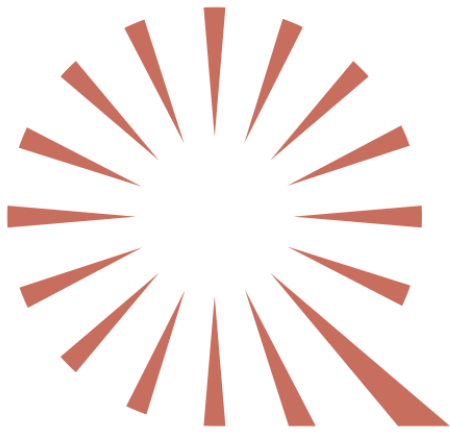


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QUEENSWAY

ORTHODONTICS

COVID-19 STANDARD OPERATING PROCEDURE

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Introduction and aims

This document serves to advise our team on the standard operating procedures of Queensway Orthodontics during and related to Coronavirus (COVID-19) pandemic.

There is no doubt that the requirements for, and expectations on dental practice have changed as a result of the Coronavirus (COVID-19) pandemic. As dental professionals we have a responsibility to protect ourselves, our colleagues, our patients, and the wider community.

Dentistry has always been at the forefront of cross-infection control and we are experienced in the application of universal infection control precautions to successfully manage the risk. During this pandemic much has been talked about the so-called aerosol-generating procedures (AGPs) and there is consensus that these may be associated with an increased risk of viral transmission. At Queensway the safety of our patients and our team has always been a priority and we have adopted cross infection control protocols that exceed the national guidance and regulatory expectations, as outlined by NHS England, the GDC, CQC and indemnity providers.

This guidance is relative to the current national disease transmission alert level (level 4 at the time of writing) and certain precautions may be lifted or adapted as the alert level reduces. This will be monitored, and local guidance updated accordingly. The COVID alert levels can be seen in Figure 1 below.

COVID Alert Levels		
Level	Description	Action
5	As level 4 and there is a material risk of healthcare services being overwhelmed	Social distancing measures increase from today's level
4	A COVID-19 epidemic is in general circulation; transmission is high or rising exponentially	Current social distancing measures and restrictions
3	A COVID-19 epidemic is in general circulation	Gradual relaxing of restrictions and social distancing measures
2	COVID-19 is present in the UK, but the number of cases and transmission is low	No or minimal social distancing measures; enhanced testing, tracing, monitoring and screening
1	COVID-19 is not known to be present in the UK	Routine international monitoring

STAY ALERT • CONTROL THE VIRUS • SAVE LIVES

HM Government

This standard operating procedure (SOP) sets out the local arrangements for the delivery of dental care within Queensway Orthodontics. It is accurate at the time of writing but will need to be updated as guidance and information evolves. We would encourage all dental professionals to use their clinical judgement when applying this guidance due to the rapid nature of change during this time.

Aims of the SOP

The overall aims of this SOP adopted by Queensway Dental and Queensway Dental are:

- Integrate with existing health and safety and infection control policies and procedures
- Keep the dental team and patients safe
- Facilitate patient segregation and effective social distancing
- Maintain adequate infection control procedures
- Provide reassurance and protection for our staff
- Provide guidance for adequate PPE
- Ensure all members of staff have received face fit testing (if required)

1.0 Pre-treatment

1.1 Consent and risk assessments

All patients need to risk assessed to ensure that the appointment they require can be justified by a face to face appointment.

Each appointment type throughout the patient journey is categorised as either face to face or digital. Appointment types can be seen on the flowchart in **appendix 1**.

Where a patient cannot comply with these pre-defined appointment types this must be escalated to the treating clinician for a solution

Evidence that the patient has consented to their appointment is gained when they complete their medical questionnaire noted in section 1.5. This evidence is then uploaded in the clinical notes.

1.2 Pre-appointment Screening

At point of booking their appointment reception will be responsible for sending all patient a text message (**Next appt booked on SFD**) detailing the time/date of their next appointment and be asked to contact the practice and cancel if they have had COVID-19 symptoms (see section 1.5 for details).

When each patient screening comes through it must be checked. If a patient answers yes to the travel question, the country needs to be cross checked against the travel corridor list and a note placed in the clinical notes to confirm this has been done. (If the patient is unable to attend due to self-isolating after travel, the appointment should be rebooked and clinical note explaining the reason.)

<https://www.gov.uk/guidance/coronavirus-covid-19-travel-corridors>

1.3 Zoning

Patients should be booked into the diary strictly following the zoning system. Each appointment type is zoned to allow for social distancing and where applicable, a 'fallow' period following an AGP (Aerosol generating procedure).

Each clinic will go through a weekly phased opening plan. Each phase includes different appointment types and lengths to ease both staff and patients gently into what will be our new normal patient flow. To see examples, see below;

Week 1 – Phase 1a

- Adjusts (all 30 minutes long)
- Emergency appointments
- AA scans
- Retainer Scans

Week 2 – Phase 1b

- Adjusts (all 30 minutes long)
- Emergency appointments
- AA scans
- Retainer Scans
- NHS/PP review (unable to assess digitally)

Week 3 – Phase 2

- Emergencies
- AA scans
- PP FCA scans/OPG/photos

- NHS full case
- Adjusts
- Bonds
- Attachment fit
- NHS/PP review (unable to assess digitally)

Week 4 – Phase 3

- Emergencies
- AA scans
- PP FCA scans/OPG/photos
- NHS full case
- Adjusts
- Bonds
- Attachment fit
- Debonds
- NHS/PP review (unable to assess digitally)
- IPR

1.4 Patient comms – Patient journey

We aim to communicate openly and often with our patients at every stage of the patient journey via the most efficient means possible. As COVID alert levels and guidance change, our patient journey will adapt, often quickly and we have in place multiple platforms in which to keep our patients up to date, including but not limited to telephone, SMS messaging, e-mail (including via bulk messaging via SFD and PRM), WhatsApp and multiples social media and video streaming platforms.

For more significant changes the use of a videographer/editor will be required to update the COVID measures video and photo-story which is used to demonstrate how patients access the clinic buildings for appointments.

In addition, the content of the pre-screening questionnaire/staff check in screening (Wufoo.com) will be updated to reflect the NHS/Government advice and alert levels.

1.5 Appointment confirmation

- Patients will be given a courtesy call between booking and attending to verbally confirm the changes and processes in around the surgery.
- 24 hours prior attending their appointment at Queensway Orthodontics the patient needs to be sent an email to confirm their upcoming appointment (**Appt confirm email**). This will include their written medical questionnaire (**appendix 2**)
<https://queensway.wufoo.com/forms/m1ii7not07ors21/>
- Those patients who have not returned a completed medical must be called and informed that this has to be returned in order to attend the practice.
- If the patient is scheduled for a face to face visit less than 24 hours after making the appointment this link should be sent out straight away.
- Questionnaire responses will come back to the site-specific email address. [location]@queensway.co.uk where they must be screened must be documented in the patient's clinical notes. **If a patient's answers indicate a COVID risk, they must not be given an appointment.** In these circumstances please follow the guidance given in the **appendix 3** script.

2.0 Arriving at the practice

2.1 Checking in

1. When patient arrives, they should notify the team clicking on the Doxy link and entering the digital waiting room.
2. They will receive an automatic message on Doxy advising to remain in the car/at a safe distance from the practice adhering to social distancing advice.
3. Reception team to check patient in on SFD to alert the clinical team of the patients' arrival.
4. Once clinical team ready, to notify patient via telephone that they can approach the entrance whilst leaving their coat/bags in the car where possible.
5. The 'In-escort' can then proceed to meet the patient. (The patient escorts will consist of both reception and clinical team where staffing allows)
6. All patients will use the main entrance to enter and where possible a one-way flow system will be implemented. See **appendix 4**.
7. 'In-escort' to meet patient outside the practice
8. Patient to be advised that bathroom facilities are not available within the practice unless medical condition dictates

2.2 Entering the building

- Pre-screening medical questions (section 1.2) should be confirmed by QO staff
- Patient's temperature should be checked before they can enter the building using IR thermometer and the information given to the clinical team to enter into the patients' notes.
- **Temperature must be below 37.8.** If the patient responds positively to any of the COVID questions and/or their temperature is greater than 37.8°C they should be politely asked to leave the building and the situation discussed with the treating clinician
- If no issues the patient should be escorted to the surgery asked to wear a face covering/ provided with a face mask to wear and asked to use hand sanitiser. Patients are asked to ideally bring their own face coverings
- Patient escorted directly to surgery door – the patient must not touch anything
- The 'In' escort should have a disinfectant wipe in hand and wipe down all door handles/anything touched whilst moving through the building.
- The patient should be directed to remove their mask by the surgery team.

