## Checklist for Preparation for Reopening NHS Dental Service

In order to support practices in their preparation for reopening, NHS England and NHS Improvement has put together a simple checklist which we hope you will find useful. It is based on that produced by [SDCEP](http://www.sdcep.org.uk/published-guidance/covid-19-practice-recovery/) and supported by:

* The **Novel coronavirus (COVID-19) local guidance and standard operating procedure Urgent dental care (East Midlands)**



* The **West Midlands Local Guidance for Urgent Dental Care Centres**

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* **Chief Dental Officer letter “prompt to prepare”**

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| **Action** | **Completed** | **Comments** |
| **Practice Considerations** | | |
| 1. **Premises** | | |
| 1.1 Carry out a risk assessment of the practice to identify the measures required to minimise the risk of COVID-19 transmission |  | This should include premises, protocols and procedures.  Further information is available from the [Health and Safety Executive.](https://www.hse.gov.uk/news/assets/docs/working-safely-guide.pdf) |
| 1.2 Clean the practice thoroughly and remove any clutter to facilitate frequent cleaning and disinfection |  |  |
| 1.3 Run water through pipes and taps in surgeries, kitchen, bathrooms, showers etc. |  | Consider how frequently water has been run while the practice was closed in determining how long to run the taps for. In order to avoid splashback, do not open taps fully to start with. |
| 1.4 Place posters and signage in the practice e.g. hand and respiratory hygiene |  | [Respiratory hygiene poster](https://www.england.nhs.uk/south/wp-content/uploads/sites/6/2017/09/catch-bin-kill.pdf)  [Handwash poster](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/886217/Best_practice_hand_wash.pdf)  [Handrub poster](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/886216/Best_practice_hand_rub.pdf) |
| 1.5 Plan hand hygiene facilities for patients e.g. handwashing sinks for those unable to use alcohol based hand rub (ABHR) or ABHR |  | Air hand dryers should not be used at this time. |
| 1.6 Ensure supplies for hand and respiratory hygiene are available at practice entrance, reception areas, waiting room and surgeries |  |  |
| 1.7 Plan how to facilitate physical (social) distancing in reception, waiting room and other communal areas including at the entrance to the practice i.e. practice car-park or pavement |  | For example, marking out physical (social) distancing spacing, use of physical barriers/screens, removing chairs, chalking car-park or pavement. |
| 1.8 Plan utilization of surgery space to accommodate non AGP and AGP procedures including donning and doffing facilities for AGPs |  |  |
| 1.9 Cancel redirection of mail and deliveries. Devise a protocol for receiving mail and deliveries |  |  |
| 1.10 Test fire alarm |  |  |
| **2. Plant and equipment** | | |
| 2.1 Reconnect compressor as per manufacturer’s instructions. Turn on mains electricity, close drains, turn compressor on. Perform any housekeeping and maintenance testing |  | It might be necessary to seek advice from your supplier or maintenance provider. |
| 2.2 Carry out safety and quality assurance checks on radiographic equipment |  |  |
| 2.3 Test the Automated External Defibrillator (AED) |  |  |
| 2.4 Check emergency drug kit for expiry dates |  | Ensure any oxygen cylinders loaned out during shutdown have been returned or replaced. |
| 2.5 Ensure rechargeable items are fully charged and operational |  |  |
| 2.6 If the practice has a drinking water dispenser for staff use, recommission as per manufacturer’s instructions |  | If this is in a patient accessible area, remove or relocate to a non-public area. |
| 2.7 Check for and install computer software updates. |  | Investigate possible IT options to facilitate physical (social) distancing e.g. patient accessible portals to allow patients to update medical history remotely. |
| **3. Local Decontamination Units** | | |
| 3.1 Reconnect washer-disinfector to mains electricity (if it has been electrically isolated), prepare for use and run tests as per manufacturer’s instructions |  | It might be necessary to seek advice from your supplier or maintenance provider. |
| 3.2 Reconnect steriliser to mains electricity, prepare for use and run tests as per manufacturer’s instructions |  | It might be necessary to seek advice from your supplier or maintenance provider. |
| 3.3 Reconnect ultrasonic bath to mains electricity, prepare for use and run tests as per manufacturer’s instructions |  |  |
