

# **Oral and Maxillofacial (OMF) Expected Patient Pathway Standard Operating Procedure**

**V1.0**

**April 2024**

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### **Data Protection Act 2018 (UK General Data Protection Regulation – GDPR) Legislation.**

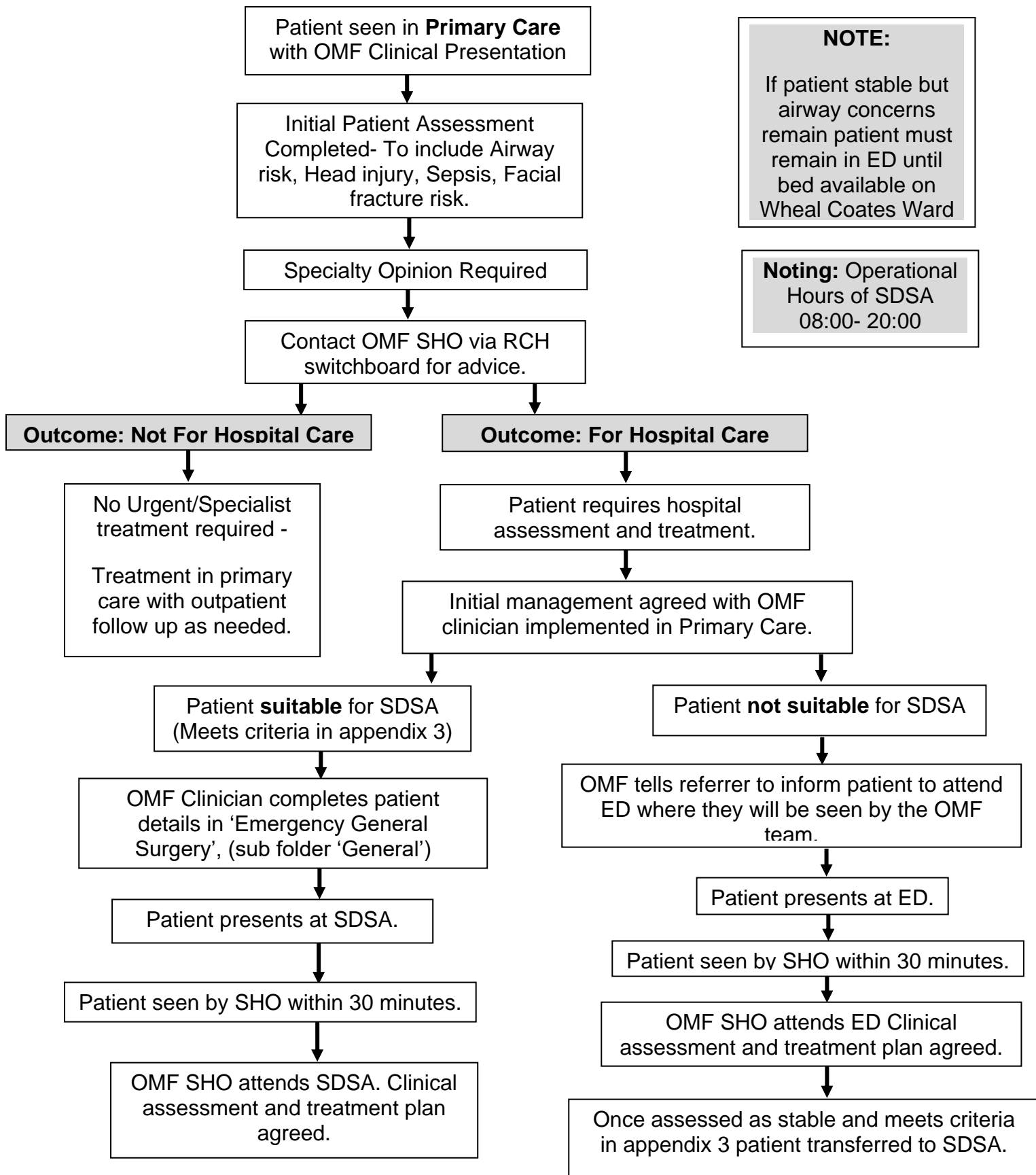
The Trust has a duty under the Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 to ensure that there is a valid legal basis to process personal and sensitive data. The legal basis for processing must be identified and documented before the processing begins. In many cases we may need consent; this must be explicit, informed, and documented. We cannot rely on opt out, it must be opt in.

Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 is applicable to all staff; this includes those working as contractors and providers of services.

For more information about your obligations under the Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 please see the Information Use Framework Policy or contact the Information Governance Team.

