



# The Dental Clinic, Portishead

**Committed to Excellence**

**This document will follow the patient journey detailing all the procedures and process.**

**This is a *live* document.**

## Our Aims

To integrate with existing infection control policies and procedures, ensure adequate infection control procedures, ensure well-fitting PPE, to keep patient safe, to protect staff, and ensure patient segregation.

The example care pathways are outlined below:

High-Risk COVID-19	Medium Risk COVID-19	Low Risk COVID-19
<p>a) untriaged individuals present for assessment or treatment (symptoms unknown) OR b) confirmed SARS-CoV-2 (COVID-19) positive individuals are cared for OR c) symptomatic or suspected COVID-19 individuals including those with a history of contact with a COVID-19 case, who have been triaged/clinically assessed and are waiting test results OR d) symptomatic individuals who decline testing</p>	<p>a) triaged/clinically assessed individuals are asymptomatic and are waiting a SARS-CoV-2 (COVID-19) test result with no known recent COVID-19 contact OR b) testing is not required or feasible on asymptomatic individuals and infectious status is unknown OR c) asymptomatic individuals decline testing</p>	<p>a) triaged/clinically assessed individuals with no symptoms or known recent COVID-19 contact who have isolated/shielded AND have a negative SARS-CoV-2 (COVID-19) test within 72 hours of treatment and, for planned admissions, have self-isolated from the test date OR b) Individuals who have recovered from COVID-19 and have had at least 3 consecutive days without fever or respiratory symptoms and a negative COVID-19 test OR c) patients or individuals are regularly tested (remain negative)</p>

Currently, and until 'point of care' testing is available, patients requiring routine dental care will predominantly fall into the medium risk pathway. If a patient has evidence of a recent (72 hours) negative SARS-CoV-2 test and no screening or triaging risks are identified, then the low risk pathway can be followed.

## Cross Infection Standards and Workflow during Covid-19 Pandemic

- An online medical history form and Covid-19 questionnaire will be sent to the patient for completion 24 hours prior to attendance.
- The patient will be informed to attend their appointment alone (the only exceptions being they are either a minor -under 18 years of age or have reduced capacity) If a patient requires interpretation this must be arranged via telephone and no interpreters should arrive in person.
- We will inform the patient they must arrive 10 minutes before their appointment wait outside and not enter the building, as we have implemented “social distancing” within the reception area to reduce and control the probability of patient to patient interaction.
- We will remind the patient of the strict infection control procedures to expect on arrival.
- The patient to be informed not to touch any door handles and pre warned that they will be met by clinical staff wearing PPE.
- There has been installation of Perspex safety screens on the reception desk
- We will inform the patient of the Patient PPE we will provide and that they will be required to wear this.
- We will inform the patient that once the clinic is ready for the patient the reception team will open the front door.
- The patient will be instructed to place any bags and outer clothing in the box provided, use hand sanitiser and then don the Patient PPE (shoe covers, gloves and mask,) (Please refer to Appendix 2)
- We will direct the patient to approach the “Temperature Recording” area, where the buddy nurse will take the patients temperature with digital thermometer. This will be disinfected after each use.  
We will inform the patient that if their temperature is recorded at over 37.8c we would not be able to continue treating them (Please refer to Appendix 8)
- When the clinician is ready to receive the patient, the “**Buddy Nurse**” will meet the patient in reception and lead them directly to the surgery. The patient will be reminded not to touch any door handles or handrails and “**Social Distancing**” will be maintained
- The greeting “**Buddy Nurse**” will be wearing disposable shoe covers, gloves, apron, visor and fluid-resistant mask (Please Refer to Appendix 2) Once the patient is with the clinical team in the surgery, the “**Buddy Nurse**” nurse should clean down handles and rails regardless of whether the patient touched them or not.

