**North West Covid-19**

**Dental Toolkit**

* **Transmission**
* **Covid-19 test results**
* **Isolation periods**
* **Risk assessments**

**V1.4 7th January 2021**

***From PHE London COVID-19 Dental Toolkit v1.3***

**This toolkit is based on the latest available guidance and is subject to change. It will be updated in accordance with the release of new guidance.**

**1. Who is this toolkit for?**

The toolkit is for dental settings in North West including NHS and private: General Dental Services; Specialist Dental Services (e.g. orthodontics, minor oral surgery, endodontics etc); Community Dental services; and Prison Dental Services

**2. Aim of this toolkit**

To support dental settings on the processes involved in dealing with confirmed cases and case contacts during the COVID-19 pandemic (Appendix 1). It includes a template for risk assessment for members of staff testing positive for COVID-19; processes for undertaking contact tracing and when to notify NHS England (Appendix 2).

**3. Background**

**Transmission of Coronavirus:**

* **Indirect:** via touching of infected surface and contamination of mucus membranes. **Mitigation**: Hand hygiene, cleaning and appropriate use of PPE.
* **Direct:** via inhaled droplets or aerosols. **Mitigation:** Appropriate PPE.

**Confirmed Case of COVID-19:** Any staff member or patient that has received a positive test result for SARS-CoV-2.

**Possible Case of COVID-19:** Any staff member or patient awaiting testing or test results, with symptoms of COVID-19:

* A high temperature
* A new, continuous cough
* A loss of, or change to, the individual’s sense of smell (anosmia) or taste (ageusia).

**Outbreak Definition:** Two or more confirmed cases of COVID-19 linked in time, place and person within 14 days.

**4. Identification of Contacts**

Contacts of confirmed cases need to be identified 2 days before the onset of symptoms (or test date if asymptomatic) and 10 days after. The types of contacts are:

**Household Contacts**

* Live in the same household as a case (e.g. those that live and sleep in the same home, or in accommodation that share a kitchen or bathroom)

**Direct Contacts (****whilst wearing no PPE, inappropriate PPE or PPE breach):**

* Face-to-face contact with a confirmed case, including being coughed on, talked to, or having skin-to-skin physical contact
* Contact with a confirmed case within one metre for one minute or longer without face-to-face contact

**Proximity Contacts (whilst wearing no PPE, inappropriate PPE or PPE breach):**

* Extended close contact (within 2 metres for more than 15 minutes) with a case. This maybe a one-off exposure or multiple exposures during a single day for at least 15 minutes in total.
* Travel with a confirmed case in a small vehicle during their infectious period.

**Patient contacts** should be informed to isolate immediately for 10 days and given guidance on [getting tested](https://www.gov.uk/get-coronavirus-test) if they develop any symptoms. For resident and patient contacts in care homes and hospitals, [14 days](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#background--contact-isolation-periods) isolation is required.

Further information around contact definition can be found here: [Contact Definition](https://www.gov.uk/government/publications/guidance-for-contacts-of-people-with-possible-or-confirmed-coronavirus-covid-19-infection-who-do-not-live-with-the-person/guidance-for-contacts-of-people-with-possible-or-confirmed-coronavirus-covid-19-infection-who-do-not-live-with-the-person#what-is-meant-by-a-contact)

**Appropriate PPE**

If staff are providing direct care to a patient with COVID-19 and are wearing the correct PPE in accordance with the current IPC guidance, they will not be identified as a contact and so will not be required to isolate for 10 days (For standards on PPE specification, fit testing and regimes, please refer to the [PHE IPC guidance and IPC dental appendix](https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control)).

Note: The **effectiveness** of the use of face masks, face coverings, or other PPE for prevention of transmission or acquisition of coronavirus infection **cannot be guaranteed in settings other than the provision of direct care** with patients. Therefore, the use of PPE in other settings (such as a staff room) will not necessarily exclude an individual from being identified as a close contact. A thorough risk assessment is essential for each such individual.

**PPE Breaches**

In assessing whether a health worker has had a breach of PPE, a risk assessment should be undertaken in conjunction with local infection prevention and control (IPC) policy. The risk assessment should consider:

* the severity of symptoms the member of staff / patient has
* the length of exposure
* the proximity to the member of staff / patient
* the activities that took place when the member of staff was in proximity, such as aerosol-generating procedures (AGPs)
* whether the member of staff had their eyes, nose or mouth exposed

**Outcome: If the risk assessment concludes there has been a significant breach or close contact without PPE, the member of staff should be identified as a contact and self-isolate for 10-days.**

**Social distancing**

**Strict social distancing must be maintained when staff are not wearing PPE**. This includes reception area, during meetings, in staff rooms and other communal areas. Break and lunchtime rotas can help to ensure this.

**5. Self-Isolation**

**Cases**: If a member of staff develops COVID-19 symptoms, they must stay at home and begin to self-isolate from symptom onset. They should arrange to have [a coronavirus test](https://www.gov.uk/get-coronavirus-test) if not already done so. Tests are most effective within three days of symptom onset. They should stay at home whilst awaiting a home test kit or a test site appointment.

**Positive test result** = 10 (full) day self-isolation period

**Negative test result** = stand down isolation, providing individual is well

If a member of staff does not have symptoms, but has tested positive for COVID-19, they must stay at home and **isolate for 10 full days** from the day the test was taken. If they develop symptoms after the test, they should restart the 10-day isolation period from the day the symptoms start (as shown in Figure 1).

**Contacts**: A contact of a confirmed case must isolate for **10 (full) days** from date of last contact. **If a contact takes a COVID-19 test during this period, they must still isolate for 10 days, even if the test is negative. Note: It is advised to regularly consult the** [**management of staff in healthcare setting guidance**](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#staff-return-to-work-criteria)**.**

**Figure 1: Summary of the recommendations around self-isolation for both cases and contacts.**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | **DATE OF SYMPTOM ONSET 1** | **Infectious period definition: The time when a person who has COVID-19 can infect others.**   * **Symptomatic: from 2 days before symptom onset, to 10 days after symptom onset** * **Asymptomatic who test positive: from 2 days before test, to 10 days after test** | | | | | | | | | |
| **Day -2** | **Day -1** | **Day 0** | **Day 1** | **Day 2** | **Day 3** | **Day 4** | **Day 5** | **Day 6** | **Day 7** | **Day 8** | **Day 9** | **Day 10** |
| **<<<------------------------------------------------- 2 INFECTIOUS PERIOD FOR CONFIRMED CASE ------------------------------------------------->>>**  **(To identify individuals whom the case may have infected)** | | | | | | | | | | | | |

*1 Symptomatic cases are considered as infectious and so able to infect other people from 2 days before to 10 days after the onset of symptoms. The onset of symptoms is defined as acute/sudden onset of any of the following: Fever; New continuous cough; Loss or change to smell or taste; Loss of appetite; Diarrhoea; Nausea; Vomiting; Extreme tiredness; Headaches; Joint pain; Muscle ache; Runny nose; Sore throat; Sneezing; Altered consciousness; Seizures. For asymptomatic cases the infectious period is defined as 2 days before to 10 days after the date of the test.*

Following their 10-day isolation, confirmed staff cases can return to work providing their clinical symptoms have improved and they have had no fever for 48 hours. If they are unwell, they should remain in isolation until clinical symptoms have improved and they have had no fever for 48 hours. If asymptomatic staff remain well during this period, they can return to work following their 10-day isolation. If they develop symptoms, they must restart their 10-day isolation from the day they developed symptoms. They can then return to work following their 10-day isolation, providing their clinical symptoms have improved and they have had no fever for 48 hours.

If staff contacts remain well, they can return to work following completion of their 10-day isolation. If they subsequently develop symptoms, they will need to remain in isolation and arrange to [have a test](https://www.gov.uk/get-coronavirus-test). If they receive a positive test result, they are required restart their isolation for 10 days from the day they developed symptoms. They can then return to work following their 10-day isolation providing their clinical symptoms have improved and they have had no fever for 48 hours.

**6. Completing a Risk Assessment (see Appendix 2)**

All members of staff should inform the practice as soon as they receive a positive COVID-19 test result, allowing for relevant actions to be undertaken that can help to reduce the risk of any further transmission within the practice.