2.3 Reception considerations

In our aim to protect all staff who are patient facing, due consideration must be given to our reception teams.

Where possible, patient will have little or no contact with the reception team. All information, shop items and payments etc will ideally be replaced with digital formats.

In the rare circumstances where a patient needs to make a cash payment, the money should be taken in a gloved hand and sealed in a plastic bag and dated for 72 hours time. Once the 72 hours has passed, this money can then be banked safely.

However, there may be occasions that require a patient to have contact with a member of the reception team, in these instances the **table 1** describes the measures intended to reduce the risk for our reception team, but also reduce the risk for any patients needing to report to the reception desk.

As previously stated, patients will be met by a member of the team for their temperature and COVID checks on arrival. For the safety of our reception team and patients it is important that we follow some clear protocols to maintain social distancing, reduce the risk of fomite contact and ensure all individuals involved feel safe and protected.

Figure 1 shows the measures to generate effective social distancing in the waiting rooms should this be required, and Figure 6 shows the fitted sneeze guards screens for the reception desks.

Figure 1



Table 1			
Protocol	Always	Highly recommended	Nice to Have
Disinfect surfaces each time they are touched by employees or patients such as door knobs, equipment handles, counters, pens, card machines, phones, keyboards, etc. as well as when visibly soiled.	✓		
Disinfect entire waiting room and communal areas at least once daily	✓		
Disinfect all deliveries upon arrival using alcohol wipes – outside the practice where possible,	✓		
Direct patients to hand sanitising station	✓		
Remove waiting room magazines, coffee, water, etc.	✓		
All paper received from patient is to be handled with gloves, scanned immediately and shredded where possible	✓		
Ensure patient has had temperature check from nurse (over 37.8 °C - treat as COVID-19 positive)	✓		
Wear face mask and gloves at all times whilst at work. Changing in line with government/NHS/SoP advice. But at least once per session (if not reusable). Once gloves are removed – replace. Except when able to to comply with social distancing guidance i.e when working in isolation or distanced.	✓		
Face Shield for all employees if patient is COVID-19 positive/suspected	✓		
Inform patients of the check-in process when making appointments	✓		
Advise patients to attend alone (unless they are a child or need a carer/escort)	✓		
Advise patients to leave coats and bags in their car wherever possible	✓		
Encourage patient to go to the toilet before attending the practice		✓	
Remove or space waiting room furniture to maintain 2m distance (Figure 9)		✓	
Distance employee workspace (2m)		✓	
Refrain from sharing: phones, computers, etc.		✓	
Provide tissues and no touch bins		✓	
Tape on floor six feet from front desk employee		✓	
Sneeze guard at front desk			✓

3.0 In the surgery

3.1 PPE

The use of Personal Protective Equipment (PPE) is integral to the practice of dentistry and at Queensway Dental we have always insisted that staff adhere to strict protocols in line with HTM 105.

All staff need to carefully review the table in **appendix 5** and ensure they implement the follow protocols as part of their work at Queensway Orthodontics. The necessary PPE will be provided and should be used appropriately and responsibly.

For orthodontists overseeing therapists, a mask and visor must be worn for observation. If closer inspection is needed i.e. sitting, examination of the oral cavity then plastic apron and gloves must be donned.

See **appendix 6** and **appendix 7** for imagery guidance for donning and doffing PPE for AGE/Non-AGE procedures

All staff must wear the correct PPE for AGP/E appointments in relation to both the risk level (See table 2) and the National COVID-19 Alert level determined by R (rate of infection). **Table 2** highlights appropriate levels of PPE for both low and high-risk AGEs at low and high level of alert. For a breakdown of low and high-risk procedures within the orthodontic setting see **table 3**.

Using national guidance, we are complying with a balanced interpretation of the wording therein. However, for the longer/more invasive treatments we are introducing an interim enhanced level of PPE for the following appointment types;

1. Attachments

2. Bond

3. Debond

4. IPR

For these appointment types please follow the guidance below;

1. Routine use of FFP3 masks

2. Hair/head covers for all but IPR (i.e. debond, attach, bond)

3. Use of pre-procedural mouth-wash (HOCL <https://www.aqualution.co.uk>)

These procedures are **not** AGP/E so do not require the use of a gown (unless desired) nor do they require a fallow period. Nevertheless, where there is an extended face to face time and an increase in dust/spatter we have deemed that this level of PPE is a sensible precaution.

Where the clinician has determined that there is a circumstance or scenario that increases a patient or appointment considered low risk to high risk, in either low or high alert levels they may take the decision to increase PPE appropriately (See table 1 conditional).

FFP3 masks, once fitted are reusable for 28 days' worth of wear. This is the equivalent of 224 hours or 4 months, whichever comes first. See **appendix 12** for the FFP3 usage log.

Once down to 10 hours' worth of wear, team members should inform their line manager know. You do not need to be re-fitted unless the type, size, model or material or whenever there is a change to the circumstances of the wearer that could alter the fit of the RPE; for example:

- weight loss or gain
- substantial dental work
- any facial changes (scars, moles, effects of ageing etc) around the face seal area
- facial piercings
- introduction or change in other head-worn personal protective equipment (PPE)

Table 2: Descriptor of key PPE usage in relation to alert levels and AGE

	ASPIRATIONAL	BASIC	CONDITIONAL
High alert level / high risk AGE	FFP2 /FFP 3/PAPR mask, visor, gown, hat & shoe covers	FFP2 /FFP 3/PAPR masks, visor, gown	
High alert level / low risk AGE	FFP2 /FFP 3/PAPR mask, visor, gown, hat & shoe covers	FRSM, visor, apron	FFP2 / FFP 3 mask / PAPR, visor, gown, hat & shoe covers if deemed appropriate in view of risk to operator / nurse (i.e. BAME / age / pregnancy / pre-existing co-morbidities)
Low alert level / high or low risk AGE		FRSM, appropriate eye protection	FFP2 /FFP3 / PAPR mask, visor, gown, hat & shoe covers if deemed appropriate in view of risk to operator / nurse (ie BAME / age / pregnancy / pre-existing co-morbidities)

Current government guidelines on PPE can also be found here;

<https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control/covid-19-personal-protective-equipment-ppe>

<https://www.fgdp.org.uk/news/covid-19-updated-guidance-and-resources-lockdown-eases>

<https://www.england.nhs.uk/coronavirus/publication/publication/dental-standard-operating-procedure-transition-to-recovery/>

Donning and doffing of PPE should be observed and considered in conjunction with current PPE requirements. Donning should take place in surgery before any AGP procedure is undertaken and doffing in site A (**appendix 4**). When any AGP/E procedure is booked in, site A should be made available.

Instructional videos on donning and doffing can be found here;

Donning PPE:

https://www.youtube.com/watch?v=kKz_vNGsNhc

Doffing PPE:

<https://www.youtube.com/watch?v=oUo5O1JmLH0>

3.2 Instruments and equipment

For efficiency and to reduce the risk of cross-contamination from opening drawers, all equipment and instruments required for the procedure should be bagged and readily available on the countertop/trolley.

Contaminated instruments should be placed into the designated container and transported to the decontamination room frequently to keep the circulation of sterilised instruments flowing.

3.3 AGP/Es

Guidance around AGP/E determination and status has been gathered from Implications of COVID-19 for the safe management of general dental practice A practical guide guidance document issued by the FDGP.

Aerosol Generating Procedures (AGPs) or aerosol generating exposures are defined as any medical and patient care procedure that results in the production of airborne particles (aerosols). These are relevant to COVID-19 transmission since this may occur via both direct air-borne infection and indirect spread via contact with contaminated surfaces. Restriction of AGPs is, therefore, an important control measure.

High risk AGEs should be avoided during a high alert level (4/5). The 3-in-1 should be used with caution and combined use of air and water avoided. Treatment offered should be based on risk assessment of patient, operator, time and difficulty of procedure.

For debonds and attachments, patients should be risk assessed by the orthodontist (at debond check or FCA/invisalign fit) to categorise the patient as either high or low risk. Risk criteria should include but not limited to;

- Gingival hyperplasia
- Bracket positioning

This must be highlighted in the clinical notes and if identified as high risk should be booked at the end of a session to allow for a fallow period.