### In the Surgery

Aerosol generating procedures (AGPs), such as those created in dentistry, may pose a significant risk of infection. In addition to our current cross infection policies and procedures, completing the appropriate risk assessments and considering the current COVID-19 Pandemic, we further aim to reduce this risk as much as possible by:

- Ensuring that AGP's are kept to a minimum.
- The lengthening of current appointment times allowing for the additional "Fallow" time required.
- Provision of appropriate well-fitting PPE
- Strict protocols for the Donning & Doffing of PPE in specific designated PPE stations
- The surgery will be identified as a AGP or NON-AGP procedure by using- warning signs - if applicable.
- The use of a "**Buddy Nurse**" system (Please Refer to Appendix 5)
- Surgeries are cleared of all non – essential items
- Strict Hand Hygiene Protocols followed
- Ensuring the use of "**Rubber Dam**" treatment for every patient, wherever possible. The use of Rubber dams enables clinicians to work on the teeth and ensure that gums and saliva are not unnecessarily exposed to the environment.
- The use of High-volume suction aspirator to deal with an aerosol generation problem, to the extent that 99.9% of the potentially hazardous materials are safely removed.
- The use of ventilation units in each surgery.
- The use of "**Fogging Machine**" (Please Refer to Appendix 6)

### Patient Arrival in The Surgery

Once the patient arrives in the surgery, no one should enter without the appropriate fitting PPE, the surgery door will remain closed.

Any anticipated instruments and materials will be ready before the patient attends. On no account should a team member go into the drawers. If an extra piece of equipment or a material is required, then the "**Buddy Nurse**" will be called so it can be retrieved from a vacant room,

In these circumstances, the equipment will be passed at the door, the "**Buddy Nurse**" will be wearing PPE (Please Refer to Appendix 2)

All clinical members should be wearing the following as standard PPE for ALL assessments and treatments (Please Refer to Appendix 2 for remaining team members):

- Shoe coverings
- Full face Visor
- Fluid resistant mask or FFP2 or FFP3 respirator dependent upon risk assessment taken.
- Surgical scrubs plus disposable/washable gown with disposable apron (appendix PPE ) Disposable gloves and bouffant cap, PPE to be donned before the patient enters the Surgery with the "**Buddy Nurse**".
- All clinical staff PPE to be fit tested. Where appropriate.

### After the Consultation is Completed

The surgery is cleaned as per guidelines in (Please refer to Appendix 6), including fogging. Where possible, cleaning materials should be disposable. Both Clinician and nurse complete this process and full PPE is to be worn for cleaning.

When the surgery “**Primary Clean Down**” is completed the PPE is doffed (Please Refer to Appendix 3) and is placed in clinical waste bin. Hands are cleaned as per hand hygiene protocol (Please Refer to Appendix 4)

In the Surgeries there will be one standard clinical waste bin (for the current patient), also a bin to place reusable/washable gowns in and a second bin in the Decon room for the disposing of all the clinical waste at the end of each session. The second waste bag requires double bagging for disposal at the end of each session.

**Ventilation system** Ventilation is important to reduce the risk of aerosol contamination from potential airborne/droplet pathogens in dental setting.

The practice has Winix air ventilation units placed in each treatment room. The air change per hour is calculated at 14, our fallow time is 10-15 minutes with mitigating procedures in place. ( see fallow calculation appendix 1 )

**AGP procedure** The unit will be set at ‘high’ during working hours, before starting the AGP procedure the air filtration unit will be turned to ‘Turbo’ function and will remain in that function until the calculated fallow time has commenced. ( see fallow calculation appendix 1 )

### Decontamination of Surgeries Post Appointment (Primary)

The responsible person undertaking the cleaning with detergent and disinfectant should be familiar with these processes and procedures:

- Ensure the door and windows are closed to aid the filtration unit to work effectively.
- Place used instruments in Red Decon box ready to be transported to Decon room
- Bag all items that have been used for the care of the patient as clinical waste, for example, contents of the waste bin and any consumables that cannot be cleaned with detergent and disinfectant
- Wipes down surfaces. (Including: X-ray units, sink area, spittoon, chair and working area
- Disposal of all single use items(including protective barriers and any material residual left.
- Clean any sharps containers wiping the surfaces with antimicrobial cleaner
- Use the “Fogging Machine” at the end of the session to fully clean all surgery floor area.

### Cleaning Process (Please Refer to Appendix 6)

Use disposable antimicrobial wipes, to clean and disinfect all hard surfaces, chairs, door handles, reusable non-invasive care equipment or sanitary fittings in the room.

