Peninsula Dental Social Enterprise (PDSE)

COVID-19

Standard Operating Procedure

Version 8.1

Date approved: November 2021

Approved by: The Board

Review due: December 2021

	Policy Version History	2
1	Introduction	3
2	Scope	3
3	Objectives	4
4	Appointment Booking and Patient Pre-Screening	5
5	Vulnerable Patients	7
6	Remote Consultations	9
7	Clinic Processes and Infection Control	9
8	Aerosol Generated Procedures	13
9	Treatment Planning	15
10	Student Endodontic Protocol During COVID-19	16
Appendix 1	Appointment Booking Flowchart	18
Appendix 2	Pre-Appointment and Arrival Screening Questions Guide	19
Appendix 3	Guide for Completing Remote Consultations	20
Appendix 4	Non-AGP Environmental Cleaning Process	22
Appendix 5	AGP Environmental Cleaning Process	23
Appendix 6	Classification of AGP and Non-AGP Treatments	25
Appendix 7	Endodontic Clinical Process	30
Appendix 8	Non-AGP Micro Motor Protocol	32

Policy Version History

Version	Date	Summary of Changes
i.	11/06/2020	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).*
ii.	19/06/2020	The document was updated, in line with the reduction of the UK Covid-19 alert level from level 4 (severe) to level 3 (substantial)
iii.	28/08/2020	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 (NHSE OCDO).*
iv.	20/10/2020	The policy was updated in line with the release of the *COVID-19: infection prevention and control dental appendix (PHE)*
v.	04/01/2021	The policy has been updated following the Government announcement of the second national lockdown and in line with the statement issued by the Chief Dental Officer
vi.	03/02/2021	This policy was updated inline with the updated *Standard Operating Procedure - Transition to Recovery (NHSE OCDO)*
vii.	18/03/2021	The clinic preperation and PPE section of this policy was updated.
viii.	12/08/2021	This policy has been revised and renamed 'COVID-19 Standard Operating Procedure' to reflect the Governments announcment of the easing of restrictions (19th July); the updated *Standard Operating Procedure - Transition to Recovery (NHSE OCDO)* and *COVID-19: infection prevention and control dental appendix (PHE)*
ix.	04/11/2021	Updated Student Endodontic Protocol During COVID-19

Updated sections are highlighted in yellow and will remain until the next version update.

COVID-19

Standard Operating Procedure

1. Introduction

As part of the COVID-19 recovery, the Government has announced restrictions will be significantly eased from 19th July 2021. The 'COVID-19 Response: Summer 2021' guidance states *"Health and care settings will continue to maintain appropriate infection prevention and control processes as necessary and this will be continually reviewed. Guidance will be updated based on the latest clinical evidence this summer."*

In line with national and industry changes, Peninsula Dental Social Enterprise has revised the COVID-19 Standard Operating Procedure to ensure the continued provision of safe and effective clinical activity across all the Dental Educational Facilities.

2. Scope

This policy applies to all PDSE staff members, honorary contract holders, under-graduate and post-graduate students and any other individual undertaking clinical activities within any of the Dental Education Facility.

This document has been developed through the interpretation and incorporation of national industry guidance, including:

- Standard operating procedure - Transition to recovery A phased transition for dental practices towards the resumption of the full range of dental provision (OCDO/NHS)
- COVID-19: Infection Prevention and Control Dental Appendix (PHE/NHS)
- Mitigation of Aerosol Generating Procedures in Dentistry – A Rapid Review (SDCEP)

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
- Portable Micro-motor Unit SOP (EDEF)

3. Objectives

The main objective of the Standard Operating Procedure is to provide the overarching framework for the safe and effective management of clinical activity across all PDSE sites. 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 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.

4. 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 1). 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 confirm if they are clinically extremely vulnerable.

All patients and visitors will be expected to wear a face mask whilst on the premises. 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) by use of a patient indication marker. Those that are exempt will be advised to maintain a distance of 2m+ from others when in the waiting area.

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. Contact will be made via text message stating the following;

- Date and time of the appointment
- A statement advising the patient not to attend if they or anyone in their household are displaying symptoms of COVID-19 or have been advised to self-isolate
- The contact number of the appointment site in case of cancellation

Or, where the patient does not have a mobile contact or prefers to receive a telephone communication, a telephone call 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 10 days; have not been recently contacted by NHS Test & Trace; and not currently isolating following the *Pre-appointment & arrival screening question guide* (Appendix 2)

A record of the type and outcome of 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 queue 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 2) 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:

Designated patient toilets have been allocated and are identified by signage on the door. Where possible, patients should use the toilets prior to commencing treatment. 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

Booking forms used for booking additional appointments have been laminated and are located in 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.