Table 3 Risk stratification for Aerosol Generated Exposures (AGEs) Please use in conjunction with Table 1		
Procedure	Low Risk (aerosol exposure)	High risk (aerosol exposure)
Scans	if unlikely to trigger gag reflex	if likely to trigger gag reflex
Dental photography	Extra oral Intra oral (if unlikely to trigger gag reflex)	Intra oral (if likely to trigger gag reflex)
OH instruction	Maintaining social distance or wearing PPE	X
Extra-oral radiography/ CBCT	Maintaining social distance or wearing PPE	X
Clinical examination	Avoiding 3-in-1 syringe spray	With 3-in-1 syringe spray
Adjustment and repair of removable prosthesis	With disinfection of appliance and use of appropriate PPE	X
Bond fixed appliance	Minimal use of 3-in-1 (only water or air at low pressure), Use of self-etching-primer where clinically indicated/viable	Extensive use of 3 in 1 spray
Debond fixed appliance	Avoiding use of high-speed handpieces, minimal use of 3-in-1 (only water or air at low pressure),	Use of high-speed handpieces, or multiple repairs / extensive use of 3 in 1 spray
Repairs	Avoiding use of high-speed handpieces, minimal use of 3-in-1 (only water or air at low pressure), Use of self-etching-primer where clinically indicated/viable	Use of high-speed handpieces, or multiple repairs / extensive use of 3 in 1 spray
Invisalign attachments	Avoiding high-speed handpieces/sand blaster, minimal use of 3-in-1 (only water or air at low pressure), Use of self-etching-primer where clinically indicated/viable	Use of high-speed handpieces/sand blaster, extensive use of 3-in-1 spray
Invisalign debond	Avoiding use of high-speed handpieces, minimal use of 3-in-1 (only water or air at low pressure),	Use of high-speed handpieces, or multiple repairs / extensive use of 3 in 1 spray
Bonded retainer	Avoiding high-speed handpieces/sand blaster, minimal use of 3-in-1 (only water or air at low pressure), Use of self-etching-primer where clinically indicated/viable	Use of high-speed handpieces/sand blaster, extensive use of 3-in-1 spray
IPR	Avoiding use of high-speed handpieces, minimal use of 3-in-1 (only water or air at low pressure),,, use of HVS	Use of high-speed handpiece, extensive use of 3-in-1 spray

3.4 Pre- and post- operative risk management

The following measures should be used to reduce risk for patients and staff by the clinical team during treatment:

Risk reduction methods:

- Try to minimise and/or consolidate the use of AGPs wherever possible by using alternative materials or techniques
- If this cannot be avoided, try to minimise the length of the procedure
- Use high volume suction effectively during AGPs
- Ensure appropriate PPE is worn according the risk of the procedure and risk mitigation in place
- Maximise the treatment undertaken in each visit to reduce the number of face to face contacts for the patient
- Signs to be displayed on surgery doors when AGPs are being performed to avoid entry by colleagues not wearing the necessary level of PPE and timing for safe re-entry following an AGP
- Utilisation of mouthwash
- Utilisation of air-recycling

The follow steps need to be taken post-treatment:

- If the procedure has been non-AGP usual decontamination can begin immediately after the procedure has finished.
- All surfaces should be cleaned using hypochlorous acid including door handles, hooks on doors, surfaces and dental chair.
- If an AGP has been performed the surgery should be left for 60 minutes with the door closed (and window open if possible) for the aerosol to settle before a thorough decontamination can be completed.
- The decision regarding the fallow time post-AGP is down to the clinical team. Following risk assessment this could be reduced due to mitigating factors e.g. use of rubber dam, use of high-volume suction and duration of the AGP. If the fallow time is reduced this needs to be clearly recorded and justified in the clinical notes.
- Currently, there is insufficient evidence to suggest that the fallow time can be reduced if air exchange is available, however it is likely that new information in this area will evolve.
- Scrubs and gowns should not be worn outside the practice. They should be taken home for washing after a day's wear in a sealed plastic bag, pillowcase/canvas bag or dissolvable single-use bag. They should be washed separately from other clothing at the highest possible temperature in a half-full load and then tumble dried or ironed (*see BDA poster*).

3.5 Record keeping

The following clinical note must be made in the patient chart. They have been added as a Note Template into SFD as 'COVID-19 risk Assessment' (**See appendix 8**)

- Assessment of patient's COVID status and pre-appointment screening and temperature checks
- Verbal consent for treatment
- Risk assessment to include:
 - Individual risk status of patient and staff to include likelihood of exposure to COVID-19 and any medical factors which may place in a high risk category
 - Procedural risk to include assessment of the planned procedure and any consequential /related procedures which may lead to AGP generation such as to represent an increased risk of cross-infection compromise in the context of the guidance and regulations given in the references .
 - Availability, suitability, and proposed utilisation of PPE in accordance with guidance (FGDP / NHS / PHE June 2020)
 - Other mitigating factors e.g.
 - Alternative techniques such as use of slow speed IPR handpieces in preference to air-rotor or self-etching primer
 - Pre-procedural mouthwash
 - Air-circulation / purifiers
 - Open windows/ventilation
 - Requirement for fallow period
 - AGP generation at the outset of appointment to allow for maximum fallow time

3.6 Requesting the next appointment

- The patients next appointment will be sent out as an email or arranged on the phone – the therapist to please advise of this and note if there are any appt specifics requested by patient (we will aim to accommodate where possible)
- Details of the next appointment required to be placed in the clinical notes
- A member of the reception team will book and email out the next appointment
- If the next appointment is inconvenient for the patient, they can contact the practice/hub to re-arrange

3.7 Completing the appointment and leaving the building

- The nurse should radio to the 'out' escort to advise that the patient is ready to leave
- The 'out' escort should meet the patient at the surgery door - knock to make themselves known and the nurse inside should open the door for the patient
- Once at the exit the patient should dispose of their face mask in the clinical waste bin. (A clinical waste bin will be located at each entrance/exit to the building)
- The patient should again use alcohol hand rub
- The 'out' escort should then open the door for the patient to let them out
- The 'out' escort should have a wipe in hand and wipe down door handles/touched surfaces as they move through the building.
- Where staffing does not allow for a patient escort, the nurse in surgery will take on this role and time will be allocated between appointments to accommodate for this.

3.8 Surgery clean down

- For **Non-AGP** procedures there is **NO** down time needed. Clean down procedure in accordance with guidance from HTM01-05.
- Additional Trycare cleaning products are available for cleaning down post AGP – for training on this see Trycare training video available on request.
- For extensive **AGP** procedures there may be a requirement for a 'fallow period' of up to 60 minutes (following cessation of the AGP generation) depending on the risk assessment of the procedure, patient and any mitigating/risk-reducing measures in place.
- See **table 3**, section 3.3 for further clarification on AGP procedures
- Lines should be cleaned at the end of each session in line with standard cross infection control precautions as per equipment protocols and in line with HTM-0105

4.0 Post appointment

4.1 Follow up communications and patient instructions

- Following the appointment, the patient should be sent follow up appointment email by the reception team via SFD using the next appointment template txt/email called **'Next appt email' in SFD**
- If patient attended for an appointment that requires follow up instructions i.e. Bond, attachments, whitening fit, retainer fit, Invisalign fit, they will have their instructions delivered via Dozy video call scheduled the next working day or instructional video sent out via SFD – this will include either a digital feedback form or a conversation with the patient to confirm they have watched and understood .
- This should then be uploaded into patient's clinical notes.

5.0 Staff considerations

5.1 Staff risk assessments – returning to work

Prior to returning to the work place all staff will be risk assessed by Caroline Bates and Jo McKenna to ensure they are physically and emotionally able to do so.

Firstly, with a medical questionnaire <https://queensway.wufoo.com/forms/m1ii7not07ors21/> (see **appendix 9**) to create the risk assessment and then once decided that a staff member is able to return they will complete a return to work pack which will include reading/viewing and signing off on;

- COVID-19 SOP
- Patient journey walk through video
- Return to work interview (**Appendix 10**)
- Social Distancing Policy

Prior to returning to work all staff will be issued with a copy of this SoP alongside access to the supporting documents. Video/remote training will take place prior to starting work and knowledge of the contents verified.

5.2 Uniforms/PPE

Clinical staff must arrive in the building in casual clothing and change in into uniform on the premises.