The risk assessment should be completed by the practice principal / clinical lead with the member of staff (remotely) and they should be encouraged to help identify any possible breaches to social distancing or PPE whilst at work. It should be understood that some breaches can occur inadvertently/accidentally i.e. through no fault of the member of staff and it is important that the member of staff feels safe in this discussion as their responses can help the practice understand if there are any areas which require improvement in order to keep the practice COVID-19 secure.

**7. Notification to NHS England (NHSE)**

**If you are unsure or have any concerns following your risk assessment, please contact:**

* North West ICC [ICC.Northwest@phe.gov.uk](mailto:ICC.Northwest@phe.gov.uk)
* NHSE/I Dental Primary Care commissioning team:
  + Cheshire and Mersey [england.cmdental@nhs.net](mailto:england.cmdental@nhs.net)
  + Greater Manchester england.gmdental@nhs.net
  + Lancashire and South Cumbria [england.lancsat-dental@nhs.net](mailto:england.lancsat-dental@nhs.net)

**If two or more confirmed cases of COVID-19 are linked in time, place and person within 14 days, please notify:**

* North West ICC [ICC.Northwest@phe.gov.uk](mailto:ICC.Northwest@phe.gov.uk)
* NHSE/I Dental Primary Care commissioning team:
  + Cheshire and Mersey [england.cmdental@nhs.net](mailto:england.cmdental@nhs.net)
  + Greater Manchester england.gmdental@nhs.net
  + Lancashire and South Cumbria [england.lancsat-dental@nhs.net](mailto:england.lancsat-dental@nhs.net)

**For settings that are contracted to provide NHS services, if there has been an operational impact please notify:**

* NHSE/I Dental Primary Care commissioning team:
  + Cheshire and Mersey [england.cmdental@nhs.net](mailto:england.cmdental@nhs.net)
  + Greater Manchester england.gmdental@nhs.net
  + Lancashire and South Cumbria [england.lancsat-dental@nhs.net](mailto:england.lancsat-dental@nhs.net)

PHE will be informed about the COVID-19 positive test result of the member of staff.

**8. Frequently Asked Questions**

1. **A member of staff is isolating as a contact and decided to get a test privately. The results come back negative; can they return to work early?**

Anyone identified as a **contact must still isolate for 10 days, even if tested negative** during their isolation, as an individual could become infectious at any time during this period.

**A member of staff has been confirmed positive and is isolating. Two days later, two more staff members became symptomatic and are isolating. What should we do?**

The symptomatic individuals should [get a coronavirus test](https://www.gov.uk/get-coronavirus-test). A risk assessment (Appendix 2) must be conducted by the practice and it needs to be determined if there is a link between the confirmed case and symptomatic individuals. The risk assessment will help identify contacts. If there are concerns around operational capacity, please notify NHSE. If there are two or more confirmed cases or a risk of transmission to the public (e.g. PPE breach) then both LCRC and NHSE will need to be notified, attaching a copy of the risk assessment.

**A colleague I work with has tested positive for COVID-19. I travelled home with them in the car during their infectious period. Does my family need to isolate?**

As you have been identified as a contact you must isolate for 10 days. Your family and household do not need to isolate, unless you develop symptoms or test positive.

1. **What should we do if a patient or a staff member develops symptoms of COVID-19 whilst in our practice?**

The individual must go home immediately, self-isolate and [seek testing](https://www.gov.uk/get-coronavirus-test). If they receive a positive test result, they should isolate for at least 10 (full) days from symptom onset. A risk assessment (see Appendix 2) should be completed to identify contacts, ensure correct environmental cleaning and to determine if there has been a risk of exposure. If they receive a negative test result, they can stand down isolation providing they are well.

1. **A patient is advised by NHS Test and Trace that they have been identified as a contact of a person with COVID-19. They are now required to self-isolate. The patient attended the dental practice two days previously and is asymptomatic. What does this mean for the dental team?**

Members of the dental team do not need to isolate. If there is a concern that there was a breach in PPE, inappropriate PPE was worn, or social distancing was not maintained outside of the clinical area then a risk assessment will need to be conducted **if the patient receives a positive test result**. Members of the dental team should continue to follow appropriate IPC guidance.

1. **A member of staff is advised by NHS Test and Trace that they have been identified as a contact of a person with COVID-19. This member of staff has had a positive antibody test. Do they still need to isolate?**

Yes, the member of staff must isolate as a contact for 10 days, regardless of the results of any SARS-CoV-2 antibody testing. A positive antibody result signifies previous exposure, but it is currently unknown whether this correlates with immunity, including protection against future infections.

1. **What can our practice do to reduce the risk of COVID-19 amongst our staff whilst at work?**

All members of the dental team should continue to follow appropriate IPC guidance and refer to the National guidance in this toolkit. Staff to staff transmission is a concern if strict protocols are not followed. Staff should not share food and strict social distancing should be maintained throughout the practice. Break and lunchtime rotas can help ensure this. Care must be taken when conducting practice meetings to ensure staff maintain at least 2 metre separation.

1. **What if a visiting specialist/practitioner who has worked in our practice tests positive for COVID-19?**

The dental practice should conduct the same risk assessment (see Appendix 2) and inform stakeholders in the same way as for a permanent member of staff. You should also ask the confirmed case to inform any other workplaces they may have worked at during the infectious period. They should also expect to be contacted by NHS T&T.

1. **What happens if a full practice closure has been temporarily recommended?**

Stakeholders including NHSE/I in the first instance, and PHE LCRC where appropriate, should continue to be liaised with during this process. NHSE/I Dental Primary Care commissioning team, will require notification of the appropriate timelines and processes for re-opening.

NHSE/I Dental Primary Care commissioning team:

* + Cheshire and Mersey [england.cmdental@nhs.net](mailto:england.cmdental@nhs.net)
  + Greater Manchester england.gmdental@nhs.net
  + Lancashire and South Cumbria [england.lancsat-dental@nhs.net](mailto:england.lancsat-dental@nhs.net)

1. **Further Information:**
2. [PHE COVID-19: infection prevention and control (IPC) and IPC dental appendix](https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control)

https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control

1. [Dental standard operating procedure: Transition to recovery](https://www.england.nhs.uk/coronavirus/publication/dental-standard-operating-procedure-transition-to-recovery/)

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

1. [Urgent dental care guidance and standard operating procedure](https://www.england.nhs.uk/coronavirus/publication/covid-19-guidance-and-standard-operating-procedure-urgent-dental-care-systems-in-the-context-of-coronavirus/)

https://www.england.nhs.uk/coronavirus/publication/covid-19-guidance-and-standard-operating-procedure-urgent-dental-care-systems-in-the-context-of-coronavirus/

1. [Health Technical Memorandum, HTM 01-05, Decontamination in primary care dental practices](https://www.gov.uk/government/publications/decontamination-in-primary-care-dental-practices)

https://www.gov.uk/government/publications/decontamination-in-primary-care-dental-practices