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# Summary - Oral and Maxillo-Facial (OMF) Patient Pathway for admission – ‘OMF Expected’



## 1. Introduction

- 1.1. Oral Maxillofacial Patients (OMF) on an 'expected' pathway are those patients who have been discussed by a referring clinician (outside of RCH) with a RCHT OMF specialty clinician and a plan has been agreed to attend RCH for their specialty assessment.
- 1.2. OMF expected patient referrals predominately come from either a GP/GDP or minor injuries department.
- 1.3. A large proportion of OMF expected patients present with lacerations, minor dental infections, or dental trauma, but are otherwise medically well. (see [Appendix 3](#) for a flow chart of typical OMF clinical presentations).
- 1.4. Patients presenting with the above conditions are generally treated under local anaesthetic by the on-call OMF SHO.
- 1.5. It is important to acknowledge that OMF expected patients, by nature of their presenting complaint, may have possible airway concerns, sepsis, or head injury risk factors, therefore a review of these patients by a responsible clinician is required in either primary care/MIU or the Emergency Department (ED) prior to the patient being received or transferred to Same Day Surgical Assessment (SDSA) under the sole care of OMF. Where there is any uncertainty regarding this the patient may be asked to attend ED initially for assessment, with transfer to SDSA if later assessed to be suitable.
- 1.6. This Standard Operating Procedure(SOP) should be read in conjunction with:
  - Oral and Maxillo-Facial (OMF) Out of Hours Service Standard Operating Procedure (SOP) as OMF have a limited availability during the out of hours period of 00:00 – 08:00.
  - The of Same Day Surgical Assessment (SDSA) Lounge and SDSA trolley bay Standard Operating Procedure (SOP).

## 2. Purpose of this Standard Operating Procedure

- 2.1. To ensure that suitable patients are sent directly to the SDSA department for treatment, lessening the impact on ED.
- 2.2. To raise awareness of the appropriate management and treatment plans for the patients identified as having simple lacerations, uncomplicated dental abscesses/trauma.
- 2.3. To ensure that all staff are aware of their roles and responsibilities.
- 2.4. To ensure patients get timely care in an appropriate setting.

## 3. Ownership and Responsibilities

Ownership of this SOP will be shared between the ED staff (referring practitioner), the clinical site team, the OMF team, responsible clinician and the SDSA department nursing team.

### **3.1. Role of the Referring Practitioner**

- 3.1.1. To be aware of and adhere to the standards expected within this SOP.
- 3.1.2. To make an initial patient assessment which includes assessment for evidence of airway compromise, sepsis, head injury and tetanus status, prior to referral.
- 3.1.3. Where patients are suspected of having an OMF condition that requires specialty assessment they should contact the OMF first on call via RCH Switchboard, with the information in 3.1.2.
- 3.1.4. Where available and necessary, the referring practitioner should complete initial investigations (bloods, radiography) prior to making an OMF referral. Failure to complete this where available will result in the patient being re-directed to ED with additional wait time.
- 3.1.5. If the referring clinician is in primary care, then they are requested to provide initial management and treatment as advised during the conversation between the referrer and the OMF on-call clinician, for example: administer a tetanus booster, cleaning of wound lacerations and administration of initial antibiotic therapy.
- 3.1.6. To provide medication prescriptions where necessary e.g. TTO antibiotics which will be required following closure of a contaminated wound.

### **3.2. Role of the OMF Clinicians**

- 3.2.1. To be aware of and adhere to the standards expected within this SOP.
- 3.2.2. To assess all referrals from ED/primary care to OMF, for suitability for admission via SDSA for ongoing treatment and care.
- 3.2.3. To provide specialist OMF advice when required.
- 3.2.4. To document the name of the responsible speciality clinician in the patients record.
- 3.2.5. Where the patient is assessed as suitable for SDSA then the Senior House Officer (SHO) must 'book' the patients' impending arrival to SDSA using the dedicated SDSA Teams channel. The team's channel is called 'Emergency General Surgery', (sub folder 'General'). Where this is not possible ie The SHO does not have readily available access to teams, then verbal contact must be made with SDSA to 'book' the patient.
- 3.2.6. Where patients are not suitable to attend ED and are asked/required to attend directly to ED. On arrival they will be triaged accordingly. These patients are not pre-informed to ED as an expected patient but once identified to be booked in they are identified as OMF expected.
- 3.2.7. Having been assessed by the SHO as suitable for SDSA, they are required to fully complete the 'Emergency General Surgery', (sub folder

'General') with the information required:

- Patient name.
- Hospital number.
- Presenting diagnosis.
- 'Patient assessed as suitable for SDSA'.