To reduce the risk of cross contamination clinical staff will use room within the orthodontic department to change into and out of uniform. Personal belongings should then be stored in staff lockers. Clinical uniforms should also be changed out of when leaving the building (for example during lunch hour), if remaining on site during lunch hour, staff must still change out of clinical uniform and store securely in bags provided.

Each clinical team member will be issued with a floor length washable gown to use where required for AGP/E procedures. It will be the responsibility of staff member to ensure that these are laundered/disinfected in line with current guidelines. They should be washed separately from other clothing at the highest possible temperature in a half-full load and then tumble dried or ironed.

Each clinical team member will also be given 2 canvas bags that they can place worn scrubs/gown into when removing any clinical clothing. Clinical staff must ensure that where possible, their hair is tied back. Hair coverings are available to staff for clinical procedures. Footwear worn within the surgery environment must not be worn outside of the practice.

FFP3 (and FFP2 masks if used) need to be face fit tested to ensure they achieve an adequate seal for the wearer. This will be organised by Queensway and all clinical staff must undertake this testing prior to carrying out AGP procedures. In addition, masks need to be “fit checked” each time they are put on.

All members of the team should wear a mask when moving around the practice.

Queensway Orthodontics SoP V 1.7

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*Alpha Solway 3030V R FFP3
disposable mask*



*Corpro FM1400
Half-face P3 Respirator Mask*

5.3 Social distancing within the workplace

The Queensway Orthodontics Social Distancing Policy will be issued to all team members returning to work and will be available thereafter on Breathe.

For the safety of the whole team and for that of our patients the following points must be understood and adhered to.

- We encourage all employees to respect their own space and the space of others.
- We expect that you adhere to the rules of being 2 metres away from anyone else at any time apart from during dental treatment.
- Clinical team should remain in their surgeries or virtual treatment rooms as much as possible.
- The 1-way systems should be observed wherever practicably possible.
- Car sharing – our preference is for vehicles to be used by sole occupants; however, this may not be practical, some may need to be shared. Sharing a vehicle should be pre-arranged and only those arranged to travel in the specific vehicle should do so to and from the workplace. Be aware that by sharing a vehicle you are increasing the risk not only to yourself but to others and your family.
- Communal areas including offices, kitchens and staff rooms will be marked for social distancing, at a 2-metre distance. If space is not available, then staff may be asked to delay or stagger their break times or if viable use their vehicle.
- All internal doors will be open to reduce touch points (providing that fire safety risk is not compromised (see Fire Safety risk assessments for each site)
- Additional daily cleaning will take place of all touch points, handles, lights, switches, etc.
- The facilities such as kettles, microwave, drinks machines and water coolers will be out of action unless suitable measures can be taken to ensure risk factors are controllable.
- All employees will be expected to bring their own food and drink into the workplace and remove at the end of the day. Any food or drink left on site will be safely disposed of at the end of every day.
- All necessary PPE will be provided to all employees in accordance with National Covid Alert level and the contemporary guidance.
- You will not be able to work without the appropriate PPE being worn

- The clocking in machine will be out of use – instead, the times that staff upload their morning medical questionnaire will be used where necessary.

5.4 Maintaining health and well-being

The well-being of our team, it is a priority for Queensway at all time. But this is never more important than in the post-COVID period. Staff may feel anxious and unsure about the return to work and find the change from the old to the new challenging and stressful. This inevitably may have an impact on people's mental health and well-being, and it is our role as employers to support them in this and ensure we are vigilant and approachable.

This on-going pastoral care and support will be an integral and essential part of the return to work. As well as the initial return to work structure detailed in section 5.1 there will be regular team and 1-1 meetings, with detailed follow up's where necessary. These will be held weekly during the initial return to work phases via telephone and thereafter determined at the line managers discretion.

5.5 Sickness

To maintain the health of our staff and patients in relation isolating possible cases of COVID-19, team members will be assessed daily to ensure they are fit to work in accordance with government guidance and regulations and any instructions/advice received via the NHS trace and track scheme.

On arrival at the practice, each team member will take their temperature on arriving and then use the link below to enter their temperature and answer the medical questions (Also see **appendix 11**). This should then be repeated at the end of the morning session.

- <https://queensway.wufoo.com/forms/miwcdtdt0wapc9b/>
- Staff with symptoms of COVID-19, or who live with someone with symptoms, should stay at home as per advice for the public. Staff who are well enough to continue working from home and can still deliver their role, should be supported to work from home.
- If staff become unwell with symptoms of COVID-19 while at work, they should stop work immediately and go home. Decontamination should be carried out as for a patient with symptoms of COVID-19 – for further information see here. No additional precautions need be taken for patient and staff contacts **unless** they develop relevant symptoms.
- The national contact number for COVID-19 advice is 119.
- If a staff member tests positive for COVID-19, no additional precautions need be taken for patient and staff contacts **unless** they develop relevant symptoms.

Staff who have been exposed to someone with symptoms of COVID-19 in healthcare settings, even if not using adequate PPE, do not need to stay at home **unless** they develop symptoms.

5.6 Staff facilities

Whilst we must be vigilant in our efforts to control our work environment, we recognise that staff well-being must also be taken into consideration. The fridge in the orthodontic kitchen (site X on **appendix 4**) will be available for staff.

During lunch breaks staff are encouraged to leave the building wherever possible. If this is not a possibility staff may utilise non-clinical areas of the building whilst still adhering to the social distancing policy. If used, the windows must be open for ventilation and the area must be wiped down with alcohol wipes.

When using the toilets in practice staff should use hand towels only and dispose of using foot pedal-controlled bins.

All staff members must be considerate of their surroundings and hold accountability for maintaining social distancing and proper levels of hygiene. Using a room calculator (<https://venuesearch.ie/capacity-calculator/>) a maximum capacity has been set for each room within the practice.

Using the latest guidance from track and trace we have made the decision that all crockery and cutlery will be out of use in the practice, recyclable, compostable tea stirrers and spoons will be made available on site

Each team member has been issued with a Queensway mug/travel mug which can either be taken home and washed or washed in the dishwasher at work. Hand washing alone is not effective enough.

5.7 NHS test and trace

As facilities begin to reopen, we have an obligation as health care providers to keep apprised of government rules and regulations and be vigilant in our conduct both in and outside of the workplace. The current guidelines can be found using the following links;

<https://www.gov.uk/government/publications/staying-alert-and-safe-social-distancing/staying-alert-and-safe-social-distancing-after-4-july>

<https://www.gov.uk/government/publications/coronavirus-outbreak-faqs-what-you-can-and-cant-do/coronavirus-outbreak-faqs-what-you-can-and-cant-do>

<https://www.gov.uk/government/publications/covid-19-management-of-exposed-healthcare-workers-and-patients-in-hospital-settings/covid-19-management-of-exposed-healthcare-workers-and-patients-in-hospital-settings>

6.0 Outside/third party contractors

6.1 Cleaning company

Queensway Orthodontics holds a contract with Procure for cleaning requirements. The Procure team will be responsible for ensuring their staff are wearing appropriate PPE when they attend the practice. On entering the building, all members of the cleaning team must check their temperatures and submit through the wufoo link provided.

The Procure team will, where possible only enter the building once all Queensway Orthodontic staff have left the premises. Where this is not possible, social distancing measures must be adhered to.

6.2 Maintenance/site visitors

Any outside contractor attending the site must be made aware of the required PPE, check and submit their temperature and of any one-way flow systems in place. Where possible, in alert level 4/5 and work to the building interior that would be used by patients should be conducted outside of normal working hours.

Where works must take place within regular working hours, they will need to comply with social distancing guidance and PPE requirements as set out for patients and accompanying persons as well as;

1. Pre-book visits – unannounced visitors will not be able to be seen/have access
2. Make an entry into the visitors' book

6.3 Lab

The driver will have a mask and gloves when arriving at the practice. A member of the team must meet them at the door (wearing the advised PPE) and take the box from the driver. There will be no paperwork to be signed.

The boxes will be wiped down with disinfectant by the driver before being handed across to Queensway staff.

When unpacking the labwork, each bag must be wiped down with a disinfectant wipe before being stored within the practice.

SUMMARY

COVID-19 has had an enormous impact on our society with government enforced lockdown, closure of businesses and a fundamental change to our usual way of life. In addition the effect on UK dentistry has been immense with the cessation of all “routine dentistry” being instigated by the CDO and supported by the CQC and GDC and creating a situation where patients have very limited access to rudimentary dental care services.