### Cleaning and Disinfection of Reusable Equipment

- Clean and disinfect any reusable equipment, such as Endo motor, Curing light that are in the room prior to their removal.
- Clean all reusable equipment systematically from the top or furthest away point

## On leaving the room

- Discard the detergent or disinfectant solutions safely at disposal point.
- All waste from any suspected Covid-19 contaminated area should be removed from the room and quarantined until patient test results are known (*Note this may take up to 48 hours*); if the patient is confirmed to have Covid-19 further advice should be sought from local HCT
- Clean, dry and store re-usable parts of cleaning equipment, such as mop handles
- Remove and discard PPE as clinical waste
- Perform hand hygiene as per protocol

## Safe management of Laundry.

- Undress and put Uniform into individual Laundry sacks which will be removed and put into a plastic bag to take home. Place washable PPE into laundry sacks and then place into plastic bags, these are to be laundered by Simon Robertson. Once home, wash the uniforms on their own at the maximum temperature indicated on the garments washing instructions, dispose of the plastic bags.

## Cleaning of Communal Areas

Communal areas are to be cleaned between patients using the **“Fogging Machine”**. If a suspected case has spent any time in a communal area, e.g. the waiting area or toilet facilities, then these areas should be cleaned with detergent and disinfectant (as above) as soon as practicably possible. However, if there has been a blood or body fluid spill this should be dealt with immediately. Once the cleaning and disinfection have been completed, the communal area can reopen for use.

## Prior to Patient Attendance

- The patient will have been given all relevant information prior to attendance.
- The patient’s online medical history & Covid-19 questionnaire will have been reviewed 24 hours prior to attendance, by a clinician.
- Clinician will have reviewed of patient’s clinical records

## Daily Practice Routine

- 8am practice open to include switching on equipment etc
- All routine compliance checks to be completed
- 8.30am or 9.00am first patient pending on day
- Patient to arrive 10 minutes before appointment and wait outside the door
- Patient to hand sanitise and don Patient PPE provided
- Buddy nurse to take temperature.
- **“Buddy Nurse”** to meet and escort patient to the surgery
- Clinical team to undertake examination including radiographs. Dentist to pass radiographs to **“Buddy Nurse”** for processing
- Clinical team to clean down using guidelines.
- Receptionist to use standard mask/visor and foot covers, ensuring that **“Social Distancing”** is always observed.
- **“Fogging Machine”** is used to clean disinfect communal areas

### Practice “Local” Rules

- All staff to arrive as per “**Staged Arrival**” arrangements and through their “**Designated Entrance**”
- Team members then go straight to designated changing area and change into uniform.
- Then the team member enters the designated “**Primary PPE Donning**” area. Using their “**Role Specific Primary PPE**” (Please Refer to Appendix 2) The team member will go straight to their designated work area.
- Patient arrives 10 minutes before their appointment and to wait outside.
- **Buddy Nurse** to tell the patient when they are ready for the them to don PPE.
- In surgery the nurse to set up equipment based on this anticipated treatment-previously discussed. (Dentist will confirm materials/equipment needed).
- Clinical Team - Secondary Donning of PPE undertaken in designated surgery
- “**Buddy Nurse**” takes the patients temperature and escorts them to the surgery (remember social distancing, advice and remind patients not to touch door handles or handrails unless necessary).
- Clinical team to undertake examination & radiographs and any necessary procedure.
- Dentist to hand radiograph to “**Buddy Nurse**” to develop, and then radiograph put on screen for dentist to examine
- Treatment completed, the patient goes to reception, Receptionist will check that there are not other people in the reception area and social distancing can be maintained, receptionist will then take payment and any other appointments can be booked. The “**Buddy Nurse**” then escorts the patient to the Doffing station. The patient removes their PPE, places it in the clinical waste bin provided, hand sanitises and exits through the door.
- Doffing of Clinical PPE in accordance with protocol designated surgery
- Clinical team to commence primary cleaning.

## Appendices

[Appendix 1](#) Fallow Time Calculation V1.0

[Appendix 2](#) Role Specific PPE

[Appendix 3](#) Donning & Doffing of PPE

[Appendix 4](#) Hand Hygiene Protocol (Washing & Sanitiser)

