Peninsula Dental Social Enterprise (PDSE)

Standard Operating Procedure

Resumption of Clinical Activity

Phase Four: Return of Student Clinics

Version 4

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Resumption of Clinical Activity

Phase Four – Resuming Undergraduate Clinics

1. Introduction

As part of COVID-19 primary care recovery, from 8th June primary care dental services (general dental practices and community dental services) may open to resume face-to-face care (both routine and urgent) for appropriate patient groups.

Following this announcement, Peninsula Dental Social Enterprise (PDSE) initiated the return of dental activity across all sites. However, alongside all other primary care dental services, PDSE still faces pandemic related limitations and challenges. Therefore the reintroduction of clinical activity will adopt a phased approach, enabling PDSE to facilitate a safe and timely return to the practice of dentistry, following the *Phased Return Flowchart* (appendix 1)

The initial stage of this phased approach began with the reinstatement of the PDSE Clinician Team providing urgent dental care for appropriate patient groups, including high risk Aerosol Generating Procedures (AGPs).

Now that the patients who were telephone triaged following the AAA protocol have been reviewed and necessary treatment provided, PDSE Clinicians to move towards the third phase of the resumption of clinical treatment:

- Patients who need minimal treatment to complete their treatment plan e.g. denture fit, crown or bridge fit, etc.

- Case note review and assessment of those who were part way through root canal treatment to see whether they need continuation of treatment now or can wait for student clinics to re-start: Telephone contact to be made with patients to assess current situation. Root canal treatment is an AGP so continuation of treatment may be restricted.

- Paediatric patients who were booked in for treatment or recall at the time clinics closed and, if time allows see those who have since become due for recall. In conjunction with Dental Nurse led clinics for OHI, Fluoride varnish application etc.

As we move forward, the fourth phase of the resumption of clinical activity is the return of undergraduate clinics.

2. Scope

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

- Special Measures to Support Safe Working Practice
- COVID-19 Organisational Risk Assessment
- Qualitative Face Fit Testing Standard Operating Procedure Policy
- Decontamination, storage and maintenance of reusable respirators

- Infection Control policy
- Hand Hygiene policy
- Personal Protective Equipment policy

3. Policy Updates

This policy was created following the release of *Covid-19 Guidance and Standard Operating Procedure – For the provision of urgent dental care in a primary care setting (from 8th June) and designated urgent dental care provider* (NHSE OCDO).

The document was updated, in line with the reduction of the UK Covid-19 alert level from level 4 (severe) to level 3 (substantial) on 19th June 2020.

The policy was updated following the release of *Standard operating procedure Transition to recovery - A phased transition for dental practices towards the resumption of the full range of dental provision,* on 28th August 2020 (NHSE OCDO).

4. Objectives

The objective of this document is to establish a framework of guidelines governing the resumption of undergraduate clinical activity. This will include a number of measures aimed at protecting both staff, students and patients, including:

- Communication to patients to ensure prior awareness of the current limitations and to establish patient expectations.

- Individual risk based screening of all PDSE staff and Clinical Supervisors; referral to Occupational Health services and reasonable adjustments instigated as required. Individual risk assessment of undergraduate students facilitated by the University of Plymouth, with outcomes shared to ensure safe working practices.

- Remote COVID-19 screening of all patients prior to appointment to determine that patients are not experiencing symptoms of COVID-19; are not currently isolating due to having come into contact with someone who has symptoms of COVID-19; or have not been recently contacted by NHS Test & Trace.

- COVID-19 screening of all staff members, Clinical Supervisors, students, patients and visitors at point of entry the building including temperature checks. Restricted access to all sites to ensure compliance with COVID-19 screening.

- Telephone triage of all patients to determine level of patient vulnerability. All patients initially identified as clinically vulnerable or extremely clinically vulnerable referred for further clinical assessment via remote consultation with clinician to establish appropriate care pathways to ensure safe and effective care.

