



SWEDISH SMILE CLINIC

35 Devonshire Place, Lower Ground Floor, London, W1G 6JP
0207 486 1010 | info@swedishsmileclinic.co.uk | www.swedishsmileclinic.co.uk

note: a charge may be made for missed appointments - 24 hours notice required for cancellations

Standard Operation Policy

Introduction:

There is a requirement for the delivery of robust and safe services when providing dental care within general dental practices and specialist centres. At “Swedish Smile Clinic” we endeavour to comply to all levels of safety procedures with a need to protect our patients, staff and visitors.

Our Services:

1. Remote Consultation and Triage Service

Swedish Smile Clinic will be conducting remote consultations and triage service whose outcomes are:

- advice, analgesia, antimicrobials where appropriate, or
- referral, when necessary if the treatment cannot be delayed, to a designated UDC site for a face-to-face consultation and treatment.

Any referral should specifically identify those patients who are shielded (those individuals at the highest risk of severe illness from COVID-19 who are advised to shield themselves and stay at home for 12 weeks) and patients at increased risk, to inform the route for referral in line with local protocols.

2. A Face to Face Consultation and Treatment Service

A face-to-face consultation and treatment service will only be accessed following remote consultation and triage service provided by the duty dentist.

All in -practice services will be supported with appropriate personal protective equipment (PPE) for the clinical procedures whether it is an Aerosol generating procedures (AGP) or Non -Aerosol generating procedures (non-AGP).



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We the aim to reduce the risk of Covid-19 and will avoid all Aerosol generating procedures (AGP) unless absolutely necessary.

3. Practice Visits

In line with the practice's Infection Control policy it is assumed that all patients may potentially have COVID -19, as some patients are asymptomatic. An asymptomatic laboratory-confirmed case is a person infected with COVID-19 who does not develop symptoms. Asymptomatic transmission refers to transmission of the virus from a person, who does not develop symptoms. Therefore, for all patients attending any face-to-face consultation and treatment; it is important that there is adequate separation either physically or by spacing appointments to ensure that risk of potential contamination is reduced. At the Swedish Smile Clinic we have agreed a robust site and separation protocol and has categorised the patients retrospectively.

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1. Patients who are possible or confirmed COVID-19 patients – including patients with symptoms (new, persistent cough or high temperature), or those living in their household.

Within the first 3 months of re-opening; we will refer all patients that is categorised as “possible” or “confirmed” Covid-19 patients to a specialist centre.

2. Patients who are “Shielded” – those at the highest risk of severe illness from COVID-19:

In order to separate “the Shielded Patients” from all other patients’ group, we have arranged early morning appointment slots between 10am – 1 pm on Mondays and Wednesdays for all Shielded patients only. **Shielded patients includes patients who are at increased risk of severe illnesses as well as , patients with specialist needs, such as :**

- Autism
- ADHD
- Cerebral palsy



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- Down syndrome
- Emotional disturbance
- Epilepsy
- Reading and learning disabilities
- Intellectual disabilities
- Pervasive developmental disorder
- Speech and language impairments
- Spina bifida
- Traumatic brain injury
- Visual impairments

3. Patients who are at Increased Risk of severe Illness from coronavirus.

We are advising those who are at increased risk of severe illness from coronavirus (COVID-19) to be particularly stringent in following social distancing measures.

This group includes those who are:

- aged 70 or older (regardless of medical conditions)
- under 70 with an underlying health condition listed below (i.e. anyone instructed to get a flu jab as an adult each year on medical grounds):
- chronic (long-term) mild to moderate respiratory diseases, such as asthma, chronic obstructive pulmonary disease (COPD), emphysema or bronchitis
- chronic heart disease, such as heart failure
- chronic kidney disease
- chronic liver disease, such as hepatitis
- chronic neurological conditions, such as Parkinson's disease, motor neurone disease, multiple sclerosis (MS), a learning disability or cerebral palsy
- diabetes
- a weakened immune system as the result of conditions such as HIV and AIDS, or medicines such as steroid tablets
- being seriously overweight (a body mass index (BMI) of 40 or above)
- those who are pregnant



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People falling into this group are those who may be at particular risk due to complex health problems such as:

- people who have received an organ transplant and remain on ongoing immunosuppression medication
- people with cancer who are undergoing active chemotherapy or radiotherapy
- people with cancers of the blood or bone marrow such as leukaemia who are at any stage of treatment
- people with severe chest conditions such as cystic fibrosis or severe asthma (requiring hospital admissions or courses of steroid tablets)
- people with severe diseases of body systems, such as severe kidney disease (dialysis)

The practice reception team aims to send an online medical history form to all the patients prior to all dental appointments. Patients are advised to complete and return the form via a secured and encrypted email. Dental appointments will be confirmed after the receipt of the completed medical history form, consent form and COVID -19 Questionnaire the dentist approving the required treatment service (NON AGP or AGP).

4. Patients who do not fit one of the above categories - Patients that requires urgent dental care as a result of a failed treatment or Carious lesions.

We have arranged designated surgery room and allocated appointment slots to accommodate all patients that are in continued care with us.

We have carried out a comprehensive risk assessment and have arranged the surgery rooms according to procedures and the required PPE

Surgery 1 - AGPs will require Level 3 PPE. High Infection Risk

Surgery 2 - non-AGP procedures will require Level 2 PPE Moderate infection Risk



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All patients will be triaged by the duty dentist (Principal Dentist) and will be invited in for a face to face consultation, on the basis of, one of the following listed below:

- Life-threatening emergencies, eg airway restriction or breathing/swallowing difficulties due to facial swelling
- trauma including facial/oral laceration and/or dentoalveolar injuries, for example avulsion of a permanent tooth
- oro-facial swelling that is significant and worsening
- post-extraction bleeding that the patient cannot control with local measures
- dental conditions that have resulted in acute and severe systemic illness
- severe dental and facial pain: that is, pain that cannot be controlled by the patient following self-help advice
- fractured teeth or tooth with pulpal exposure
- dental and soft tissue infections without a systemic effect
- suspected oral cancer
- oro-dental conditions that are likely to exacerbate systemic medical conditions.