[Appendix 5](#) Buddy Nurse System

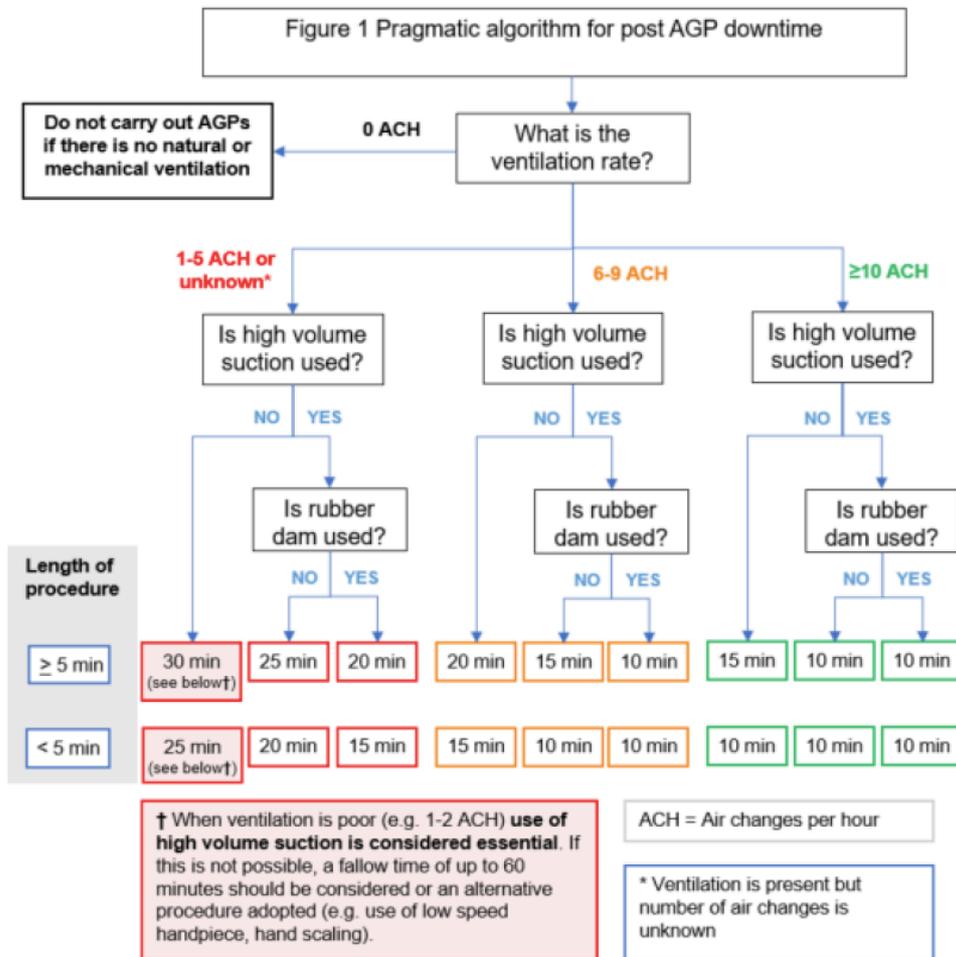
[Appendix 6](#) Final & Primary Clean Down Process

[Appendix 7](#) Risk Assessments

[Appendix 8](#) Referral Pathway for suspected Positive Covid-19 Patient

[Appendix 9](#) Work Flow Chart

Appendix 1  
 Fallow Time Calculation  
 Mitigation of Aerosol Generating Procedures in Dentistry  
 V 1.0 24/08/2020



## Appendix 2

### Role Specific PPE

#### Patient

- Shoe Covers
- Gloves
- Mask – Surgical

#### Receptionist/ Administration

- Mask- Surgical
- Visor
- Shoe covers

#### Buddy Nurse

- Mask -IIR Fluid resistant
- Gloves
- Gown and aprons when appropriate
- Shoe Covers
- Visor

#### Surgery Nurse & Clinician

##### **Primary PPE** (*donned in Designated Primary PPE area*)

- Shoe covers
- Mask – FFP3 (AGP)
- Hat
- Gown

##### **Secondary PPE** - (*donned in surgery*)

- Gloves
- Visor
- Mask- IIR Fluid resistant mask(non AGP)
- Apron when appropriate

Appendix 3  
Donning & Doffing of PPE

COVID-19 Quick guide – gown version



Public Health  
England

## Putting on (donning) personal protective equipment (PPE) for aerosol generating procedures (AGPs)

This is undertaken outside the patient's room.