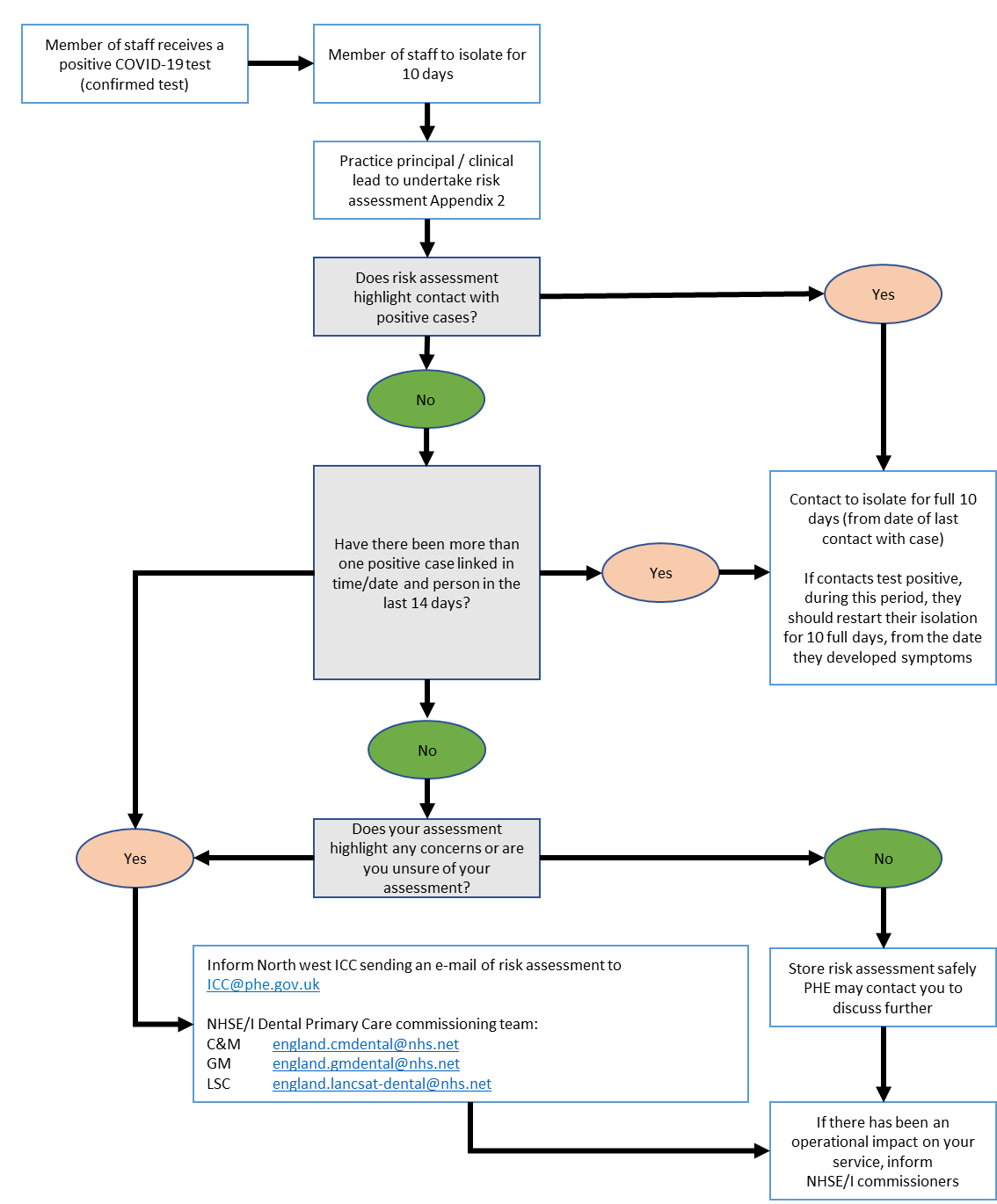
1. [COVID-19: management of staff and exposed patients or residents in health and social care settings](https://www.gov.uk/government/publications/covid-19-management-of-exposed-healthcare-workers-and-patients-in-hospital-settings/covid-19-management-of-exposed-healthcare-workers-and-patients-in-hospital-settings)

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

1. [Guidance for contacts of people with confirmed coronavirus infection who do not live with the person](https://www.gov.uk/government/publications/guidance-for-contacts-of-people-with-possible-or-confirmed-coronavirus-covid-19-infection-who-do-not-live-with-the-person)

https://www.gov.uk/government/publications/guidance-for-contacts-of-people-with-possible-or-confirmed-coronavirus-covid-19-infection-who-do-not-live-with-the-person

**Appendix 1 – What to do if a member of staff receives a positive COVID-19 test result**

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**Appendix 2 - Risk Assessment for dental settings to be completed by Practice Principal / Clinical Lead**