- Comprehensive induction of staff and students to the special measures in place to ensure safe working practices in the COVID-19 environment.

- Amendments to infection control protocols including environmental cleaning and Personal Protective Equipment (PPE) appropriate to the level of activity being carried out.

- Restriction of all AGPs, to completion only in the single surgery or clinical pod environment.

- Risk based approach to patient treatment planning and adapted clinical protocols to ensure safe and effective provision of appropriate care pathways.

5. Appointment Booking and Patient Pre-Screening

Pre-appointment preparation is essential in providing safe care, ensuring patients are well informed and suitably prepared ahead of their visit to the Dental Education Facility (DEF). Communication is central to mitigating risk and establishing expectations of how and what dentistry can be delivered within the limitations of the pandemic. With this in mind, PDSE endeavours to provide communications through a number of forums including:

- Regularly updating the PDSE website with information
- Posting updates on social media forums
- Ensuring patients are made aware of all additional measures through the issuing of a patient information leaflet *A guide to the ways we are looking after our Patients, Staff and Students,* prior to appointments.

Admin Screening Protocol:

In order to maintain accuracy and ensure consistency of patient communications PDSE has devised an admin protocol for the initial screening of patients *Appointment Booking Flowchart* (Appendix 2). The objective of the protocol is to determine a safe and effective pathway for the appropriate booking of patients.

Contact will be established via telephone with all active patients, who will be asked to self-declare their individual level of clinical vulnerability by answering the question: *Has your GP advised you that you are in the vulnerable category for COVID 19?*

Patients will be asked to declare if they are exempt from wearing a face mask. This needs to be recorded on electronic patient database (R4). Those that are exempt will be advised to maintain a distance of 2m+ from others when in the waiting area.

Patients who answer yes to the above question will be annotated on the electronic patient database (R4) with an indication marker. Patients will be asked if they wish to either continue with their treatment, or given the option to defer their treatment and the appropriate pathway followed (see section 6 for further details of both pathways).

All patients will be contacted either 24 hours before or the last working day prior to attending an appointment to confirm the following:

- That they are aware of the special measures in place when attending an appointment, including the requirement for temperatures to be taken on arrival and the requirement for face coverings.
- Initial COVID-19 screening to ensure that they are not currently experiencing symptoms of COVID-19; have not been in contact with anyone who has experienced symptoms in the last 14 days; have not been recently contacted by NHS Test & Trace; and not currently isolating following the *Pre-appointment & arrival screening question guide* (Appendix 3)

A record of the above discussion and responses to screening questions must be documented in the electronic patient record. If a patient is identified at pre-screening as not being able to attend, they will be asked if they give consent for a remote consultation to be booked for the time of their original appointment.

Patient Arrival and Waiting Rooms Protocol:

Where possible, patients should attend their appointment unaccompanied and will be advised to limit the amount of personal belongings that they bring with them. Patients will be advised to arrive promptly for their appointment; however patient entrances will remain locked until the specified appointment time. Patients will be advised to form a que outside of the entrance, whilst adhering to current social distancing guidelines.

On entry to the building patients will be:

- Identity checked (Name/DOB)
- Pre-screened following the *Pre-appointment & arrival screening question guide* (Appendix 3)
- including taking of temperature,
- Requested to sanitize their hands,
- Issued with a face mask for use in the waiting room and on clinic,
- Reminded to adhere to social distancing whilst waiting to be called onto the clinic by their student.

Confirmation of pre-screening and any relevant outcomes e.g. patient presented with a temperature of over 37.8 must be documented for each patient in the electronic record.

If a patient is identified at pre-screening as not being able to attend their face to face appointment the following process should be followed:

- Explain to the patient why we are unable to see them face to face,
- Ask if they give consent for a remote consultation to be arranged – inform them that will be contacted when they return home,
- Issue the patient with a face mask and request that they return home,
- Advise the patient to visit https://www.gov.uk/get-coronavirus-test or contact NHS 119.

