

Harwell Dental Practice Workplace Management Plan Covid 19 Risk Assessment

Version dated 17-11-20

This risk assessment will identify the hazard and risks presented by the coronavirus SARS-CoV-2 (Covid-19). It will also identify the procedures required to reduce the risk of infection to the minimum reasonably possible in line with nationally recognised operating protocols.

This risk assessment is subject to review in line with changes in general government guidelines and specific specialist input from Public Health England and the Chief Dental Officer of England.

HAZARD (what will cause harm)

The coronavirus known as SARS-CoV-2 (Covid-19)

THE RISK (potential effects and extent of these effects)

Transmission of the SARS-CoV-2 (Covid-19) virus through the recognised transmission paths of aerosol generating procedures (AGP), airborne transmission including droplets from coughs, sneezes, exhaled breath and through fomite transmission via contamination of surfaces that are commonly touched and then transferred to the mouth, nose or eyes by the individual.

There is the potential for illness including death if contracting SARS-CoV-2 (Covid-19). The critical risks vary significantly with age, underlying health conditions and ethnicity.

CONTROL MEASURES (what we do to minimise the risk)

Patients

- Patients suffering from Covid-19, have symptoms of Covid-19, or who are in self-isolation (eg. On instruction from NHS Track & Trace) should not come to the dentist. Patients should expect regular questions about their Covid status.
- The number of patients we see in a day and the treatments we offer may be limited to minimise risks.
- Patients should arrive punctually in order to proceed immediately into the surgery as we do not intend to use the waiting room as it could be a risk area. Use of the toilet is also discouraged to minimise the number of rooms in use which could become contaminated.

- Only one patient will be admitted into the building at a time, with the front door locked. Patients should attend on their own (wherever possible) to avoid unnecessary contacts. The corridor is less than 2 metres wide and therefore passing another person is a risk.
- Hand sanitiser is provided by the front door and should be used on entry to the building.
- Patients should wear face coverings if possible outside the surgery room.
- Patients should avoid touching surfaces and make payments by card, using contactless methods if available.
- Patients must communicate via telephone and email only and should not expect to call in person. Only patients with appointments should be admitted into the premises.
- Contractors working for the landlord within the premises should have appropriate PPE provided by their employer and should keep away from our patients to avoid any person-to-person contact.

Staff

- The workplace must remain covid-secure by means of social distancing, wearing of PPE and the use of hand sanitiser which is located at various locations within the building.
- Staff to ensure windows are open to maximise ventilation within the building.
- To minimise risks, staff must ensure that the only people to enter the workplace are essential to the business of the dental practice.
- Whenever the front door is opened to admit patients or deliveries etc. the member of staff doing so should wear appropriate PPE. Other staff should not be in the vicinity to minimise any contacts.
- The reception area is protected by a large clear plastic screen to separate staff and patients.
- Uniforms and PPE used in the clinical setting are not to be worn outside the building (except for an emergency such as fire).
- Staff wearing appropriate medical grade PPE are deemed to be protected from virus transmission in the workplace. This is important when being assessed by NHS Track & Trace if they have been in contact with a possibly infected individual.

Clinical

- In the surgery setting, staff will wear appropriate medical grade PPE, put on

before the patient enters, and therefore can operate in close proximity. Patients can remove face coverings.

- The Standard Operating Protocol for dental treatment not involving aerosol generating procedures (Non AGP) is for the PPE to be:

Type 2R fluid resistant single use disposable mask

Visor protecting the face

Disposable single use plastic apron

Single use surgical gloves

- The Standard Operating Protocol for dental treatment involving aerosol generating procedures (AGP) is for the PPE to be:

FFP3 grade single use disposable mask (fit tested & certified for the wearer)

Visor protecting the face

Fluid resistant surgical gown (eg. Type manufactured by Yorkshire PPE Ltd)

Single use surgical gloves

- The donning and doffing of PPE to be undertaken in line with recommended best practice as shown on the Public Health England wall chart.
- In line with guidelines, the surgery is to be left closed, unoccupied and not entered for a “fallow period” after any AGP.
- In compliance with the recommendations from the Chief Dental Officer this “fallow period” should be a minimum of one hour with natural ventilation via open windows. This can be reduced to 20 minutes if we use mechanical ventilation (Our Clarke “Air Mover” fan is rated to pump 1500 litres per hour, equivalent to 28 air changes of our 52 cubic metre surgery).
- After the “fallow period” the surgery is to be disinfected with proprietary cleaning products in line with the guidelines, with time set aside to do so.
- All the above is in addition to our existing cross-infection prevention protocols in line with government document HTM 01-05.