Title: PROTOCOL FOR DENTAL CARE IN A DOMICILIARY SETTING

Directorate: Community

Responsible for review: Richard Garton, Dental Clinical Director
Dr Firoozeh Curran, Lead Dentist

Ratified by: Care and Clinical Policies Group

Applicability: All patients as indicated

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1. Introduction
This protocol supports the delivery of appropriate high quality care to target groups of patients for whom our dental service is commissioned.

For some people access to oral healthcare services is practical only through the provision of domiciliary oral healthcare (British Society for Disability and Oral Health 2009). Our dental service delivers domiciliary care as part of a clinical care pathway that includes domiciliary services provided by other providers.

Domiciliary dental care is carried out in an environment where the patient is resident either permanently or temporarily. This will often include residential units and nursing homes, day centres and the patient’s own home.

2. Aims
- To deliver appropriate effective and efficient oral health care and preventive support to people whose circumstances make it impossible, unreasonable or otherwise impractical for them to receive care in a normal fixed clinic setting.
- To deliver care to these people in the most effective and efficient way.

3. Scope
The purpose of this document is to provide guidance to staff within our Special Care Dental Service.

4. Dental Care Pathway for domiciliary patients
The care pathway for domiciliary care can be found in Appendix 1. This clearly defines a pathway where less complex domiciliary service patients should be cared for by other dental services. Patients requiring domiciliary dental care who are more complex should be cared for by our Special Care Dental Service (see Appendix 2 also 4.4 below).

4.1. Objectives
The objectives of the domiciliary care pathway are to:
- Ensure that appropriate people receive an appropriate, effective and efficient domiciliary dental service.
- Ensure that the pathway appropriately addresses patients’ needs, taking into account the complexity of their circumstances and their wishes, consistent with the most appropriate use of resources.
- Support the delivery of high quality oral healthcare in a person-centred way that respects the dignity of the individual receiving it.
- Support and guide the members of staff who deliver the domiciliary dental service

4.2. Access to domiciliary care
Liaison with health and social service professionals, carers and the voluntary sector enables people who require a domiciliary service to access care. Referrals can be made by any member of a multidisciplinary team. Residential and care homes should have access to information on local dental services including advice on referrals and information about domiciliary dental services available in this area.
4.3 Referring patients for domiciliary care

Wherever possible, referrals should be made on the referral form in current use by the Special Care Dental Service (see Appendix 3). This will provide the information needed to define the most appropriate care pathway for an individual person.

Urgent referrals may be made by phone contact in the first instance followed by the current referral form as soon as possible.

Urgent referrals are often challenging to accommodate into already scheduled working days. Eligibility and the actual degree of urgency assessment are critical to the management of this situation and should not be rushed as experience demonstrates that the assessment stage is critical to efficient delivery of any services.

4.4 Acceptance of referrals by our service

We accept referrals of people who find it impractical or impossible to attend a normal dental surgery for dental care and who are more complex than might be reasonably managed by a GDP (General Dental Practitioner) based domiciliary service. This includes some people with:

- Severe physical and learning disabilities
- Mental health problems e.g. dementia, agoraphobia, chronic fatigue syndrome
- Medical conditions e.g. end of life, chronic obstructive airway disease.
- Who are in-patients in hospital, palliative care units and nursing homes (who are unable to access General Dental Services whether routine or domiciliary services.)

4.5 Referrals are not accepted for:

Patients who:

- are able to access a dental surgery
- are able to travel to a dental surgery with assistance
- claim benefit to allow them to access health services such as the mobility component of Disability Living Allowance

5. Before the domiciliary appointment

5.1 Processing the referral and assessing the eligibility for domiciliary care

Referrals for Domiciliary Care are managed using the same process as other referrals to our service. The written referral is received at Castle Circus Health Centre. Verbal referrals are managed from Castle Circus Health Centre usually but another site may manage these on occasion.

The written referral is assessed by the practice manager or an appropriate alternative. See appendices 1 & 2 for details of the assessment and flowchart with possible outcomes.

The written referral form is scanned on to the Software of Excellence (SOEL) the patient record system and a waiting list entry created if the referral is accepted in our service. Verbal referrals should follow a similar process but this must be followed by written evidence as soon as possible and is then managed as above.
5.2 Preparation prior to the initial visit.

It is very important to be clear of the circumstances relating to the situation that our staff members are going into prior to exposure to any risks.

The questionnaire in appendix 4 will help to assess these risks and will inform our strategy for the team undertaking the domiciliary visit. An admin staff member will contact the patient to complete this form. This assessment includes possible health and safety risks, manual handling risks and other known possible risks.

It is also important to establish the patient’s obligation or exemption to NHS dental patient charges (see appendix 5). If the patient is liable for dental patient charges the process must be agreed for payment of this before completion of the course of treatment. This would normally be by cheque in response to the issuing of an invoice from our service.

The above information should be recorded, at the time of contacting the patient, electronically on SOEL under Contact’s section titled Dom information.

5.3 Pre-visit planning and check list

This will include phone contact with the patient, confirmation of the method of payment of NHS patient charges, estimated time of arrival, staff members names (as on official Trust ID)

This also includes identifying a responsible person to hold details of the address to be visited, vehicle details (the provided small van), contact details and expected time of return to base, with instructions for action if the team do not return by this time.

Documents that will be needed for the initial visit include:

Patient record sheet (pro-forma)
Medical history from
PR11 form
FP17DC form
Domiciliary risk assessment form (appendix 6)
MCA capacity assessment form (Appendix 7)
Prescription pad and stamp

5.4 Equipment for the initial assessment visit

The equipment necessary will depend on the intended dental treatment and this will follow the assessment of the patient and their domiciliary situation.

The minimum equipment required will include the administration documents, medical emergency kit, a general examination kit and a mobile phone. See appendix 8 for more information on this.

Also see Appendix 9 for Risk assessment for domiciliary instruments.

5.5 Compliance with legal requirements

Items carried to a domiciliary visit should be transported, ideally, in the provided small van. This vehicle has been designed and organised so that it fully complies with the legal requirements for this use. If this is not available other transport may be used. In all situations the items must be carried in full compliance with the Carriage of Dangerous Goods Act including the display of any required signs on the vehicle.
6. The domiciliary visit

6.1 Assessing the patient

On arrival the dental team should introduce themselves and show the patient or their carer their ID badges. The team should positively identify the patient and ascertain the relationship of any other people present, to the patient.

Following introductions the following sequence should be carried out.