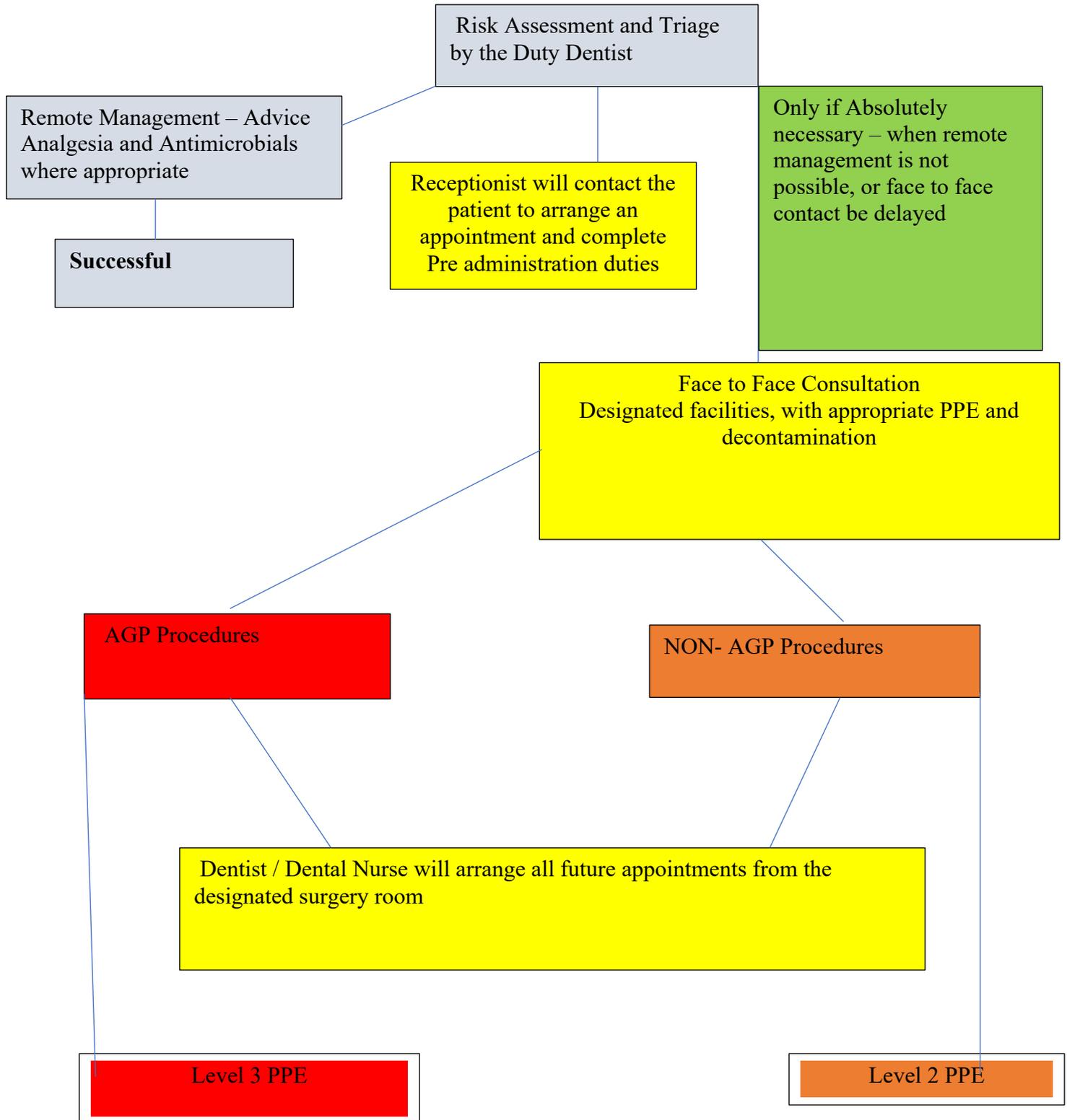


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The Patient's Journey





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Patient's Attendance to the Practice

All patients will be expected to arrive at the entrance of the practice 20 mins before their appointment

Receptionist will disinfect the thermometer and check the patient's Temperature and transfer readings to the dentist.

Dentist will check the patient's completed medical history and consent form. Dentist will consent for patient's direct entry to the assigned room

Dental Nurse will prepare the patient with the required PPE

Dental Receptionist will disinfect the entrance point before and after patient's arrival and departure

Post Treatment (Patients Departure) Dental Nurse will decontaminate all surfaces in preparation for the next patient. The patient's instruments will be decontaminated and autoclave in the designated zones within the surgery. All PPE will be directly disposed of in the Clinical Waste bin immediately after use. This process ranges from 45 to 60 mins.

All patients are expected to make online payments this will be checked Prior to all appointments



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Standard Operating Procedures for The Dental Gallery

The patient pathway for “**Swedish Smile Clinic**” is considered to have two broad stages: remote management and face-to-face management as stated above. As far as possible, patients will be managed remotely and exit the pathway at the end of this stage. Those patients who cannot be managed remotely will enter the face-to-face stage of the pathway.

As such, this standard operating procedure has been divided as follows:

1. SOP for remote management stage
2. SOP for face to face management.

This SOP is applicable to “**Swedish Smile Clinic**” for all our patients using the remote management service, patients needing urgent dental care, as well as, the for face-to-face management stage:

SOP for remote Management Stage

Our dental team is aware of the SOP implemented at our practice. Our awareness includes the current national and local COVID-19 including specific approaches for managing shielded patients and patients at risk.

