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Dental framework – Supporting Guidance for Primary and Community Care Dental Settings

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# Introduction

In our continuing transition back to pre-pandemic IPC measures, the principles to which your practices should now deliver care are contained in the National Infection Prevention and control Manual (NIPCM) <https://www.england.nhs.uk/publication/national-infection-prevention-and-control/>

Practices will be very familiar with the Standard Infection Prevention and Control (SICPs) measures detailed in the Manual and should note the on-going additional Transmission Based Precautions (TBPs) which should be adopted for the management of higher risk keeping your patients, your staff and in particular your vulnerable groups safe.

However, we must remain vigilant to the risks and impacts of existing and emerging pathogens and consider the associated measures for their management in dental practice settings. A dental framework has been designed to support practices in identifying hazards and risks with guidance on measures that should be maintained as we move to new, improved, and safer ways of working. In balancing risks appropriately, the framework provides a consistent handrail applicable to the generic dental practice environment. Additionally, practices may also wish to take local advice from Regional IPC Leads and their Regional Public Health Team.

## Framework for dental settings (non-secondary care) for respiratory pathogens, based on the Hierarchy of Controls

Purpose: to support dental organisations and employers assessing risk and managing infectious agents based on the measures as prioritised in the hierarchy of controls.

This includes:

A set of suggested risk mitigation measures prioritised in the order: elimination, substitution, engineering, administrative controls, and personal protective equipment [PPE] (including Respiratory Protective Equipment [RPE]).

Risk assessments must be carried out by a competent person with the skills, knowledge, and experience to be able to recognise what must be done to control the risk from the hazards associated with respiratory infectious agents. This can be the employer, or a person specifically appointed to complete the risk assessment.

During development and on completion the risk assessment needs to be communicated to all staff and employees. The risk assessment can be used to populate local risk management systems. [Risk assessment: Steps needed to manage risk - HSE](https://www.hse.gov.uk/simple-health-safety/risk/steps-needed-to-manage-risk.htm), [Managing for health and safety (hse.gov.uk)](https://www.hse.gov.uk/pubns/priced/hsg65.pdf)

Additionally, there is a need to regularly monitor the effectiveness of the identified control measures implemented and periodically review the assessment document.

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| Trust/organisation name | Date of initial assessment | Assessor’s name | Date of review |

