**SOPs as of 22/1221**

**Update**

Government has, today, changed the requirement for 10 day isolation after testing positive for covid.

Upon starting with symptoms of covid **or** being a close contact (ie living with someone who tests positive (at the very minimum)), ALL Dental Studio personnel must immediately take a walk through (not postal) PCR test and self isolate until the results are known. At time of writing if the close contact is identified as Omicron then they must self isolate.

If the test is negative then they must take a lateral flow each day **before** work and report the results on the NHS portal. If, while at work, symptoms begin then they must immediately report to BP or SK and leave work.

If the test is positive they can take a lateral flow on day 6 and if negative they must repeat the test again on day 7 as well and if that is also negative they can return to work after the 2nd negative result. This has been introduced to reduce the burden on the English workforce.

Respiratory guidance has been published by PHE in November and the following is now the recommended pathway for patients, and there for the team, going forwards. Local risk assessment is also required to fulfil the requirement of the health and safety at work act 1974 which can be read after the appendices. The guidance can be read in full here:

<https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control/covid-19-infection-prevention-and-control-dental-appendix>

What has changed?

The low, medium and high risk pathways have been removed. Patients will now fall into one of two prescreening pathways – **non respiratory** or **respiratory** thus:

Patients who are fit and well/ “non-respiratory pathway” are to be seen as per the pre covid protocols

Face coverings to be worn in the practice during the winter 21/22 season

No FFP or fallow time required for fit and well patients

Any patients reporting respiratory symptoms/”respiratory pathway” are preferably to be deferred or, if urgent, to be seen as per covid IPC protocols ie FFP and fallow commensurate with ACH.

**Pre screening patients**

This will continue as per the previous guidance to ensure that any patients attending are experiencing no respiratory illness when they attend. An example of pre screening questions can be found at Appendix 1 – ideally this will be done a day prior to the appointment via phone, email or text for example and also at the door when the patient arrives.

If patients report they are fit and well then ALL pre covid protocols are followed:

Face covering in the building,

No FFP

No fallow

Aprons/gowns can be worn if splash is expected

Normal pre covid cleaning

*If patients report that they are* ***not*** *well with respiratory symptoms, then:*

*Ideally treatment should be deferred*

*If the patient requires* ***urgent*** *treatment:*

*Then the respiratory pathway should be followed thus:*

*FRSM/surgical mask in the building*

*FFP3*

*Fallow commensurate with ACH*

*Gowns/aprons to cover uniform.*

How to choose the respiratory pathway algorithm is at Appendix 2

It is down to individual practices to risk assess their own environment and these can be found after the appendices as a basis to risk assess our own practice.

**PPE and RPE (Respiratory Protective Equipment)**

A surgical mask or FRSM is worn as per usual for all procedures and changed after each patient.

RPE of FFP can be worn if the team decides they wish to or if local risk assessment shows that this is required.

**Testing**

Asymptomatic staff must self-test twice per week as per England’s guidance on asymptomatic testing. Results must be reported on the NHS portal. Test kits can be ordered here: <https://www.gov.uk/order-coronavirus-rapid-lateral-flow-tests>

Patients do not require testing prior to their appointment

Final note

Enhanced PPE remains available for all those who wish to use it.

Risk assessments

These follow the appendices and include updated information:

1. Close contact with covid for unvaccinated staff – England
2. Daily testing for double vaccinated staff following close contact with covid
3. Risk Assessment for selecting the respiratory pathway for patients
4. RA for patient living with someone living with covid
5. RA for high risk team member – BAME, pregnant, over 70 or underlying conditions

**Appendix 1**

These screening questions should be carried out prior to the patient attending their appointment. It can be done via text, email or over the phone.

The patient should also be asked upon arrival if they are fit and well by the reception team.

Pre-screening for Covid-19. Please read these questions immediately in preparation for your next visit with us.

1. Do you have any of the classic Covid-19 symptoms eg high temperature, new continuous cough or loss of sense of taste or smell?
2. Do you have any cold symptoms including ‘scratchy’ throat?
3. Have you had any member of your direct household test positive for Covid-19 in the past 7 days?
4. Are you or any member of your household waiting for the result of PCR test?
5. Have you returned from ANY overseas travel in the last 10 days?

If you answer YES to any of the above questions, please contact us immediately to discuss with our reception team. We *may* need to rearrange your appointment in order to keep other patients and our team as safe as possible.