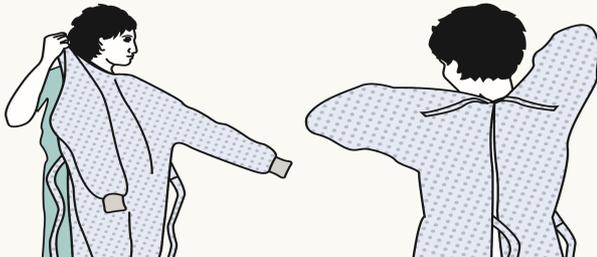
### Pre-donning instructions

- ensure healthcare worker hydrated
- tie hair back
- Remove Jewellery
- Check PPE in the correct size is available

P  
e  
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f

1

Put on the long-sleeved fluid repellent disposable gown



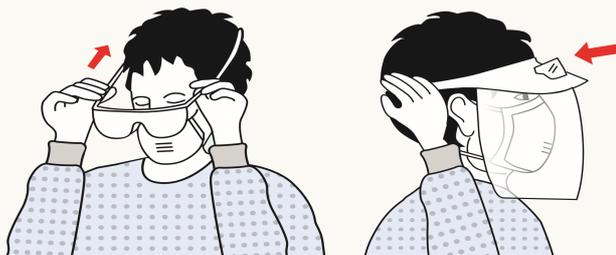
2

Respirator  
Perform a fit check.



3

Eye protection



4

Gloves





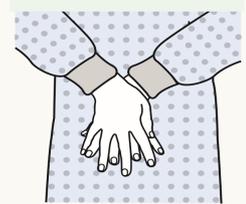
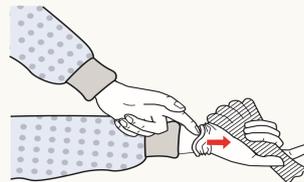
**Removal of (doffing) personal protective equipment (PPE) for aerosol generating procedures (AGPs)**

PPE should be removed in an order that minimises the potential for cross contamination.

The order of removal of PPE is as follows:

**1**

**Gloves –**  
the outsides of the gloves are contaminated



Clean hands with alcohol gel

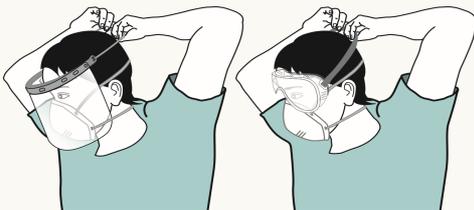
**2**

**Gown –**  
the front of the gown and sleeves will be contaminated



**3**

**Eye protection –**  
the outside will be contaminated



**4**

**Respirator**

Clean hands with alcohol hand rub. Do not touch the front of the respirator as it will be contaminated



**5**

**Wash hands with soap and water**



Appendix 4  
Hand Hygiene Protocol  
(Washing & Sanitiser)

**HAND HYGIENE POSTER**

**How to handwash?**  
WITH SOAP AND WATER

0 Wet hands with water

1 Apply enough soap to cover all surfaces

**How to handrub?**

1 Apply about 3ml of the product in a cupped hand and cover all surfaces

2 Rub hands palm to palm

3 Rub back of each hand with palm of other hand and fingers interlaced

4 Rub palm to palm with fingers interlaced

5 Rub with backs of fingers to opposing palms with fingers interlocked

6 Rub each thumb clasped in opposite hand using rotational movement

7 Rub tips of fingers in opposite palm in a circular motion

8 Rub each wrist with opposite hand

9 Rinse hands with water

10 Use elbow to turn off tap

10a If you do not yet have a sensor or lever operated tap, use the hand towel to turn off the tap

11 Dry thoroughly with a single use towel

Your hands are safe

40 - 60 secs.

Once dry your hands are safe

20 - 30 secs.

Based on the WHO guidelines on Hand Hygiene in Health Care

## Appendix 5 Buddy Nurse System

The Buddy Nurse will be responsible for the following:

- Assisting clinician & surgery nurse with the donning & doffing secondary PPE
- The completion of daily compliance test
- Escorting of patients on arrival to temperature recording station
- Escorting of the patient to the surgery
- Retrieval of any additional instruments and/or materials from vacant surgery
- Processing of digital radiograph
- Assist with decontamination procedures where necessary
- Assist where appropriate in Primary clean down
- Assist in setting up & final clean down
- Cleaning down of designated PPE donning / doffing station
- Removal & Disposal of clinical waste

