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7 December 2021

Dear Colleague,

### **Infection, Protection and Control Mitigations: Update**

You may be aware that there have been concurrent reviews across the four countries of IPC Guidance for respiratory infections during the forthcoming winter period. In Scotland the relevant guidance has been published by ARHAI (anti-microbial resistance and health care associated infection) Scotland. They have recommended that guidance for primary care dentistry remains largely as it is.

For ease, we have summarised a list of the main changes in an Annex to this letter; this should be read alongside the existing SOP and incorporated into your practice as appropriate. The existing SOP can be found here: [https://www.scottishdental.org/wp-content/uploads/2021/03/SOPS\\_28Jan2021\\_PHrevision.pdf](https://www.scottishdental.org/wp-content/uploads/2021/03/SOPS_28Jan2021_PHrevision.pdf).

In particular, it is worth noting that despite a modification of patient pathways, all AGPs (regardless of pathway) still require application of airborne precautions including enhanced PPE and post-AGP fallow times. The full Guidance may be found at the following link: <https://www.nipcm.hps.scot.nhs.uk/winter-2122-respiratory-infections-in-health-and-care-settings-infection-prevention-and-control-ipc-addendum/>.

In light of this news, Scottish Government will continue to support the sector during this difficult time, including through the following mitigations:

#### *New Funding Support from April 2022*

The Cabinet Secretary's letter of 22 October set out the broad framework that the Scottish Government intends to operate for GDS. The letter set out the need to recover the sector before introducing a significant reform programme.



Notice was also given of the introduction of a number of enhanced fees from 1 February 2022, and the end of emergency financial support payments from 1 April 2022. However, this does not mean an end to all financial support to the sector.

While it is the intention to maintain this framework, Government recognises the need to further support practices beyond 1 April 2022, given the confirmation of current constraints. We are discussing with BDA Scotland how that support can achieve positive outcomes for both patients and practices.

Once these discussions are concluded, we will write to you all again with the precise details of the revised interim payment arrangements.

### *Extension of Funding for Ventilation and Red Band Hand Pieces*

In addition, we have two mitigations presently in force that will be extended beyond 31 March 2022: funding for ventilation improvements and funding for the installation of red band hand pieces. Practices wishing to take up this funding can now make applications up to and including 30 June 2022.

I trust this is a helpful update.



Tom Ferris,  
**Chief Dental Officer**

## Annex – update to existing SOP

Key points from the new ARHAI Guidance most relevant to dental settings are as below for ease. Practitioners should, however, familiarise themselves with the full Guidance and ensure they follow it in full.

- Previously, following triage to identify risk factors for or symptoms of coronavirus infection, patients were required to be assigned to a Red, Amber or Green pathway. A new classification has now been introduced to modify this process which assigns patients to either a **Respiratory Pathway** or a **Non-respiratory Pathway** based upon a revised triage questionnaire which takes account of a wider range of respiratory illnesses.
- All patients and accompanying parents/guradians/carers should be triaged prior to dental appointments using the screening questions as in the new published guidance: <https://www.nipcm.hps.scot.nhs.uk/winter-2122-respiratory-infections-in-health-and-care-settings-infection-prevention-and-control-ipc-addendum/#a3059>. Where possible, screening questions should be completed before the patient attends for their appointment.
- Where a patient, or any person required to accompany the patient, answers ‘Yes’ to one or more of the screening questions they should be assigned to the **respiratory pathway**. All other patients should be assigned to the **non-respiratory pathway**.
- All patients requiring an AGP, regardless of whether they are on the **respiratory** or **non-respiratory pathway** will require application of airborne precautions and resulting post AGP fallow times.
- All appointments that do not require an AGP for **non-respiratory pathway** patients should be undertaken with simple PPE.
- Patients on the **respiratory pathway** requiring non-urgent care should have their appointment deferred until they are able to be assigned to the **non-respiratory pathway** following subsequent screening.
- Patients on the **respiratory pathway** requiring urgent care may be seen for a face to face appointment where they should be separated from all other patients by distance and time. This includes all communal areas in the dental practice.
- It is recommended that **respiratory pathway** patients should ideally be seen at the end of a clinical session if this can be achieved. Registered patients on this pathway requiring urgent care must not now routinely be referred to the PDS.

Practitioners are advised that this guidance may be subject to change over the winter period and should therefore continue to review published guidance.