3.2.8. To promptly see patients (within 30 mins of arrival if possible) who present to SDSA/ED.

3.2.9. To provide a documented plan of care from the specialty which includes a plan for discharge where possible.

### **3.3. Role of the Site Management team**

To be aware of and adhere to the standards expected within this SOP.

### **3.4. Role of SDSA Ward Nursing staff**

3.4.1. All members of the nursing team are responsible for being aware of this SOP and to adhere to the standards expected.

3.4.2. To ensure the prescribed steroids, IV antibiotics and IV fluids are administered by a member of the nursing team in a timely manner.

3.4.3. To ensure observations are completed and recorded at the advised interval.

3.4.4. To assist with blood taking and cannulation where reasonably practicable.

## **4. Standards and Practice**

4.1. Patients with a suspected OMF complaint should be referred to the OMF specialty team.

4.2. Due to the nature of these referrals, the On-Call OMF SHO should be contacted via RCH switchboard to discuss a patient with a potential OMF complaint.

4.3. A OMF patient attending ED is assessed by an ED clinician as suitable to be transferred to SDSA, then this must be clearly advised to the on-call OMF clinician who will clinically assess the patient and determine if this transfer is safe to proceed - An OMF specialty patient must not be transferred to SDSA without discussion with the OMF on-call clinician. The final decision on whether a patient is to be transferred to SDSA rests with the on-call OMF clinician.

- 4.4. The OMF specialty provides a 24/7 emergency on call service, routine cover is only provided between the hours of 08:00-00:00. (see SOP for guidance on contacting the OMF on-call) Junior and Consultant are accessible via switchboard.
- 4.5. The OMF specialty will predominately admit OMF patients to the Wheal Coates ward. This ward has skilled nurses who are competent to Nurse and manage OMF patients.
- 4.6. Patients will not be directly sent to the ward; they must be clerked first in either the ED or SDSA depending on the patient's presenting complaint.
- 4.7. OMF clinicians will provide a treatment plan and provide ongoing expertise.
- 4.8. The patient remains the overall responsibility of OMF whilst they are an in-patient. If a patient is in the emergency department or SDSA Nursing support will still be required to meet the needs and treatments plans outlined.
- 4.9. The name of the responsible OMF clinician should be clearly documented in the patients' records as should a clear treatment plan.
- 4.10. The OMF specialty have agreed patients who would be deemed suitable and not suitable for transfer to SDSA (see [Appendix 3](#)).
- 4.11. The OMF specialty have defined an appropriate plan of care for SDSA suitable" OMF patients (See [Appendix 4](#)).
- 4.12. The operating hours of SDSA is 08:00 – 20:00, Monday to Friday, therefore OMF patients can only be booked to attend there between the hours of 08:00 – 18:00, in order to allow patients to be seen and plans made before the unit closed. Outside of these hours then the patient will be asked to attend ED.
- 4.13. Patients who are assessed as suitable for SDSA but attend the hospital outside of SDSA operating hours, will initially attend ED and be transferred to SDSA once open.
- 4.14. On arrival to SDSA, the patient is booked onto the Nervecentre system and a member of the SDSA team will contact the OMF SHO via switchboard.

## **5. Dissemination and Implementation**

- 5.1. This document is a new document and there are no previous versions.
- 5.2. This document will be made available for all staff on the RCH intranet.
- 5.3. General Surgery and Cancer, Specialist Surgery and Services and UEE will ensure staff are aware of this policy.

## 6. Monitoring Compliance and Effectiveness

Information Category	Detail of process and methodology for monitoring compliance
Element to be monitored	Compliance with policy standards.
Lead	OMF Specialty Lead – Amith Pinto.
Tool	Incident reporting where standards not followed.
Frequency	Reassess within 1 month of implementation. Then as incident reports dictate.
Reporting arrangements	<p>Presentation of key findings at audit meetings and summary added to audit meeting minutes to.</p> <ul style="list-style-type: none"> <li>• OMF Clinical Team.</li> <li>• Specialist Services and Surgery Governance (SSS) Team.</li> </ul>
Acting on recommendations and Lead(s)	The OMF triumvirate, Service Manager, Clinical Matron and Specialty Lead, will be responsible for reviewing any recommendations/actions and sharing them with the clinical area where standards were not followed.
Change in practice and lessons to be shared	Required changes to practice will be identified and actioned within 1 month of presentation of audit findings. Lead member of the team will be identified to take each change forward where appropriate. Lessons will be shared with all the relevant stakeholders.

## 7. Updating and Review

Reviewed every three years.