Green Referral Forms

The green form used to refer a patient to a different student has been converted into an R4 template.

Pink Referral Forms

The Clinical Supervisor is to complete and submit the pink referral form electronically

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

All referrals must be completed in full by both the student and the supervisor. Any incomplete forms will be returned.

5. Vulnerable Patients

PDSE will continue with measures to protect, protect those at increased risk from COVID-19.

Clinically Extremely Vulnerable:

People who are defined as clinically extremely vulnerable are at very high risk of severe illness from coronavirus. There are 2 ways a patient maybe identified as clinically extremely vulnerable:

1. If they have one or more of conditions listed below, or
2. A clinician or GP has added them to the Shielded Patient List because, based on their clinical judgement, it is deemed that the patient is at higher risk of serious illness if they catch the virus.

People with the following conditions are automatically deemed clinically extremely vulnerable:

- you've been identified as possibly being at high risk through the COVID-19 Population Risk Assessment
- you've had an organ transplant
- you're having chemotherapy or antibody treatment for cancer, including immunotherapy
- you're having an intense course of radiotherapy (radical radiotherapy) for lung cancer
- you're having targeted cancer treatments that can affect the immune system (such as protein kinase inhibitors or PARP inhibitors)
- you have blood or bone marrow cancer (such as leukaemia, lymphoma or myeloma)
- you've had a bone marrow or stem cell transplant in the past 6 months, or are still taking immunosuppressant medicine
- you've been told by a doctor you have a severe lung condition (such as cystic fibrosis, severe asthma or severe COPD)
- you have a condition that means you have a very high risk of getting infections (such as SCID or sickle cell)
- you're taking medicine that makes you much more likely to get infections (such as high doses of steroids or immunosuppressant medicine)
- you have a serious heart condition and are pregnant
- you have a problem with your spleen or your spleen has been removed (splenectomy)

- you're an adult with Down's syndrome
- you're an adult who is having dialysis or has severe (stage 5) long-term kidney disease

Guidance in relation to COVID-19 and other health conditions can be found on the NHS website.

Any patient identified as being clinically extremely vulnerable 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.

6. 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 either an available student diary, or into a triage 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 3) Remote consultations should be documented in the patient clinical record using the remote consultation template and must be signed off by a Clinical Supervisor.

7. Clinic Processes and Infection Control

Non-clinical staff should consider if it is necessary to access the clinical bay areas. Non-Clinical staff are not permitted to access AGP areas 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.

Clinical staff should consider if it is necessary to access office/admin areas and are not permitted to enter if they have been undertaking AGPs.

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 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.

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 worn when greeting and screening patients at reception
- 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 AGP Be 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

Guidance on donning and doffing PPE for aerosol generating procedures (AGPs), can be viewed here.

*****Please note that if not directly supervising or engaging in direct patient care, a minimum of FRSM and protective eyewear/visor must be worn at all times*****

	Reception area	Non-Aerosol Generating Procedures	Aerosol Generating Procedures
Hand Washing	X	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	X	
FFP3 Respirator Mask			X

Clinic Preparation:

Bay areas and single surgeries are 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 in accordance with HTM01-05.

In preparation for an AGP, the additional set up should be followed;

- Place a cardboard vomit bowl in spittoon*
- Place barrier wraps and covers on any equipment that cannot be cleaned effectively or cannot withstand the use of chlorine solution ie electronic light cure units, computers, radiograph imaging hardware

*The use of cardboard vomit bowls is recommended for non-AGP procedures such as plaque disclosing and impression taking.

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 treatment area.

STAGE TWO: Select the correct cleaning protocol depending on if the treatment involved an Aerosol Generating Procedure *Non-AGP cleaning process* (Appendix 4) *AGP cleaning process* (Appendix 6)

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

Post AGP fallow time is not considered necessary for successive appointments between members of the same household. To minimise aerosol spread dentists should use mitigating measures such as high volume suction/rubber dam.

Routine cleaning and disinfection should be carried out between patients of the same household.

8. 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 can be defined as a suspension system of solid or liquid particles in a gas which is usually air. Aerosol particles are created by air currents moving over the surface of a film of liquid; the faster the air, the smaller the particles produced.

Particles are defined by their size:

- Droplets are larger and heavier particles (>5 µm). Droplets can travel up to 1 metre from the source and contaminate surfaces within that range.
- Droplet nuclei are smaller particles (<5 µm) and can stay airborne for long periods of time.

Aerosols are produced by a range of dental procedures as well as by coughing, sneezing and breathing. Routine dental infection prevention and control precautions are sufficient to mitigate against the larger droplets (>5 µm). However, where dental procedures generate aerosols with smaller particles (<5 µm) there may be an increased risk of respiratory infection transmission. These dental procedures have been referred to as aerosol generating

procedures (AGPs) and require the use of airborne transmission-based precautions and other mitigation procedures to reduce or remove smaller particles when these might present a risk to health.

The World Health Organization (WHO) defines AGPs as any medical, dental or patient care procedure that results in the production of airborne particles <5 µm in size (aerosols), which can remain suspended in the air, travel over a distance and may cause infection if they are inhaled.

Non-AGPs are listed below:

- Remote consultations
- Oral health assessment
- Preventative and self-care measures delivered in line with Delivering Better Oral Health – including electric tooth brush demo
- Hand instrumentation/scaling
- Non-AGP periodontal treatment
- Simple dental extractions
- Caries excavation with hand instruments
- Caries removal with slow speed and high-volume suction
- Polishing using a 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
- Procedures using a micro-motor up to 60,000 rpm*
- Surgical hand pieces and slow dental hand pieces are being categorized as splatter generating procedures (SGP). The rotating speed for these is 40,000 RPM.

Please see appendix 8 for protocol

Dental AGPs are listed below:

- High-speed air / electric rotor (i.e. > 60,000 rpm)
- Ultrasonic scaler (including piezo)
- Piezo surgical handpiece
- Air polishers

Regarding 3-in-1 syringes:

Research demonstrated that use of the 3-in-1 syringe with either air-only or water-only resulted in lower levels of contamination, with water-only causing the least contamination.

There is currently no consensus to include the use of a 3-in-1 as an AGP.

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 6 for further classification of AGPs and Non-AGPs

9. 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. To aide undergraduate students in clinical record keeping, an AGP template is available and should be used as a guide.

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

2. Details of persons present and additional PPE worn in the event of an AGP being completed

3. Medical history verbally checked and updated electronically

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

5. 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?

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

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

8. Additional risk mitigation e.g. rubber dam, high volume suction

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

10. Student Endodontic Protocol During COVID-19

Refer to Appendix 7 for Endodontic Clinical Process

- Access involving Aerosol Generating Procedures (AGPs) should be limited to single surgeries. Where possible, access should be completed using a speed increasing handpiece as a Non-AGP. 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 speed increasing handpiece or slow hand piece with no irrigant under rubber dam

- Complete treatment as non AGP.

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

Appendix 1

Patient contacted and screening questions completed. Is patient identified as clinically extremely vulnerable?

Yes – Add the 'vulnerable' patient marker to the patient's record.

Confirm the patients contact details and gain consent for a telephone consultation to be arranged. Once allocated to a student for a remote consultation, contact the patient to agree a suitable date to call between the hours 9.15-4.30

Student/Clinician to complete a remote consultation using the 'remote consultation' template guide on R4 to establish treatment need and vulnerability.

No – continue to offer a face to face appointment as required

After explaining COVID-19 precautions and attendance, does the patient wish to book an appointment?

Yes – Book next available appointment

No – Follow procedure for patients unable to attend due to COVID-19.

Outcomes to consider based on clinical assessment;

-Seen on an **urgent basis only** and to limit contact with other patients, will be given an appointment time that does not correspond with student session times

- To be treated in a single surgery environment only and not on open bays

-Consider whether to be seen by PDSE clinician only

-Need for routine treatment to be considered in conjunction with GP

-Shared decision making to determine whether patient can be seen on the open bay environment for routine treatment or whether the patient should be seen on an urgent basis only. Consider referral to PDSE clinician where appropriate

If routine treatment is to be deferred due to risk, please follow the procedure for patients unable to attend due to COVID-19

Appendix 2

Patient Risk Assessment during COVID-19 Pre-appointment & arrival screening question guide

Guidelines for COVID-19 pre-screening and arrival screening. Record of the discussion and any relevant outcomes must be recorded in the patient record. The process needs to be repeated for any accompanying persons.

If a patient is not able to be seen because they have answered yes to any of the below, or they present with a high temperature, they should be asked if they consent to a telephone consultation for clinical assessment being booked with a student/clinician.