Explain to the patient/carer that prior to any dental care you need to complete/check/update various items to ensure that it is safe and appropriate for them and for you to undertake dental care in this situation. (Appendix 6)

The process includes:

- Environment/safety assessment
- Manual handling assessment and if a serious risk is identified a formal manual handling risk assessment will need to be carried out. The Manual Handling Risk Assessment form is enclosed in Appendix 10.
- Confirmation of NHS dental charges status, amount and method of collection
- Completion of a PR form
- Completion and confirmation of medical and dental history with the patient. If any concerns arise about the reliability of the information this should be discussed with an appropriate patient representative...
- Assess the patient’s capacity to consent to an examination, and consider their capacity to consent to any treatment. (See section 7)
- Carry out a full dental examination and provide a completed FP17DC to the patient with an estimate of NHS dental charges if appropriate. You may wish to outline or provide an initial treatment plan to the patient at this stage particularly if the treatment required is complex or if the treatment plan involves a combination of clinic and domiciliary care.
- Carry out any necessary and appropriate urgent dental care

6.2 Treatment aspects considered routine in the domiciliary setting

The following procedures would normally be considered routine in the domiciliary setting:

- Examination
- Temporary dressing
- Scale and polish
- Oral hygiene advice
- Prescriptions
- Provision of dentures and related treatments

The delivery of any of the above treatment aspects must still be considered in regard to the patient’s condition and situation as informed by the assessment process undertaken before, and at the start of the visit as describes in section 6.1 above.
6.3 Treatment options that are not considered routine for the domiciliary setting

The following treatment options may not be suitable for a domiciliary setting.

- Administration of local anaesthetics
- Extraction of teeth and minor oral surgery
- Conservation of teeth where use of air rotas/local anaesthetic is indicated

The dental team must undertake a full assessment of the risks and benefits of the treatment option and that this has been discussed with the patient/carers and then documented in the clinical notes.

6.4 Challenging or unusual treatment plans

The domiciliary situation can involve delivery of oral care to patients in unusual or challenging situations and this sometimes extends to the patient’s oral condition.

Where proposed treatment options for special reasons fall outside current guidelines, consideration should be given to deferring any procedures until further advice and support has been sought from colleagues/peers. Any urgent care needs should not be deferred unnecessarily. A phone call may resolve this situation in a timely way.

6.5 Consent issues

It is the duty of the healthcare professional who proposes to carry out the treatment, to ensure that a valid consent is obtained. Consent must be informed, and where a client is considered not to have the capacity to consent, the procedure set out in the Mental Capacity Act (MCA) 2005 must be followed.

6.6 At the completion of the domiciliary visit

Written records of the visit must be undertaken before the domiciliary visit is completed by use of the agreed pro-forma and the information is to be transcribed to the electronic record system upon return to base. The written notes and other documents must be secured with other items and returned to the vehicle ensuring that no items (e.g. used instruments) remain in the location. This includes all clinical and hazardous waste.

All items must be secured in the vehicle appropriately in compliance with the legal requirements of the Carriage of Dangerous Goods Act.

6.7 Subsequent Domiciliary visits

A course of treatment may involve more than a single visit. If this is the case then subsequent visits must be informed by the assessments and experience from the first visit. Such aspects as directions, parking arrangements, known risks etc. must be clearly recorded so that any other clinician could pick up the care without difficulty if required.

In the interest of efficiency and to avoid reprinting of details records for patients who require follow-up appointments should be kept securely in a temporary folder marked (in treatment) and be made available to the visiting team on subsequent appointments. Once the treatment has come to an end 6.6 above will apply.
6.8 Completion of treatment

At completion of treatment the patient/carer should be provided with a written oral care plan (Appendix 11) to support on-going maintenance and prevention of oral disease. This should be completed by the clinician and should include recommendations for daily care and recall interval. The clinical records must be transcribed to the electronic record system and the course of treatment closed without delay.

7. Special considerations applying to the domiciliary situation

The normal facilities of the dental surgery are not present in the domiciliary situation. The following aspects of this situation must be fully considered:

7.1 Infection Control

Infection control in the domiciliary situation must be maintained to a level that meets all the existing standards. In some domiciliary situations this may be impossible: in this case the care must be delivered at another appropriate setting, or a formal infection control risk assessment should take place and reasonable adjustments made that do not compromise the safety of patients, staff, carers or the legal obligations of the organisation or individuals.

7.2 Medical emergencies in the domiciliary setting

Medical emergencies can occur at any time in premises where dental treatment takes place. The nature of the patients being treated in a domiciliary setting means that there may be a greater probability of experiencing a medical emergency.

It is important to comply with the current General Dental Council Standards.

It may be useful to check the following aspects at the start of each visit so that any medical emergency can be managed with maximum efficiency:

Mobile phone, state of charge, reception and/or immediate landline access

Availability, location and access to emergency equipment and oxygen.

Access pathway for emergency services to access and remove patient.

Home Fire Safety Check/advice – Ring 0800 05 02 999 for a free fire safety check if any concerns about the client’s home with regards to fire hazard.

The above aspects should be recorded on the risk assessment documents to support others visiting the location in the future (Appendix 6).

It is important to point out that epidemiological and educational fieldworks although are considered as out of surgery carry “minimal risk”. As such team members will not be required to take emergency equipment and oxygen with them. They will follow the organisation’s policies with regard to health & safety and will risk assess the situation as required.

7.3 Transport to and from the domiciliary location

The service currently has the use of a dedicated small van which should be the first choice when considering transport to the domiciliary situation. This van is set up to comply fully with all current legislation including the Carriage of Dangerous Goods Act. If using a different vehicle to undertake a
domiciliary visit it is essential that the vehicle complies with all legal requirements including the Carriage of Dangerous Goods Act 2009.

Other aspects to consider are:

Vehicle insurance: the driver must have cover for business use

Manual handling regulations: apply to loading and unloading items

Chaperoning: GDC standards require a GDC dental registrant to be present whenever treatment is planned to take place.

Lone working: if the above standards are adhered to this is unlikely to be an issue. There may be rare occasions when a member of staff is alone. This should be risk assessed and appropriate measures set up to minimise risks. This may include reporting to a prearranged person when duties are completed in a similar way to arrangements in section 5.3 above.

Carriage of Dangerous Goods: items must be carried in secured, closed solid containers, ideally, not in the same compartment as the driver/passenger.

