**Management of COVID-19 cases in Yorkshire & the Humber dental practices**

**(including private or independent practices)**

**For EACH COVID-19 POSITIVE CASE (PCR test) please complete forms and send via email to BOTH Consultants in Dental Public Health**

[**Siobhan.grant@phe.gov.uk**](mailto:Siobhan.grant@phe.gov.uk) **&** [**Sandra.whiston@phe.gov.uk**](mailto:Sandra.whiston@phe.gov.uk)

Please complete the form electronically and email it as a Word document.

**Please ensure that any member of staff with a positive lateral flow test result self-isolates immediately and has a PCR test within 48 hours to confirm the results.**

NOTE - This form is for reporting cases associated with practices in the Yorkshire and the Humber area (including Bassetlaw). If your practice is outside this area, please contact your local health protection team for advice.

**Form 1**

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| Dental practice name:  Address:  Name of informing person & position (practice manager/owner):  Mobile number for contact and back up landline telephone:  Email of informing person/practice: |

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| **Please complete question 1 onwards if the case is a staff member.**  **Please complete question 12 ONLY if the case is a patient and there is a breach in the SOP** |
| **Question** |
| 1. Details about **the staff member** who has tested positive (or is symptomatic), including:   Name:  Job role (dentist, dental nurse, receptionist):  Dob:  Home address and postcode:  Mobile and home tel nos:  Email:  Date and time of onset of symptoms (if they have any):  What are the symptoms (if any)?  Possible source of infection (if known):  Date of last lateral flow test (LFD) and result (if taken):  Date of positive **PCR** COVID-19 test:  Test and Trace reference number:  Date of COVID vaccination (month):  1st dose  2nd dose |
| 1. What was the last date at work for the confirmed case (staff member)?   Were they working in your practice in the 48 hours prior to the onset of symptoms or positive **PCR** COVID-19 test if they have no symptoms?  Has the COVID-19 positive person worked across multiple practices during the infective period (within 48 hours)? Please provide addresses. |
| 1. If **two or more** members of staff **tested COVID-19 positive within 14 days,** please state names and date of PCR tests:   Was this case a known contact of one or more of these cases? |
| 1. How many patients or members of the public (without appropriate PPE being worn) do you think are involved (from 48 hours before onset of symptoms, or positive PCR COVID-19 test, if they have no symptoms, whichever is earlier)? |
| 1. **Contact definitions**:   A contact is a person who has been close to someone who has **tested positive for COVID-19 with a** [**PCR**](https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance/stay-at-home-guidance-for-households-with-possible-coronavirus-covid-19-infection#tests-for-covid-19) **test**. You can be a contact anytime from 2 days before the person who tested positive developed their symptoms, and up to 10 days after, as this is when they can pass the infection on to others.  A contact can be:   * anyone who lives in the **same household** as someone with COVID-19 symptoms or who has tested positive for COVID-19 * anyone who has had **any of the following types of contact** with someone who has tested positive for COVID-19 with a PCR test:   + **face-to-face contact including being coughed on or having a face-to-face conversation within one metre**   + been **within one metre for one minute or longer without face-to-face contact**   + **sexual contacts**   + been **within 2 metres of someone for more than 15 minutes (either as a one-off contact, or added up together over one day)**   + **travelled in the same vehicle or a plane**   An interaction through a Perspex (or equivalent) screen with someone who has tested positive for COVID-19 is not usually considered to be a contact, as long as there has been no other contact such as those in the list above.  **ALL OF THE ABOVE WOULD STILL APPLY IRRESPECTIVE OF WEARING A FLUID RESISTANT TYPE IIR SURGICAL MASK AS THE ONLY FORM OF PPE**  **How many staff members do you think are involved as contacts? Please include part-time staff and cleaners/maintenance staff?**    **Please complete details of contacts in the next section – Form 2**  Has the case identified any practice staff as contacts to Test & Trace? |
| 1. Do you have any concerns with compliance with infection prevention and control policies and practices?   Do you have any concerns with social distancing within the practice?  Do any additional measures been put into place to prevent future cases? |
| 1. During the infective period (within 48 hours) have there been any work-related social contacts with the case outside of the work setting e.g. a meal? |
| 1. Has a ventilated deep clean of the practice been undertaken, if so on what date? |
| 1. Has the practice closed to patients for face to face care?   If so, what are the anticipated closure dates?  If your NHS service has been affected, please inform NHS England via e-mail england.yhdentalreturns@nhs.net (details of positive cases are not needed) |
| **Please complete form 2 if there are potential contacts** |

**Form 2 - List of Potential Contacts**

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| **Potential contact name 1**  Name  Is the contact a member of staff or patient?  Role (dentist, dental nurse, receptionist)  Dob  Address  Tel  Email  Dates of contact  Nature of contact e.g. car sharing, ate lunch in close proximity, shared reception desk, social contact outside of work |  |
| **Potential contact name 2**  Name  Is the contact a member of staff or patient?  Role (dentist, dental nurse, receptionist)  Dob  Address  Tel  Email  Dates of contact  Nature of contact |  |
| **Potential contact name 3**  Name  Is the contact a member of staff or patient?  Role (dentist, dental nurse, receptionist)  Dob  Address  Tel  Email  Dates of Contact  Nature of contact |  |

**Please add further contact details on an additional copy of this form if necessary**