| 3.4 Reconnect Reverse Osmosis (RO) machine to mains electricity and prepare for use as per manufacturer’s instructions |  | Replace filter if required. |
| **4. Surgery** | | |
| 4.1 Check operation of chair and light functions. Open air and water lines to unit |  |  |
| 4.2 Flush dental unit water lines with biocidal as per manufacturer’s instructions |  | Consult your supplier or maintenance provider if there are any queries regarding manufacturer’s instructions or concerns regarding water quality e.g. odour or discolouration.  Ensure handpieces are removed while flushing lines. |
| 4.3 Clean and lubricate couplings and air motors then reconnect, as per manufacturer’s instructions |  |  |
| 4.4 Test handpieces for functionality. |  | AGPs should be avoided where possible. |
| 4.5 Test suction system. Run cleaning solution through hoses. Check that the cup fill, bowl flush and spittoon have water flowing |  | Consider replacing suction and spittoon filters and record when this is done. |
| 4.6 Check dental materials for expiry date and order as required |  | Consider supply chain and likely availability. |
| 4.7 Check stocks of supplies and consumables and order as required |  | This may include extra instruments and consumables e.g. hand scalers and rubber dam.  Consider supply chain and likely availability of, for example, disinfectant products and PPE. |
| 4.8 Reprocess instruments prior to returning them to use |  |  |
| 4.9 Organise engineer visits for maintenance and testing as required |  | This may include inspection, revalidation and routine maintenance visits that were due while the practice was closed |
| **5. Practice policy/procedures** | | |
| 5.1 Develop procedures for returning to practice, including:  For ease of team reference consider documenting some or all of these processes. | | |
| * Practice plan for phased resumption of services |  | Identify risks and issues; with timeframe of progression |
| * Use of RMS system for onward referral |  | This may be subject to change in a short space of time and practitioners are urged to regularly check nhs.net for updates  See **Novel coronavirus (COVID-19) local guidance and standard operating procedure Urgent dental care (East Midlands)**  See **West Midlands Local Guidance for Urgent Dental Care Centres** |
| * Ensure staff are familiar with current data collection requirements on Compass for triage patients and workforce |  |  |
| * Patient movement/journey through the practice |  | Consider chaperoning the patient during their entire journey through the practice. |
| * Patient appointment scheduling |  |  |
| * Remote patient triage prior to attendance |  |  |
| * Medical history completion |  | Try to facilitate this being done remotely where possible. |
| * COVID-19 assessment |  | See slide 52 in accompanying Presentation Pack on Resumption of NHS Dental Services |
| * Use of PPE for non AGP and AGP procedures including risk assessment for sessional use |  | See **Novel coronavirus (COVID-19) local guidance and standard operating procedure Urgent dental care (East Midlands)**  See **West Midlands Local Guidance for Urgent Dental Care Centres** |
| * Treatment protocols |  | **Clinical Guidance for England** expected and to be forwarded on receipt |
| * + Cleaning procedures: * Environmental cleaning for non AGP and AGP procedures. * Standard Infection Control Precautions * Transmission based precautions |  | It may be useful to create a list of surfaces and areas that require more frequent cleaning than previously. This can be added to the practice cleaning schedule. |
| * Treatment payment options and/or exemption evidence |  | Contactless payment is the most straightforward approach for most cases.  Any cash should be handed over in a plastic bag.  If the practice is taking payment over the telephone, check with your card payment facilitator that this does not impact on PCI DSS (Payment Card Industry Data Security Standard) compliance if it is a requirement of your agreement with them. |
| * Use of toilet facilities |  | Consider making toilet facilities for emergency use only. Decontaminate immediately after use. |
| * Staff working patterns |  | Ensure plans are resilient to cope with expected and unexpected absence due to pandemic. |
| * Team communication |  |  |
| * Team reporting of COVID-19 status |  |  |
| * Dealing with known or suspected COVID-19 symptoms in practice |  |  |
| * Laundry |  |  |
| * CPR |  |  |
| 5.2 Review and update  continuity plan with  required amendments |  |  |