8. References


Department of Health Implementing Local Commissioning For Primary Care Dentistry Factsheet 7: Commissioning out-of-hours services Gateway Reference 5917 (accessed August 2016)

Delivering Better Oral health: An evidence-based toolkit for prevention
3rd Edition Published 2014 (Accessed August 2016)

General Dental Council Standards for Dental Professionals 2013 (accessed August 2016)

Joint Formulary Committee 2015-2016 British National Formulary


9. Equality and Diversity

9.1 This document complies with the Torbay & South Devon NHS Foundation Trust Equality and Diversity statements (see appendix 15).

10. Further Information

10.1 Links to policies.

10.2 Best Practice Information

10.3 Forms/Recording Documentation
16. Appendices

Appendix 1 - Care pathway for domiciliary care
Appendix 2 - Decision making process for domiciliary care
Appendix 3 - Torbay & South Devon Community Dental Service referral form
Appendix 4 - Pre-appointment questionnaire
Appendix 5 - Collecting patient charges on domiciliary visits
Appendix 6 - Domiciliary visit risk assessment form
Appendix 7 - Assessment of capacity form
Appendix 8 - Equipment lists
Appendix 9 - Risk assessment for domiciliary instruments
Appendix 10 - Manual handling risk assessment form
Appendix 11 - Oral health care plan
Appendix 12 - Lone worker security policy
Appendix 13 - Manual handling risk assessment for domiciliary resources
Appendix 14 - Emergency equipment including oxygen carriage
Appendix 15 - Equality impact assessment tool
Appendix 16 - Checklist for review and approval.
Appendix 1

Care pathway for domiciliary care

Referral Received

- No Appointment required inform referrer
  - Does not meet criteria
  - Meets Criteria
    - Complex (See Appendix 2)
    - Domiciliary Assessment Required
      - Place on waiting list
      - Acknowledgement letter to referrer
      - Contact patient and arrange appointment
        - Complete pre appointment questionnaire
          - Appendix 4
      - Visit for assessment
        - Domiciliary risk assessment +/-
        - Manual handling risk assessment
        - Medical History
        - Presenting Complaint
        - Diagnosis & needs assessment
      - Agree on-going need
        - Treatment Required
          - Agree treatment plan
            - Establish capacity to consent
              - Obtain consent, appendix 7
              - Treat
          - No Treatment Required
            - Recall if needed in line with NICE recall guidelines
            - Discharge
          - Does not meet criteria for Domiciliary care
            - MH/FP17 NHS Form, Charges/exemptions

Appendix 2

Appendix 4
Decision making process for Domiciliary Care

Request for Home Visit

Confined to bed?

No

Wheelchair User
Can use private car or taxi

No

Outings Made
For social reasons e.g. hair, shops, GP

Yes

Yes

Receives Mobility Component of Disability Living Allowance?

Yes

Yes

Does the patient otherwise meet the Special Care Criteria i.e.
- Severe Physical & Learning Disability
- Mental Health Problems
- Complex Medical Conditions
- In-patients

No

Domiciliary Special Care

Domiciliary GP

Clinic Appointment
## Special Care Dental Service – Request for assessment

**NOTE:** PLEASE ENSURE A CURRENT TREATMENT PLAN AND ALL RELEVANT X-RAYS ARE ENCLOSED WITH THIS REQUEST FOR ASSESSMENT FORM. Please send/email referrals to;

SOUTH DEVON SPECIAL CARE DENTAL SERVICE,
CASTLE CIRCUS HEALTH CENTRE, ABBEY ROAD, TORQUAY, TQ2 5YH
Email – sdc-dental-tsd@nhs.net

<table>
<thead>
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<tbody>
<tr>
<td>Patient’s Name</td>
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</tr>
<tr>
<td>Patient’s Title</td>
<td>Mr / Master / Mrs / Miss / Ms</td>
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<tr>
<td>Sex</td>
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<td>Male / Female</td>
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<td>Contact Telephone Number</td>
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<td>Mobile Number</td>
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<tr>
<td>Date of Birth</td>
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<tr>
<td>NHS Number</td>
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<tr>
<td>Patient’s Doctor’s Name</td>
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<td>Doctors Surgery</td>
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<td>Surgery Address &amp; Practice (surgery team can be used)</td>
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<td>Referrer Telephone Number</td>
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<tr>
<td>Practice Email Address (NHS mail wherever possible)</td>
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<td>Date patient last seen</td>
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### Please tick reason for referral to Special Care Dental Service:

- [ ] Learning disability
- [ ] Acquired brain injuries
- [ ] Diagnosed mental health illness
- [ ] Autistic spectrum disorders
- [ ] Current significant misuse of substances
- [ ] Child with cleft lip or palate
- [ ] Dental treatment complicated by medical condition
- [ ] Medical condition significantly affected by poor oral health
- [ ] Sensory disability making access to general dental service difficult
- [ ] Physical disability making access to general dental service difficult
- [ ] Wheelchair user unable to transfer to dental chair (wheelchair platform required)
- [ ] Access to bariatric chair needed
- [ ] Uncooporative preschool children, children with a high level of anxiety or children with a phobia of dental treatment (treatment must have been attempted in GDP first)

### Please give information explaining chosen category:

---
Overview of patient’s medical history (please complete & sign the Special Care Dental Service medical history form and include a list of the patient’s current medication with the referral):

Dental Treatment plan for patient: Please attach Personal Dental Treatment plan form FP17DC

Carious teeth

Outline of recent dental history / treatment attempted:

CHECKLIST Please ensure the following is enclosed / agreed:
- Recent relevant X-ray emailed to sdc-dental.t-sd@nhs.net (from NHS email account) [ ]
- Signed Special Care Dental Service medical history form enclosed [ ]
- Personal Dental Treatment plan form FP17DC enclosed [ ]
- Patient has been informed of request for assessment and the reason for referral [ ]
- Referral is made in line with Delivering Better Oral Health, GDC Standards and is in the patient’s best interest [ ]

We will devise the patient’s final treatment plan. Do you wish to be informed of these changes before we proceed? (please note if yes this may delay the patients treatment) Yes [ ] No [ ]

Do you consider this to be an urgent referral? If yes please state why: Yes [ ] No [ ]

PLEASE NOTE:
The Special Care Dental Service in Torbay does not carry out conservation of children’s teeth under GA and, in line with the guidance from the British Society of Paediatric Dentistry, it should be explained to carers of all referred children that undergoing a GA would usually indicate radical extractions of teeth as necessary so that further GA’s may be prevented in the future.

The Special Care Dental Service reserves the right to refer patients back to their General Dental Practitioner if they do not fit any of the criteria the service is commissioned to provide, or if the form is not legible or completed fully.

Date of referral

Signature of referrer
Pre-appointment questionnaire

This form is to be completed by the receptionist/member of staff when making an initial domiciliary appointment for patient.

