

Practice checklist template



How to use this template

This checklist / audit tool is an additional resource to support the dental team to provide care based on the recommendations within the FGDP(UK) / CGDent guidance: “Implications of COVID-19 for the safe management of general dental practice - a practical guide”.

These tools have been created as a useful resource to help the dental team review key elements of the guidance and recommendations, paying particular attention to the patient journey and the five key domains.

We recommend the **practice checklist** be reviewed each week initially. As the national alert level reduces, (currently Level 3) and new evidence emerges, the frequency of review can be extended. Any significant changes likely to increase the risk, should also be taken into consideration.

A **patient/treatment checklist** has also been developed which provides a useful method of recording important data. This can also be used as an audit tool as part of clinical governance and support quality improvement within the practice. The information within the patient checklist is fairly basic, but it is designed to aid risk assessment and promote risk-based decision-making. It is suggested that during high alert levels, data should be collected for each patient and included within the clinical notes, ideally as a digital record. Reflection and personal development are features of our professional development and often such tools can help guide improvements in our patient care.

It is hoped that these tools will support the dental team in delivering high quality care for their patients and provide a simple method of demonstrating this. The full guidance can be found at:

www.cgdent.uk
www.fgdp.org.uk

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Completed by:	
Date:	
Current alert level:	

1. Pre-appointment	Yes	No	Notes
Is your patient contact plan for triage set up and understood by all relevant staff?			
Have patients been contacted ahead of the visit with information on the following: <ul style="list-style-type: none"> ○ Patient questionnaire ○ COVID-19 assessment ○ Medical history ○ Patient forms – FP17, estimate, consent form ○ Information on payment ○ Information on arrangements for safe entry and social distancing within the dental practice building 			
Has the patient been informed to only bring essential items and where possible attend alone?			
Have you implemented a protocol for closed door policy (level 3-5) or entrance door signage (1-2)			

2. Patient attendance	Yes	No	Notes
Have you set plans to minimise contamination of all the public areas? <ul style="list-style-type: none"> ○ Storage of patient belongings ○ Do you have antiseptic gel at entrance and exit points? Is it clear who will inform patients to use this? ○ Are there clear signage / floor markings throughout the practice to support their safe flow throughout the premises? ○ Is the reception area adapted to support social distancing? 			
Have you scheduled appointments to minimise possible contact amongst patients leaving / entering the waiting room?			
Have you managed the appointment time to, where possible, optimise the number of procedures done in one visit?			
Have you set risk-based diary schedules e.g. high risk / shielded patients as first appointment of the day / high AGE procedures as last appointment of the session etc?			
Have you reviewed the need for an appropriate barrier screen on the reception desk and marked 2m distance from the desk?			
Have non-clinical staff been provided appropriate PPE?			
Are all DHCW staff fully trained on the process for patient management within the practice? – ideally move to the surgery asap after arrival?			
Has completion of this training been documented & are follow up audits planned?			

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3. During treatment	Yes	No	Notes
Has the procedure to be undertaken been risk assessed as low risk or high risk for aerosol exposure? (table 1 of guidance)			
Is the appropriate PPE in place according to the alert levels & aerosol exposure risk for the procedures? (table 2 of guidance)			
Is supply of PPE appropriate for requirements?			
Is the appropriate PPE being used in line with the staff, patient and aerosol exposure risk assessments?			
Are procedural risk mitigation measures being used where appropriate? E.g. HVA and rubber dam use			
Have you documented the risk assessment outcomes in the patient notes?			

4. After treatment	Yes	No	Notes
Have you agreed a process for leaving the surgery after treatment and made provision to communicate this to staff and patients?			
Do you have a written procedure for doffing of PPE after procedures – both low and high risk for AGE exposure? Is this in line with PHE guidance?			
Has the level of ventilation been assessed for each surgery within the practice to help plan the need for fallow periods?			
Where using air conditioning is it set to external vent?			
If fallow period has been adjusted from NERVTAG/PHE guidance of 60 minutes, has a risk assessment been completed and the justification been documented?			
Do you have a plan for appropriate PPE to use for decontamination of the surgery?			
Has the plan for decontamination been communicated to all staff and documented for both low and high-risk aerosol exposure?			
Are staff aware of the procedure for completion of digital and paper records?			
Are staff clear of the procedure for washing scrubs and taking them home from the surgery? Has this been documented?			

5. Management tasks	Yes	No	Notes
Have you appointed a lead within your team to provide oversight for COVID-19 plans and also for wellbeing within the practice?			
Is there sufficient access to alcohol hand gel throughout the practice and clear separation of clinical and non-clinical areas?			
Has staff training been reviewed particularly in relation to medical emergencies?			
Have you completed a thorough risk assessment for all staff members prior to recommencing duties?			
Have you produced a protocol for daily COVID-19 staff assessment			
Are staff aware of the increased prevalence of safeguarding issues relating to children, vulnerable patients and the elderly due to COVID-19 adjustments and the potential for increased patient anxiety?			
Do staff have clear signposted access to occupational health & mental health wellbeing services?			
Is there a protocol for safe practice with regards to waste in both clinical and non-clinical areas?			
Are there plans to screen any locum staff and induct them to local protocols ahead of attendance?			

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Have you completed key staff training to refresh working practices and update on new working conditions following the closure to regain confidence and maintain safety?			
Did you reduce indemnity cover while the practice was closed? Have you reviewed this?			

Additional notes: