



MOVING TOWARDS ROUTINE DENTAL CARE

COVID-19

STANDARD OPERATING PROCEDURES FOR DENTAL TEAMS IN SCOTLAND

UNCONTROLLED IF PRINTED

APRIL 2022

(ABBREVIATED SOP SIGNIFICANT UPDATES
HIGHLIGHTED)

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A Guide for Dental Teams

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1. Introduction and Abbreviated SOP

These Standard Operating Procedures (SOPs) have been created as a result of the recent publication from the Antimicrobial Resistance and Healthcare Associated Infection (ARHAI Scotland) Winter (21/22) , Respiratory Infections in Health and Care Settings Infection Prevention and Control (IPC) Addendum

<https://www.nipcm.hps.scot.nhs.uk/winter-2122-respiratory-infections-in-health-and-care-settings-infection-prevention-and-control-ipc-addendum/#a3048>

These SOPs apply to all primary care and community dental services, the Public Health Service and the independent and private sector. These guidelines may be read in conjunction with [SDCEP AGP Mitigation Review](#) which is based upon expert opinion and remains a valuable source of information and continues to inform the ARHAI guidance.

They are intended to support dental teams, as they work towards fully recovering services, while ensuring that all measures to reduce the risk of Covid-19 transmission are in place and applied consistently to support both patient and staff safety.

These SOPs are based on current guidance in an effort to bring some consistency across practices. They include some practical suggestions to enable implementation. Dental teams would, as usual, be expected to follow National guidance and apply such guidance to the circumstance in their individual setting. **There will always be minor local variations.** As long as general principles are followed some minor differences in application can be acceptable.

Dental practices are expected to be aware of anticipated increases in cases of respiratory viruses/infection to enable them to prepare and plan their services such as with the management of respiratory viruses/infection in advance of the respiratory season.

NB These SOPs are not intended as a prescriptive list.

We trust that all team members will be able use their clinical judgment when applying guidance around patient management in what we appreciate is a highly challenging environment. The need to use **a new risk assessment** to enable decision-making processes in certain circumstances may be required if evidence is unavailable.

1.1 Background

The pandemic remains a threat ([see Covid-19 alert levels](#)) and as such there continues to be a need to be cautious to manage the risks of known and new variants of Covid-19 and the forthcoming challenges of other respiratory infections that are likely to present over any future autumn/winter period alongside other winter pressures. As public health (Covid-19 control) measures are eased across the UK, it is necessary for some pandemic measures to remain within health and care services.

It is recommended that for the foreseeable future that health and care services will still need to consider triaging prior to treatment for patients and individuals with confirmed or suspected respiratory infections, including Covid-19, and apply the measures outlined in this guidance.

1.2 Summary

This section summarises the current and new guidelines. For details please refer to the relevant section.

The key messages include:

- The triage of patients (and any person required to accompany the patient), prior to their appointment and re-checked upon arrival, using the **new** respiratory-risk screening questions in **Table 4** of the published guidance: <https://www.nipcm.hps.scot.nhs.uk/winter-2122-respiratory-infections-in-health-and-care-settings-infection-prevention-and-control-ipc-addendum/#a3048>. Also reproduced below.

Respiratory Screening Questions for use across all health and care settings
The screening questions below apply to all service users and anyone accompanying the service user to a healthcare facility e.g. parent, carer.

Covid-19 Screening questions	Yes	No
Have you had a confirmed diagnosis of COVID-19 in the last 10 days?		
If the individual answers yes, consider delaying appointment where the matter is non urgent. Where appointment must proceed, do so via the respiratory pathway.		
If the individual answers no, proceed to next question.		

Covid-19 Screening questions	Yes	No
<p>Do you have any of the following symptoms;</p> <p>High temperature or fever?</p> <p>New, continuous cough?</p> <p>A loss or alteration to taste or smell?</p> <p>Any other symptoms of a respiratory virus?</p> <ul style="list-style-type: none"> • If the individual answers yes, consider delaying appointment where the matter is non urgent. Where appointment must proceed, do so via the respiratory pathway. • If the individual answers no, proceed to next question. 		
<ul style="list-style-type: none"> • Have you had contact with someone with a confirmed diagnosis of COVID-19 in the last 10 days? <p>If individual answers yes, clinicians to undertake individual risk assessment to determine if it is appropriate to go ahead with the planned appointment and take account of daily LFD testing requirements in the community. Where the appointment takes place as planned, the patient may be placed on the non-respiratory pathway provided daily LFDs are negative.</p>		

Where a patient, **or any person required to accompany the** patient, answers: 'No' to all questions they should be assigned to the **Non-Respiratory pathway**

If following telephone consultation the patient meets the criteria for placement on the **Respiratory pathway** and if the matter is non-urgent, face to face consultation should be deferred until the COVID-19 self-isolation period has elapsed or other non COVID-19 respiratory viral symptoms have resolved.

