

# **Standard Operating Procedure: Planning for Urgent Dental Care For “Domiciliary and Shielded Patients” During the COVID-19 Pandemic**

## **NHS England and Improvement East of England**

### **Introduction**

With development of the provision of urgent dental care founded in the setting up of Urgent Dental Care systems, there is clear indication that guidance is required for the care of patients in the domiciliary setting and [shielded](#) group.

There will be a number of patients in the shielded group who would not normally fit the domiciliary criteria as set out below. However due to the high risk posed by COVID-19, these patients will require a more thoughtful and joined up provision of care presently and possibly for a longer term. It is therefore important to recognise this current guidance will require review and updating to fit the changes anticipated due to the impact of COVID-19 on future care for shielded patients and domiciliary groups.

### **Criteria for domiciliary care:**

This service is to be delivered to adults and children who are:

- Resident in a nursing/residential care home/hospice or their own home and have limited mobility, long term and/or progressive medical conditions; learning disabilities, mental illness or dementia, causing disorientation and confusion in unfamiliar environments; or increasing frailty who are not able to travel to a dental surgery.
- In the [Shielded](#) category, where care in a surgery may be deemed inappropriate following an appropriate risk assessment and where it is considered the risks to the patient are significantly reduced by them being treated in their own home weighed against the benefits in being treated in an equipped facility.

In some areas the domiciliary service also provides care to hospitalised in-patients. In most cases emergency treatment for hospital in-patients will be met by the Oral and Maxillofacial Surgery team. However, there may be certain circumstances where expertise from a Special Care Dentist may be required. This will be particularly relevant if COVID-19 response has resulted in an extended period of limited access to any dentistry other than urgent dental care. Treatment for hospital in-patients is not currently a criteria for all domiciliary services. This may need to be reconsidered in the future.

Risk assessments will form an imperative part of the pathway to assess, triage, book and undertake a domiciliary visit. These will include staff risk assessments, COVID-19 assessments of the patient and all people in their household and a domiciliary risk assessment covering health and safety aspects of the visit.

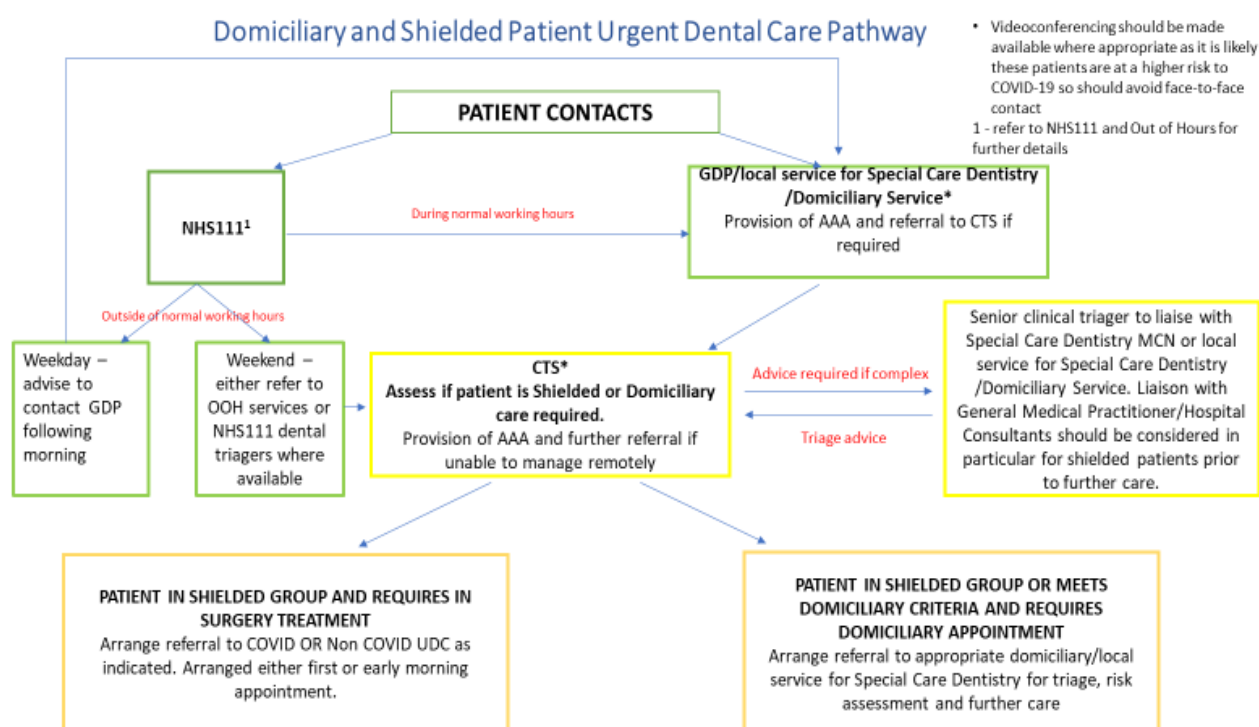


## Pathway for Urgent Dental Care for Domiciliary and Shielded Patients

For patients in the Shielded and wider domiciliary group, as with other urgent care provisions, the following care providers will be involved in the pathway for urgent dental care:

1. Primary dental services
2. NHS111
3. Out Of Hours (OOH) services
4. Clinical Triage Service (CTS)
5. Local service for Special Care Dentistry/Domiciliary Services
6. Urgent Dental Care services (UDC)
7. Emergency Dental Care- immediate referral to relevant services

The following flow diagram integrates these areas of care.



### 1. Primary Dental Services

The first point of call for the majority of patients will be either a General Dental Practitioner, local services for Special Care Dentistry or Domiciliary Services. At this stage the patient will be assessed and treated remotely including provision of the 3As as appropriate. For patients requiring domiciliary care or who meet the shielded group criteria, it is particularly important to consider the use of remote consultation (to include telephone, photographic and video consultations) to minimise those requiring face-to-face intervention in this high-risk group. For further information on

video consultation see BMJ article: [BMJ article](#) and <https://www.nhs.uk/key-information-and-tools/information-governance-guidance/health-care-professionals>.

## 2. NHS111 and Out Of Hours Services

NHS111 and Out Of Hours services will follow similar patterns to that included in the SOP for NHS England And NHS Improvement East of England.

## 3. Clinical Triage Service

A high proportion of shielded patients and those requiring domiciliary care will be under the care of the local Service for Special Care Dentistry which will therefore be the primary point of contact and origin of referral into the CTS. General Dental Practitioners will otherwise be the main referral source, particularly for those in the shielded group. These patients will be triaged by the CTS prior to referral to the most appropriate UDC.

The CTS also have support from local service for Special Care Dentistry and Paediatric Specialists, through their Managed Clinical Networks (MCNs). MCNs are able to organise remote support and advice, if required, through discussion with senior triagers within the CTS. It may be relevant to also liaise with the patients General Medical Practitioner and/or Hospital Consultant if further care in a UDC or domiciliary visit is proposed.

Once the patient has been triaged, and further treatment is deemed absolutely necessary, the CTS will complete an appropriate referral, having also completed a COVID risk assessment. This will be sent to the relevant, appropriate UDC.

At this stage, the Referral Form should provide the following information:

- COVID risk assessment
- **Full and thorough** history of patient complaint
- Updated **comprehensive** medical history.
- All relevant **radiographs/photographs**
- Any discussions with **Special Care Dental Services or Paediatric Specialist or Medical Practitioner** is documented.
- All efforts are attempted to provide a **video consultation**, and this has been documented.

If the CTS deems further treatment is required at either a UDC or a domiciliary appointment this should be discussed carefully with the patient, so all options are pursued and the COVID-19 risks for further care discussed. The risk of attending a UDC must be weighed against the benefit of the visit and discussions with the local service for Special Care Dentistry or Paediatric Specialist and General Medical Practitioner may be required.

The CTS should then refer to the most appropriate service provider which in many cases will be the local service for Special Care Dentistry or Domiciliary Services who will carry out a further triage as above.

The patient will be supported for an appointment and prior to the appointment will receive further contact from the treating dentist or Special Care/Paediatric Dental Specialist or both.

#### **4. Urgent Dental Care Provision including Domiciliary Care**

The designated UDC should follow the received referral with a call/video consultation with the patient as far as practicable. There may also be a need to extend this discussion to others living in their household. When considering a patient attending the UDC, the most appropriate appointment should be provided to the patient at the most appropriate time to reduce patient exposure time as far as reasonably possible. Appointments should bear in mind the need to separate shielded patients both spatially (from dental team not directly involved in providing treatment) and temporally (appointments are provided in a timely manner for example not following treatment of a patient with COVID-19 or having completed an AGP until proficient infection prevention and control measures have been employed). For all patients in the shielded group, the first appointment of the day or an early morning appointment should be considered to avoid potential cross contamination.

Domiciliary care will be provided by those providers who currently offer a domiciliary service. Therefore, it is expected that they will work to their existing Standard Operating Procedure and guidelines, whilst considering national and local guidance.

It is recommended each provider reviews their SOP and takes into account the following factors relevant to COVID-19.

#### **Safe Workings in Care Homes and Domiciliary Care Infection Prevention and Control**

The same principles of in-surgery infection control described in the SOP for NHS England And NHS Improvement East of England will be also followed for domiciliary care, with addition to the following guidance specific to care homes and residential homes:

- Recommended PPE for primary, outpatient, community and social care by setting, NHS and independent sector:  
[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/878750/T2\\_poster\\_Recommended\\_PPE\\_for\\_primary\\_outpatient\\_community\\_and\\_social\\_care\\_by\\_setting.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/878750/T2_poster_Recommended_PPE_for_primary_outpatient_community_and_social_care_by_setting.pdf)
- Personal Protective Equipment (PPE) – Resources for care workers working in care homes during sustained COVID-19 transmission in the England:  
<https://assets.publishing.service.gov.uk/government/uploads/system/uploa>

[ds/attachment\\_data/file/881329/COVID-19 How to work safely in care homes.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/881329/COVID-19_How_to_work_safely_in_care_homes.pdf)

- Personal Protective Equipment (PPE) – resources for care workers delivering homecare (domiciliary care) during sustained COVID-19 transmission in the UK:  
[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/902356/Domiciliary\\_guidance\\_v4\\_20\\_Jul.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/902356/Domiciliary_guidance_v4_20_Jul.pdf)

There may be circumstances where [additional PPE considerations](#) may be necessary and it would therefore be appropriate to risk assess each case to determine the appropriate PPE for each visit whilst taking into account the effect this has on current PPE resources.

For advice and guidance on the use of PPE when providing care for people with learning difficulties, autism and dementia refer to:

- [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/902356/Domiciliary\\_guidance\\_v4\\_20\\_Jul.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/902356/Domiciliary_guidance_v4_20_Jul.pdf)
- <https://www.gov.uk/government/publications/covid-19-supporting-adults-with-learning-disabilities-and-autistic-adults/coronavirus-covid-19-guidance-for-care-staff-supporting-adults-with-learning-disabilities-and-autistic-adults>

Alongside wearing appropriate PPE and carrying out hand hygiene it is important to remember to carry out effective respiratory hygiene – “Catch It, Bin It, Kill It”. Remember to avoid touching your mouth, nose and eyes with your hands.

Please also refer to infection prevention and control measures reviewed in the section below in “Indicative Domiciliary Pathway” for each stage of the appointment

- a. Before the domiciliary appointment
- b. At the domiciliary appointment
- c. Arrival back to clinic

### **Indicative Domiciliary Pathway**

For patients requiring domiciliary care, it is important to recognise care provision on a domiciliary visit is limited depending on the patients’ medical history, their co-operation, the environment and the type of treatment required. It will not be possible to provide AGPs at a domiciliary appointment.

#### **a) Before the domiciliary appointment:**

- Check referral form has a full medical history, full history of patient complaint, COVID-19 status, information from Specialist Dentist and General Medical Practitioner if relevant, radiographs, photos and information from video consultation where possible.