1. We endeavour to keep our staff safe through regular risk assessments, following guidance for employers and businesses, and through the measures set out in the ‘Keeping staff safe’ Section outline below.
2. We have stipulated on our website and telephone systems to inform patients of our access arrangements. In order to maintain social distances and to limit the risk of transmission whilst adhering to government guidelines on non-essential travel and contact. We will continue to discourage in-appropriate access and attendance, and support efforts.
3. Ensure early identification of shielded patients and patients at increased risk are assessed.
4. Wherever possible patients with urgent dental care needs are managed remotely through the provision of advice, analgesia and antimicrobial means where appropriate.



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5. If the patient's condition cannot be managed by these means, we will advise them to attend for face-to-face consultation and treatment at the practice. Patients are advised to contact NHS 111 in the event of out of hours emergency,

Service information and communications

- Effective communications to all patients at an early stage is paramount as this reduce the number of patients contacting the service inappropriately. Different communications routes were considered (e.g. telephone, text, website).

Risk assessment

1. Patient risk assessment will be conducted remotely (e.g. telephone, video link) to determine:
 - which patient group the patient belongs to
 - the associated risk to the patient if they were to contract COVID-19
 - whether the patient has COVID-19 related isolation requirements.
2. This information, together with the degree of urgency of the patient's dental condition, will be important in determining the patient management approach.
3. As part of the risk assessment, the following questions will be included, in line with the case definition for possible COVID-19 and isolation requirements:
 - – *Do you have a new, continuous cough?*
 - – *Do you have a high temperature (37.8C or over)? You will also be tested before entry for treatment.*
4. *Does anyone in your household have a new, continuous cough or a high temperature?*



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5. – *If you or anyone in your household has tested positive for coronavirus, are you still in the self/household isolation period?*

If the patient **answers yes to any of the above**, then they belong to the group of patients who are possible or confirmed COVID-19 patients.

If the patient **answers no to all the above**, continue risk assessment to determine which patient group they belong to:

- A. Patients who are shielded – those at the highest risk of severe illness from COVID-19 and are classified in the group of Special Needs.
- B. Patients who are at increased risk of severe illness from COVID-19
- C. Patients who do not fit one of the above categories.

We will have confirmed:

- A. Patients who are in the shielded group have been informed of their shielded status by their GP.
- B. Patients' records and taking a good medical and social history will identify those at increased risk of severe illness.
- C. In cases where remote management is not possible, consideration will be given to risk assessing persons who may be accompanying the patient to a face-to-face appointment (e.g. the parent or carer of a child patient). Patient escorts should be from the same household; and will be assessed.

Dental triage

1. Dental triage should be conducted remotely (e.g. telephone, video link) to determine:
 - if the patient has a need for routine non-urgent care, we will be arranged for a non-aerosol generation treatment procedure.
 - if urgent dental care needs can be managed remotely (e.g. patient requires advice only)
 - if urgent dental care needs cannot be managed remotely, whether management can be delayed; if it cannot be delayed, the patient will be advised to attend a Face to Face appointment at the practice.
2. If face-to-face management is required, we will arrange an appointment for the patient in the most appropriate place (Non-AGP and AGP room) and time for the patient to be seen (in line with patient group and care requirements)



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3. We will prioritise the patients with the most urgent care needs, in line with the most appropriate place and appointment.

Remote patient management

- Each patient will be assessed and managed on their own merit, considering their best interests, professional judgement, and the prioritisation of the most urgent care needs.
- Clinical records are kept for remote patient consultation. Additionally, OUR DENTISTS will have access to our dental software remotely and is able to identify and retrieve patient records; this was developed as part of the COVID-19 evaluation purposes.
- Based on risk assessment and triage outcomes, wherever possible we will provide urgent dental care to the patients who are registered at the practice and are undergoing current treatment and in some instances through the provision of advice, analgesia and antimicrobial means where appropriate.

SOP for face-to-face management stage

All dental team members should be aware of this SOP, the current national and local COVID-19 guidance (including approaches for managing shielded patients and patients at increased risk and the possible COVID-19 case definition).

