters or outbreaks.

In order to facilitate this, bay logs will be introduced across all sites to record every student; supervisor; patient; accompanying visitor; or any other individual who is on the bay. In order to be effective, this process will require correlation with clinical record keeping, in relation to recording information of any accompanying person who attends a patient appointment and enters the clinic.

A daily bay log is required to be completed for each bay, on every clinical day. The completed logs need to be retained for a period of 21 days, prior to being securely destroyed.

Record Cards:

It is not possible to eliminate the requirement for paper record cards to enter the clinic.

In order to mitigate the risk of COVID-19 transmission the following steps should be followed:

- Paper record cards are not permitted into any AGP area i.e. single surgery or pods.
- Paper record cards required on a non-AGP bay should remain a sealed plastic box until the point of use.
- Record cards allocated to a student for use on bay should be used as minimally as possible and for as short a time frame as reasonably practicable e.g. to facilitate signing of a consent form or treatment plan.
- When not in use, record cards must not be left out in the open clinic. They either be stored in a closed cupboard or in a sealed plastic box.

Patient Appointment Booking and Referral Process:

The process for booking further patient appointments; referring a patient to another student; or requesting a patient be transferred to a PDSE Clinician was previously paper based.

In order to mitigate the risk of Covid-19 transmission the following amendments to process have been implemented.

Booking Form	Procedure	New Process
Blue <i>(Appendix 2)</i>	Appointment booking	Student confirms appointment details with patient at the chairside. Student completes laminated Blue form using wipe-able marker. Patient exits the DEF, student takes form to reception and relays the agreed appointments (normal admin processes apply) Student returns form to clinic for disinfection.
Green (paperless)	Student to student referral	All student to student referrals to be submitted by student electronically to: Plymouth – pdseadminrequest@plymouth.ac.uk Exeter – pdseadmin.exeter@plymouth.ac.uk Truro – pdseadmin.truro@plymouth.ac.uk
Pink (paperless)	Request for referral to PDSE Dentist or Clinical Supervisor	Clinical Supervisor to submit form electronically using the email detailed above in the blue form process.

12. Cleaning

In every work area, the frequency of handwashing and surface cleaning will need to be increased. Busy / communal areas (stairwells, entrances, exits, toilets, corridors etc.) and frequently touched items (doors and door furniture, bannisters etc.) will require increased frequency of cleaning and the provision of hand sanitiser, tissues and waste receptacles. This will be achieved through an hourly cleaning rotation, facilitated by PDSE staff on a rotational basis.

Staff and students should increase the frequency of cleaning of their own and shared work areas which they use including shared laboratory or process equipment, IT equipment, telephones, workstations and other touch points. Local cleaning stations will be provided for general self-cleaning.

<https://www.hse.gov.uk/coronavirus/cleaning/index.htm>

13. Infection Control & PPE Protocols

Infection Prevention and control training:

All clinical staff are expected to maintain their knowledge and understanding of infection control measures in the dental environment. Refresher training and guidance will be provided to all students through the annual induction process.

All non-clinical staff groups that are participating in any cleaning schedules and all staff that are required to adopt the use of PPE will be given full training on effective and safe use and disposal.

Hand Hygiene:

Washing hands thoroughly with soap and water for at least 20 seconds, is essential to reduce the transmission of infection. All clinical staff, students and patient/carers should wash their hands or decontaminate their hands with alcohol-based hand rub (70% ethyl alcohol) when entering and leaving dental facility.

All clinical staff must perform handwashing immediately before every episode of direct patient care and after any activity or contact that potentially results in hands becoming contaminated, including donning and doffing PPE.

If arms are bare below the elbows and not covered by a fluid resistant long-sleeved gown, hand washing should be extended to include both forearms. Wash the forearms first and then wash the hands.

Uniforms:

Scrub uniform should not be worn outside of the clinic (non-patient clinic sessions exempt) Uniforms and work wear should be changed daily and transported home in a disposable plastic bag. The plastic bag should be disposed of into the household waste. Uniforms and work wear should be laundered: separately from other household linen, in a load not more than half the machine capacity and at the maximum temperature the fabric can tolerate, then ironed or tumbled-dried.

PPE:

The appropriate level of PPE required is dependent on the activity being carried out and whether the treatment includes aerosol generating procedures (AGPs) or not (*appendix 3 – PPE Overview Table*).

Gloves must be:

- Worn during every patient contact or procedure
- Double gloving is not recommended for routine clinical care and must not be practiced
- Changed immediately after each patient and/or after completing a procedure/task
- Never decontaminated with Alcohol Based Hand Rub (ABHR) or soap between use

- Disposed of in the clinical waste

Plastic aprons must be:

- Worn during every patient contact
- Changed immediately after each patient and/or after completing a procedure/task
- Arms should be washed prior to handwashing if apron does not have sleeves
- Sleeved aprons or sleeve covers should be worn in addition to plastic aprons should be worn if contact with patient is prior to an AGP
- Disposed of in the clinical waste

Fluid resistant full-length gowns must be:

- Worn when undertaking, assisting with or directly supervising aerosol generating procedures
- Worn when a disposable apron provides inadequate cover for the procedure or task being performed
- Changed between patients /individuals and immediately after completing a procedure or task unless sessional use is advised due to local/national data

Eye or face protection (including full-face visors) must:

- Be worn during all dental procedures including AGPs and during direct supervision or intervention if blood and/or body fluid contamination to the eyes or face is anticipated or likely
- Regular corrective spectacles are not considered eye protection
- Not be impeded by accessories such as piercings or false eyelashes
- Not be touched when being worn

Fluid resistant surgical face mask (FRSM Type IIR) masks must:

- Be worn during all dental procedures, direct supervision or intervention
- Be worn when less than 1 metre social distancing
- Be well-fitting and fit for purpose, fully cover the mouth and nose (manufacturers' instructions must be followed to ensure effective fit and protection)
- Not touched once put on or allowed to dangle around the neck
- Be replaced if damaged, visibly soiled, damp, uncomfortable or difficult to breathe through

FFP3 respirator masks are used to prevent inhalation of small airborne particles arising from AGPs and must be:

- Worn when undertaking or directly supervising any AGP
- Not be allowed to dangle around the neck of the wearer after or between each use
- Not be touched once put on
- Be doffed outside the AGP area

- Either single use or single session use (disposable or reusable) and fluid-resistant
- Covered by a full-face shield if undertaking or directly supervising an AGP
- Be fit tested for the relevant model to ensure an adequate seal or fit (according to the manufacturers' guidance). Fit checking (according to the manufacturers' guidance) is necessary when a respirator is put on (donned) to ensure an adequate seal has been achieved
- Where fit testing fails, suitable alternative equipment must be provided
- Be compatible with other facial protection used (protective eyewear) so that this does not interfere with the seal of the respiratory protection
- Be discarded and replaced and NOT be subject to continued use if the facial seal is compromised, it is uncomfortable, or it is difficult to breathe through
- Reusable respirators can be utilised by individuals if they comply with HSE recommendations. Reusable respirators should be decontaminated according to the manufacturer's instructions.

14. Student Induction

Student induction has always played a fundamental role in ensuring that students are safe and fully prepared to return to clinic. The significant number of measures and amendments that have subsequently been introduced, in order to ensure that the clinic is a safe environment during COVID-19, has increased the importance of a comprehensive student induction. All students must complete all parts of their induction before starting on clinic.

15. Conclusion

This document provides the overall framework of special measures to support safe working practice, however site-specific protocols will apply.

This document will be reviewed regularly and updated as national guidance changes. If you have a query regarding this guidance, please refer to the [Raising Concerns at Work Policy](#).