Patient Toilet Facilities:

If the patient requests to use the toilet facilities, this must be actioned as soon as possible. Designated patient toilets have been allocated and are identified by signage on the door. Toilet facilities are to not be accessed by the patient once they have entered the clinic. Each patient toilet facility must:

- Have signage placed to notify persons to close the toilet lid, where this is a fixture, when flushing to reduce risk
- Be equipped with paper towels for hand drying and foot operated waste bins
- Have the door closed when not in use
- Have signage in place to promote good hand hygiene
- Be subject to routine checks and scheduled cleaning by staff

Additional Appointment Booking Process:

The process for booking of additional appointments has been amended to reduce the amount of interactions taking place at the reception desk.

Blue booking forms used for booking additional appointments have been laminated and are located in at every dental chair. The following process should be followed when booking further appointments:

- Dates and times of further appointments agreed chairside,
- Details entered onto laminated booking form,
- Student escorts patient of clinic, patient exits the building,
- At reception, the student verbally relays the agreed appointment bookings to member of the admin team,
- Admin team enter bookings into the student diary and send out appointment letters as required.

Requests for referrals to either another student or a PDSE Clinician must all be completed electronically, using the following emails:

Plymouth – pdseadminrequest@plymouth.ac.uk

Exeter – pdseadmin.exeter@plymouth.ac.uk

Truro – pdseadmin.truro@plymouth.ac.uk

6. Clinically Vulnerable and Extremely Clinically Vulnerable Patients

PDSE will be working in new ways to shield those at most risk of severe illness from COVID-19, protect those at increased risk, and manage the ongoing health and care needs of both groups. The NHS determines that there are two levels of risk for those who are classified as vulnerable:

Clinically Vulnerable:

Clinically vulnerable patients are defined as people who at moderate risk from COVID-19 including anyone who;

- are 70 or older
- have a lung condition that's not severe (such as asthma, COPD, emphysema or bronchitis)
- have heart disease (such as heart failure)
- have diabetes
- have chronic kidney disease
- have liver disease (such as hepatitis)
- have a condition affecting the brain or nerves (such as Parkinson's disease, motor neurone disease, multiple sclerosis or cerebral palsy)
- have a condition that means they have a high risk of getting infections
- are taking medicine that can affect the immune system (such as low doses of steroids)
- are very obese (a BMI of 40 or above)
- are pregnant – see advice about pregnancy and coronavirus

Extremely Clinically Vulnerable:

Extremely clinically vulnerable patients are defined as people who at high risk from COVID-19 including anyone who;

- have had an organ transplant
- are having chemotherapy or antibody treatment for cancer, including immunotherapy
- are having an intense course of radiotherapy (radical radiotherapy) for lung cancer
- are having targeted cancer treatments that can affect the immune system (such as protein kinase inhibitors or PARP inhibitors)
- have blood or bone marrow cancer (such as leukaemia, lymphoma or myeloma)
- have had a bone marrow or stem cell transplant in the past 6 months, or are still taking immunosuppressant medicine
- have been told by a doctor they have a severe lung condition (such as cystic fibrosis, severe asthma or severe COPD)
- have a condition that means they have a very high risk of getting infections (such as SCID or sickle cell)
- are taking medicine that makes them much more likely to get infections (such as high doses of steroids or immunosuppressant medicine)
- have a serious heart condition and are pregnant

Any patient identified as being in any of the above groups, will be booked a telephone consultation with their assigned student and Clinical Supervisor, to determine the most appropriate care pathway.

Following clinical assessment of patient vulnerability and treatment needs, the following outcomes maybe considered:

a) Shared decision making in conjunction with GP to determine whether patient can be seen on the open bay environment for routine treatment.

b) Shared decision making in conjunction with GP to determine whether the patient should be seen on an urgent basis only. Options to defer routine care plan should be discussed following *COVID-19 Unable to book an appointment process.*

c) Consider if appropriate for internal referral to PDSE Dentist, or external referral to secondary care provider.