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<td>Reason for referral</td>
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<td>NHS Number</td>
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<tr>
<td>Confirm if dental charges apply. Method of payment. Exemption details</td>
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<tr>
<td>Directions</td>
</tr>
<tr>
<td>Parking Instructions</td>
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<td>Access Instructions</td>
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<tr>
<td>Who else will be present</td>
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<td>Any animals?</td>
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<td>Date &amp; time of visit</td>
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**COMMENTS**

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| Signature:                     |
| Date:                          |
Collecting patient charges on domiciliary visits

Torbay & South Devon Special Care Dental Service

Collecting patient charges on domiciliary visits

1. The dental staff must ascertain if the patient is eligible to pay charges and their method of payment, at the time the visit is arranged with the patient.

2. The patient must be told that if they are eligible to be charged, the process must be agreed for payment of this before completion of the course of treatment. This would normally be by cheque in response to the issuing of an invoice from our service.

3. A FP17DC should be completed at the initial visit and a copy given to the patient so that they are provided with a written estimate for their treatment.

4. The patient should be charged as follows:-
   - First visit-Band 1 charge.
   - Subsequent visits depending whether dental treatment falls into Band 2 or Band 3 the charges should be broken down equally and charged at each visit. Full payment must be made before treatment is completed.

5. In case of an emergency domiciliary visit to the patient, payment issues must not delay care to the patient. However, payment issues must be resolved as soon as possible.

6. Routine treatment must not commence until the payment method has been established and all parties are clear that they will be charged for their treatment.

7. On return to the clinic the dental staff must return the payment to the dental receptionist who will process the payment and issue a receipt.
Domiciliary Visit Risk Assessment Form

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<th>Surname:</th>
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<td>Tel Number:</td>
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Number of people living in the premises. Other persons present at visit.

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<th>Are there any special precautions required for the patient's treatment?</th>
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Environment

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Manual Handling

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If the initial manual handling risk assessment identifies any risks, a full manual handling risk assessment should be carried out.

Dentists Name: ............................................................ Date: ..........................................................

Risk Grading Matrix

Qualitative Risk Grading Matrix – Level of Risk

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<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Unlikely (2)</td>
<td>10</td>
<td>8</td>
<td>6</td>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td>Possible (3)</td>
<td>16</td>
<td>12</td>
<td>9</td>
<td>6</td>
<td>3</td>
</tr>
<tr>
<td>Likely (4)</td>
<td>20</td>
<td>16</td>
<td>12</td>
<td>8</td>
<td>4</td>
</tr>
<tr>
<td>Almost Certain (5)</td>
<td>25</td>
<td>20</td>
<td>16</td>
<td>10</td>
<td>5</td>
</tr>
</tbody>
</table>

Risk Key

- Low (1 to 5)
- Medium (6 to 12)
- High (13 to 25)
**Assessment of capacity form**

### FACE Mental Capacity Assessment

**What prompted this assessment?** (i.e. summary of relevant history)

**Details:**

**What is the specific decision to be taken?** (if this is a review, detail previous decision about capacity)

**Details:**

<table>
<thead>
<tr>
<th>Key roles</th>
<th>Closest Person</th>
<th>Lasting Power of Attorney (LPA)- health and welfare</th>
<th>Enduring Power of Attorney (EPA)/LPA-financial</th>
<th>Court of Protection Deputy (CPD)</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tel. No.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Role</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Determination of capacity** (This is a specific, not general determination. Note any documentation referenced)

- [ ] Is there an impairment of or disturbance in the functioning of the person’s mind or brain?
  - Permanent Impairment
  - Fluctuation Impairment
  - Temporary Impairment
  - No

**Details:**

- [ ] Is the person able to understand the information related to the decision?
  - Yes
  - No

**Details:**

- [ ] Are they able to retain information related to the decision?
  - Yes
  - No

**Details:**

- [ ] Are they able to use or weigh the information whilst considering the decision?
  - Yes
  - No

**Details:**

- [ ] Are they able to communicate their decision by any means?
  - Yes
  - No

**Details:**

A ‘No’ answer in any of the 4 domains above constitutes incapacity. If all ‘Yes’ go to Assessment Summary.

- [ ] Were all reasonable steps taken to maximise the person’s capacity to make the decision?
  - Yes
  - No

**Details:**

- [ ] Can the decision be delayed because the person is likely to regain capacity in the near future?
  - Yes
  - Not likely to regain capacity
  - Not appropriate to delay

**Details:**

- [ ] Who was consulted about the determination? (Give names and roles, if case conference held details attendees)
  - Details:
**Advance decisions to refuse treatment** (Note any documentation referenced)

<table>
<thead>
<tr>
<th>Question</th>
<th>No</th>
<th>Yes</th>
<th>If yes select option and give details</th>
<th>Similar treatment</th>
<th>Similar circumstances</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is there an advance decision relevant to the decision?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Details of similar treatment or circumstances:

<table>
<thead>
<tr>
<th>Advance decision type</th>
<th>Written</th>
<th>Verbal</th>
<th>Date of advance decision</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

What was the decision? (Give details, if advance decision was verbal, detail to whom in what circumstances)

<table>
<thead>
<tr>
<th>Withdrawn</th>
<th>Unanticipated circumstances</th>
<th>LPA/EPA granted regarding decision</th>
<th>Inconsistent behaviour</th>
<th>Detained under Mental Health Act 1983</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

In this decision still applicable?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>If ‘No’ select option below and give reason(s) (check guidance)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Withdrawn

<table>
<thead>
<tr>
<th>Details:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

**Determination of best interest** (Note any documentation referenced)

<table>
<thead>
<tr>
<th>IMCA required</th>
<th>Yes</th>
<th>No</th>
<th>Name</th>
<th>Tel. No.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

What is most important to the person as regards to this decision? (Current and past views, e.g. written statement)

<table>
<thead>
<tr>
<th>Details:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

Views of interested others [e.g. family, friends, carers, LPA, IMCA, CPD, etc. Give names and roles. If no-one justify]

<table>
<thead>
<tr>
<th>Details:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

Views of professionals involved

<table>
<thead>
<tr>
<th>Details:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

Describe any possible conflicts of interest with regard to this decision

<table>
<thead>
<tr>
<th>Details:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

**Assessment summary** (Remember any judgement about mental capacity is specific to this decision)

<table>
<thead>
<tr>
<th>Decision requires arbitration?</th>
<th>No</th>
<th>Independent medication</th>
<th>Court of a Protection</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Considering all the factors what final decision has been reached? (If arbitration required detail)

<table>
<thead>
<tr>
<th>Details:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

I confirm that this decision is the least restrictive option or intervention possible. Special considerations for life-sustaining treatment have been considered or are not applicable. This decision has not been biased by age, appearance, condition, gender or race. Every effort has been made to communicate with the person concerned.