Section 1:

1. Has the patient been identified as clinically extremely vulnerable?

2. If yes, has the patient consented to a remote telephone consultation being booked?

Section 2:

Prior to attendance for a face to face appointment patients who are able to receive a text message will be sent the following;

Your next appt is on (date) at (time). Please DO NOT attend if you or members of your household have COVID19 symptoms or if you have been advised to self isolate. Please call (DEF contact number) if you are unable to attend.

Patients who are contacted by telephone will be asked the following questions prior to their attendance;

3. Is the patient experiencing any of the following symptoms?
   - Fever (a temperature over 37.8 degrees centigrade).
   - A new persistent cough.
   - Loss of taste and smell.
4. Has the patient been in close contact with anyone who has tested positive in the last 10 days or recently been contacted by NHS Test & Trace service?
5. Has the patient confirmed all household members free of all symptoms of COVID-19?

Section 3:

Question to be asked on patient arrival

6. Temperature under 37.8?

7. Is the patient experiencing any of the following symptoms?
   - A new persistent cough.
   - Loss of taste and smell.

8. Has the patient been in close contact with anyone who has tested positive in the last 10 days or recently been contacted by NHS Test & Trace service?

9. Has the patient confirmed all household members free of all symptoms of COVID-19?

Appendix 3

Guidance for Completing Remote Consultations

A. Before contacting a patient	Considerations
• Review the reason for the patient being booked for a remote consultation. • Check that consent for a remote consultation has been obtained and recorded. • Review the medical history, clinical record and previous treatment plan. • Note any oral health related risk factors. • Note any communication barriers recorded. • Discuss the case with the Clinical Supervisor. • Ensure that a Clinical supervisor is available to supervisor the consultation.	• Have they been identified as extremely clinically vulnerable? • If YES, is it appropriate to contact their GP/medical professional for advice? • Gain authorisation from the clinical Supervisor to proceed with the remote consultation.
B. Beginning the consultation	**Considerations**
• Confirm the identity of the patient (name/ date of birth) • Speak with the patient directly or for children or those lacking capacity, when speaking on patients behalf record name and relationship to patient. • Introduce yourself and explain the reason for the call – to assess clinical treatment need / COVID-19 risk factors.	• Inform the patient that the call isn't being recorded but will documented in the clinical record and require verification by the Clinical Supervisor.
C. History taking	**Considerations**
• Establish the impact of COVID-19 on the patient and their family. • Determine possible/confirmed COVID-19 status and that of their household/support bubble contacts. • Identify if patient is clinically extremely vulnerable - has further guidance been sought from GP/medical professional? • Does the patient have any dental concerns? • Is the patient experiencing any pain? Do they require an urgent appointment? • Discuss any items outstanding from previous treatment plan or any items planned for review.	• Suspected/confirmed COVID-19 patients and their household/support bubble contacts • Explain the limitations of providing treatment during COVID-19 and the requirement for re-assessment.
D. Remote oral assessment	**Considerations**
It is not expected that a definitive diagnosis will be reached from a remote point of contact	
E. Red flags	**Considerations**

• Red flags may be raised where there are any signs, symptoms or factors that indicate a patient needs an urgent face-to-face assessment. • Red flags may include, but not be restricted to any patients with: - Suspicious oral lesions that merit further investigations - Severe infection or spreading infection - Safeguarding concerns	PDSE policy references: Safeguarding Adults Safeguarding Children Recognition and Management of Sepsis • Highlight any red flags to the Clinical Supervisor immediately.
F. Outcomes	**Considerations**
• Outcomes should be determined based upon assessment of treatment need and clinical vulnerability risks: Treatment Need = High/Medium/Low Clinical Vulnerability = High/Medium/Low • Is a face to face assessment appointment appropriate? **Extremely Vulnerable:** • Routine treatment to be considered in conjunction with GP • Shared decision making to determine whether patient can be seen on the open bay environment for routine treatment or whether the patient should be seen in a single surgery/pod only. • Consider if appointment time that does not correspond with student session times is required. • Consider if patient to be treated in a single surgery environment only and not on open bays. • Consider if a referral to a PDSE Clinician is appropriate.	• Record justification for any classification determined. • Ensure all possible outcomes are recorded in the clinical records, including patient preference. • If contacting GP/medical provider ensure patient consent is documented.

Appendix 4

Cleaning Procedure for non AGPs

PPE required

Before donning PPE please ensure that hair is tied back securely.