- Discuss and document whether patient has capacity to make an informed decision and relevant discussion with care team/family as appropriate.
- It is important to confirm if there are other residents with COVID-19 symptoms within the patient's home or care home. If so, ask how the residents are being isolated and if the patient has had their temperature taken recently and had any symptoms of COVID-19.
- Complete Domiciliary Risk Assessment, example below, over the phone prior to entry into the home (this may, in part, be required to be completed at the care home).
- Discuss best area to see the patient (this should be a clean, well ventilated areas, preferably not a bedroom, easily accessible to the dental team allowing the least possible contacts within the home. However, for patients who are believed to have COVID-19, it may be preferable to assess them in their self-isolating room).
- If a patient requires to be seen in their bedroom, ensure the room is well ventilated prior to arrival and discuss options of best access to the patient to avoid other residents/carers.
- Any ceiling or floor fans should be turned off during examination to prevent potential spread of aerosols and droplets.
- Discuss and risk assess best area to Don and Doff PPE. You need to don your PPE at least two meters away from the patient and anyone in the household with a cough.
- Confirm the patient should not have another member of staff or family present in the room during treatment unless the patient has a complex care need e.g. learning disability, dementia that means they require a carer present.
- If a carer is present, request that the carer is wearing appropriate PPE during the visit (dental team will bring a fluid resistant face mask, apron and gloves with them if these are not available at the property).
- Confirm the most appropriate contact telephone number and advise the dentist will phone once outside the property.
- Discussion of case between dentist and dental nurse due to attend the visit (in most cases one dentist and one dental nurse will attend the domiciliary visit, however in specific instances lone working may be considered. We would advise individuals to work to their existing lone-working guidelines available within each organisation).
- Agree equipment required, this should be kept to a minimum and placed in a sealed plastic container and placed in the car. See below for full list of possible equipment.
- Agree PPE requirements for each individual domiciliary case.
- The dentist and dental nurse should change from their clinic scrubs into clean domiciliary scrubs and perform hand hygiene before leaving the clinic.
- Both members of staff should travel separately if possible, depending on appropriate car insurance being in place.

- The patient/carer should be provided with an approximate time of arrival, so they are ready and waiting. Also advise they will need to open doors and direct you to the appropriate consultation area.
- If key safe access, ensure the dental team member uses gloves; once inside the house, place gloves in clinical waste bag. Do the same on the way out.
- An appropriate and relevant patient charge should be considered and, where applicable, collected prior to the visit. Electronic payment should be used where possible to avoid handling cash.
- Where appropriate, paperwork should be completed either prior to or after the domiciliary appointment.
- Advise reception staff when you leave the clinic and approximate time of return.

**b) At the domiciliary appointment**

- Upon arrival, the previously agreed phone number should be telephoned to advise that you have arrived at the property.
- On leaving your vehicle, use alcohol gel for 20 seconds and wear a fluid resistant face mask to enter the property.
- On entering the property Wash hands if possible, if unable to wash hands, clean hands with alcohol gel for 20 seconds.
- Don PPE in the most appropriate place, in a different room to the patient if possible or at least 2 metres away from them.
- Where available, ask a carer/member of staff/other to open the door and direct you to the consultation area adhering to social distancing. If the carer/member of staff is unable to adhere to social distancing advice, they should be wearing the correct PPE (the dental team should take spare fluid resistant face masks, apron and gloves with them in case these are not available at the property).
- Have your photographic ID in a sealed transparent bag to avoid unnecessary surface contacts. The bag can be disposed of along with PPE after the visit.
- If a staff member needs to be present with the patient, ensure they wear appropriate PPE prior to entering the patient's room.
- If practical household members with respiratory symptoms should remain outside of the room. If they need to be present in room they will need to adhere to social distancing rules.
- Patient should be sitting in the pre-arranged consultation area.
- If the patient has sufficient co-operation and no allergies/sensitivities to alcohol gel, the dental staff should put alcohol gel into the patient's hands and ask the patient to apply it all over their hands for 20 seconds.