<table>
<thead>
<tr>
<th>Decision-maker</th>
<th>Role</th>
<th>Organisation</th>
<th>Telephone No.</th>
<th>Decision date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

Face Mental Capacity Assessment Version 2
Appendix 8

Equipment list

Domiciliary kit

Organise in sub kits
These then are organised into red boxes or agreed appropriate boxes for transportation. All boxes to be officially labelled with clinic details. Kits 1, 2 and 3 would be required for all domiciliary visits with addition of kits 4, 5, 6 and 7 as appropriate.

1. General kit
   - Portable light/pen torch (with additional batteries)
   - Latex-free gloves
   - Alcohol gel hand rub
   - Disinfectant wipes
   - Face masks/visors
   - Plastic aprons
   - Protective eyewear for patient/bib
   - Paper towels
   - Tissues
   - Clinell Wipes
   - Clinical waste bags and appropriately labelled red box
   - Central Sterile Services Department (CSSD) tote box for contaminated instruments, appropriately labelled.

2. Emergency kit
   - Portable oxygen cylinder in purpose designed carrying case (hazard notice for vehicle)
   - Emergency resuscitation equipment/drugs kit

3. Administrative (in brief case if preferred)
   - Identification badges
   - Map/directions
   - Patient records
   - Laboratory forms
   - Consent forms
   - FP17DC forms
   - PR11 forms
   - Medical history forms
   - Prescription sheet and stamp
   - BNF
   - Mobile phone
   - Pens/pencils
   - Appointment cards
   - Change for parking
   - List of contact numbers
   - Health promotion literature

4. Basic exam kit
   - Dental mouth mirror
   - Dental probe
   - Finger guard
   - Periodontal probe
   - College tweezers
5. Prosthetic Kit
- Basic exam kit – see 4
- Portable motor hand pieces and burs
- Safe air heater
- Disposable scalpel
- Willis bite gauge
- Indelible pencil
- Vaseline
- Impression materials
- Impression trays/fixative/mixing equipment
- Tissue conditioner
- Plastic bags/gauze squares for impressions
- Pressure relief paste
- Bite registration material
- Shade guide
- Articulating paper
- Dental waxes
- Wax knife
- Denture trimming kit
- Denture fixative

6. Conservation Kit
- Basic exam kit – see 4
- Conservation instruments - flat plastic, excavators and tray.
- Matrix strips/bands
- Motor hand piece and burs
- Light source
- Materials: Temporary dressing materials e.g. zinc oxide/eugenol cement, GIC,

7. Periodontal Kit
- Basic exam kit – see 4
- Hand scalers
- Portable motor hand piece and prophy cups/bristle brushes
- Periodontal probe
- Ultrasonic scaler plus tips
- Portable suction, aspirator tips and other associated sundries

These guidelines may vary at times but only at discretion of the dentist
## Risk assessment for domiciliary Instruments

<table>
<thead>
<tr>
<th>Identify Hazards</th>
<th>Persons at risk</th>
<th>Existing control Measures</th>
<th>Risk Rating</th>
<th>Additional Controls</th>
<th>Residual Risk Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Handling of dental instruments for domiciliary visits in and out of vehicles</td>
<td>Dental Staff</td>
<td>Manual Handling Policy &amp; annual training</td>
<td>4</td>
<td>Instrument kits must be divided into manageable loads and placed in the EU approved tote containers which must display appropriate labelling. Staff must use the handles provided on the sides of the box and lift as per manual handling training. Staff trained in the specific movement of the equipment as part of the induction programme.</td>
<td>2</td>
</tr>
<tr>
<td>Segregation of clean and dirty instruments</td>
<td>Dental staff</td>
<td>Infection Prevention &amp; control Management policy and annual training. Local operational policies.</td>
<td>4</td>
<td>Staff to transport clean instruments in a tote box clearly marked ‘clean instruments only’. Instruments to be removed at site and placed in a clean container before entering the premises i.e. domiciliary transit boxes. Contaminated instruments must be returned to the appropriate packaging and transported back to the vehicle. Staff must place contaminated instruments in the tote box marked ‘dirty instruments only’. All lids must be securely fastened before staff move to the next site. PPE must be used when handling contaminated instruments. Documentation must detail what instruments are available in each box. On return to the clinic the instruments must be handled in accordance with the local CSSD operational policy.</td>
<td>2</td>
</tr>
</tbody>
</table>
# Manual handling risk assessment form

<table>
<thead>
<tr>
<th>Risk Mobility</th>
<th>Other – Please state risk in box below:</th>
<th>Environment and equipment e.g. space, furniture, postural constraints</th>
</tr>
</thead>
<tbody>
<tr>
<td>Body Shape</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pain</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Skin</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fear</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Behaviour</td>
<td></td>
<td></td>
</tr>
<tr>
<td>History of Falls</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Walking Number of staff Equipment</th>
<th>One person assisting</th>
<th>Two persons assisting</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sitting &amp; Standing Number of staff Equipment</th>
<th>One person assisting</th>
<th>Two persons assisting</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Wheelchair to dental chair Equipment</th>
<th>Banana Board/slide transfer</th>
<th>other</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Transfers with hoist Number of staff equipment</th>
<th>Risk assessment of sling:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Patients sling</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Good condition</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Eyelets secure</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Additional equipment used</th>
<th>Neck cushion</th>
<th>Body cushion</th>
<th>Pillow</th>
<th>Wheelchair headrest</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
# Oral health care plan

## Oral Health Care Plan

<table>
<thead>
<tr>
<th>Patient name:</th>
<th>Date of birth:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dentist name:</td>
<td>Pt ID no (R4):</td>
</tr>
<tr>
<td>Clinic</td>
<td>Clinic Tel Number:</td>
</tr>
</tbody>
</table>

Carer feedback/concerns please contact the clinic on the number above.