-Fluid resistant Apron
-Fluid resistant surgical mask
-Protective eyewear/Visor
-Gloves

Upon completion of treatment

- Disposable instruments and sharps disposed of in accordance with disposal of sharps and disinfection and decontamination of dental instruments SOP. All contaminated waste and barriers shields to be removed and disposed of appropriately
- **Remove all PPE and dispose of as clinical waste. Wash/sanitise hands and replace with new PPE**
- Wipe all surfaces with viricidal wipes in accordance with HTM 01-05
- Where applicable, purge DUWLs for the required time
- **Remove PPE and dispose of into clinical waste**

Following completion of cleaning and removal of PPE, wash hands thoroughly.
Clinical waste bins should be emptied either when full or at the end of each clinical day and disposed of in accordance with the waste policy

Appendix 5

Cleaning Procedure for AGPs

Cleaning procedure immediately after patient has left the Surgery

Supporting dental nurse should continue to wear AGP PPE to complete regular chairside responsibilities.

- Instruments and sharps disposed of in accordance with disposal of sharps and disinfection and decontamination of dental instruments. Vomit bowl to be disposed of into clinical waste.

- Any reusable items to be sealed in a really useful box.

Remove contaminated gloves and dispose of into clinical waste, taking care not to touch any contaminated surfaces or PPE. Sanitise hands, replace gloves

- Clean chair and environment in accordance with HTM 01-05 using viricidal surface wipes. Any barrier shields should remain in place for the duration of the fallow time.

- Nurse/Clinician to remove all PPE (apart from FFP3 mask) and dispose of as clinical waste. Thoroughly wash/sanitise hands.

- Remove mask in the dedicated doffing area. Wearing clean gloves, clean and store in accordance with the use, storage, and maintenance of respirators SOP

- Both Nurse and Clinician to perform thorough hand hygiene

The surgery must be left for the appropriate fallow time before deep cleaning commences.

PPE required

Before donning PPE please ensure that hair is tied back securely.

-Fluid resistant Apron
-Fluid resistant surgical mask
-Protective eyewear/Visor
-Gloves

Cleaning procedure after fallow time has been observed

- Don PPE in dedicated area
- All DUWLs should be purged in accordance with HTM01-05
- Transport all required cleaning equipment into the surgery. Using the prepared chlorine solution (1000ppm) clean all hard surfaces including (but not exhaustive of) display laminates, door handles, cupboard and drawer fronts and handles, light switches, dental chair, bracket tables and bases, X-ray equipment, Keyboard, and mouse. Surfaces should be cleaned from ceiling to floor in a methodical fashion. Barrier shields and covers should be removed from any items that cannot withstand chlorine solution and items should be disinfected in line with manufacturer's instruction.
- Disinfect the exterior of the really useful box. Place in dedicated area ready for instrument disinfection.

Dry cleaning cloths are to be used to clean each surface and disposed of immediately into the clinical waste. Cloths are not to be repeatedly re used and re-submerged. Care should be taken not to contaminate the outer and handles of any containers.

- Replace clinical waste bags and barrier shields. All waste is to be double bagged before disposal.

Upon completion of cleaning, containers are to be transported to an appropriate area for the disposal of any remaining cleaning solution. Remove PPE and dispose of as clinical waste, wash hands and don fresh PPE as required.

Sessional Cleaning

-Floors should be mopped on a sessional basis using a chlorine solution of 1000ppm unless there is visible blood/bodily fluid contamination.

Appendix 6

Aerosol and Non-Aerosol Generating Procedures

Dental procedure	AGP Classification	Considerations
Clinical Examination	Non-AGP / Low risk	○ Avoid use of high volume 3 in 1 ○ Use low pressure water or air separately ○ Assessment of gag reflex ○ Natural respiratory exposures e.g. Hayfever
Intra-oral radiography	Non-AGP / Low risk	○ Assessment of gag reflex ○ Previous poor tolerance ○ Natural respiratory exposures e.g. Hayfever
Extra-oral radiography/CBCT	Non-AGP / Low risk	○ Previous poor tolerance ○ Natural respiratory exposures e.g. Hayfever
Dental photography Extra-Oral	Non-AGP / Low risk	○ Natural respiratory exposures e.g. Hayfever
Oral hygiene instruction	Non-AGP / Low risk	○ Natural respiratory exposures e.g. Hayfever ○ Avoid use of spittoon, use disposable cardboard bowl to be disposed of in the clinical waste. ○ Delivering Better Oral Health
Fluoride varnish application	Non-AGP / Low risk	○ Use high-volume aspiration. ○ Avoid use of high volume 3 in 1, ○ Use low pressure water or air separately ○ Use of dry guards & cotton wool rolls to achieve moisture control ○ Delivering Better Oral Health