**on notification of a positive COVID-19 test result for a member of staff**

All members of staff should inform the practice as soon as they receive a positive COVID-19 test result, allowing for relevant actions to be undertaken that can help to reduce the risk of any further transmission within the practice. The risk assessment should be completed in discussion with the member of staff (remotely) and they should be encouraged to help identify any possible breaches to social distancing or PPE whilst they were at work. It should be understood that some breaches can occur inadvertently/accidentally i.e. through no fault of the member of staff and it is important that the member of staff feels safe in this discussion as their responses can help the practice understand if there are any areas which require improvement in order to keep the practice COVID-19 secure. PHE will also be informed about the COVID-19 positive test result of the member of staff and the practice should expect contact from PHE to discuss the risk assessment.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. **General Information** | | | | |
| **Risk assessment completed by (insert full name):** |  | | | |
| **Position / Role:** |  | | | |
| **Practice address:** |  | | | |
| **Practice contact number:** |  | | | |
| **Direct contact number:** |  | | | |
| 1. **Risk Assessment** | | | | |
| **2.1 Staff considerations** | | | | |
| Did the member of staff work during the infectious period? **Please refer to Figure 1**  ***Definition of infectious period: The time when a person who has COVID-19 can infect others.***   * ***Symptomatic individuals: from 2 days before symptom onset, to 10 days after symptom onset*** * ***Asymptomatic individuals who test positive: from 2 days before test, to 10 days after test***   **If you have any other member of staff who lives in the same household with this member of staff who has tested positive for COVID-19, they would have immediately been informed to self-isolate for 10 (full) days by NHS Test and Trace**  **Note: For resident and patient contacts in care homes and hospitals, 14 days isolation is required. It is advised to regularly consult the** [**management of staff in healthcare setting guidance**](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#staff-return-to-work-criteria) | | | YES | **Date of symptom onset:**  **Date of test:**  **Dates worked:**  **Time of work each day:**  **Location of practice/s (if more than one):**  **Last day of work:** |
| NO | **NO FURTHER ACTION REQUIRED** |
| Does the confirmed positive member(s) of staff have a documented risk assessment to ensure that they are not clinically vulnerable, clinically extremely vulnerable or shielded? | | | YES |  |
| NO | **NOTE FOR ACTION** |
| Date of symptom onset (or test if asymptomatic) of first confirmed case: | | | **Date:** | |
| Date of symptom onset (or test if asymptomatic) of most recent confirmed case: | | | **Date:** | |
| How many members of staff **in total** work at the dental practice? | | | **Number of staff:** | |
| How many members of staff work at the dental practice **at any one time**? | | | **Number of staff:** | |
| Is anyone else at work currently symptomatic, or has anyone else tested positive for COVID-19? | | | YES | **Number of staff:** |
| NO |  |
| If the confirmed case worked at the dental practice during the infectious period, were any members of staff working on these specific days clinically vulnerable or extremely clinically vulnerable? | | | YES |  |
| NO |  |
| Is the case on a rota with the same team / group of people? | | | YES |  |
| NO |  |
| Are staff rotated across different dental practice sites? | | | YES |  |
| NO |  |
| Are there staggered start times, breaks and finishing? | | | YES |  |
| NO |  |
| **2.2 Patient considerations** | | | | |
| Are all patients risk assessed for COVID-19 before entering the practice? | | | YES |  |
| NO |  |
| Do you see and treat possible or confirmed COVID-19 patients?   * *How do you maintain separation in space and/or time between asymptomatic, suspected and confirmed COVID-19 patients?* * *What extra measures are taken for clinically vulnerable and extremely clinically vulnerable patients?* * *Ensure that waste is disposed as Category B waste* | | | YES |  |
| NO |  |
| **Notes:** | | | | |
| **2.3 Social distancing considerations. Note: all questions on days of work only refer to those noted above (in infectious period)**  Further information around contact definition can be found here: [Contact Definition](https://www.gov.uk/government/publications/guidance-for-contacts-of-people-with-possible-or-confirmed-coronavirus-covid-19-infection-who-do-not-live-with-the-person/guidance-for-contacts-of-people-with-possible-or-confirmed-coronavirus-covid-19-infection-who-do-not-live-with-the-person#what-is-meant-by-a-contact)  *Check every day of work at every practice.*   * *Did they inadvertently come into contact with anyone while arriving at or leaving the practice?* * *Where did the member of staff go when on break? Who did they talk to? Who did they eat with?* * *Did they change into and out of work clothes at the practice along with any other members of staff?* * *Did they inadvertently come into contact with anyone while entering or leaving toilet facilities?* * *Did they talk to members of staff at reception, office, kitchen, staff areas when no patients were at the practice?* | | | | |