Clearly this situation cannot continue, and dental practices need to be able to provide the oral health care our population and patients need to improve overall public health and reduce future oral health costs and additional burden on the NHS.

We have to remember the risks associated with SARS-CoV-2 are likely to always be with us. Whilst the development of an effective vaccine may reduce risk, it will never completely eliminate it. Therefore, dental teams need to develop strategies to manage this risk as effectively and efficiently as possible to keep themselves and their patients as safe as reasonable possible. Dentists and their teams have a good track record of achieving this through issues with HIV and CJD and there is no reason to suggest this situation should be any different.

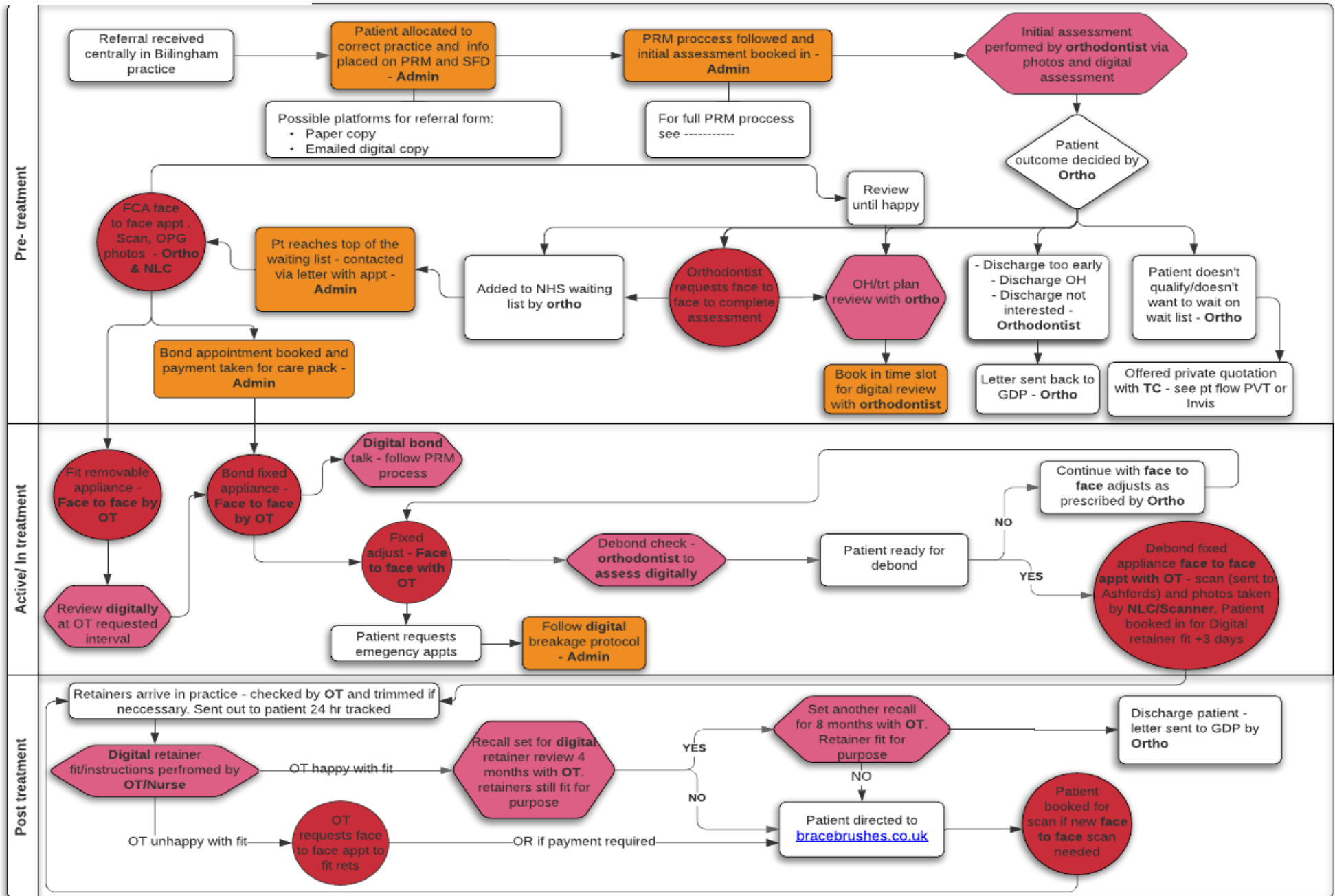
This standard operating procedure aims to provide some a clear framework for the resumption of safe and effective dental care at Queensway. Inevitably the protocols and procedures within this document will evolve and develop with the availability of new and updated guidance and standards, but it provides a clear, logical and evidence-based approach, as things currently stand.

Patient care is always based upon an individualised risk assessment and this still holds true. The decision to proceed with any form of treatment should be made in collaboration with the patient having evaluated all the various factors that influence risk and with due consideration of the national alert levels for disease transmission.

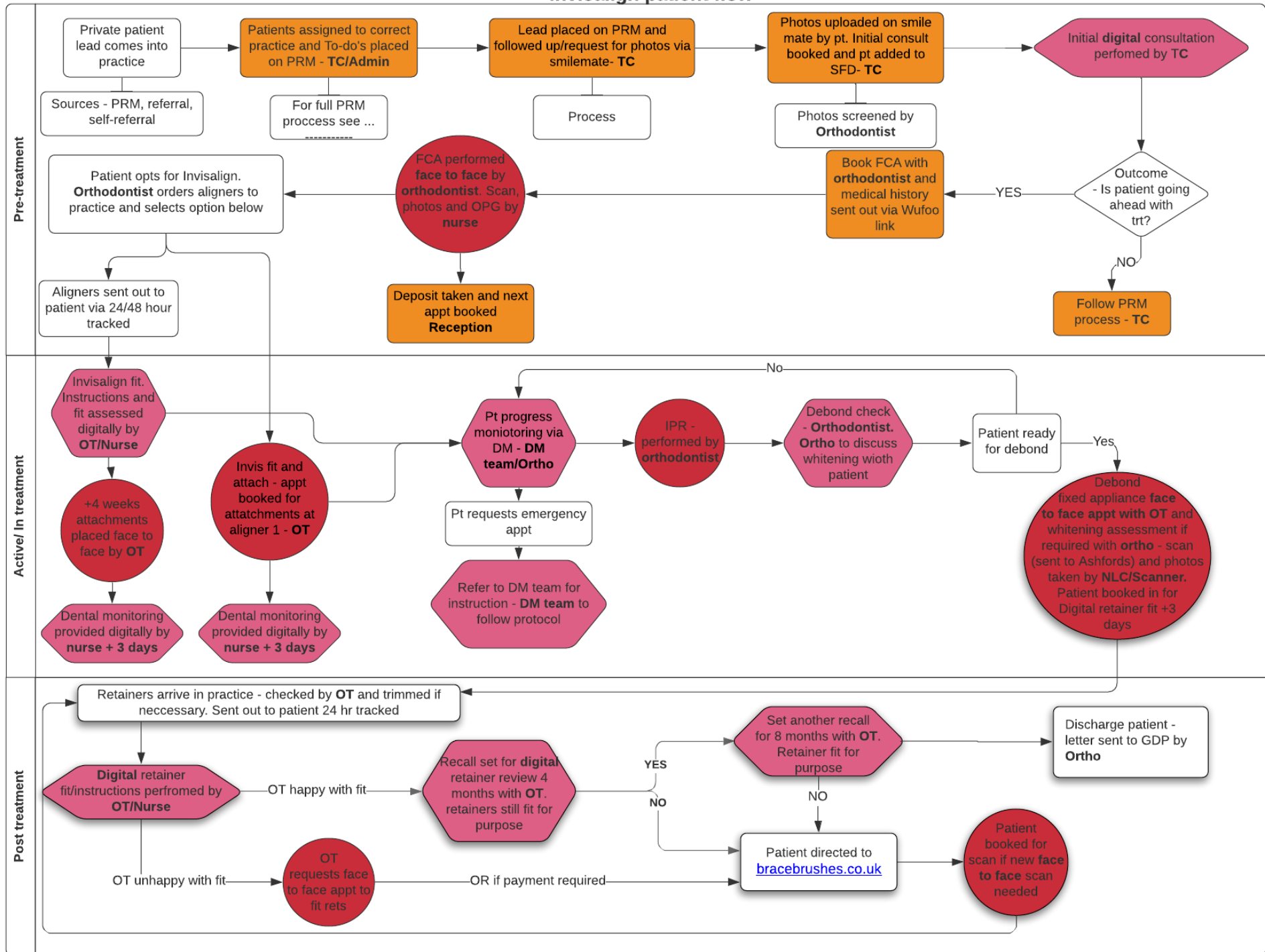
With proper implantation and execution of the protocols discussed, along with the safe workplace measures recommended by the government; including staggered shifts, work cohorts and social distancing measures, we are confident that our teams can return to work and provide much needed dental care for our patients in a safe and effective manner.

Appendix 1

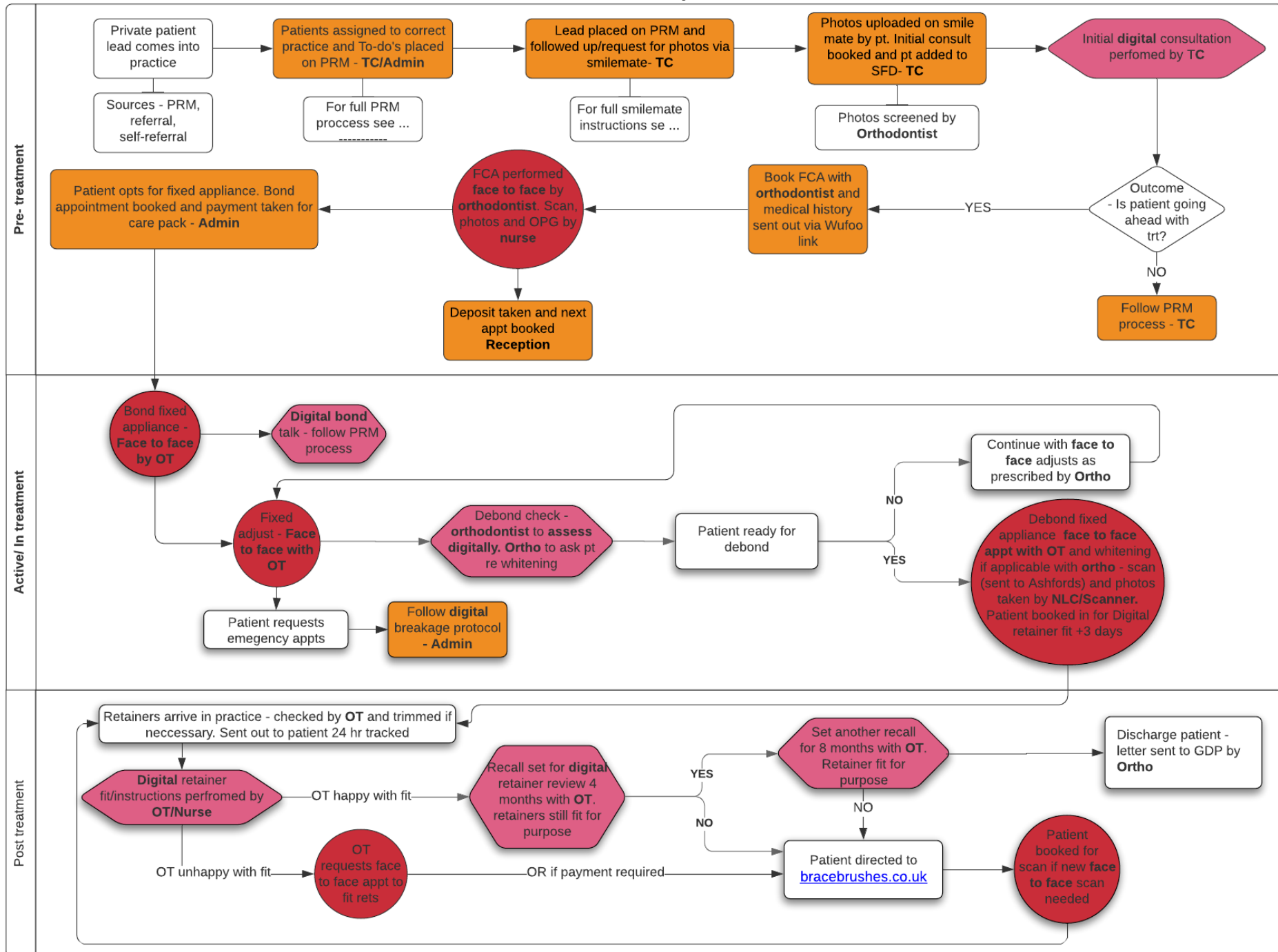
NHS Patient flow



Invisalign patient flow



Private fixed patient flow



[illegible]

Executive Summary: What's Important?

11/11/2019

Big or continuous crush?

11 of 11

Shortness of breath?

10	11
----	----

Persistent pain, pressure, or tightness in the chest?

Site	Year
------	------

Loss or change in sense of smell or taste?

1464 J. H. Garman

... has tested positive for or been diagnosed as having COVID-19?

110

...are still in a period of self-household isolation following possible contact with a COVID-19 positive person?

No.	C
-----	---

...has been advised to self-isolate through NHS track and trace services?

10	2
----	---

...has been advised through NHS track and trace that close contact with a COVID-19 positive individual has been made?

110

[illegible]

Although exposure is unlikely, do you accept (or accept for your child) this risk and consent to enter the clinic / proceed with treatment?

[illegible]

I understand that by submitting this form I am accepting the statements, risks and my responses to be a true statement to the best of my knowledge and to adhere to the guidance set out for attendance at the appointment.

[illegible]

- I would like to receive email updates from Greenway Orthodontics and can confirm I have read and accept the [terms and conditions](#).

[illegible]

Appendix 3

Script for Confirming patient appts

Hi, its ----- calling from Queensway Orthodontics. I am calling to confirm your appointment for tomorrow, but first I need to ask a few questions to make sure your appointment is safe to go ahead.

1. Have you tested positive for COVID-19 in the past 7 days? [If yes when?]
2. Are you waiting for COVID-19 test or the result of one? [If yes when]
3. Do you have any of the following symptoms: New continuous cough, high temperature or fever, Loss or change of taste or smell? [If yes, when did symptoms start]
4. Do you live with anybody who has had symptoms of or been tested positive for COVID-19 in the last 14 days? [if yes when]
5. Have you been notified by test and trace in the last 14 days that you have been in contact with someone with COVID-19? [if yes, notify us when you have been tested?]