If the matter is urgent, the patient may be seen within the dental setting but ideally should be provided with an appointment at the end of the day/session to reduce and post AGP fallow time (if an AGP performed) impacting on the remaining consultation list. They should be separated from other patients via space or time.

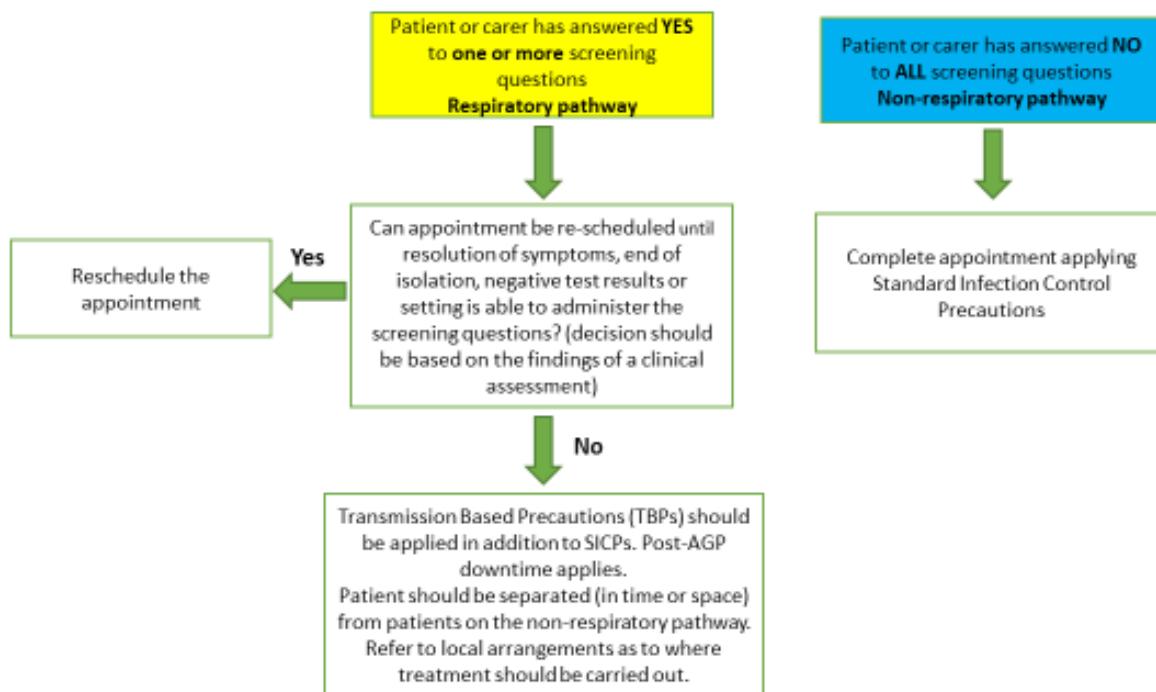
Should the patient answer 'No' to the first and second question but 'Yes' to the third screening question, the clinician should undertake a risk assessment and:

- the appointment deferred, or;
- the patient placed on the respiratory for treatment, or;
- if the patient's daily LFDs are negative the clinical team could consider proceeding on the **non-respiratory pathway**. **Figure 1.**

- Based on triage, the patient should be assigned to either the **Respiratory** or **Non-Respiratory pathway**.

- For patients on the **Non-Respiratory Pathway** standard IPC measures only, including for all aerosol generated procedures (AGPs), no fallow time is required.
- Where staff have concerns about potential Covid-19 exposure to themselves during this ongoing Covid-19 pandemic, they may choose to wear an FFP3 respirator rather than an FRSM when performing an AGP on any patient on the Non-Respiratory pathway provided they are fit tested. This is a personal PPE risk assessment.
- For patients on the **Respiratory pathway** transmission based IPC measures as well as standard IPC measures apply.
- Patients on the Respiratory pathway should have treatment postponed if possible with treatment restricted to urgent treatment where treatment cannot be provided remotely or postponed.
- If treatment is required for patients on the **Respiratory pathway** then they should be segregated by space or by time from other patients e.g. seen at the end of a session or asked to wait in their car.
- Physical (social) distancing for staff and patients no longer applies (unless a patient is on the respiratory pathway).
- The universal use of face masks for staff and patients continues to apply.
- Staff can travel to work in the same car but advise general transmission risk reduction e.g. wearing masks.