We endeavour to keep our staff safe through regular risk assessments, following guidance for employers and businesses, and through the measures set out in the 'keeping staff safe' policy.

There are clear protocols for patient care, noting the requirement for appropriate zoning and separation measures for all patients. Particular attention was implemented to shielded patients and patients at increased risk.

Where appropriate, repeat risk assessment and dental triage will be undertaken when the patient arrives at the service in case there are changes in the patient's health or social history; the patient is unaware of their risk status, or the patient accesses a service inappropriately.

When face-to-face assessment and/or treatment is undertaken:



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Each patient will be assessed and managed on their own merit, considering the patient's best interests, professional judgement, local UDC arrangements and the prioritisation of the most urgent care needs.

- ⇒ We aim to manage the patient's condition with as little intervention as possible to minimise exposure risk.
- ⇒ If possible, manage patients through advice, analgesia and antimicrobial means where appropriate.
- ⇒ If treatment is required, all equipment and materials for treatment should be assembled in surgery before beginning.
- ⇒ Aerosols should be avoided wherever possible.
- ⇒ If an aerosol generating procedure is necessary, the use of high-power suction and rubber dam is recommended where possible.
- ⇒ Treatment should be completed in one visit wherever possible.
- ⇒ Follow local approaches and arrangements for the management of patients who are shielded or at increased risk?
- ⇒ Use robust infection prevention and control procedures in line with government advice, to include CQC and GDC guidelines.
- ⇒ Prepare for incident management.
Resuscitation Council (UK) guidance on CPR and resuscitation in the context of COVID-19.

Patient management: Social Distancing and Separation

- We have recognised that all our dental treatment will require closer contact, social distancing measures should be applied as far as possible throughout the service.
- We are trying to eliminate patients waiting in the waiting area and treatment rooms. We have implemented a system that appropriately spaced patients' appointment and allocated sessions for patient's separation measures.
- Careful Consideration will be given to both patient group and the type of treatment undertaken for example, increased risk associated with aerosol generating procedures means there are additional PPE and decontamination requirements.

Appropriate zoning is undertaken.

The non- aerosol and aerosol generating rooms are clearly demarcated for the specific patient groups. The rooms have been designated to receive and to separate patients who are shielded or at increased risk. Additional physical and temporal separation measures have been undertaken for shielded groups or groups at increased risk where possible, for example:

- The patients who are shielded will not come into contact with others unless absolutely necessary. These patients will be seen between 10am and 11 pm on Monday and Wednesday mornings.



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Practical considerations for the dental service are advised as follows:

Patient escorts will only be allowed where absolutely necessary, for example child attending with parent. As far as possible, only one escort will be allowed per patient, and this escort should be from the patient's household to minimise exposure risk. Consideration will be given to capacity and consent, and how these can be managed appropriately in a way that minimises contact risk. For example, for child patients, if a person with parental responsibility cannot accompany the child due to social isolation, the child could be brought by a responsible adult from their household and the person with parental responsibility contacted by telephone by the dental team.

The escort will be expected to adhere to the government social distancing guidelines from the team members in the case of consenting to patient's treatment

During the remote management stage, if patients plan to travel to the practice by car, they may be advised to wait in their car until the time of their appointment.

Attending the Practice

- On entering the building, all visitors to the practice will be told to wash their hands and /or use hand sanitiser.
- The number of patients and staff in waiting rooms, reception and communal areas should be minimised as far as possible.
- In order to adhere to the government guideline on social distancing of 2 metre separation we can only accommodate one patient per appointment or two persons from the same household.



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- Our staff in reception and communal areas will maintain a 2-metre separation with the public and will wear a fluid-resistant surgical mask for a session.

- Fewer staff as possible will be allocated to see patients, particularly those shielded, to minimise contacts without compromising the safe delivery of care.

- If face-to-face triage validation is required before treatment begins, patients will be initially seen in a separate room to provide social distancing, and the clinician will wear PPE in line with PHE guidance.

This policy was written on the 21May 2020 and will be reviewed in 3 months