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| **What are the hazards?** **What are the risks associated with the identified harm?** | **Who might be harmed and how?** | **Standard required** | **Gaps identified – what further action do you need to take to control the risks?** |
| **Contracting or spreading seasonal respiratory viral infections:**  **SARs-CoV-2**  **Influenza**  **RSV** | **Patients**  **Staff**  **Contractors**  **Visitors/Other accompanying person/carer** | **Regularly Monitor and Review:**  Community prevalence of infections  New variants of concern  Number of outbreaks.  **Regularly Monitor and Review:**  Organisational Operational Capacity eg  Staff absence  Number of face-to-face contacts  Vulnerability of staff members |  |
| **Contracting or spreading seasonal respiratory viral infections:**  **SARs-CoV-2**  **Influenza**  **RSV** | **Patients**  **Staff**  **Contractors**  **Visitors/other accompanying persons/carers** | **ELIMINATION**  (Physically remove the hazard)  Redesign the activity such that the risk of encountering the infectionis removed or eliminated, eg   * defer treatment until patient is no longer unwell * delay AGPs where possible on higher risk patients until their risk has reduced.   **Key mitigations:**  Systems are in place to ensure that:  **PATIENTS:**   * patients are asked not to attend the setting if they have symptoms of respiratory infection * people accompanying patients are asked not to attend the setting if they have symptoms of respiratory infection * By Whom: * clinical staff who are trained and competent in the application of clinical case definitions * When:   before the patient’s appointment: eg Call, text, use app or online form for patients prior to appointment to check that they have no symptom or as soon as the patient arrives   * Why: * to inform if patient needs to be deferred, or allocation of TBPs. * Vigilance by reception staff and where necessary triaging of patients on arrival * For patients with symptoms of respiratory infection, where treatment is not urgent consider delaying this until resolution of symptoms providing this does not impact negatively on patient outcomes or consider virtual alternatives to support diagnosis and treatment. * Patients who are known or suspected to be positive with a respiratory pathogen including COVID-19 and whose treatment cannot be deferred should receive care from services who are able to operate in a way which minimises the risk of spread of the virus to other patients. * Services may still consider the limited use of virtual consultations (telephone or video) and offering these where appropriate to patients with a suspected or confirmed respiratory infection.   **STAFF**  Systems are in place to ensure:   * that staff follow current guidance for testing protocols: [C1662\_covid-testing-in-periods-of-low-prevalence.pdf (england.nhs.uk)](https://www.england.nhs.uk/wp-content/uploads/2022/08/C1662_covid-testing-in-periods-of-low-prevalence.pdf) * have had the appropriate health checks to undertake their role; (Criteria 10, Health and Social Care Act Code of Practice) * Staff who are immunocompromised/pregnant should have a risk assessment undertaken to identify health and care staff who may be at high risk of complications from infectious agents - this could be via occupational health/GP. [Risk assessments for staff | NHS Employers](https://www.nhsemployers.org/articles/risk-assessments-staff) |  |
| **Contracting or spreading seasonal respiratory viral infections:**  **SARs-CoV-2**  **Influenza**  **RSV** | **Patients**  **Staff**  **Contractors**  **Visitors/Other accompanying person/carer** | **SUBSTITUTION**  (Replace the hazard)  Replace the hazard with one that reduces the risk.  **Key mitigations:**  This is not directly applicable or possible for healthcare to achieve as treatment needs to be carried out, so emphasis needs to be on the mitigating risks via other controls. |  |
| **Contracting or spreading seasonal respiratory viral infections:**  **SARs-CoV-2**  **Influenza**  **RSV** | **Patients**  **Staff**  **Contractors**  **Visitors/Other accompanying person/carer** | **ENGINEERING**  (Control, mitigate or isolate people from the hazard)  Design measures that help control or mitigate risks, such as barriers, and screens.  Priority should be given to measures that provide collective protection rather than those that just protect individuals or a small group of people.  **Key mitigations:**  Systems are in place to ensure:   * Ensure adequate ventilation systems are in place i.e. Mechanical/or natural * national recommendations for minimum air changes are met as defined for the care area. * Identify and take action to mitigate the risk for areas (clinical and non-clinical) which are poorly ventilated or where existing ventilation systems are inadequate.   Maintenance and monitoring of ventilation systems should be in place to ensure that they remain effective and continue to provide the expected performance.  [Ventilation to reduce the spread of respiratory infections, including COVID-19 - GOV.UK (www.gov.uk)](https://www.gov.uk/guidance/ventilation-to-reduce-the-spread-of-respiratory-infections-including-covid-19)   * Dilute air with natural ventilation by opening windows and doors where appropriate * If considering screens/partitions in reception/ waiting areas to ensure air flow is not affected and cleaning schedules are in place. Where a clinical space has very low air changes and it is not practical to increase dilution effectively then consider alternative technologies with appropriate specialist advice [Ventilation in the workplace (hse.gov.uk)](https://www.hse.gov.uk/ventilation/) * The provision of additional hand hygiene stations (alcohol - based hand rub) and signage – to ensure good hygiene practices in staff, patients, and visitors. |  |
| **Contracting or spreading seasonal respiratory viral infections:**  **SARs-CoV-2**  **Influenza**  **RSV** | **Patients**  **Staff**  **Contractors**  **Visitors/Other accompanying person/carer** | **ADMINISTRATIVE** controls (Change the way people work)  Administrative controls are implemented at an organisational level (eg The design, appropriate processes, systems and engineering controls and provision and use of suitable work equipment and materials) to help prevent the introduction of infection and to control and limit the transmission of infection in healthcare.  **Key mitigations:**  Systems in place to ensure that:   * processes are in place to enable patients to report symptoms of respiratory infection prior to attendance at the setting * separation in space and/or time is maintained between patients with and those without suspected or known respiratory infection by appointment or clinic scheduling to reduce waiting times in reception areas and avoid cross-over of infectious and non-infectious patients. * There is provision of appropriate infection prevention and control education and training for staff, patients, and visitors and compliance is monitored. * Ensure regular cleaning regimes are followed and compliance is monitored * Staff and patients should comply with current public health measures. * Hand hygiene policy, education and reminders. |  |
| **Contracting or spreading seasonal respiratory viral infections:**  **SARs-CoV-2**  **Influenza**  **RSV** | **Patients**  **Staff**  **Contractors**  **Visitors/Other accompanying person/carer** | **PPE/RPE**  (Protect the worker with personal protective clothing)  PPE (Personal Protective Equipment) and RPE (respiratory protective equipment)  Employers are under a legal obligation, under the Control of substances Hazardous to Health Regulations (COSHH) 2002, to adequately control the risk of exposure to hazardous substances where exposure cannot be prevented. [Control of substances hazardous to health (Sixth edition) - L5 (hse.gov.uk)](https://www.hse.gov.uk/pubns/books/l5.htm)  PPE must be worn when exposure to blood and other body fluids, non-intact skin or mucous membranes is anticipated or in line with Standard Infection Control Precautions and Transmission Based Precautions [C1244\_National-infection-prevention-and-control-manual-for-England\_April-2022\_v1.1.pdf](https://www.england.nhs.uk/wp-content/uploads/2019/03/C1244_National-infection-prevention-and-control-manual-for-England_April-2022_v1.1.pdf)  PPE is required for protection of individuals when after working through the risk assessment, adequate control of exposure to the hazard cannot be achieved after applying the Hierarchy of Controls.  **Key mitigations:**  Systems are in place to ensure that:   * There is adequate supply and availability of PPE including respiratory protective equipment (RPE), fluid resistant surgical masks, disposable gloves, aprons and gowns and eye/face protection to protect staff, patients and visitors as indicated by infection prevention and control guidance. * All staff required to wear an FFP3 mask have been fit tested (this is a legal requirement). * All staff (clinical and non-clinical) are trained in putting on, removing and disposing of PPE. * Universal masking should continue for healthcare staff working with suspected or confirmed respiratory virus patients and should be guided by local risk assessment. * Face masks/coverings should be worn by patients with suspected or confirmed respiratory viruses. * Non-infectious patients are not required to wear a facemask unless this is a personal preference. * Visual reminders displayed communicating the importance of adhering to current public health measures [Every action counts (england.nhs.uk)](https://www.england.nhs.uk/coronavirus/publication/every-action-counts/) |  |