### Patient’s current dental status: Dentures / Natural teeth.

#### Problems identified:

#### Treatment aims: | Future care plans:

#### Recommended care plan:

- [ ] Use a toothpaste with at least 1350ppm fluoride
- [ ] Reduce the frequency and amount of sugary foods
- [ ] Brush teeth at least twice daily, always at bedtime
- [ ] Limit sugary foods to four times daily
- [ ] Use a small headed toothbrush with soft bristles
- [ ] Use Duraphat toothpaste as prescribed by the dentist
- [ ] Brush all tooth surfaces and gums systematically
- [ ] Clean dentures at night as instructed by the dentist
- [ ] Use Chlorhexidine mouthwash/gel/spray _____ a day for _______ days/weeks, as prescribed the dentist

#### Personal Recommendations:

#### Explained to: | Designation:

Next Review: at ____________ Clinic/Domiciliary in ______ weeks/months

Oral Health Care Plan completed by: | Designation:

Signed: | Date:
Appendix 12

Lone Worker Security Procedure

All staff must be aware that they have a responsibility to protect their own personal safety during working hours and must be familiar with and follow the guidance in the Trust’s Lone Worker Policy available on iCare. It is important that staff follow a structured security procedure when they:

- Work in isolation.
- Carry out domiciliary visits.
- Deliver resources.
- Work in a community setting.

Security Procedure

1. A detailed risk assessment must be carried out for all initial visits. This risk assessment must be reviewed and updated before staff carry out subsequent visits.

2. It is good practice to have a visual queue to remind colleagues that staff are out on visits e.g. a whiteboard.

3. A responsible person in each clinic must be nominated before staff leave the premises/clinic i.e. dental receptionist, senior nurse or a colleague.

4. The responsible person must be informed of the details of staff visits with estimated departure and return times.

5. Staff must leave the following information with the responsible person:
   - Mobile telephone numbers
   - Car registration, make and model in the unlikely event of the small van not being available.

6. Fully charged mobile telephones and personal alarms must be taken on all visits.

7. Any changes to scheduled visits must be reported to the appointed person immediately and local records updated.

8. Staff must inform the responsible person when they start and finish their shift. This can be via text or they can ring the responsible person.

9. If staff do not return / or contact the responsible person within half an hour of their estimated time the responsible person should try to contact staff on their mobile telephone.

10. If staff cannot be contacted the responsible person must trace the staff movements by contacting each patient / client on the visit schedule.

11. If the responsible person can still not contact staff then they should contact their manager and the police immediately.

12. Personal details for all staff will be available from the practice manager at CCHC.

13. If the responsible person is not working in the location for the duration of the staffs visits they must hand over their responsibility to a colleague before they leave.
Appendix 13

Manual Handling Risk Assessment for handling domiciliary resources

<table>
<thead>
<tr>
<th>Date/Review</th>
<th>August 2016</th>
<th>August 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Programme</td>
<td>Domiciliary visits</td>
<td></td>
</tr>
<tr>
<td>Topic</td>
<td>Transporting resources</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Identify Hazards</th>
<th>Persons at risk</th>
<th>Existing control Measures</th>
<th>Risk Rating</th>
<th>Additional Controls</th>
<th>Residual Risk Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Manual Handling of the domiciliary resource in and out of vehicles</td>
<td>Dental Staff</td>
<td>Manual Handling annual training</td>
<td>4</td>
<td>Resource must be divided into manageable loads. Staff must use the handles provided on the sides of the box and lift as per manual handling training. Staff trained in the specific movement of the equipment as part of the induction programme.</td>
<td>2</td>
</tr>
<tr>
<td>Taking equipment to the car.</td>
<td>Dental Staff</td>
<td>Manual handling trained staff. Clear walk ways and parking near the storage area.</td>
<td>4</td>
<td>Staff to ensure that door from the storage area is open and clear before they move resources. Staff should use the easiest route to the vehicle avoiding steps, dips in the pavement or grassed areas. Staff trained in the specific movement of the equipment as part of the induction programme.</td>
<td>2</td>
</tr>
<tr>
<td>Taking equipment from vehicle to patients home/centre/care home.</td>
<td>Dental Staff</td>
<td>Manual handling training for staff. Clear walk ways and parking near the agreed place of work.</td>
<td>4</td>
<td>Staff to remove specific resources from the vehicle before moving to site. Staff should use the easiest route from the vehicle avoiding steps as before, however there may be steps at and within the settings that will need to be taken into consideration which are unavoidable. Staff trained in the specific movement of the equipment as part of the induction programme.</td>
<td>2</td>
</tr>
</tbody>
</table>
## Emergency equipment including oxygen carriage

<table>
<thead>
<tr>
<th>DATE: August 2016</th>
<th>REVIEW: August 2018</th>
<th>ITEM: Emergency Drugs and Equipment for domiciliary visits</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Identify Hazards</th>
<th>Persons at risk</th>
<th>Existing Control Measures</th>
<th>Risk Rating</th>
<th>Additional Controls</th>
<th>Residual Risk Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Oxygen – Size D</strong></td>
<td>Staff, Patient, Public</td>
<td>Small cylinder in custom designed case for transportation. Warning sign displayed in vehicle when oxygen on board. TREM card included in the case.</td>
<td>8</td>
<td>Cylinder to be secured in the van during transportation. Staff to physically carry oxygen by using the correct straps. Guidance on emergency vehicle collision procedure developed and disseminated to staff. Staff completed HSE slip, trip &amp; falls training. Staff attended annual Manual handling training. Manual handling risk assessment in place.</td>
<td>5</td>
</tr>
<tr>
<td><strong>Emergency Drugs</strong></td>
<td>Staff, Patient, Public</td>
<td>Metal lockable box used to transport drugs. Key to box kept separate. Drug box taken into all premises on domiciliary visits and not left in the van.</td>
<td>6</td>
<td>Contents checked before and after each visit, documented. Drug box signed in and out of the clinic. Annual staff training in the use of the drugs. Drug box not to be left unattended on visits.</td>
<td>6</td>
</tr>
</tbody>
</table>
Equality Impact Assessment Tool

Equality Impact Assessment Toolkit
STAGE ONE
SCREENING/TESTING FOR RELEVANCE

Guidance

An equality impact assessment is a way of systematically assessing, and consulting on the effects that a proposed policy, strategy, tender or procedure is likely to have on a diverse range of communities and individuals in the District. The principles that underpin the Equality Impact Assessment process are those that promote inclusion and meaningful participation. They are directed towards making a sustained effort at eliminating inequitable health outcomes and eradicating unfair treatment. The ability to treat all users and staff with respect and dignity, and provide them with choices that are responsive and appropriate is a fundamental requirement of the Human Rights Act 1998.

Stage 1 of the screening applies to all policies, strategies, tenders, or procedures. The aim of this is to test the relevance of impact against the equality target groups. In stage 1 available data will be interrogated, relevant research will be consulted together with any anecdotal feedback that may help form an opinion about the impact a policy, strategy, tender or procedure may have on any of the equality target groups.