Impressions	Non-AGP / Low risk	○ Avoid use of high volume 3 in 1, ○ Use low pressure water or air separately ○ Assessment of gag reflex / tolerance levels ○ Natural respiratory exposures e.g. Hayfever
Hand scaling and other periodontal procedures using hand instruments	Non-AGP / Low risk	○ Use hand instruments ONLY ○ Avoid use of the ultrasonic ○ Avoid polishing teeth ○ Avoid use of high volume 3 in 1, ○ Use low pressure water or air separately ○ Use high volume suction ○ Assessment of gag reflex ○ Natural respiratory exposures e.g. Hayfever ○ Management of Periodontal Treatment (Non AGP)
Cavitron, Piezo or other sonic scaler	AGP / High risk	○ Only to be undertaken in single surgery / POD environment ○ Non-AGP methods should be attempted in first instance (as above) ○ Use high-volume aspiration. ○ Avoid use of high volume 3 in 1, ○ Use low pressure water or air separately
Fissure Sealants	Non-AGP / Low risk	○ Use of rubber dam – where possible / tolerated ○ Use high-volume aspiration. ○ Avoid use of high volume 3 in 1, ○ Use low pressure water or air separately ○ Use of dry guards & cotton wool rolls to achieve moisture control ○ (AMIRD) Non-invasive prevention principles

<table>
<tr><td rowspan="2">Restoration</td><td>Non-AGP / Low risk if temporary restoration using hand instruments or slow speed.</td><td>○ Use rubber dam
○ Use high-volume aspiration.
○ Avoid use of high volume 3 in 1,
○ Use low pressure water or air separately
○ Use of dry guards & cotton wool rolls to achieve moisture control
○ (AMIRD) Caries Management</td></tr>
<tr><td>AGP / High risk if permanent restoration using high-speed handpiece</td><td>○ Only to be undertaken in single surgery / POD environment
○ Use rubber dam
○ Use high-volume aspiration.
○ Avoid use of high volume 3 in 1,
○ Use low pressure water or air separately
○ Use of dry guards & cotton wool rolls to achieve moisture control</td></tr>
<tr><td>Extraction
(non-surgical)</td><td>Non-AGP / Low risk</td><td>○ Avoid use of surgical handpiece - bone removal and/or sectioning.
○ Use high-volume aspiration.
○ Avoid use of high volume 3 in 1,
○ Use low pressure water or air separately
○ Use of dry guards & cotton wool rolls to achieve moisture control</td></tr>
<tr><td>Extraction
(surgical using handpiece speed <60,000 RPM)</td><td>Non-AGP / Low risk if using slow speed handpiece or handpiece <60,000 RPM with high volume aspiration</td><td>○ Where possible, use slow-speed with saline irrigation
○ Use high volume aspiration
○ Consider temporisation and referral
<u>Undergraduate Students</u>
○ If using surgical handpiece for bone removal and/or sectioning – treatment must be completed in single surgery or POD
<u>Postgraduate Students</u>
○ If using surgical handpiece for bone removal and/or sectioning – treatment can be completed on an open bay with adequate spacing of 2m between treatment areas</td></tr>
</table>

Extraction (surgical using handpiece speed >60,000 RPM)	AGP / High risk if using high speed handpiece or surgical hanpiece >60,000 RPM	○ Only to be undertaken in single surgery / POD environment ○ Use high-volume aspiration.
Endodontic procedures (Reference SOP cohort specific Endo protocol)	Non-AGP / Low risk if accessing carious tooth with hand excavation or removing temp dressing with slow speed	○ Pre-op mouthrinse with 1%–1.5% hydrogen peroxide for one minute ○ Avoid use of spittoon, use disposable cardboard bowl to be disposed of in the clinical waste. ○ Isolation of tooth using rubber dam placed prior to access covering oral cavity. ○ Use of caulking cement to improve seal (Oraseal/Opaldam) ○ High volume aspiration (HVA) is mandatory. ○ Removal of dentine to refine access cavity can be undertaken with slow speed handpiece with minimal or no coolant required. ○ Avoid use of 3 in 1 syringe, use of NaOCl in Monoject syringe to remove debris favourable. ○ Complete treatment as non AGP-hand filing only
	AGP / High risk if removal of restorative material / access through enamel with high speed electric or turbine	○ Only to be undertaken in single surgery / POD environment ○ Where possible, limit AGPs to the start of the appointment to minimise fallow period. ○ Removal of restorative material / access through enamel with high speed electric or turbine handpiece, reduced coolant can be used. ○ High volume aspiration (HVA) is mandatory. ○ Avoid use of 3 in 1 syringe, use of NaOCl in Monoject syringe to remove debris favourable.

