

COVID-19 Screening Form ...

Patient's name:

Date:

Date:

PREAPPOINTMENT CHECK

IN-OFFICE VISIT

1. Have you previously been diagnosed with COVID-19, or do you think you've had/have COVID-19?

YES NO

YES NO

(If NO to question 1, skip to question 5)

2. If YES, when and how were you confirmed positive?

- I think I had it.
- I had a positive nasal swab test.
- I had a positive blood test.
- I had a positive saliva test.
- I currently have symptoms and am waiting for a test.

3. If you have had COVID-19, how were you confirmed negative?

- I was diagnosed negative by a nasal swab test. How many times? How far apart?
- I show antibodies to COVID-19 with a blood test.
- My doctor said I no longer have it because I don't have any symptoms.
- I don't have any symptoms, so I don't have it.

4. If you have had COVID-19, when were you confirmed negative?

- 24 hours ago today 10 days after testing

5. Do you currently have (or have you experienced) any of the following symptoms in the past 21 days:

- | | | |
|--|--|--|
| Fever | YES <input type="checkbox"/> NO <input type="checkbox"/> | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| | <i>If fever, how did you measure it?</i> | |
| Fatigue (feeling tired) | YES <input type="checkbox"/> NO <input type="checkbox"/> | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Altered or loss of taste/smell | YES <input type="checkbox"/> NO <input type="checkbox"/> | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Dry cough | YES <input type="checkbox"/> NO <input type="checkbox"/> | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Trouble breathing | YES <input type="checkbox"/> NO <input type="checkbox"/> | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Shortness of breath, difficulty breathing, chest tightness | YES <input type="checkbox"/> NO <input type="checkbox"/> | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Confusion | YES <input type="checkbox"/> NO <input type="checkbox"/> | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Blueish lips or face | YES <input type="checkbox"/> NO <input type="checkbox"/> | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Chills/repeated shaking with chills | YES <input type="checkbox"/> NO <input type="checkbox"/> | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Muscle pain | YES <input type="checkbox"/> NO <input type="checkbox"/> | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Headache or sore throat | YES <input type="checkbox"/> NO <input type="checkbox"/> | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Any other flu-like symptoms | YES <input type="checkbox"/> NO <input type="checkbox"/> PLEASE LIST | YES <input type="checkbox"/> NO <input type="checkbox"/> PLEASE LIST |
| GI upset or diarrhea | YES <input type="checkbox"/> NO <input type="checkbox"/> | YES <input type="checkbox"/> NO <input type="checkbox"/> |

6. Are you in contact with anyone who has been sick and/or confirmed to be COVID-19-positive?

YES NO

YES NO

7. In the past 14 days have you traveled to any regions affected by COVID-19?

YES NO

YES NO

Some medical conditions have been associated with more severe COVID-19 disease. The following questions are an attempt to determine your risk:

8. Are you over age 65?

YES NO

YES NO

9. Do you have high blood pressure?

YES NO

YES NO

If you have high blood pressure, is it controlled?

YES NO

YES NO

10. Do you have diabetes?

YES NO

YES NO

11. Are you overweight?

YES NO NO ANSWER

YES NO NO ANSWER

12. Do you have respiratory problems?

YES NO

YES NO

13. Do you have any autoimmune disorders?

YES NO

YES NO

14. Are there any other conditions you would like to report?



Consent to dental treatment during COVID-19

I am aware that the current COVID-19 pandemic brings a number of known risks and a number of unknown risks. I have chosen to seek dental treatment during the pandemic in the knowledge that much is still unknown about the virus.

I understand the coronavirus that causes COVID-19 has a long incubation period during which time carriers of the virus may not show symptoms yet still be highly contagious. I also understand that some people may have the virus but may not ever have any symptoms. I therefore understand it is impossible to determine who has the virus and I understand that I must assume that anyone anywhere could be infected and infectious _____ Initial

I have been made aware that during the current phase of the pandemic all non-urgent dental care must be postponed _____ Initial

I have been made aware that emergency and urgent NHS dental care is being provided in designated NHS urgent dental care centres and I confirm that I wish to be treated at **Cochrane Dental Care** _____ Initial.

I confirm I am seeking treatment for _____ and **Paul Cochrane / Marie Sharkey (Please circle)** has agreed to provide treatment because _____
_____ Initial

I confirm that I understand the risks and benefits of the treatment proposed as explained to me by my dentist _____ Initial and all my questions have been answered to my satisfaction _____ Initial

I confirm that I am not currently suffering from any of the following symptoms of Covid-19 and I have not suffered from any of these symptoms in the last 7 days _____ Initial

Please turn over



- Fever (a temperature of 37.8 degrees centigrade or above).
- A new persistent dry cough.
- Muscle pains.
- Headache.
- Shortness of breath and breathing difficulties.
- Severe pneumonia.
- Loss of taste and/or smell.
- Extreme fatigue.
- Runny nose.
- Sore throat

I confirm that I have not been in close contact (within 2 metres) of anyone suffering with any of these symptoms in the last 14 days _____Initial

I confirm that I have not tested positive for COVID-19 in the past 7 days? _____Initial

I have not been advised to self-isolate as part of the “Test, Trace and Protect” strategy? _____Initial

I understand that receiving dental treatment means that the UK government’s instruction to maintain social distancing of at least 2 metres is not achievable during treatment _____Initial

I understand that **Paul Cochrane and Marie Sharkey** have taken every precaution to make sure my treatment is provided according to comprehensive clinical guidance issued by the Faculty of General Dental Practice, the British Dental Association. _____Initial

I consent to the emergency and / or urgent dental treatment as already outlined:

_____Initial

I consent to the treatment being provided during the current lockdown phase of Covid-19

Name _____

Date _____

Signature _____



COVID 19 and improving your dental health

Dear Patient

This document forms part of our **Pre Appointment Pack** at Cochrane Dental Care and provides all patients the information that is imperative for their care with us. Dental care must always be safe and during this COVID-19 pandemic there are enhancements at the practice that you will experience in order to keep us all safe during these challenging times.

If you have any questions, in advance, please don't hesitate to contact the practice on 028 703 42526.

Dental treatment with us at the current level of UK COVID ALERT will be **urgent or emergency only**. This can change and with a reducing risk alert and we will keep you updated in this regard.

We would like to reassure all our patients that dental practices are highly skilled in infection control and have well-established protocols that are regularly checked and audited. We would be happy to share our protocols and their rationale upon request.

We want to plan your visit meticulously with the view to reducing the time you are physically in the practice apart from receiving your clinical care. Accordingly, then, if you are classed as vulnerable due to health, disability or shielding, you will be allocated appropriate sessions to minimise risks to you, for example, scheduling you at the start of a session. Further information in regards to shielding and vulnerable people is available at <https://www.nidirect.gov.uk/articles/coronavirus-covid-19-advice-vulnerablepeople>

Currently we are operating a **'closed door policy'** where patients can only attend by contacting us first via telephone. We are also contactable through our website www.cochranedental.co.uk.

Currently your dental urgency will mean you will be contacted by our dentists and in line with the latest guidelines, we will discuss with you the best care we can provide under the current restrictions. The following guidance is to help plot your care pathway with ourselves currently. This guidance is subject to change with COVID alert levels and we would ask that you keep in contact with us so that we can best meet your needs at this time.

So please continue to read the following information and we look forward to continuing to care for you.

Yours sincerely,

Paul, Marie and the entire team at Cochrane Dental Care.

Your Care Pathway

- **Before your appointment**

- Patients should only attend with booked appointments due to the current 'closed door Policy'.
- We would ask that you do not come significantly ahead of your appointment time, however if you do arrive early and have your own transport, then we would ask you to sit in their car or wait outside and only enter when a team member indicates they are ready to see you.
- Administrative tasks will be undertaken ahead of the visit with a **Pre-Appointment pack** provided for you at a previous emergency visit or preferably for download from our website, www.cochrandedental.co.uk and this will include:

1. Medical History form which must be completed in full and brought with you.
2. Patient Consent Form
3. COVID Screening Form
4. Patient preparation information – This correspondence.

- A treatment estimate is always available on request and all costs will be discussed ahead of treatment. Payment will preferably be by card and may be taken in advance of care to minimise time in the practice during the COVID restrictions.

- **Your attendance**

- With the exception of children and patients in need of support or supervision, **patients should attend alone.**
- **We will respectfully direct you to use hand sanitizer on arrival and departure.**
- Clear signage and information will be displayed at the practice to support your patient journey.
- We will be minimising waiting times in common areas and ensuring social distancing to Government guidelines.
- We are discouraging the use of our toilet facilities at this time, consequently please be advised to use the bathroom prior to attending the practice.
- You will be aware of our adoption of high level of infection control and prevention protocols but it is still us behind the screens and masks!
- Appointment times will be tailored to new ways of working and to adhere to strict social distancing in this medical environment you will be unlikely to interact with anyone else but staff at the practice.
- Please bring as few personal belongings as possible with you.
- Verbal COVID screening on entry will be undertaken on arrival. Any patient with signs or symptoms of COVID-19 will be advised to return home immediately and contact NHS 111. If urgent dental care is needed in this circumstance appropriate onward referral will be arranged.
- Please have all the forms from the Pre-Appointment Pack with you and bring your own pen to sign if possible.

- **Your Clinical Care**

- Your dental care will be undertaken with the same levels of skill and attention that pre-COVID arrangements would allow. Our team has undergone training prior to returning to clinical practise following lockdown so enabling us to effectively and safely care for you.
- Your dental care is being delivered based on Personalised Risk Assessment by either Paul or Marie in relation to the risk implication of a COVID-19 infection (co-morbidities/age/sex/ethnicity/pregnancy etc) for patients and staff.
- You may appreciate appointment times may need to be lengthened to allow for any additional infection prevention and control arrangements, with appointment times staggered to minimise waiting time for patients and facilitate social distancing throughout the practice.
- One of the primary risks with COVID 19 is its higher infectious potential towards dental teams and patients due to our close proximity during appointments. This explains the risk assessment that now follows every patient. Acknowledging that all dental visits involve risk of exposure to aerosols and droplets, whether they be naturally occurring or produced when by our mechanical equipment, e.g. when we drill or clean teeth, we will be properly equipped with the appropriate Personal Protection Equipment or PPE that directly relates to the risk that treating your urgent or emergency dental need brings. For some procedures this PPE use will carry an extra cost to your care. We will be transparent about this.
- In addition to this and directly due to the aerosol generation from procedures 'downtime' or 'fallowtime' will be needed after you leave the surgery, where the dentist and nurse must also leave before re-entering to clean. This time has been recommended¹ to be up to 60mins for a high risk aerosol generating exposure. Clearly this may have a bearing on cost to your care however there are mitigating measures which can reduce this 'downtime' and we will undertake them as appropriate and explain those measures to you.

- **After treatment**

- We would ask respectfully that our patients would follow up with the practice in 14 days of the appointment to inform us whether they have since developed COVID-19. We will endeavour to assist with this follow up and indeed review any clinical need as well within this time.

¹ Implications of COVID-19 for the safe management of general dental practice. A practical guide. 1st June 2020. College of General Dentistry and Faculty of General Dental Practice (UK) 2020