**CAUTION; if patient is on continuous home oxygen, alcohol gel should not be used near the oxygen source.**

- The patient's medical history should be confirmed. A paper copy of the medical history should be available in a clear sealed bag. The clear bag can be disposed of after the visit.
- If cooperation allows and there are no contraindications, use of a pre-operative 1% hydrogen peroxide or 0.2% povidone-iodine mouthwash by the patient should be considered prior to treatment.
- The dental nurse should set out all equipment that may be required onto a clear clean surface, prior to commencing treatment, clearly segregating a clean and dirty area.
- If further equipment is required during treatment, the dental nurse needs to Doff gloves and apron, wash hands or use alcohol gel prior to placing on new gloves, apron and acquiring further equipment required.
- Once treatment has been completed, the dental nurse needs to Doff gloves and apron, wash hands or use alcohol gel prior to placing on new gloves and apron.
- The clean equipment and instruments should be cleared prior to any contaminated equipment in appropriate sealed clean and dirty transportation boxes.
- The work area should be cleaned as appropriate.
- The dental staff should put alcohol gel into the patient's hands and ask the patient to apply it all over their hands for 20 seconds (**CAUTION; if patient is on home oxygen, has allergy/sensitivity to alcohol gel or unable to cooperate with this**).
- Gloves should now be removed and placed in the clinical waste bag and a new pair of gloves put on.
- Where available, care home staff should be asked to open all doors upon exit.
- The dentist and dental nurse should leave the property and then remove PPE, adhering to Doffing guidance, into a second clinical waste bag. Clean hands with alcohol gel. A clean pair of gloves should be worn to place clinical waste bags and instrument transportation boxes into clean waste bags and then into the car.
- The dental staff should clean hands with alcohol gel prior to opening the car boot.
- Waste from people with symptoms of COVID-19, waste from cleaning of areas where they have been (including disposable cloths and used tissues) and PPE waste from their care should be put in a plastic rubbish bag and tied when full. The plastic bag should then be placed in a second bin bag and tied. It should be put in a suitable and secure place and marked for storage for 72 hours. Waste should be stored safely and securely on return to the clinic away from communal areas. (Storing for 72 hours saves unnecessary waste movements and minimises the risk to waste operatives).

### c) Arrival back to clinic



- Take all equipment back into the clinic from the car.
- If required – place waste in segregated area for 72 hours recording the date and time clearly on the waste.
- Wash hands and place on a new pair of gloves.
- Wipe down any surfaces that have been touched in the car with an antibacterial wipe and dispose of wipe in clinic.
- Once inside the clinic, change out of domiciliary scrubs and perform hand hygiene.
- Wearing a new pair of scrubs, apron and gloves, unpack domiciliary equipment, unpacking clean equipment first and then the dirty equipment.
- A clean nurse should restock domiciliary kit as required.
- Write up all clinical records, Referral Forms and Patient Care Records, where appropriate.
- All data should be submitted to the relevant email address.
- Arrange follow up call to patient if appropriate.
- Uniforms should be laundered separately from other household linen and at the maximum temperature the fabric can tolerate then ironed or tumble dried.

## **Multidisciplinary Care Pathway for the Shielded Patient Group**

For those in the shielded category and further care is deemed necessary at either an UDC or domiciliary appointment, it is essential all other health professionals involved in the care for this patient are also informed. It may be appropriate if review/treatment is planned by other health care professions (non-dental), for this to be carried out by the treating dentist to avoid additional face-to-face contact. This will not always be appropriate however should be considered to minimise unnecessary risk to this group. The same also applies following treatment by the dentist, if a face-to-face review is deemed necessary, this may be arranged with another health care professional (non-dental) already due to see the patient.

## **Indicative Urgent Dental Care Centre Pathway**

See SOP for NHS England and NHS Improvement East of England.

## **Additional information**

### [Risk reduction framework for NHS staff at risk of COVID-19 infection](#)

Guidance on shielding and protecting people who are clinically extremely vulnerable to COVID19:<https://www.gov.uk/government/publications/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19>

## Suggested Risk Assessment for Domiciliary Appointments

This form is to be filled by the clinician prior to attending a domiciliary visit. Domiciliary providers may use risk assessment forms from their local SOP and take into account factors relevant to COVID-19. Every effort should be made to complete the form over the phone with the patient/care team/care team manager. Any details not filled in should be checked when at the residence.