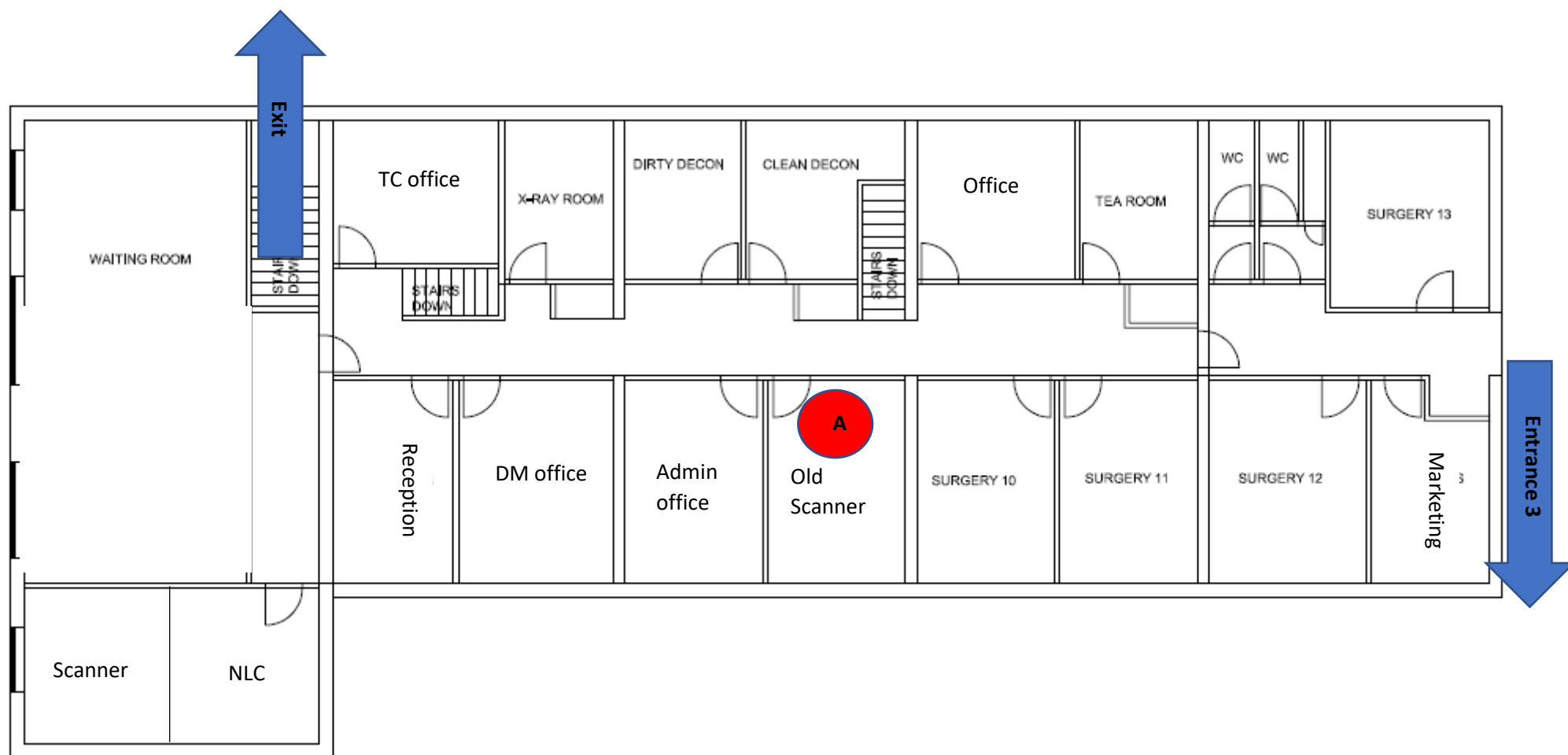
IF PATIENT ANSWERS NO TO ALL QUESTIONS

We are happy to see you in the practice tomorrow at (APPT TIME) we are going to send out an email with more information on for your appt and a medical questionnaire to fill out – this must be done before your appt. Please click the link provided in the reply email to let us know when you are here, stay a safe distance from the practice until you are told to approach. Please request that patients bring their own mask wherever possible.

IF PATIENT ANSWERS YES TO ANY

Unfortunately, due to current government guidelines your appt cannot go ahead tomorrow, we will be in touch with a new appointment when it is safe to do so.

Appendix 4



Appendix 5

¹

	Waiting Room/Reception No Clinical treatment	Sterilisation Technicians	Dental Surgery Non-AGP Treatment	Dental Surgery Treatment involving AGPs
Good hand hygiene	Yes	Yes	Yes	Yes
Disposable gloves	No	Yes*	Yes	Yes
Disposable plastic apron	No	Yes	Yes	No**
Fluid-resistant gown – disposable or re-usable	No	No	No	Yes
Fluid-resistant surgical mask	Yes	Yes	Yes	No
Filtering face piece (FFP3) respirator – disposable or non-disposable	No	No	No***	Yes
Eye protection (visor)	No****	Yes	Yes	Yes

* To continue to use non-disposable heavy duty gloves when cleaning instruments

** Consider use over re-usable gown for AGPs to reduce splatter and allow for sessional use of gown

*** Where staff have access to non-disposable respirators they may choose to wear them for non-AGP treatments if they feel more comfortable

**** Eye protection should be used by reception if dealing with a known COVID positive patient

¹ COVID-19 guidance and standard operating procedure

Queensway Orthodontics SoP V 1.7

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Review date 02/11/2020

Appendix 6



Public Health
England

Putting on personal protective equipment (PPE) for non-aerosol generating procedures (AGPs)*

Please see donning and doffing video to support this guidance: https://youtu.be/-GncQ_ed-9w

Pre-donning instructions:

- Ensure healthcare worker hydrated
- Remove jewellery
- Tie hair back
- Check PPE in the correct size is available

- 1 Perform hand hygiene before putting on PPE.



- 2 Put on apron and tie at waist.



- 3 Put on facemask – position upper straps on the crown of your head, lower strap at nape of neck.



- 4 With both hands, mould the metal strap over the bridge of your nose.



- 5 Don eye protection if required.



- 6 Put on gloves.



Public Health
England

Taking off personal protective equipment (PPE) for non-aerosol generating procedures (AGPs)*

Please see donning and doffing video to support this guidance: https://youtu.be/-GncQ_ed-9w

- PPE should be removed in an order that minimises the risk of self-contamination

- Gloves, aprons (and eye protection if used) should be taken off in the patient's room or cohort area

- 1 Remove gloves. Grasp the outside of glove with the opposite gloved hand; peel off. Hold the removed glove in the remaining gloved hand.



- Slide the fingers of the un-gloved hand under the remaining glove at the wrist. Peel the remaining glove off over the first glove and discard.



- 2 Clean hands.



- 3 Apron.

- Untasten or break apron ties at the neck and let the apron fold down on itself.



- Break ties at waist and fold apron in on itself – do not touch the outside – this will be contaminated. Discard.



- 4 Remove eye protection if worn.

- Use both hands to handle the straps by pulling away from face and discard.



- 5 Clean hands.



- 6 Remove facemask once your clinical work is completed.



- Untie or break bottom ties, followed by top ties or elastic, and remove by handling the ties only. Lean forward slightly. Discard. DO NOT reuse once removed.

- 7 Clean hands with soap and water.



*For the PPE guide for AGPs please see: www.gov.uk/government/publications/covid-19-personal-protective-equipment-use-for-aerosol-generating-procedures

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*For the PPE guide for AGPs please see: www.gov.uk/government/publications/covid-19-personal-protective-equipment-use-for-aerosol-generating-procedures

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Appendix 7

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

Perform hand hygiene before putting on PPE

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



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 8

Risk Assessment and protocols followed relating to face to face care during COVID-19 pandemic

Before arrival

- Patient screened via online (Wufoo) form prior to appointment and confirmed that neither they or anyone in their household has COVID-19 symptoms or has been advised to self-isolate under NHS track and trace. - form submission uploaded into notes. Patient sent information re virtual (Doxy.me) check in when attending for appointment in line with QO SoP
- Patient clinical requirement/appointment has been considered against to Queensway Orthodontics SoP for COVID 19 protocols and deemed appropriate/required for face to face contact in line with phasing of appointments when set against potential public health risk.
- Patient advised that we are adhering to the latest guidance re cross-infection control/PPE, however, social distancing is not possible in a dental healthcare environment so there is still a chance by entering that you could be exposed to an illness.
- Patient made aware that we need to limit aerosol generating procedures for the safety of our team and our patients which may restrict the type of procedures that can be carried out and that this may delay their treatment.

Upon arrival

1. Patient invited into the building in accordance with SoP (on own, no coat, shopping)
2. Pre-screening information confirmed at entrance to practice verbally Patient has confirmed verbally that are happy to proceed and understand the risks of attending for a face to face appointment.
3. Temp checked and recorded - **ENTER TEMPERATURE**
4. COVID-19 status based upon presentation and clinical history (**Please select...**)
5. Patient asked to use hand sanitiser and then to use disposable surgical face mask and refrain from touching any handrails/doors etc
6. Patient taken directly into the treatment room

Treatment

- (**Please select...**)
- All necessary PPE worn prior to patient entering the clinical area and donning and doffing performed following local SOP
- Treatment undertaken - see separate clinical notes
- Once the patient has left the clinical area they were escorted to exit the building immediately to reduce the risk of social contact with other staff members or other patients
- Full decontamination and clean of clinical area undertaken prior to next patient being seen in the same clinical space according to SoP (local and national - FGDP/NHSE OCDO) and HTM0105
- Fallow time for surgery following procedure (**Please select...**)

Appendix 9

Introduction

Please complete all sections in full to allow us to assess your needs and any risks associated with a return to work following the Covid-19 'lockdown'.


We look forward to welcoming you back to work, where our utmost priority is to ensure you are kept as, and feel as safe as possible.

Name

Email

Phone Number

Job role

Please describe your thoughts on returning to work and any concerns or worries you may have? 

Have you been asked to shield by the NHS?

Do you know if you have been in contact with anybody that may have had COVID-19 symptoms in the last 14 days?

Have you been tested for COVID-19? If so, what were the results?

Are you fit and able to return to work?