| 5.3 Inform external providers  e.g. insurance company,  indemnity provider, waste  contractors, IT provider,  pharmacy, suppliers,  maintenance contractors,  dental laboratories,  utilities and telecoms of  practice reopening date |  |  |
| **Staff Considerations** | | |
| **1. Risk assessment/screening** |  |  |
| 1.1 Risk assess staff who are clinically vulnerable, shielded and/or BAME and make appropriate working arrangements for them. Risk assessment should include staff isolating with clinically vulnerable and shielded population groups |  | BAME risk-assessment:  <https://www.fom.ac.uk/wp-content/uploads/Risk-Reduction-Framework-for-NHS-staff-at-risk-of-COVID-19-infection-12-05-20.pdf>  <https://www.nhsemployers.org/covid19/health-safety-and-wellbeing/risk-assessments-for-staff> |
| **2. Training** | | |
| 2.1 Ensure that staff undergo training to prepare for changes to practice processes, including:  See Section 4.4 of [SDCEP Resuming General Dental Services Following COVID-19 Shutdown](http://www.sdcep.org.uk/covid-19-practice-recovery/) guide | | |
| * Infection prevention and control |  |  |
| * Decontamination processes |  |  |
| * Donning and doffing of PPE for non AGP and AGP procedures |  |  |
| * Scenario based training for patient management and procedures |  |  |
| * IT training e.g. tele-dentistry software and use of any triage custom screens or templates |  |  |
| * Administrative tasks including any changes to payment methods and appointment protocols |  |  |
| **3.Wellbeing** | | |
| 3.1 Ensure mechanisms are in place to support staff health and wellbeing, including: | | |
| * Checking local occupational health contacts and COVID-19 protocols |  |  |
| * Devising a protocol for all staff to follow if they or someone they live with develops symptoms, including whether they should apply for a COVID-19 test |  | [NHS Testing](https://www.gov.uk/apply-coronavirus-test-essential-workers) |
| * Putting tools in place to facilitate effective staff communication whilst working in “clinical bubbles” |  | See SDCEP guidance for definition of ‘clinical bubble’.  For example, continued group chats/video conferencing or other mechanism. |
| * Making staff aware of available resources e.g. mental health, resilience, self-care |  | [Looking after you too](https://people.nhs.uk/lookingafteryoutoo/) |
| 3.2 Check if there is information relevant to this phase of return available from your indemnity provider |  |  |
| **Patient Considerations** | | |
| **1. Communication** | | |
| 1.1 Review the list of patients that contacted the practice during closure and begin to book **urgent** appointments, prioritising these on the basis of clinical need and available treatments |  | Continue to change/cancel upcoming routine appointments as necessary in line with practice’s plan for phased resumption of services. |
| 1.2 Check NHS email accounts daily for updates from NHSEI or other organisations e.g. PHE. Ensure any updates are communicated to patients and staff as appropriate |  | This may include updating answer machine, website and social media posts. |
| 1.3 Update patient communications (answer machine, website, social media) to advise reopening changes (treatment options, requirement to book appointments in advance etc). Include details of out-of-hours service |  | Consider sending all patients a letter/email/text to advise of changes to practice in line with practice’s plan for phased resumption of services in order to manage patient expectations. |
| 1.4 Devise a method of tracking patient progression with treatment, so that you can monitor those awaiting AGPs |  | This will need to be in line with practice’s plan for phased resumption of services. Consideration may need to be given to follow-up for patients seen in other Centres. |
| 1.5 Prepare advice for patients on what to do/expect when attending the practice for an appointment |  | This will be based around the protocols you have devised. |
| 1.6 Place a sign(s) on door/window stating that patients with suspected or confirmed COVID-19 should not enter the practice, and indicating that the practice is only open for patients with a pre-arranged appointment. Include details of how to contact the practice |  |  |
| 1.7 Ensure facilities are in place to support patient access |  | Check virtual access to interpretation (including British Sign Language) support and disabled access process |
| 1.8 Ensure Zero tolerance notice is displayed prominently |  | Staff to be aware that patients may be particularly stressed due to the current restrictions on available services. |