| Did the member of staff have any **direct contacts (whilst wearing no PPE, inappropriate PPE or PPE breach)?**   * Face-to-face contact with anyone (staff, patients, deliveries, maintenance etc), including being coughed on, talked to, or having skin-to-skin physical contact (e.g. shaking hand * Contact with anyone (staff, patients, deliveries, maintenance etc), within one metre for one minute or longer without face-to-face contact | | | YES | **Identify contacts within case’s infectious period**  **All individuals identified should be contacted and asked to self-isolate for 10 days** |
| NO |  |
| Did the member of staff have any **proximity contacts (whilst wearing no PPE, inappropriate PPE or PPE breach)?**   * Extended close contact (within 2 metres for more than 15 minutes) with anyone (staff, patients, deliveries, maintenance etc). This maybe a one-off exposure or multiple exposures during a single day for at least 15 minutes in total. | | | YES | **Identify contacts within case’s infectious period**  **All individuals identified should be contacted and asked to self-isolate for 10 days** |
| NO |  |
| Did the member of staff travel to or from work in a small vehicle with any other member of staff on the days of work? | | | YES | **Identify contacts within case’s infectious period**  **All individuals identified should be contacted and asked to self-isolate for 10 days** |
| NO |  |
| How are practice meetings conducted?   * If in person, what social distancing measures are in place? | |  | | |
| **2.4 Procedures and PPE considerations** | | | | |
| Did the member of staff carry out any dental domiciliary visits on any of the days in which they worked?   * *Determine what PPE was worn and risk assess against exposure* | | | YES |  |
| NO |  |
| Did the member of staff see or treat any clinically vulnerable or extremely clinically vulnerable patients on any of the days they worked? | | | YES |  |
| NO |  |
| Did the member of staff wear appropriate PPE on each of the days of work, **without** any PPE breaches?   * *Note procedures, whether AGP or non-AGP and what PPE was worn for each day of work at every practice* * *If there were any PPE breaches, risk assess against exposure to others* | | | YES |  |
| NO |  |
| Did the member of staff make any beverages/drinks for other members of staff or handle any cash and paperwork at the practice without PPE, or with a breach in PPE, on the days they worked?   * *If yes, check if PPE was worn by case and risk assess against contact transmission exposure* | | | YES |  |
| NO |  |
| If the member of staff used a respirator, is appropriate documentation in place regarding the fit-testing and fit-checking for each make and model of respirator/s used for each day of work? | | | YES |  |
| NO |  |
| If the member of staff used a respirator, do they have facial hair that crosses the respirator sealing surface?   * *If yes, risk assess against exposure* | | | YES |  |
| NO |  |
| Did the member of staff use a respirator with an expiration valve for AGPs?   * If yes, was eye protection e.g. polycarbonate safety spectacles, goggles etc. (not visor) used? * Did they have any hair within the sealed mask area that impinged upon or contacted the valve? | | | YES |  |
| NO |  |
| If the member of staff used a reusable respirator, did they share it with any other member of staff?   * *If yes, risk assess against exposure* | | | YES |  |
| NO |  |
| Did the member of staff doff their PPE in the same area/room and at the same time as another member of staff was doffing their PPE? *Check for every day of work and ensure that social distancing measures were in place.* | | | YES |  |
| NO |  |
| Do all surgeries in which AGPs are conducted have either a window that can be opened or mechanical ventilation?   * *Mechanical or natural (open window of suitable size) ventilation is required for AGPs.* * *If mechanical ventilation system in place, ensure surgery room air does not recirculate untreated air back to the surgery, patient waiting areas or staff rooms. If fans / portable air-conditioning were used, they should not have been directed towards doors, driving air into other rooms. Risk assess against exposure to others, as appropriate* | | | YES |  |
| NO |  |
| Do staff wear facemasks when on breaks? | | | YES |  |
| NO |  |
| **Notes:** | | | | |
| **2.5 Decontamination considerations** | | | | |
| Were toilet facilities decontaminated immediately after use on the days the member of staff worked?   * *If facilities are shared between patients and staff and/or no protocol for decontamination immediately after every use, risk assess against droplet and contact transmission exposure* | | | YES |  |