Do you have any of the following characteristics / pre-existing medical conditions? (Category 1)

- ☐ Older age (over 65 years)
- ☐ Chronic underlying active chronic illness
- ☐ Long-term underlying medical condition
- ☐ Chronic illness (such as heart disease, diabetes, lung disease, asthma, etc.)
- ☐ Having had surgery or other significant medical treatment
- ☐ Having other long-term medical conditions which may affect the immune system, such as organ transplants or HIV/AIDS
- ☐ Have had severe immune system disease in the last 12 months, or who are still taking immunosuppressive drugs
- ☐ Chronic respiratory conditions including asthma, COPD, severe asthma and chronic obstructive pulmonary disease (COPD)
- ☐ Renal disease that significantly increases the risk of infection (such as ESRD, haemodialysis, etc.)
- ☐ On immunosuppressive therapy sufficient to significantly increase risk of infection
- ☐ Pregnant with significant heart disease, organ failure or sequelae
- ☐ Any other condition (not included in this list) which is reported to increase the risk of severe illness from COVID-19
- ☐ NONE OF THE ABOVE

Do you have any of these underlying health conditions, making anyone instructed to get a full scan each year (Category 2)

- ☐ Chronic (long-term) mild to moderate respiratory disease, such as asthma, chronic obstructive pulmonary disease (COPD), emphysema or bronchitis
- ☐ Chronic heart disease, such as heart failure
- ☐ Chronic kidney disease
- ☐ Chronic liver disease, such as hepatitis
- ☐ Chronic neurological conditions, such as Parkinson's disease, motor neuron disease, multiple sclerosis (MS), or an old stroke
- ☐ Diabetes
- ☐ Weakened immune system as the result of conditions such as HIV and AIDS, or medicines such as steroid tablets
- ☐ Severe low weight (a body mass index (BMI) of 16 or below)
- ☐ Pregnant
- ☐ NONE OF THE ABOVE

Does anyone living within your household have conditions that fall into either of the two categories above and been advised to shield at home?

When will you be able to return to work, when we return?

Do you have any other comments relating to your return to work?

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Review date 02/11/2020

Appendix 10

Covid-19 Return to Work Form

This template can be used when team members return to the practice following the Covid-19 pandemic. One form should be completed per team member, to document, evidence and record the return to work discussion.

The return to work meeting is informal, however, should be kept private and confidential in accordance with Data Protection requirements. The form will be retained in the employee's personnel file.

Employee:

Line Manager:

Date:

Day 1 Checklist

To do	Completed/ notes
Welcome back to the practice meeting – discussion of new procedures and working arrangements (amended key policies should be issued)	
Standard operating procedures, updated health and safety procedures and risk assessment explained (i.e. staggered breaks, additional PPE, social distancing, etc.)	
Organisational chart issued and discussed.	
Sickness Absence Policy issued	

Absence record

Dates	Reason for absence (Furlough/ Sickness/ Self-Isolation/ Lay-Off)

Return to work discussion

Discussion points	Notes
How are you feeling on your return to the practice?	
How have you managed over the period of lockdown?	
Do you have any questions or concerns about the	

current situation or your return to work?	
Is there any support that you need from the practice?	
What travel to work arrangements do you have in place?	
Do you know the signs and symptoms to be aware of in relation to the Covid-19 virus?	
Are you aware of the reporting procedures for notifying the practice if you are unwell or have been advised to self-isolate?	
Details of any additional information discussed	

Return to work completed by

Name:

Signature:

Date:

Employee

I confirm that I have discussed my return to work with [] and I understand that this information will be used for the purposes of recording and monitoring the return to the workplace following the Covid-19 pandemic.

Signature:

Date:

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QUEENSWAY
ORTHODONTICS

Appendix 11

Queensway Ortho Staff Sessional Covid Check

All staff to complete at start of every session (personal prog)

Name

First Last

Site

Date

Select a Choice

Recorded temperature

Do you or any member of your household have any of the following symptoms?

New or continuous cough

Feeling feverish / high temperature

Shortness of breath

Persistent pain, pressure or tightness in the chest

Loss or change in sense of smell or taste

Indicate if you or any member of your household...

... has tested positive for or been diagnosed as having COVID-19?

...are still in the self-household isolation period?

...has been advised to self-isolate through NHS track and trace service?

...has been advised through NHS track and trace app that you have been in close contact with a COVID positive individual?

Done

Appendix 12

Daily Usage Record



Name: _____

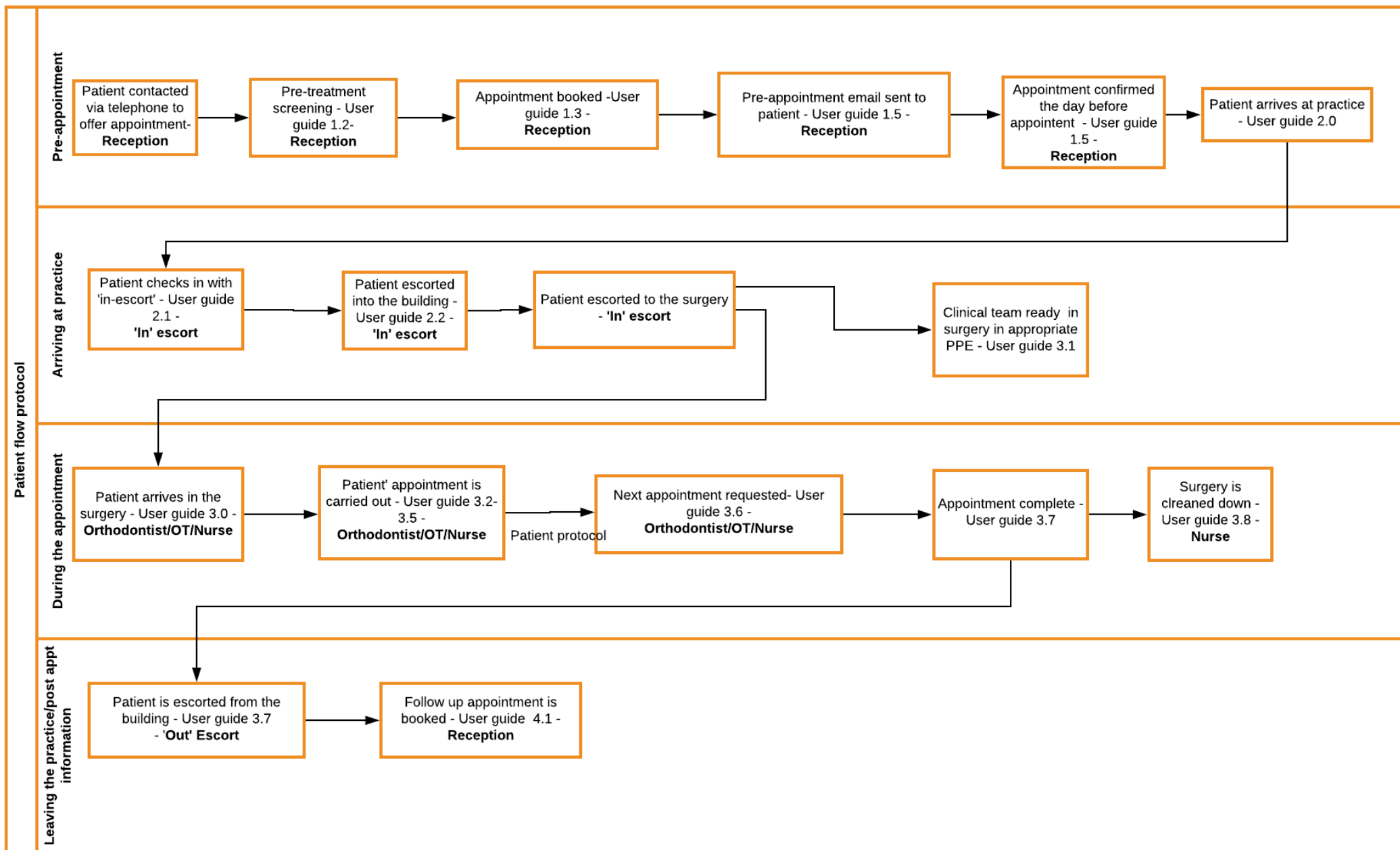
Department: _____

Filters Issued: _____

Date Filters Issued: _____

These filters must be replaced a minimum of every: _____

[illegible]



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<https://corpro.systems/videos/>
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- Gov.co.uk Staying safe outside your home
<https://www.gov.uk/government/publications/staying-alert-and-safe-social-distancing/staying-alert-and-safe-social-distancing-after-4-july>
- Gov.co.uk What you can and can't do
<https://www.gov.uk/government/publications/coronavirus-outbreak-faqs-what-you-can-and-cant-do/coronavirus-outbreak-faqs-what-you-can-and-cant-do>
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