Appendix 2

Choosing the respiratory pathways



**Risk Assessment For** Close contact with covid for non-vaccinated staff - England

**Date assessment carried out** 22nd December 2021

**Review date for assessment**  When guidance changes

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| List significant hazard here –& *what would the outcome be?* | Level of Harm X Likelihood (risk score) | List the groups of people who are at risk *(eg staff, pts, contractors, visitors, young people)* | List existing controls or new control measures if necessary. Include any remedial action needed | New level of risk |
| Being a close contact of someone who has tested positive for covid and continuing to work could lead to you being presymptomatic or asymptomatic and spreading the virus to others | 4x3=12 | Staff, contractors, visitors, patients including the clinically vulnerable | Follow government guidance & take a PCR test immediately and await results at home, even if negative isolate for 10 days as per government guidance for unvaccinated peopleOnly return to work after 10 days if symptoms have gone (a cough may remain if symptomatic)Do **not** re test to return to work – a PCR should not be done within 90 days of testing positive  | 4x1=4 |

Risk assessment is significant hazard posing significant harm. So is calculated as level of harm posed X likelihood. Scored 1 (minimal harm) to 5 (significant/serious injury) x 1 (not likely) to 5 (very likely)

Signed: Name:

**Risk Assessment For** Daily testing living with someone with covid for double vaccinated staff - England

**Date assessment carried out** 22nd December 2021

**Review date for assessment**  When guidance changes

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| List significant hazard here –& *what would the outcome be?* | Level of Harm X Likelihood (risk score) | List the groups of people who are at risk *(eg staff, pts, contractors, visitors, young people)* | List existing controls or new control measures if necessary. Include any remedial action needed | New level of risk |
| Living with someone who has tested positive for covid and continuing to work could lead to you being presymptomatic or asymptomatic and spreading the virus to others(does not include omicron) | 4x3=12 | Staff, contractors, visitors, patients including the clinically vulnerable | Follow government guidance & take a walk in PCR test **immediately** and await results at home, if negative then do a daily LFT before work, report the results on the NHS portal and continue work if they remain negative – if omicron continue to self isolatePPE of FRSM worn at all times in the buildingSocially distance 1M+ as much as possibleTwice weekly lateral flow testing as *routine*Applies to **double vaccinated** staff or those under 18 If symptoms develop then leave work immediately, take a PCR and do not come to work.Do NOT take a PCR if you have tested positive in the previous 90 days, instead take a daily lateral flow.All results must be reported on the NHS portal | 4x1=4 |

Risk assessment is significant hazard posing significant harm. So is calculated as level of harm posed X likelihood. Scored 1 (minimal harm) to 5 (significant/serious injury) x 1 (not likely) to 5 (very likely)

Signed: Name:

**Risk Assessment For** RA for selecting the respiratory pathway for patients

**Date assessment carried out** 22ns December 2021

**Review date for assessment**  When guidance changes

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| List significant hazard here –& *what would the outcome be?* | Level of Harm X Likelihood (risk score) | List the groups of people who are at risk *(eg staff, pts, contractors, visitors, young people)* | List existing controls or new control measures if necessary. Include any remedial action needed | New level of risk |
| Need to select the correct pathway for patients attending appointments the day before their appointment.  Failing to do so could lead to a patient attending being symptomatic and spreading the virus to others in the practice | 4x5=20 | Staff, contractors, visitors, patients including the clinically vulnerable | Screen the patients the day before their appointment to assess their suitability to attend. If a patient reports symptoms of any covid/cold/influenza or respiratory virus, then they should ideally be rebookedRespiratory pathway patients should be rebooked if it does not compromise the patient and their treatment. If they need to be seen due to pain and swelling then covid protocols will apply with surgical mask being worn by the pt and not just a face coveringNon-respiratory pathway can be seen as per normal using universal precautionsThe status of all patients should be reconfirmed at the door of the practice. | 4x1=4 |

Risk assessment is significant hazard posing significant harm. So is calculated as level of harm posed X likelihood. Scored 1 (minimal harm) to 5 (significant/serious injury) x 1 (not likely) to 5 (very likely)

Signed: Name:

**Risk Assessment For** RA for patient living with someone Covid

**Date assessment carried out** 22nd December 2021

**Review date for assessment**  When guidance changes

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| List significant hazard here –& *what would the outcome be?* | Level of Harm X Likelihood (risk score) | List the groups of people who are at risk *(eg staff, pts, contractors, visitors, young people)* | List existing controls or new control measures if necessary. Include any remedial action needed | New level of risk |
| A patient living with someone who has tested positive for covid and coming in for an appointment Could lead to the team being presymptomatic or asymptomatic and spreading the virus to others while at work | 4x5=20 | Staff, contractors, visitors, patients including the clinically vulnerable | There is no legal obligation to self isolate if you are double vaccinated and a close contact of covid provided that:It is not omicronThe pt takes a PCR and it is negativeThe pt lateral flows each day and it remains negative  You can see a patient for a non-AGP as routine**or**If you want to see a patient for AGP then a negative lateral flow that was taken the same day could be used to prove they are currently negative **Or**You can use the respiratory pathway to treat for AGP | 4x1=4 |

Risk assessment is significant hazard posing significant harm. So is calculated as level of harm posed X likelihood. Scored 1 (minimal harm) to 5 (significant/serious injury) x 1 (not likely) to 5 (very likely)

Signed: Name:

