

## IPC Update (\* = new/updated since last version) June 2022

## Introduction

On 13 December 2021, ARHAI (anti-microbial resistance and health care associated infection) Scotland published updated infection prevention and control guidance called the National Infection Prevention and Control Manual (NIPCM) which recommended limited changes to the protocols for primary care dentistry. The CDO wrote to the profession on 7 December and again on 20 December to update them on these impending changes and, as a result, NHS Scotland have issued Standard Operating Procedures (SOPs) for dental teams to follow.

<u>In April 2022</u>, IPC guidance and SOPs in Scotland were updated. The main changes were:

- For patients on the non-respiratory pathway, standard IPC measures apply for all procedures (including AGPs) and there is no need for fallow time.
- Physical distancing restrictions have been removed for asymptomatic patients.
- For patients on the respiratory pathway, transmission-based IPC measures, as well as standard IPC measures, still apply.

Below are answers to the frequently asked questions we received from members about the new guidance and protocols.

Number	Question	Answer		
1*	What are the 'respiratory' and 'non- respiratory' pathways?	Patients are assigned to either a respiratory pathway or a non-respiratory pathway based upon the following screening questions.		
		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 or using digital consultation methods if not detrimental to the patient Where appointment must proceed face to face, do so via the respiratory pathway.  If the individual answers NO, proceed to next question.		
		Do you have any of the following symptoms;  • High temperature or fever?  • New, continuous cough?  • A loss or alteration to taste or smell?  • Any other symptoms of a respiratory virus?  If the individual answers YES, consider delaying appointment where the matter is non urgent or using digital consultation methods if not detrimental to the patient. Where appointment must proceed face to face, do so via the respiratory pathway.  If the individual answers NO, proceed on the non-respiratory pathway.		

		<ul> <li>If the individual answers YES, consider delaying appointment where the matter is non urgent or using digital consultation methods if not detrimental to the patient. Where appointment must proceed face to face, do so via the respiratory pathway.</li> <li>If the individual answers NO, proceed on the non-respiratory pathway.</li> </ul>
2*	When should the patient screening questions be asked?	All patients and accompanying parents/guardians/carers should be triaged <b>prior to</b> dental appointments by phone and re-checked upon arrival using the above screening questions.
3*	What PPE measures and fallow time are required for non-respiratory pathway patients?	<ul> <li>For patients on the non-respiratory pathway, standard IPC measures apply, including for all aerosol generated procedures (AGPs), and no fallow time is required.</li> <li>All appointments should be undertaken using simple PPE.</li> <li>Where staff have concerns about potential Covid-19 exposure to themselves they may choose to wear an FFP3 respirator rather than a Type IIR facemask when performing an AGP on a patient on the non-respiratory pathway provided they are fit tested. This is a personal PPE risk assessment.</li> </ul>
4*	What PPE measures and fallow time are required for patients on the respiratory pathway?	<ul> <li>For patients on the respiratory pathway, transmission-based IPC measures as well as standard IPC measures apply. Patients should have treatment postponed if possible with treatment restricted to urgent treatment where it cannot be provided remotely or postponed.</li> <li>Fallow times are only required following an AGP on the respiratory pathway.</li> <li>For AGPs enhanced PPE is required, including includes gloves, fluid-resistant gowns, FFP3 face masks or powered respirator hoods and face visors (single-use, sessional or reusable following decontamination).</li> </ul>
5	How mandatory is the NIPCM for dental practices?	<ul> <li>The NIPCM is mandatory for NHS Scotland. In all other care settings to support health and social care integration the content of the manual is considered 'best practice'.</li> <li>The NHS Scotland SOPs (page 2) advise that the guidance applies to all primary care and community dental services, the Public Health Service and the independent and private sectors.</li> <li>Dental teams are expected to follow National guidance and apply this to the circumstances in their individual settings. It is acknowledged that there will always be minor local variations, but as long as the general principles are followed, some minor differences in application are acceptable.</li> </ul>
6*	What happens if a Covid positive patient has an appointment booked?	<ul> <li>Patients on the respiratory pathway should have their treatment postponed if possible, with treatment restricted to urgent treatment, where it cannot be provided remotely or postponed. If treatment is required then the patient 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.</li> <li>Wherever possible, all GDS registered patients should be seen within GDS. This includes urgent respiratory pathway patients who cannot be deferred. Practices should 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.</li> </ul>
7*	Do I need to separate respiratory and non-	<ul> <li>Physical (social) distancing for staff and patients no longer applies unless a patient is on the respiratory pathway.</li> <li>If treatment is required for patients on the respiratory pathway, then they should be</li> </ul>

	respiratory patients?	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.
8*	Is the practice expected to treat respiratory pathway patients at the end of the clinical session?	Yes - If urgent treatment is required for respiratory pathway patients, which cannot be postponed, then they should be treated at the end of the day/session.
9	Can I still refer Covid positive patients who require urgent treatment to an Urgent Care Centre via the Public Dental Service (PDS)?	<ul> <li>No - registered patients on the respiratory pathway requiring urgent care must not routinely be referred to the PDS. Non-urgent care should be deferred until the patient can be assigned to the non-respiratory pathway.</li> <li>Respiratory patients requiring urgent care should be seen at the end of the day/session if possible.</li> </ul>
10	Do I need to ask my patient to get a PCR test prior to attending an appointment?	No - It is recognised that dental practices are unable to use PCR testing before undertaking appointments.

## **BDA Training Tool**

The BDA have a written a short course to help members write their own risk assessments, which may help in applying the IPC guidance and SOPs to your practice.

Please access the course by clicking the link below. Please note this is only available to BDA members.

<u>Principles of Risk Assessment</u>: A framework for tackling risk assessments, a methodical way to make decisions on what to do, and reassurance that you're well-equipped to make good choices in this uncertain and fast-moving situation.

## **Terms of Reference**

The term "urgent-care" is defined in <u>SDCEP guidance – Emergency Dental Care</u> (Page 6 section 2.1.2)