| NO |  |
| Were doffing areas/rooms decontaminated immediately after doffing on the days the member of staff worked?   * *If no specific procedure for immediate decontamination after doffing, risk assess against exposure to others* | | | YES |  |
| NO |  |
| Was all shared equipment e.g. keyboards, telephones, kettles, pens etc decontaminated immediately after use on the days the member of staff worked? *Identify all shared staff equipment where PPE is not used* | | | YES |  |
| NO |  |
| **2.6 Hand and respiratory hygiene considerations** | | | | |
| Do all members of staff practice hand hygiene for at least 20 seconds before every episode of direct patient care?   * *If appropriate control measures not in place, risk assess against contact and droplet transmissions* | | | YES |  |
| NO |  |
| Do all members of staff practice hand hygiene for at least 20 seconds after removing PPE, equipment decontamination and waste handling? | | | YES |  |
| NO |  |
| Do all patients practice hand hygiene for at least 20 seconds before entering and leaving the practice? | | | YES |  |
| NO |  |
| Do all patients and staff observe respiratory and cough hygiene at the practice? | | | YES |  |
| NO |  |
| **2.7 Building considerations** | | | | |
| What is the nature and layout of the dental practice? How many floors are there? | |  | | |
| How many surgeries are available for treating patients? | | **Number of surgeries:** | | |
| Is there good ventilation throughout the practice? | | | YES |  |
| NO |  |
| Is there a hand dryer in clinical areas? | | | YES |  |
| NO |  |
| **Notes:** | | | | |
| 1. **Actions** | | | | |
| **Self-isolation advice**   * Dental practice to inform all members of staff and patients who have been identified as close-contacts or exposed to self-isolate for 10 days. They should not get a test unless symptomatic and if a positive test result is returned, isolation period is 10 days from the date of symptom onset, regardless of the number of days in isolation prior to onset of symptoms. **If they are symptomatic and their test returns negative, they still need to complete their isolation period.** Household contacts of contacts do not need to self-isolate. Once self-isolation period is complete, and they have been afebrile for 48 hours, they can return to work: there is no requirement for them to be tested again * Members of staff who have not been identified as close-contacts or exposed but are symptomatic are advised to self-isolate and to get a test. * Dental Practice to follow the [flow-chart for symptomatic workers return to work](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/905673/Flowchart_for_return_to_work_symptomatic_30_july.pdf) * Inform all other members of staff that they have a two-week window to be on the look-out for COVID-19 symptoms and if symptomatic, should self-isolate and get tested * Setting to notify PHE of any subsequent positive cases in patients or staff   Evaluate the potential impact of staff absence on the Practice. Inform practice to notify NHS England and NHS Improvement commissioning team (if NHS service provision) if steps cannot be taken to mitigate against NHS dental service delivery disruption.  **Decontamination advice**   * Undertake a terminal clean by decontaminating the whole practice, ensuring that all surfaces that the case came into contact with are cleaned and disinfected, including all potentially contaminated and frequently touched areas such as toilets, door handles, telephones, grab rails in corridors and stairwells using either:   + a combined detergent/disinfectant solution at a dilution of 1,000 parts per million available chlorine (ppm available chlorine (av.cl.)); or   + a general-purpose neutral detergent in a solution of warm water followed by a disinfectant solution of 1,000ppm av.cl   If an alternative disinfectant is used, ensure it is effective against enveloped viruses   * Use disposable cloths or paper roll and disposable mop heads to clean all hard surfaces, floors, chairs, door handles and sanitary fittings   Avoid creating splashes and spray when cleaning   * Dispose of all waste from decontamination as Category B waste (not clinical waste)   If you are unsure or have any concerns following your risk assessment, please contact:   * North West ICC [ICC.Northwest@phe.gov.uk](mailto:ICC.Northwest@phe.gov.uk) * NHSE/I Dental Primary Care commissioning team:   + Cheshire and Mersey [england.cmdental@nhs.net](mailto:england.cmdental@nhs.net)   + Greater Manchester england.gmdental@nhs.net   + Lancashire and South Cumbria [england.lancsat-dental@nhs.net](mailto:england.lancsat-dental@nhs.net) | | | | |
| PHE contact details: [ICC.Northwest@phe.gov.uk](mailto:ICC.Northwest@phe.gov.uk) (please use NHS.net email address for patient-identifiable information) | | | | |

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