Gathering evidence is a key to assessing progress and defining expected equality outcomes. Where data is limited or not available reviewers should identify this as a limitation and schedule this as further evidence needed. The legal duties require policy authors to use information/data to determine the effect of the policy on equality and diversity. Previous data used to monitor the policy can be used in support of this element of the review. Data can be statistical or qualitative information from audits and consultation exercises.

Consultation and engagement is required at all stages of policy development. This stage involves screening the policy, strategy, tender or procedure for relevance against the equality target groups. If you require further assistance you should contact the Equality and Diversity Team:

Stage One: Screening of a policy, procedure, tender or a strategy

Name of policy, procedure, tender or strategy Protocol for dental care in a domiciliary setting

Main Aims Safe treatment of patients in the domiciliary setting

Who has been consulted? Based on national document

Is it a policy, strategy, procedure or practice? Protocol

How has the policy been explained to those most likely to be affected? N/A
Collecting and collating existing information and data

<table>
<thead>
<tr>
<th>EQUALITY TARGET GROUP</th>
<th>Is the policy likely to have a potential differential impact with regards to the equality target group listed?</th>
<th>2. How have you arrived at the conclusions in box 1?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>O=No</td>
<td>i. who have you consulted?</td>
</tr>
<tr>
<td></td>
<td>1=Little</td>
<td>ii. What have they said?</td>
</tr>
<tr>
<td></td>
<td>2=Medium</td>
<td>iii. What information have you interrogated?</td>
</tr>
<tr>
<td></td>
<td>3=High</td>
<td>iv. where are the gaps in your analysis?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>v. How will your paper promote the equality duties if they apply?</td>
</tr>
<tr>
<td>AGE</td>
<td>Older people</td>
<td>No adverse affect – Mainly elderly/infirm patients that would access this service</td>
</tr>
<tr>
<td></td>
<td>Young people</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Children</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Early years</td>
<td></td>
</tr>
<tr>
<td>DISABILITY</td>
<td>Sensory</td>
<td>No adverse effect – service has a positive impact on patients with disabilities unable to access regular dental care</td>
</tr>
<tr>
<td></td>
<td>Physical</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Learning</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Mental health</td>
<td></td>
</tr>
<tr>
<td>GENDER</td>
<td>Men</td>
<td>All patients have equality of access to this service</td>
</tr>
<tr>
<td></td>
<td>Women</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Transgender</td>
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<tr>
<td>RACE</td>
<td>Minority</td>
<td>All patients have equality of access to this service</td>
</tr>
<tr>
<td></td>
<td>Ethnic</td>
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<tr>
<td></td>
<td>Gypsies</td>
<td></td>
</tr>
<tr>
<td>Religion</td>
<td>Christian</td>
<td>All patients have equality of access to this service</td>
</tr>
<tr>
<td>Or belief</td>
<td>Muslim</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Hindu</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Buddhist</td>
<td></td>
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<tr>
<td></td>
<td>Sikh</td>
<td></td>
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<tr>
<td></td>
<td>Jew</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Other</td>
<td></td>
</tr>
<tr>
<td>Sexual Orientation</td>
<td>Lesbian</td>
<td>All patients have equality of access to this service</td>
</tr>
<tr>
<td></td>
<td>Gay men</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Bisexual</td>
<td></td>
</tr>
</tbody>
</table>

There have been no concerns expressed to the Special care Dental service about the access criteria for domiciliary care, where possible we do try to assess patients in their homes but as we are very restricted on what can be done outside the surgery patients do understand that they have to come in for at least some of their care.

If a referral is received for domiciliary care we generally do an initial assessment so we can ascertain which level of care is appropriate for the patient. If a patient can come in we would do the assessment in the clinic but some treatment items may be carried out in patient’s homes.
## SUMMARY

<table>
<thead>
<tr>
<th>Is a more Full Equality Impact Assessment required?</th>
<th>NO</th>
<th>YES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Please describe the main points arising from the initial screening here that support your decision in the box above</td>
<td>This protocol is for domiciliary treatment and does not adversely affect equality of access or treatment.</td>
<td></td>
</tr>
</tbody>
</table>

Response to main action points:

Signature of Policy Lead conducting impact assessment: Richard Garton

Approved by Equality and Diversity Lead:

Date:
Checklist for the Review and Approval of Documents

Individual Approval

If you are happy to approve this document, please sign and date it and forward to the chair of the committee/group where it will receive final approval.

Name

Signature

Committee Approval

If the committee is happy to approve this document, please sign and date it and forward copies to the person with responsibility for disseminating and implementing the document and the person who is responsible for maintaining the organisation’s database of approved documents.

Name

Date

Signature
12. Document Control Information

This is a controlled document and should not be altered in any way without the express permission of the author or their representative.

Please note this document is only valid from the date approved below, and checks should be made that it is the most up to date version available.

If printed, this document is only valid for the day of printing.

Ref No: 1974
Document title: Protocol for Dental Care in a Domiciliary Setting
Purpose of document: The purpose of this document is to provide guidance to staff within our Special Care Dental Service
Date of issue: 26 August 2016 Next review date: 26 August 2018
Version: 2 Last review date: 01 June 2014
Author: Richard Garton, Dental Clinical Director
Dr Firoozeh Curran, Lead Dentist
Directorate: Community
Equality Impact: The guidance contained in this document is intended to be inclusive for all patients within the clinical group specified, regardless of age, disability, gender, gender identity, sexual orientation, race and ethnicity & religion or belief
Committee(s) approving the document: Care and Clinical Policies Group
Date approved: 17 August 2016
Links or overlaps with other policies: All TSDFT Trust Strategies, policies and procedure documents

Have you considered using Equality Impact Assessment?
Yes ☐ No ☐

Does this document have implications regarding the Care Act?
If yes please state:
☐ ☐

Does this document have training implications?
If yes please state:
☐ ☐

Does this document have financial implications?
If yes please state:
☐ ☐

Is this document a direct replacement for another?
If yes please state which documents are being replaced:
☐ ☐

Document Amendment History

<table>
<thead>
<tr>
<th>Date</th>
<th>Version no.</th>
<th>Amendment summary</th>
<th>Ratified by:</th>
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<tbody>
<tr>
<td>01 June 2014</td>
<td>1</td>
<td>New</td>
<td></td>
</tr>
<tr>
<td>26 August 2016</td>
<td>2</td>
<td>Revised</td>
<td>Care and Clinical Policies Group</td>
</tr>
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</table>
The Mental Capacity Act 2005

The Mental Capacity Act provides a statutory framework for people who lack capacity to make decisions for themselves, or who have capacity and want to make preparations for a time when they lack capacity in the future. It sets out who can take decisions, in which situations, and how they should go about this. It covers a wide range of decision making from health and welfare decisions to finance and property decisions.