## Appendix 6

### Primary & Final Cleaning Down Process

#### Primary Clean Down

- Ensure Winix Ventilation unit is on 'high' then 'turbo' before any AGP procedure
- Disposal of all single use items. (including protective barriers and any material residual left).
- Wipe down surfaces. (Including: X-rays units, sink area, spittoon, chair and working areas).
- Fogging Machine. (Ensuring windows are closed).
- Removal and disposal of PPE
- Allow "Fallow" time. Once achieved turn unit back to 'high'

#### Final Clean Down

- Wearing appropriate PPE
- Wipe off surfaces. (Including: X-rays units, sink area, spittoon, chair and working areas).
- Place new PPE ready for Clinician and Nurse.
- Set up for treatment

## Appendix 7

Risk Assessment, refer to Folder 1 Compliance for other Copies and Covid folder for recent practice audits

Appendix 8  
Referral Pathway for suspected  
Covid-19 Case

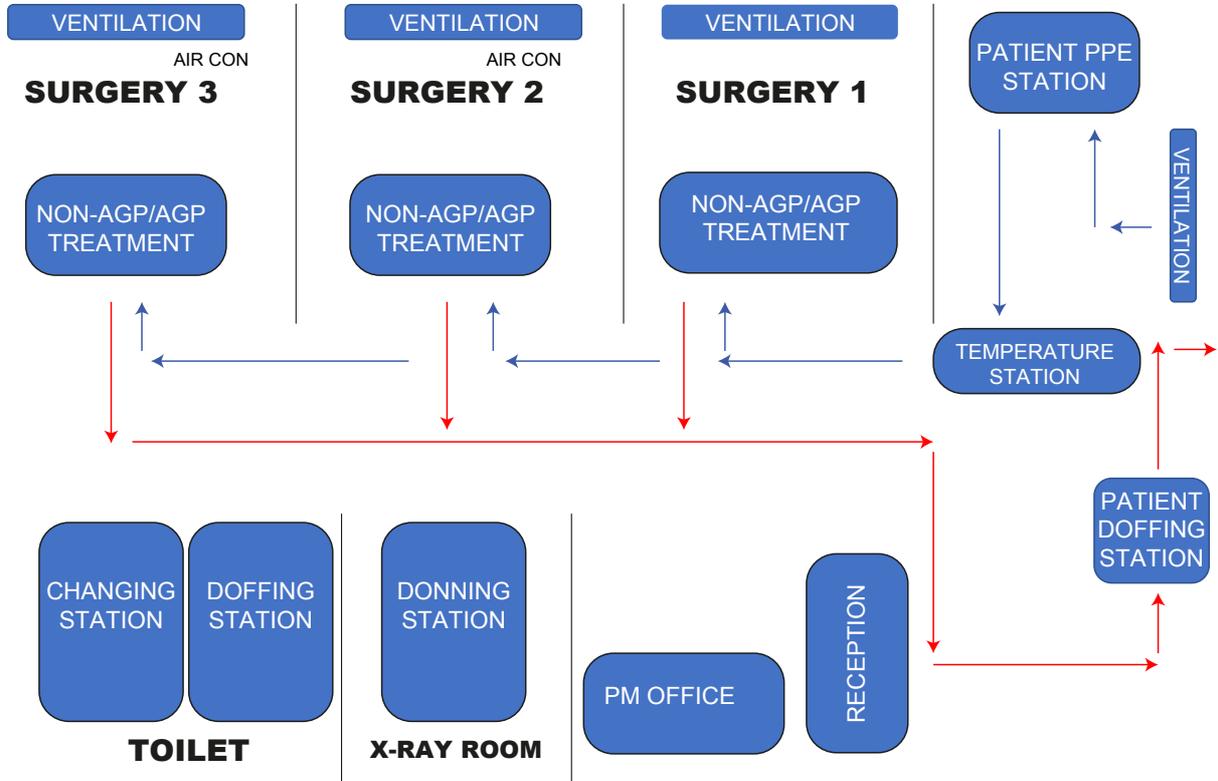
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**Online Referral Instructions**

- Web search UHBristol Primary Care Dental Services- University Hospital
- Click on Referrals
- Urgent care Hub Referrals
- Referral form Weston General Hospital Dental Department
- Online Referral form
- Print hard copy

# Workflow

## WORKFLOW



## STAFF ENTRANCE WORKFLOW

