## **Template for reporting Covid-19 Dental Staff Absence Exceptional Circumstances**

## **from 1st December 2021 to 31st March 2022**

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| Exceptional Circumstances - COVID 19 staff absence due to covid infection from 1st December 2021 – 31st March 2022 | |
| Date |  |
| Practice Address |  |
| Contract Number |  |
| Date (s) of Event |  |
| Description of Event | **Staff absence due to covid-19 infection** |
| Staff Member/s Affected |  |
| Performer Number (if applicable) |  |
| Job Title of Staff Member |  |
| Duration Staff advised to self-isolate |  |
| Number of working days affected |  |
| Copies of the notification from test and trace or test results (lateral flow and/or PCR) where applicable to be provided |  |
| Total number of lost activity - UDAs and/or UOAs |  |
| Copy of appointment book and contractor’s calculation to support “lost activity” |  |
| Has the Regional Team been notified within a 5-day period of the incident? |  |

All completed forms and supporting evidence must be sent to [nhsbsa.dentalcases@nhs.net](mailto:nhsbsa.dentalcases@nhs.net), copying in your regional commissioner.