14th May 2020 @ 14.00hrs (V01.3)

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.

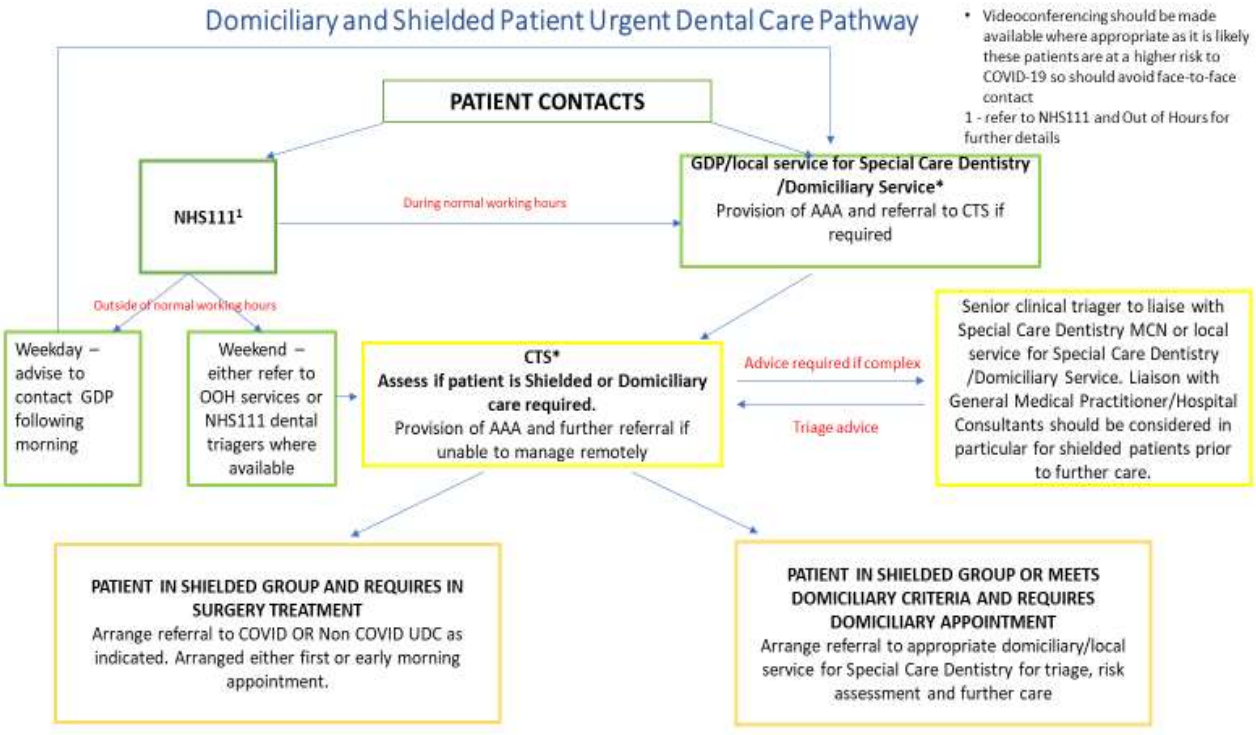
Pathway for Urgent Dental Care for Domiciliary and Shielded Patients

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

Please also refer to the SOP for NHS England And NHS Improvement East of England for complete guidance to each of these 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.nhsx.nhs.uk/key-information-and-tools/information-governance-guidance/health-care-professionals and further guidance contained within the SOP for NHS England And NHS Improvement East of England.

In circumstances when the first stage triager is either the local service for Special Care Dentistry or Domiciliary Provider, if the patient is advised to come back into this service for urgent dental care, this must be clearly stated on the referral to CTS so this patient can be triaged effectively and efficiently back to the local service for Special Care Dentistry or Domiciliary Services as appropriate. The email to the CTS should include the following title in the subject line: '*Referral for shielded/domiciliary care; referral back into service'*. The CTS will review the case and complete the relevant section of the Referral Form and, as appropriate, refer back to the respective service.

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. Reference to indicative urgent treatment in the SOP for NHS England And NHS Improvement East of England should be reviewed.

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 the Referral Form and a Patient Care Record, as appropriate, having also completed a COVID risk assessment. This will be sent to the relevant, appropriate UDC.

At this stage, the Referral Form and Patient Care Record 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. As previously stated, the original referral may come from the local service for Special Care patients or Domiciliary Service and the following: '*Referral for shielded/domiciliary care; referral back into service'* may have been included in the subject line of the email. These referrals will be directed back to the appropriate UDC. 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 currently offering a domiciliary service. Therefore, it is expected that they will work to their existing Standard Operating

Procedure and guidelines, whilst considering guidance in relation to the SOP for NHS England And NHS Improvement East of England.

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

Infection Prevention and Control for Domiciliary Care

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:

- PPE recommendations for care home staff in the context of sustained COVID-19 transmission in the UK: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/881329/COVID-19_How_to_work_safely_in_care_homes.pdf

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

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.

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.
- 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 nurse due to attend the visit (in most cases one dentist and one 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 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 home 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 competed 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.
- Wash hands and Don PPE in the most appropriate place.
- If unable to wash hands, clean hands with alcohol gel for 20 seconds.
- 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.
- 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 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 surface, prior to commencing treatment, clearly segregating a clean and dirty area.

- If further equipment is required during treatment, the dental nurse would require Doffing 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 would require Doffing 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.

c) Arrival back to clinic

- Take all equipment back into the clinic from the car.
- 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.

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 Appendix 6 of SOP for NHS England and NHS Improvement East of England.

Additional information

Risk reduction framework for NHS staff at risk of COVID-19 infection

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.

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

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

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

Acknowledgements

This Standing Operating Procedure has been produced in collaboration with:

NHS England & NHS Improvement – East of England (NHSEI)

Public Health England (PHE)

Essex, East Anglia and Herts BLMK Local Dental Networks (LDNs)

Essex and East Anglia Managed Clinical Networks (MCNs)

Professor Nick Barker	Chair, Essex LDN
Tom Norfolk	Chair, East Anglia LDN
Ganga Allen	Chair, Essex and East Anglia Special Care and Paediatric Dentistry
David Barter	Head of Commissioning, NHS England and NHS Improvement – East of England
Jessica Bendon	Senior Dental Contract Manager, NHS England and NHS Improvement – East of England
Steven Claydon	Clinical Dental Adviser, NHS England & Improvement- East of England
Veni Cochrane	Leadership Fellow
Amy Curtis	Contract Manager | Primary and Secondary Care Dental, NHS England & Improvement- East of England
Rachel Doogan	Senior Clinical Leadership Fellow, Essex
Julia Hallam-Seagrave and colleagues	Head of Dental Service/Specialist in Special Care Dentistry, Cambridgeshire Community Services
Charlotte Klass	Consultant in Dental Public Health, Public Health England East of England
Jane Little and colleagues	Clinical Dental Director (and Specialist in Special care Dentistry) CNWL Dental Services
Una Monaghan and colleagues	Clinical Director Special Care Dental Service Hertfordshire
Alison Reid and colleagues	Chief Executive Officer CDS-CIC
Kate Shannon	Support Contract Manager | Dental and Optometry, NHS England and NHS Improvement – East of England