7. Remote Consultation Guidance

Patients who are identified as requiring a remote consultation will be asked if they consent to being booked for a remote consolation. When consent has been gained, the patient will be booked into an allocated student diary: The booking time slot is not prescriptive of the specific time that the call must take place, with patients given an allocated day, not a specified time.

All remote consultations should adhere to the principles set out by the GDC for remote consultations and prescribing. Any remote consultation conducted by an undergraduate student must be supervised by a responsible clinician and any discussion and/or outcomes verified by a Clinical Supervisor. *Guidance for completing a remote consultation* can be found in (appendix 4) Remote consultations should be documented in the patient clinical record using the remote consultation template and must be signed off by a Clinical Supervisor.

8. Clinic Processes and Infection Control

Non-clinical staff are not permitted to access bay areas or single surgeries during clinical sessions and should communicate by telephone or email. Access to bay areas and the opening and closing of doors to clinical areas should be kept to a minimum during clinical sessions.

Hand Hygiene:

Washing hands thoroughly with soap and water for at least 20 seconds, is essential to reduce the transmission of infection. All staff, students and patient/carers should wash their hands or decontaminate their hands with hand sanitizer when entering and leaving the dental facility.

All clinical staff must performed 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.

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.

Gloves must be:

- Worn during every patient contact or procedure
- Changed immediately after each patient and/or after completing a procedure/task
- Never decontaminated with Alcohol Based Hand Rub (ABHR) or soap between use

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

Fluid resistant full length gowns must be:

- Worn when undertaking 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 removed 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 AGPBe appropriately 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

PPE Overview:

	Non-Aerosol Generating Procedures	Aerosol Generating Procedures
Hand Washing	X	**X**
Forearm & Elbow Washing	**X**	
Gloves	**X**	**X**
Plastic Apron	**X**	
Plastic Sleeves		
Fluid Resistant Full Length Gown		**X**
Eye Protection	**X**	**X**
Face Visor	**X**	**X**
Fluid Resistant IIR Face Mask	**X**	
FFP3 Respirator Mask		**X**

Guidance on putting on (donning) PPE for aerosol generating procedures (AGPs), and a video showing how too safely don (put on) PPE specific to COVID-19 for AGPs can be viewed here https://www.gov.uk/government/publications/COVID-19-personal-protective-equipment-use-for-aerosol-generating-procedures

Clinic Preparation:

Bay areas and single surgeries need to be kept clear of unnecessary items and required items should be stored away from surfaces in cupboards/drawers, or where appropriate in plastic sealed boxes.

Normal clinical set up procedures should be followed, as well as:

- Place a cardboard vomit bowl in spittoon
- Place barrier wraps on the dental chair, suction hoses, x-ray unit and scanner
- Cover computer with chair cover (AGP treatments only)

As far as possible, preparation of equipment and materials should be completed prior to the start of the appointment. Movement of students and patients around the bay should be kept to a minimum, where assistance is required, students should raise their hand to notify the bay nurse.

Environmental Cleaning Procedure:

High standards of environmental cleaning procedures are paramount to reducing the risks of cross-contamination.

STAGE ONE: Standard clinic clean down protocols should be followed to clean the dental chair area.

STAGE TWO: Select the correct cleaning protocol depending on if the treatment involved an Aerosol Generating Procedure *Non-AGP cleaning process* (Appendix 5) *AGP cleaning process* (Appendix 6)

****AGP procedures require a fallow time period prior to commencing stage two cleaning****

9. Aerosol Generated Procedures

*****AGPs are only permitted to be carried out in a single surgery or a POD environment and not on the open clinic*****

An Aerosol Generated Procedure (AGP) has been described as a medical or dental intervention that has the potential of creating aerosol.

<u>Non-AGPs are listed below:</u>

- Remote consultations
- Oral health assessment
- Preventative and self-care measures delivered in line with Delivering Better Oral Health
- Hand instrumentation/scaling
- Non-AGP periodontal treatment)
- Simple dental extractions
- Caries excavation with hand instruments

- Caries removal with slow speed and high-volume suction
- Placement of restorative material
- Removable denture stages (if patient has normal gag reflex)
- Paediatric oral health including stainless steel crowns (Hall crown) and diamine fluoride applications

Dental AGPs are listed below:

- Use of high-speed handpieces for routine restorative procedures and high-speed surgical handpieces
- Use of ultrasonic or other mechanised scalers
- High pressure 3:1 air syringe

Risk Stratification of AGPs:

Prior to undertaking any treatment involving an AGP, the following should be considered:

- Exposure to aerosols and droplets, which can arise from natural sources (coughing, sneezing, talking and respiratory function)
- Type of procedure
- Level of aerosol created
- Length of time of procedure
- Utilisation of mitigating factors, such as high-volume aspiration or using rubber dam

See appendix 7 for further classification of AGPs and Non-AGPs

10. Treatment Planning

When care planning, shared decision making is important to weigh up the benefits of dental treatment against exposure risk, and plan care in the patient's best interests. This is of particular importance to clinically extremely vulnerable patients at the highest risk from COVID-19.

Following oral health care assessment, care planning should focus on achieving stabilisation, with care limited, where judged suitable, to non-AGPs. Deferring functional and reconstructive care remains a viable treatment option under current circumstances. Practitioners should exercise their clinical judgement to manage the associated risks with the unique clinical proximity and AGPs involved in dental care.

In appreciating that the clinical treatment options and approaches to care may be unfamiliar to some patients, fully informed consent will be important, as will any decision by the professional not to offer a particular treatment because of a wider risk assessment. Recording valid consent and detailing any risk assessment supporting a treatment plan remains a high priority.

Record Keeping:

Treatment planning discussions should cover the below aspects and a record of the discussions and relevant outcomes should be documented in the clinical record.

1. Patient has given informed consent to receiving treatment during COVID-19

2. Medical history verbally checked and updated electronically

3. Does the medical history or social history indicate that the patient clinically vulnerable or extremely clinically vulnerable?

4. Have the increased risk of severe symptoms/morbidity if they contract COVID-19 due to their medical history or social history been discussed with the patient as part of shared decision making?

5. Has the GP or wider health and social care professional(s) been consulted as part of shared decision making?

6. Have the clinical treatment needs been assessed and risks of exposure justified?

******The table below is intended as guidance only. Clinical judgement and justification must be applied to each individual case******

	Exposure Risk		
Treatment Need	**Low**	**Medium**	**High**
Low	Consider deferring treatment	Defer treatment	Defer treatment
Medium	Plan and complete treatment following SOP protocols	Plan and complete treatment following SOP protocols	Consider referral to PDSE Dentist or UDC hub
High	Plan and complete treatment following SOP protocols	Plan and complete treatment following SOP protocols	Consider referral to PDSE Dentist or UDC hub

11. Student Endodontic Protocol During COVID-19

Refer to Appendix 8 for Endodontic Clinical Process

Year 3 BDS:

- Endodontic treatment should be limited to single rooted and premolar teeth only in order to limit the length and complexity of the procedure.

- Access involving Aerosol Generating Procedures (AGPs) should be limited to single surgeries. Where endodontic treatment cannot be completed in a single visit the root canal complex of the tooth should be dressed. The dressing material of choice is non setting Calcium Hydroxide with cotton wool / sterile sponge or PTFE into pulp chamber and hard wearing temporary restorative material (IRM).

- Re access can be completed on Non AGP open bay using a slow hand piece with no irrigant under rubber dam

- Complete treatment as non AGP-hand filing only

- If High speed hand piece is required this should be completed in an AGP zone

Year 4 BDS:

- As above but to include multirooted teeth

Year 5 BDS:

- As above but to include multirooted teeth and re endo