

**Considerations for Dental Practice Infection Prevention and Control COVID-19**

**Considerations for general practice areas/risk assessment COVID-19**

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| **TASK SPECIFIC RISK ASSESSMENT REF:** | Infection Control Risk Assessment  | **DATE OF ASSESSMENT:** |  |
| **ACTIVITY:** | Covid-19 assessment for: | **ASSESSOR:****SIGNED:****APPROVED BY:****SIGNED:** |  |
| **REASON FOR REASSESSMENT:** | To review changes made since original assessment |
| **LOCATION:** |  | **REVIEW DATE:** | On completion of each outstanding control measures; thereafter following a health and safety incident, changes in legislation, government advice, location or personnel or task change |
| **OVERVIEW OF PPE REQUIREMENTS:**(Subject to location and activity being carried out) |   | **OVERALL ASSESSMENT OF RISK IS:** | Medium |

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| **Hazard with No Control Measures****Employed** | **Occurrence** | **Severity** | **Risk Assess Index** | **Hazard with Control Measures** **Employed** | **Occurrence** | **Severity** | **Risk Assess Index** | **Additional Comments** |
| **General**  |  |  |  |  |  |  |  |  |
| Lack of understanding from patients of measures in place  |  |  |  | * Infection control and general information sent to the patient prior to attending the practice
* Information provided on the practice website
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| Lack of understanding from staff members with regards to infection control and new procedures in place  |  |  |  | * Induction training completed prior to returning work/re-opening
* Risk assessment shared with all staff and actions communicated
* Policies and procedures updated and communicated to staff members
 |  |  |  | <https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control> |
| **Hand Hygiene**  |  |  |  |  |  |  |  |  |
| Cross Contamination from hands |  |  |  | * Hand sanitisers located throughout the practice with signs displayed informing how to use
* Hand sanitisers available at the entrance to the practice for visitors to use upon entering and leaving
* Sufficient liquid soap and water available at all handwash sinks with hand hygiene posters displayed
* Paper towels available for the drying of hands along with waste bins which are regularly emptied
* Hand hygiene training/information for all staff
* Regular hand hygiene audits carried out
* Regular checks on available hand wash stations to ensure sufficient supply
 |  |  |  | Frequent, thorough [handwashing](https://washmatters.wateraid.org/hygiene) with soap and water is one of the best ways to prevent the spread of infectious diseases, and is the first line of defence against COVID-19.<https://www.nhs.uk/live-well/healthy-body/best-way-to-wash-your-hands/> |
| Cross contamination from coughing/sneezing  |  |  |  | * Disposable tissues available for when coughing sneezing or blowing nose
* Tissue disposed of straight away
* Hand hygiene carried out after coughing/sneezing/blowing nose
* NHS Posters displayed in relation to cough etiquette
 |  |  |  | <https://www.england.nhs.uk/south/wp-content/uploads/sites/6/2017/09/catch-bin-kill.pdf> |
| **Reception area, waiting rooms, toilet facilities**  |  |  |  |  |  |  |  |  |
| Cross contamination within reception areas, waiting rooms and toilet facilities from patients/visitors  |  |  |  | * Perspex screens in place at reception
* Contactless payment
* Treatment plans, estimates, receipts, consent sent to patients via email before/after appointment
* Hand sanitising stations installed
* Magazines, toys, non-essential items removed from the reception area and waiting room
* Wipeable chairs within the waiting area
* Social distancing measures in place, floor marking tape present, signs displayed, minimal occupancy in these areas
* Regular cleaning with appropriate wipes to be carried out
* Communal facilities – tea/coffee machines to be removed
* Windows opened where possible
* Patients informed to use the toilet before attending appointment
* Toilet facilities locked where possible or sign displayed stating that reception need to be informed before accessing this area
* Handwash poster displayed
* Sufficient tissue, liquid soap, paper towels available
* Computer screens, telephones and tablets to be regularly disinfected throughout the day with a signed checklist
 |  |  |  | <https://www.england.nhs.uk/south/wp-content/uploads/sites/6/2017/09/catch-bin-kill.pdf> |
| Cross contamination from hard surfaces in general areas.  |  |  |  | * All persons are advised to wash hands regularly for at least 20 seconds.
* Increased cleaning of hard surfaces using medical grade disinfectant at various touch points such as door handles and all other communal areas/surfaces.
* Introduce sanitising gel dispensers with at least 60% alcohol content in all areas of the practice and in particular at entrance and exit points.
* Encourage staff to pull doors with clean/fresh tissue or to wear gloves if doors cannot be left open.
* Encourage staff to use badge not finger(s) to access door release mechanism(s). If not, staff to wear gloves
* Dispose of used tissues/ paper towels/gloves in hazardous waste bins.
* Do not share office equipment phones etc. If not possible, gloves must be worn, and all equipment cleaned in between each use with disinfectant
* All signage on doors giving hygiene guidance to be laminated and regularly changed to encourage staff to read.
 |  |  |  | Viruses survive outside body on metal/ plastic/ hard surfaces longer than porous surfaces (up to 5 x longer). COVID-19 can be up to 72hours |
| **Staff uniform/personal items**  |  |  |  |  |  |  |  |  |
| Contamination from surgery clothing  |  |  |  | * Staff not to travel to and from the practice in their uniform
* Changing room available
* Washable or disposable bag present to place own clothes in when changing into uniform
* At the end of the day, uniform removed and placed into disposable or washable bag to transport home
* Shoes wipeable and to remain on site
* On arrival to home, uniform to be placed straight into the washing machine along with the washable transportation bag or the plastic bag disposed immediately
* Uniform not to be washed with any other clothing
* Washed on the highest temperature that the uniform can withstand
* Fresh uniform each working day
 |  |  |  |  |
| Cross contamination from personal items  |  |  |  | * Personal items to be placed in a plastic bag and kept in the changing area
* Mobile phones not to be in surgeries, at reception of in uniform pockets
* Mobile phones, tablets etc to be disinfected during the day and after use
* Personal items brought into the practice to be kept to a minimum – only essential items
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| **PPE**  |  |  |  |  |  |  |  |  |
| Sufficient PPE available  |  |  |  | * Risk assessment completed to determine PPE required
* Fluid resistant masks worn at all times
* Gloves worn at reception if touching items that may be touched by other staff members
* FFP3 masks if available used for AGEs (If not FFP2’s)
* Gowns worn for AGEs
* Fluid resistant masks worn for non- AGEs
* Disposable aprons worn
* Visors worn and disinfected between use
* Gloves worn and changed at the correct intervals
* Fit testing completed for FFP3 & FFP2
* Training on the use of PPE including the donning and doffing completed by all staff
* Separate room available for Donning PPE
* Separate room available for Doffing PPE
* Wear eye protection, gloves and mask when performing decontamination/disinfection procedures.
 |  |  |  | Prior to donning PPE: * Remove all jewellery and watches
* Tie your hair back if it is long enough
* Perform regular hand hygiene

<https://www.hse.gov.uk/toolbox/ppe.htm><https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control/covid-19-personal-protective-equipment-ppe> |
| **Surgery set up**  |  |  |  |  |  |  |  |  |
| Contamination of equipment/ items/materials |  |  |  | * Designated surgery for AGP and non-AGPs
* Non-essential items removed from the surgery
* Surfaces clutter free
* Only instruments required for appointment available on surfaces/bracket table
* Only equipment required present
* Paper documents not present within surgery’s
* Only materials required for appointment present on work surfaces/bracket tables
* Drawers/cupboards not to be opened during appointment or for 1 hour after an AGP has been carried out
* Items required but not available should be passed into the surgery by a second nurse outside of the surgery
* Refrain from using spittoons, disposable dish used where possible
 |  |  |  | <https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/06/C0575-dental-transition-to-recovery-SOP-4June.pdf> |
| **Decontamination of surgery equipment/surfaces**  |  |  |  |  |  |  |  |  |
| Decontamination of surgery carried out at the correct intervals  |  |  |  | * Following completion of AGPs, staff working within the surgery must vacate from the surgery as soon as possible
* AGP surgery to be left for the correct fallow time after the completion of treatment
* Display a laminate chart to document entry and exit times
* If no AGPs have been generated in the surgery, then cleaning can commence in the normal timeframe
 |  |  |  | <https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/06/C0575-dental-transition-to-recovery-SOP-4June.pdf> |
| Contamination from hard surfaces  |  |  |  | * Correct medical grade disinfectant used
* All areas and surfaces within the surgery cleaned
* Manufacturer’s instructions followed for products used – correct contact time observed
* When cleaning the surfaces, work systematically from the top or furthest away point
* Clean wall cabinets, then work surfaces, then base cabinets
* Clean the computers
* Clean the taps, hand wash basins
* Wear eye protection, gloves and mask when performing decontamination/disinfection procedures.
 |  |  |  | Clean all surfaces, with a neutral detergent, followed by a chlorine-based disinfectant, in the form of a solution at a minimum strength of 1,000ppm available chlorine or a product that does bothRefer to HTM 01-05 |
| Contamination from surgery chairs  |  |  |  | * Chaperone chairs removed
* Damage to upholstery on the surgery chairs repaired
* Chairs to be wiped after every patient using a medical grade disinfectant
* Wear eye protection, gloves and mask when performing decontamination/disinfection procedures.
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| Contamination from equipment/material  |  |  |  | * All equipment cleaned using the correct medical grade disinfectant
* Check with manufacturers instructions to ensure the correct disinfectant/cleaning protocol is followed
* Exterior of material dispensers cleaned
* Material removed from dispensers prior to treatment where possible
 |  |  |  | Clean all surfaces, with a neutral detergent, followed by a chlorine-based disinfectant, in the form of a solution at a minimum strength of 1,000ppm available chlorine or a product that does bothRefer to HTM 01-05  |
| **General Cleaning**  |  |  |  |  |  |  |  |  |
| General cleaning carried out at the appropriate times with the correct equipment  |  |  |  | * Disposable mop heads and cloths used
* Reusable items such as mop handles, mop buckets to be cleaned following use paying attention to the outer area of the bucket including underneath
* Follow manufacturers instructions for dilution and contact times
* Communal areas/toilets to be cleaned regular throughout the day
* Environmental cleaning of surgery’s to be complete 3 times per day
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| **Ventilation**  |  |  |  |  |  |  |  |  |
| Dilution of surgery air  |  |  |  | * Windows open where possible
* Pre-existing ventilation or air conditioning systems should be set up to run on full outside air extraction where this is possible.
* The air conditioning unit should never be set up in recirculation mode.
* Surgery door to remain closed
 |  |  |  | Adequate ventilation assists in the reduction of potential airborne viral transmission and to reduce the chance for these aerosols to settle on surfaces. |
| **Dental Unit Water Lines (DUWLs)** |  |  |  |  |  |  |  |  |
| Contamination of dental unit water lines  |  |  |  | * Always refer to manufacturer’s instructions
* HTM01-05 recommends sodium hypochlorite and isopropanol for decontamination upon recommissioning
* For disinfectants that can be stored within the system, check with the manufacturer that this is still recommended as this maybe effective for biofilm but not COVID-19
* DUWL tubing may need replacing where possible if the unit has not been used (+1month)
* If tubing cannot be replaced, then disinfect using hypochlorite with 50 mg/L free chlorine for one hour or equivalent
* Water samples from the DUWL should be tested at accredited laboratories at least 48 hours following disinfection
* Replace or treat in-line filters using a cleaning solution as recommended by the manufacturer and this step should be performed after the first DUWL flush.
* Review Legionella risk assessment for specific actions and ensure that the practice mothballing and/or water safety management plan has been implemented
 |  |  |  | <https://www.hse.gov.uk/coronavirus/legionella-risks-during-coronavirus-outbreak.htm> |
| **Waste** |  |  |  |  |  |  |  |  |
| Disposal of waste (tissues, gloves etc.) by cleaners. |  |  |  | * Treat all used paper towels/handwipes as contaminated waste.
* Sanitary waste is already segregated and collected by approved provider.
* Cleaners to wear disposable gloves/PPE identified via further COVID-19 risk assessment.
* Cleaner COVID19 induction training completed and documented-Risk assessments shared with cleaning company/staff
 |  |  |  |  |
| Increased frequency of collection  |  |  |  | * Contact waste licensed contractor to determine as to whether the frequency of collection needs to be increased due to increased quantity and to prevent from waste being on site for a period of time
* Enquire as to whether a pre-assessment audit requires to be carried out
* Refer to LAT re local policy
 |  |  |  |  |
| Waste bins  |  |  |  | * Sufficient contaminated waste disposal units present in the relevant areas, areas where these may not have previously been present – doffing areas, general cleaning areas etc
* All waste bins correctly labelled
* Foot operated bins in situ
* Contaminated waste stored securely and away from unauthorised persons until safe collection
* Consignment notes and transfer notes retained as evidence
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| **Point Value** **Parameter** | **1** | **2** | **3** | **4** | **5** |
|  **Severity** | No First aid required | Minor Injury | Significant Injury or Illness | Severe Injury | Fatality |
| **Likelihood** | Extremely Unlikely | Unlikely | Possible | Probable | Highly Likely |

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| **Risk Score** | **Risk Ranking** | **Action Required** |
| 1-6 | Low Risk | No additional controls are required. Consideration may be given to more cost-effective solutions or improvement that imposes no additional cost burden. Monitoring is required to ensure that the controls are maintained |
| 7-11 | Medium Risk | Efforts should be made to reduce risk, but the costs of prevention should be carefully measured and limited. Risk reduction measures should be implemented. Where a moderate risk is associated with extremely harmful consequences, further assessment may be necessary to establish more precisely the likelihood of harm as a basis for determining the need for improved control measures |
| 12-16 | High Risk | Action required possibly move to lower risk group |
| 17+ | Very High risk | Work should not be started until the risk has been reduced. Considerable resources may need to be allocated to reduce the risk. Where the risk involves work in progress, urgent action will need to be taken |

**Further information available via:**

<https://www.gov.uk/guidance/working-safely-during-coronavirus-covid-19>

<https://www.hse.gov.uk/coronavirus/index.htm>