<b>Domiciliary Visit Risk assessment</b>	
<b>Patient name</b>	
<b>Address</b>	
<b>Phone number</b>	
<b>No. of persons living in the premises</b>	
<b>Understanding and Communication</b> - are additional communication needs required? – if so please comment	
<b>COVID-19 risk assessment of patient</b> – asymptomatic, symptomatic, shielded, vulnerable	
<b>Is there anyone in care home with COVID-19 symptoms</b> – please provide further details and additional measures required	
<b>Possible Treatment Problems</b> e.g. medical history, behavioural, cognitive issues	
<b>Support and Aftercare</b> Is there an appropriate level of social support and aftercare?	
<b>Others People Present</b> Will a carer, relative, support worker etc be present – this must be kept to an absolute minimum for shielded patients? Will they be able to socially distance?	
<b>External Access Hazards</b> e.g. access via alley, poor paths, stairs, lift out of action	
<b>External Lighting Hazards</b> e.g. lack of or inadequate street lighting, poorly lit access	
<b>Internal Access Hazards</b> e.g. Steep/narrow stairs, trip hazards	
<b>Fire hazards</b> e.g. smokers on premises, potable gas heaters	
<b>Slip, Trip and Fall</b> e.g. slippery floors, items on floor, wires	

<b>Electrical Hazards</b> e.g. frayed cables, damaged plugs, extension cables	
<b>Animal Hazards</b> Will there be any pets on the premises or within the treatment area?	
<b>Furniture Hazard</b> e.g. blocking pathways or access to patient	
<b>Space Hazard</b> e.g. Will there be sufficient space to enable the treatment of the patient in an appropriate manner and with privacy and dignity?	
<b>Appropriate Space to Don and Doff PPE discussed.</b> Please provide further details.	
<b>Additional Comments</b>	
<b>Assessment Outcome</b> Green – no significant issues, Amber – comments must be read before visiting patient or Red – anyone visiting the patient or premises must contact patient/care team to discuss hazards in advance of visit	Green - <input type="checkbox"/> Amber - <input type="checkbox"/> Red - <input type="checkbox"/>
<b>Name of assessor</b>	
<b>Date of Completion</b>	
<b>Signature</b>	

Adapted from All Wales Special Interest Group - 2006

## **Suggested domiciliary equipment list**

This is intended to be a useful guide and is not prescriptive. Other items may be included according to individual need and preference. Domiciliary providers may use an equipment list from their local SOP and take into account factors relevant to COVID-19. Only items considered necessary by prior assessment and triage should be taken to limit associated risks.

All equipment should be carried in an appropriately labelled, hard container with a secure lid. A separate box should be used for any contaminated equipment with an appropriate label warning that the contents are contaminated. A separate secure sharps box should also be carried.

The dentist should also carry the necessary equipment to deal with medical emergencies that may arise during the visit. Please review [Resuscitation Council \(UK\) guidelines](#) and [PHE guidance regarding Cardiopulmonary Resuscitation as an AGP](#). Wherever possible, use disposable items.

### **General Kit**

- Portable light
- Portable suction
- Examination instruments for initial assessment visits e.g. mirror and probe
- Finger Guard
- Infection control items and equipment:
  - Gloves
  - Masks/face visors
  - Protective clothing for dentist and nurse e.g. plastic aprons
  - Sharps disposal
  - Alcohol gel
  - Plastic over-sheaths/cling film
  - Disinfection wipes
  - Waste bags
  - Paper towels, rolls, tissues
  - Dirty instrument-carrying receptacle with secure lid
- Protective spectacles/bib for patient
- Relevant PPE for dentist and support staff
- Emergency equipment/ drugs kit / oxygen
- A Portable X-ray machine (compliant with IRR 1999) is desirable but not essential.

### **Administrative Items**

- Identification badge
- 2 pre-stamped prescriptions (to be secured in transit and to be re-secured on return to UDC)
- Mobile phone
- Pen
- Satellite Navigation system
- Change for parking

Laminated Post-op instruction leaflets

**Conservation kit**

Portable unit (motor and suction)  
Slow speed handpieces and burs  
Syringes  
Mirrors  
Conservation instruments and tray  
Temporary dressing materials  
Restorative materials  
Matrix bands  
Gauze  
Cotton wool rolls and pellets  
Vaseline  
Local anaesthetic cartridges  
Topical anaesthetic cream/spray

**Periodontal kit**

Hand scalers

**Surgical kit**

Syringes  
Mirrors  
Forceps  
Elevators/luxators  
Instruments and sutures for suturing  
Haemostatic agents  
Bite packs  
Dry socket medicament e.g. Alvogyl  
Local anaesthetic cartridges  
Topical anaesthetic cream/spray  
Cotton wool rolls

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