Figure 1. Diagram summarising the two pathways for patients attending dental settings



- Patients who require an AGP, who are on the **respiratory pathway** will continue to require application of airborne precautions and resulting post AGP fallow times.
- All appointments including AGPs for **non-respiratory pathway** patients should be undertaken with simple PPE.
- It is important to ensure that NHS dental services and related activity happens, safely, within GDS. This means that, wherever possible, all GDS-registered patients are seen within GDS. This includes urgent **respiratory-pathway** patients who cannot be deferred, as your PDS colleagues are experiencing the same pressures as yourselves so cannot easily take on urgent GDS patients.
- All practices must update their risk assessment to ensure this can be done safely. In situations where **urgent respiratory-pathway** patients cannot be seen safely, including for reasons of significant staffing shortages, practices should contact their Health Board for further advice.
- A return to Standard Infection Control Precautions (SICPs) and Transmission Based Precautions (TBPs) as per National Infection Prevention and Control Manual (NIPCM). Table 1 and 2

Table 1: Transmission-based precautions: Personal protective equipment required while providing direct care for patients with suspected or confirmed respiratory infection

PPE required by type of transmission/exposure	Disposable gloves	Disposable apron/gown	Face masks	Eye/face protection (visor)
Droplet/Contact transmission	Single use	Single use apron and gown (if risk of spraying/splashing)	FRSM Type IIR for direct patient care	Single use or reusable
Airborne transmission (AGP on respiratory pathway)	Single use	Single use gown	FFP3 or respirator /Hood for AGPs	Single use or reusable

Table 2: SICPs Personal Protective Equipment (PPE) and Respiratory Protective Equipment (RPE) for dental settings

Patient pathway	Non-respiratory
Waiting room/ reception Non-clinical areas	Hand hygiene FRSM Type IIR
Dental surgery and clinical areas (AGP treatment non-respiratory pathway)	Hand hygiene Disposable gloves Disposable plastic apron FRSM Type IIR Eye/face protection

2. Covid-19 Risk Assessment

All aspects of Health and Safety and any potential risks are the responsibility of employers. A risk assessment document is an essential requirement for all aspects of Health and Safety.

It is essential that the practice updates their Health and Safety Risk Assessment to identify the measures required to minimise the risk of Covid -19 transmission.

Further information is available in the Health and Safety Executive's (HSEs) *Continuing to keep workplaces safe from Covid-19*:
[Continuing to keep workplaces safe from coronavirus \(Covid-19\) \(hse.gov.uk\)](https://www.hse.gov.uk/coronavirus/)

SDCEP Practice Support manual – Health and Safety Risk Assessment
<https://www.psm.sdcep.org.uk/>

Further guidance specific to Scotland can be found at:
[Coronavirus in Scotland - gov.scot \(www.gov.scot\)](https://www.gov.scot/)

Due to the continuation of measures to reduce the risk of transmission of the Covid - 19 virus all aspect of dental practice should be considered, recorded, and reviewed and changes introduced.

- A walk-through of the patient journey within the practice will inform your risk assessment.
- Identify practical modifications to current facilities and working practices.
- These might include the locations of additional hand hygiene facilities, patient chaperoning, physical (social) distancing measures etc.

The HSE suggests that risk assessments should follow five simple steps:

1. Identify the hazards.
2. Decide who might be harmed and how.
3. Evaluate the **risks** and decide on precautions.
4. Record your findings and implement them.
5. Review your assessment and update.

3. Facilitating Physical (Social) Distancing

The requirement to maintain physical distancing has been removed across all health and care settings.

3.1 Pre-appointment Advice to Patients

- Clearly display instructions at the practice entrance to advise patients on arrival for appointments what to do and any arrangements for others to make appointments.
- Patients should be encouraged to make appointments by phone where possible.
- Consider reminding patients in any pre-appointment communication of the need for continued use of face coverings in the dental environment.
- Patients are always required to wear face coverings on non-respiratory pathway and FRSM on respiratory pathway apart from during dental treatment.
- People required to accompany patients require to wear face coverings in all areas of the practice. Any patient attending a health care facility must wear a face covering in line with [Scottish Government guidance](#) unless exempt. Type II FRSM should be available should a patient attend without a face covering.
- Staff require to wear FRSM mask in all areas of the practice and FFP3 during AGP on respiratory pathway.
- Clear signage about mask wear and hand hygiene should be posted.
- People making deliveries etc. should contact reception before entering the practice. People making deliveries are required to wear face coverings in all areas of the practice. If the practice has more than one entrance, consider using only one of them for patients.

3.2 Physical Distancing for Staff

- Staff no longer need to apply social distancing but face masks must be worn in all communal areas of the practice such as kitchens, staff rooms, office areas, meeting rooms etc. except when eating or drinking. Staggered break times and rotas may be required to reduce risk.
- Local/practice outbreaks may require the need for a return of social distancing following a risk assessment.

For Further Information on wearing masks in practice;

[Coronavirus \(Covid-19\): guidance on the extended use of face masks and face coverings in hospitals, primary care and wider community care - gov.scot \(www.gov.scot\)](#)