Enshrined in the Mental Capacity Act is the principle that people must be assumed to have capacity unless it is established that they do not. This is an important aspect of law that all health and social care practitioners must implement when proposing to undertake any act in connection with care and treatment that requires consent. In circumstances where there is an element of doubt about a person’s ability to make a decision due to ‘an impairment of or disturbance in the functioning of the mind or brain’ the practitioner must implement the Mental Capacity Act.

The legal framework provided by the Mental Capacity Act 2005 is supported by a Code of Practice, which provides guidance and information about how the Act works in practice. The Code of Practice has statutory force which means that health and social care practitioners have a legal duty to have regard to it when working with or caring for adults who may lack capacity to make decisions for themselves.

“The Act is intended to assist and support people who may lack capacity and to discourage anyone who is involved in caring for someone who lacks capacity from being overly restrictive or controlling. It aims to balance an individual's right to make decisions for themselves with their right to be protected from harm if they lack the capacity to make decisions to protect themselves”. (3)

All Trust workers can access the Code of Practice, Mental Capacity Act 2005 Policy, Mental Capacity Act 2005 Practice Guidance, information booklets and all assessment, checklists and Independent Mental Capacity Advocate referral forms on iCare

http://icare/Operations/mental_capacity_act/Pages/default.aspx

Infection Control

All staff will have access to Infection Control Policies and comply with the standards within them in the work place. All staff will attend Infection Control Training annually as part of their mandatory training programme.
## Quality Impact Assessment (QIA)

### Who may be affected by this document?

<table>
<thead>
<tr>
<th></th>
<th>Patient / Service Users</th>
<th>Visitors / Relatives</th>
<th>General Public</th>
<th>Voluntary / Community Groups</th>
<th>Trade Unions</th>
<th>GPs</th>
<th>NHS Organisations</th>
<th>Police</th>
<th>Councils</th>
<th>Carers</th>
<th>Staff</th>
<th>Other Statutory Agencies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Others (please state):</td>
<td></td>
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</tbody>
</table>

Does this document require a service redesign, or substantial amendments to an existing process? □

If you answer yes to this question, please complete a full Quality Impact Assessment.

### Are there concerns that the document could adversely impact on people and aspects of the Trust under one of the nine strands of diversity?

<table>
<thead>
<tr>
<th></th>
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<th>Disability</th>
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</thead>
<tbody>
<tr>
<td>Gender re-assignment</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Pregnancy and maternity</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Religion or Belief</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Sexual orientation</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>

If applicable, what action has been taken to mitigate any concerns?

### Who have you consulted with in the creation of this document? BASED ON NATIONAL DOCUMENT

<table>
<thead>
<tr>
<th></th>
<th>Patients / Service Users</th>
<th>Visitors / Relatives</th>
<th>General Public</th>
<th>Voluntary / Community Groups</th>
<th>Trade Unions</th>
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</tbody>
</table>

Note - It may not be sufficient to just speak to other health & social care professionals.
Collated by Clinical Effectiveness

Protocol for dental care in a domiciliary setting

Rapid Equality Impact Assessment (for use when writing policies and procedures)

<table>
<thead>
<tr>
<th>Policy Title (and number)</th>
<th>The application of topical Fluoride Varnish</th>
</tr>
</thead>
<tbody>
<tr>
<td>Policy Author</td>
<td>Firoozeh Curran</td>
</tr>
<tr>
<td>Version and Date (of EIA)</td>
<td>1 April 2016</td>
</tr>
</tbody>
</table>

**RELEVANCE:** Does the aim/purpose of the policy relate to each of the aims of the Public Sector Equality Duty?

- Eliminate unlawful discrimination or other conduct prohibited by the Equality Act 2010 [Yes ☐ No ☐]
- Advance equality of opportunity between people from different groups [Yes ☐ No ☐]
- Foster good relations between people from different groups [Yes ☐ No ☐]

**SIGNIFICANCE AND IMPACT:** Consider the nature and extent of the impact, not the number of people affected.

- Does the policy affect service users, employees or the wider community? (if no, proceed to sign off) [Yes ☐ No ☐]
- Does the policy affect service delivery or business processes? [Yes ☐ No ☐]
- Does the policy relate to an area with known inequalities (deprivation/unemployed/homeless)? [Yes ☐ No ☐]

**EQUALITY ANALYSIS:** How well do people from protected groups fare in relation to the general population?

**PLEASE NOTE:** Any ‘Yes’ answers may trigger a full EIA and must be referred to the equality leads below

Is it likely that the policy/procedure could treat people from protected groups less favorably than the general population? (see below)

| Age | Yes ☐ No ☐ |
| Race | Yes ☐ No ☐ |
| Gender Reassignment | Yes ☐ No ☐ |
| Disability | Yes ☐ No ☐ |
| Gender | Yes ☐ No ☐ |
| Pregnancy/Maternity | Yes ☐ No ☐ |
| Sexual Orientation | Yes ☐ No ☐ |
| Religion/Belief (non) | Yes ☐ No ☐ |
| Marriage/Civil Partnership | Yes ☐ No ☐ |

Is it likely that the policy/procedure could affect particular ‘Inclusion Health’ groups less favorably than the general population? (substance misuse; teenage mums; carers; travellers; homeless; convictions; social isolation; refugees)

Please provide details for each protected group where you have indicated ‘Yes’.

What if any, is the potential for interference with individual human rights? (consider the FREDA principles of Fairness/ Respect/ Equality/ Dignity/ Autonomy)

**RESEARCH AND CONSULTATION**

What is the reason for writing this policy? (What evidence/ legislation is there?)

Who was consulted when drafting this policy/procedure? What were the recommendations/suggestions?

**ACTION PLAN:** Please list all actions identified to address any impacts

<table>
<thead>
<tr>
<th>Action</th>
<th>Person responsible</th>
<th>Completion date</th>
</tr>
</thead>
</table>

**AUTHORISATION**

| Name of person completing the form | Firoozeh Curran | Signature | F. Curran |
| Validated by (line manager) | Richard Garton | Signature | R. Garton |

Please contact the Equalities team for guidance:
For South Devon & Torbay CCG, please call 01803 652476 or email marisa.cockfield@nhs.net
For Torbay and South Devon NHS Trusts, please call 01803 656676 or email pfd.sdhct@nhs.net

This form should be published with the policy and a signed copy sent to your relevant organisation.