## 8. Equality and Diversity

8.1 This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement which can be found in the [Equality Diversity And Inclusion Policy](#) or the [Equality and Diversity website](#).

8.2 Equality Impact Assessment

The Initial Equality Impact Assessment Screening Form is at Appendix 2.

## Appendix 1. Governance Information

Information Category.	Detailed Information.
<b>Document Title:</b>	Oral and Maxillofacial (OMF) Expected Patient Pathway Standard Operating Procedure V1.0.
<b>This document replaces (exact title of previous version):</b>	New document
<b>Date Issued/Approved:</b>	April 2024.
<b>Date Valid From:</b>	April 2024.
<b>Date Valid To:</b>	April 2027.
<b>Author/Owner:</b>	Mark Wolf – Service Manager for Oral and Maxillofacial.
<b>Contact details:</b>	01872 252218
<b>Brief Summary of Contents:</b>	Standard Operating Procedure for the care of patients admitted to Same Day Surgical Assessment Oral Maxillofacial Presentations.
<b>Suggested Keywords:</b>	OMF, Oral, Max Fax, SDSA.
<b>Target Audience:</b>	<b>RCHT:</b> Yes <b>CFT:</b> No <b>CIOS ICB:</b> No
<b>Executive Director responsible for Policy:</b>	Chief Medical Officer.
<b>Approval route for consultation and ratification:</b>	Via speciality business and governance meeting and weekly SMT governance meeting.
<b>Manager confirming approval processes:</b>	Roz Davies.
<b>Name of Governance Lead confirming consultation and ratification:</b>	Maria Lane.
<b>Links to key external standards:</b>	None.
<b>Related Documents:</b>	None.
<b>Training Need Identified:</b>	No.
<b>Publication Location (refer to Policy on Policies – Approvals and Ratification):</b>	Internet and Intranet.

Information Category.	Detailed Information.
Document Library Folder/Sub Folder:	Clinical / Oral

**Version Control Table.**

Date.	Version Number.	Summary of Changes.	Changes Made by.
April 2024	V1.0	Initial issue.	Mark Wolf – Service Manager for Oral and Maxillofacial.

**All or part of this document can be released under the Freedom of Information Act 2000.**

**All Policies, Strategies and Operating Procedures, including Business Plans, are to be kept for the lifetime of the organisation plus 6 years.**

**This document is only valid on the day of printing.**

**Controlled Document.**

This document has been created following the Royal Cornwall Hospitals NHS Trust [The Policy on Policies \(Development and Management of Knowledge Procedural and Web Documents Policy\)](#). It should not be altered in any way without the express permission of the author or their Line Manager.

## Appendix 2. Equality Impact Assessment

### Section 1: Equality Impact Assessment (EIA) Form

The EIA process allows the Trust to identify where a policy or service may have a negative impact on an individual or particular group of people.

For guidance, please refer to the Equality Impact Assessment Policy (available from the document library) or contact the Equality, Diversity, and Inclusion Team  
[rcht.inclusion@nhs.net](mailto:rcht.inclusion@nhs.net)

Information Category	Detailed Information
<b>Name of the strategy / policy / proposal / service function to be assessed:</b>	Oral and Maxillofacial (OMF) Expected Patient Pathway Standard Operating Procedure V1.0.
<b>Department and Service Area:</b>	Specialist Services and Surgery.
<b>Is this a new or existing document?</b>	New.
<b>Name of individual completing EIA</b> (Should be completed by an individual with a good understanding of the Service/Policy):	Mark Wolf, Service Manager, Oral and Maxillofacial.
<b>Contact details:</b>	01872 252218

Information Category	Detailed Information
<b>1. Policy Aim - Who is the Policy aimed at?</b> (The Policy is the Strategy, Policy, Proposal or Service Change to be assessed)	This guideline is written for RCHT colleagues who are responsible for managing patients who have or may have simple OMF injuries/illness.
<b>2. Policy Objectives</b>	To advise of the standards expected for OMF patients and suitability or not of OMF patients to attend SDSA.
<b>3. Policy Intended Outcomes</b>	The aim of this document is to outline the recommended practice for managing patients who have or have the potential to develop OMF injuries/illness in SDSA.
<b>4. How will you measure each outcome?</b>	Monitoring will be an ongoing practice within the department.
<b>5. Who is intended to benefit from the policy?</b>	Staff at the RCH and the patients in their care.