Cementing or re-cementing a crown, bridge, veneer, inlay or onlay etc	Non-AGP / Low risk if temporary cementation using slow-speed	○ Use slow speed handpiece only ○ Use rubber dam – where possible ○ Use high-volume aspiration. ○ Avoid use of high volume 3 in 1, ○ Use low pressure water or air separately ○ Use of dry guards & cotton wool rolls to achieve moisture control
	AGP / High risk if permanent cementation using high-speed	○ Only to be undertaken in single surgery / POD environment ○ Use rubber dam – where possible ○ Use high-volume aspiration. ○ Avoid use of high volume 3 in 1, ○ Use low pressure water or air separately ○ Use of dry guards & cotton wool rolls to achieve moisture control
Incise and drain abscess	Non-AGP / Low risk	○ Use high-volume aspiration. ○ Avoid use of high volume 3 in 1, ○ Use low pressure water or air separately
Denture stages	Non-AGP / Low risk (avoiding use of high-speed)	○ Denture must be dry when trimming ○ Disinfect between alterations ○ Cutting rest seats with fast handpiece should be avoided ○ Assessment of gag reflex / tolerance ○ Natural respiratory exposures e.g. Hayfever

Appendix 7

Endodontic Clinical Process

Pre-op mouth rinse with 1%–1.5% hydrogen peroxide for one minute

Local anaesthesia as indicated

Isolation: Use of dental dam mandatory, ideally single tooth, and placed prior to access in such a way that the entire oral cavity is covered. Use of caulking cement to improve seal (Oraseal/Opaldam)

Isolated tooth/teeth: Scrub with Sodium Hypochlorite utilising a cotton wool pledget and tweezers for one minute. Once the tooth is disinfected, proceed to cleanse the area of the rubber dam local to the tooth in the same manner.

Decontamination of the operative field: (both dental dam and tooth to be treated) with 3% NaOCl Access into pulp chamber

Aerosol Generating Procedures:

- Where possible, limit AGPs to the start of the appointment to begin fallow period as soon as possible.
- Removal of restorative material / access through enamel with high speed electric or turbine handpiece, reduced coolant can be used.
- High volume aspiration (HVA) is mandatory.
- Removal of dentine to refine access cavity can be undertaken with slow speed handpiece with minimal or no coolant required.
- Avoid use of 3 in 1 syringe, use of NaOCl in Monoject syringe to remove debris.

AGPs:

- Where possible, limit AGPs to the start of the appointment to minimise fallow period.
- Removal of restorative material / access through enamel with high speed electric or turbine handpiece, reduced coolant can be used.
- High volume aspiration (HVA) is mandatory.
- Removal of dentine to refine access cavity can be undertaken with slow speed handpiece with minimal or no coolant required.
- Avoid use of 3 in 1 syringe, use of NaOCl in Monoject syringe to remove debris favourable.

Orifice location and chemo-mechanical preparation:

- Initial coronal flare with Gates-Glidden burs
- Where the tooth has been root treated previously, Gates-Glidden burs and specific retreatment files may be used to remove existing root filling material, with or without solvent.
- Assessment of working length with electronic apex locator.
- Completion of root canal preparation with preferred file system. Irrigation with 1%–5.25% NaOCl throughout chemo-mechanical preparation phase, with activated irrigation once mechanical preparation complete (avoid use of sonic or ultrasonic activation, manual dynamic GP pumping preferred).

Dressing (if required):

- Dry pulp chamber using high volume aspiration and cotton wool pledget and canal using paper points.
- Place dressing material (preferably Ca(OH)2 into canals, place cotton wool / sterile sponge or PTFE into pulp chamber and hard wearing temporary restorative material (IRM).
- Obturation – dry pulp chamber with cotton wool pledget, dry canals with paper points and use preferred obturation materials and technique of choice. Remove obturation material at orifice level and restore with permanent core restoration.

Appendix 8

Non-AGP Micro-Motor Protocol

Introduction

Protocol for treatment using micro-motors up to a maximum of 60,000 rpm on the open bay. Only procedures that can be achieved using rotary instrumentation at less than 60,000 RPM should be under taken on the open bay.

Procedures to be undertaken only after completion of the appropriate training session.

Any procedure classified as an AGP must be carried out in the single surgery or POD environment only.

Hand piece selection

- Synea WA-99 LT 1:5 Contra-angle hand piece - identified by red band at the base
- NSK Z95L 1:5 SW Contra-angle hand piece - identified by red band at the base

Bur selection

- All diamond ended, friction grip burs
- Tungsten Carbide Bur (at discretion of Clinical Lead)

Treatment Specifications

Compatible	Not Compatible
✓ Cavity preparation	X Crown preparation
✓ Amalgam and Composite removal	X Bridge preparation
✓ GIC and temporary restorations	X Crown sectioning
✓ Endo access	X Bridge sectioning

Equipment Set-Up

- Hand piece to be allocated to student by the bay nurse
- Select memory 2 on dental chair unit (pre-programmed to maximum 60,000 rpm) as per image A
- Ensure water jet is set to correct position as per image B
- Correct programme selection to be verified by bay nurse prior to starting treatment

Procedural Risk Mitigation

The 3 in 1 function of all dental chairs on the open bays has been modified to allow only air or water to be used at one time.

All dental chairs on the open bay have been pre-programmed (select memory 2) to a maximum of 60,000 rpm (display will show 12,000 as per image A)

All NSK Z95L 1:5 SW Contra-angle hand pieces will be pre-set to the jet function. However this should be tested prior to every use (as per image B)

Standard PPE: Fluid Resistant Face Mask, eye protection/visor, plastic apron, gloves.

All patients to be issued with eye protection on entry to the clinic.

Where possible, Rubber Dam should be placed and if tolerated the sheet should be left to cover the nose rather than being cut away.

High-volume suction must be used at all times.

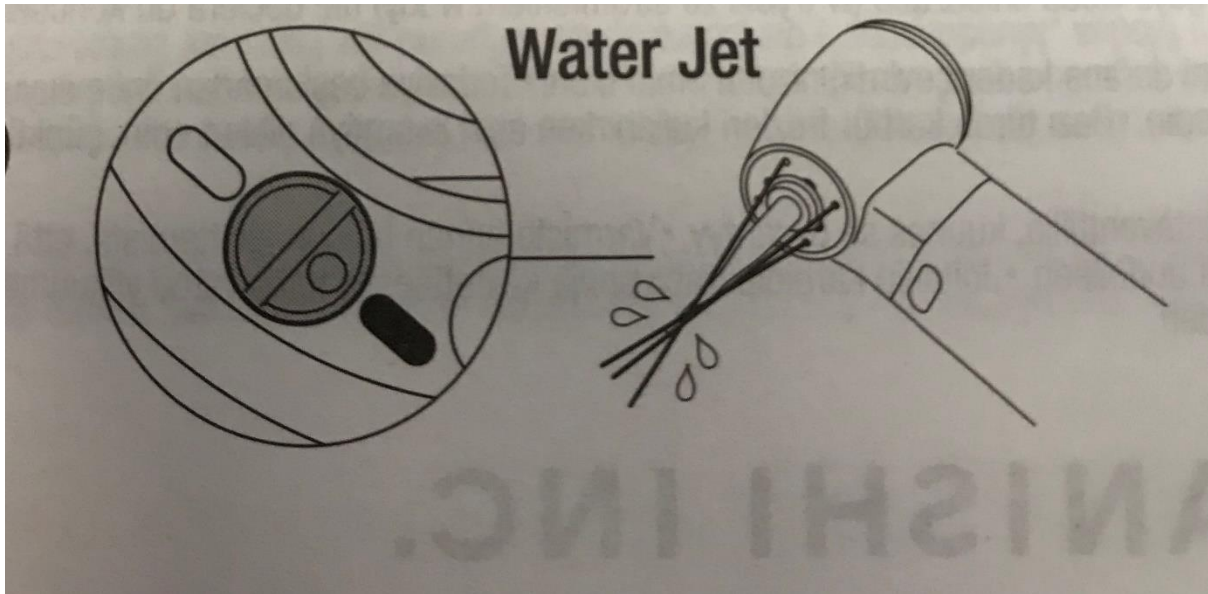
Set up of hand piece and chair settings should be checked by the bay nurse prior to starting any procedure.

Image A.

Information on the use of portable Micro-Motor units in the Exeter Dental Education Facility can be found here.

Select m2

Image B.



Source: https://www.sdcep.org.uk/published-guidance/covid-19-practice-recovery/rapid-review-of-agps/