Information Category	Detailed Information
<b>6a. Who did you consult with?</b> (Please select Yes or No for each category)	<ul style="list-style-type: none"> <li>• Workforce: Yes</li> <li>• Patients/ visitors: No</li> <li>• Local groups/ system partners: No</li> <li>• External organisations: No</li> <li>• Other: No</li> </ul>
<b>6b. Please list the individuals/groups who have been consulted about this policy.</b>	<b>Please record specific names of individuals/ groups:</b> Specialty – Clinicians, Nursing Staff, Clinical Matron.
<b>6c. What was the outcome of the consultation?</b>	Document written and approved.
<b>6d. Have you used any of the following to assist your assessment?</b>	<b>National or local statistics, audits, activity reports, process maps, complaints, staff, or patient surveys:</b> No.

## 7. The Impact

Following consultation with key groups, has a negative impact been identified for any protected characteristic? Please note that a rationale is required for each one.

Where a negative impact is identified without rationale, the key groups will need to be consulted again.

Protected Characteristic	(Yes or No)	Rationale
<b>Age</b>	No	
<b>Sex</b> (male or female)	No	
<b>Gender reassignment</b> (Transgender, non-binary, gender fluid etc.)	No	
<b>Race</b>	No	
<b>Disability</b> (e.g. physical or cognitive impairment, mental health, long term conditions etc.)	No	
<b>Religion or belief</b>	No	
<b>Marriage and civil partnership</b>	No	

Protected Characteristic	(Yes or No)	Rationale
Pregnancy and maternity	No	
Sexual orientation (e.g. gay, straight, bisexual, lesbian etc.)	No	

**A robust rationale must be in place for all protected characteristics. If a negative impact has been identified, please complete section 2. If no negative impact has been identified and if this is not a major service change, you can end the assessment here.**

I am confident that section 2 of this EIA does not need completing as there are no highlighted risks of negative impact occurring because of this policy.

Name of person confirming result of initial impact assessment: Mark Wolf, Service Manager, Oral and Maxillofacial.

**If a negative impact has been identified above OR this is a major service change, you will need to complete section 2 of the EIA form available here:**  
[Section 2. Full Equality Analysis](#)

## **Appendix 3. OMF approved: An Appropriate Plan of Care for SDSA “Suitable” OMF Patients**

NB: Treatment should only be initiated on agreement with OMF clinician.

### **1. Treating Patients with dental abscess without airway compromise:**

- Airway assessment.
- Where there is no airway/orbital/sepsis concern these patients should generally be redirected to their GDP/emergency dental service. Where this isn't possible the OMF on-call junior can be consulted.
- Bloods (FBC/electrolytes/CRP) and cannula required (minimum sized pink).
- Where no dental x-ray is available, an OPG should be requested and taken prior to transfer to SDSA.
- Treat with IV fluids and IV antibiotics.
- OMF will attend to provide incision and drainage as appropriate.
- OMF decision to either admit for ongoing antibiotics or discharge for GDP follow up.

### **2. Treating patients with facial lacerations.**

- Head injury and blood loss assessment by referring clinician.
- Tetanus status assessment and booster as necessary by referring clinician.
- If heavily contaminated/laceration difficult to identify. Area should be cleaned with sterile saline by nursing team. OMF can assist with LA if needed.
- OMF will attend to provide closure and further advice.

### **3. Treating patients with dental trauma (loose/displaced/avulsed teeth)**

- Airway/head injury assessment by referring team.
- Assessed for missing teeth on background of LOC. Consider CXR.
- In hours, these patients should be seen by a GDP/emergency dentist.
- If the above is not possible OMF can be consulted and may be able to provide basic splinting in SDSA.
- Any avulsed permanent teeth must be stored in sterile saline/milk/reimplanted until OMF can attend. This must be communicated IMMEDIATELY to the on-call junior, the tooth should not be allowed to dry, should be kept close to the patient, and labelled if not reimplanted.

## Appendix 4. OMF Approved: Patients Suitable and Not Suitable for Transfer to SDSA

<b>Patients Suitable for treatment in SDSA</b>	<b>Patients Not Suitable for treatment in SDSA</b>
1. Facial lacerations where there is no uncontrolled bleeding/underlying head injury or acute fracture affecting the airway/eye.	1. Dental abscesses/facial swellings with potential airway compromise.
2. Minor dental abscesses requiring intra-oral drainage only, with no threat to airway or sepsis concerns.	2. Patients with uncontrollable haemorrhage.
3. Dental trauma with no associated head injury/acute fracture affecting the airway/eye.	3. Patients with any facial injury who have not been assessed for head injury/tetanus status.
4. NEWS <3 and ambulatory.	4. Any patients requiring multidisciplinary input, e.g. patients with sepsis secondary to a dental abscess.
	5. Patients still requiring radiography / medical review.
6. Not on Oxygen Therapy.	6. Requiring oxygen therapy.