

Standard Operating Procedure

High Risk Patients Seen in Dental Services

All high risk patients will be treated via AAA approach in the first instance but there will be occasions where this approach is not suitable and physical treatment is required.

Each dental practice, providing they have the necessary facilities to do so, can treat their own high risk patients but in order to do so they would need to take additional precautions and the guidance for this is set out below. If a practice does not feel able to or have the facilities to see a high risk patient, then a referral can be made to the Primary Care Dental Team, who will then make the necessary arrangements for the patient to be seen and treated. All dental providers should be following the Primary Care Standard Operating Procedures and associated guidance.

High Risk Patients

High risk patients are identified as those in a period of self-isolation or have answered 'Yes' to one of the Covid-19 triage questions as set out below:

- a) Do you have a new or persistent cough?
- b) Do you have a fever or temperature over 37.8C?
- c) Do you have a change in your sense of smell or taste?
- d) Have you had contact with a person who has tested positive for COVID-19 in the last 21 days?
- e) Have you travelled off-Island in the last 21 days?

Supplementary Questions for dental and optical: Have you had a Covid Test on days 1, 6 and 13? Negative results? Can be seen as 'low risk' from Day 14 onwards if the answer is yes, consider as 'high risk' if the answer is no and treat via AAA approach where possible. If high risk patient needs to be seen appropriate facilities are already available to ensure patients are seen safely.

- f) Is there anybody currently in your household isolating?

The first approach should be via AAA (Advice, Antibiotics, Analgesia) for all high risk patients. If this approach is not sufficient and physical treatment is required, the patient can be seen for treatment either in their own dental practice or via the referral for treatment. Either way the

patient will need to be supplied with an exemption, in writing, from the Primary Care Dental Team, which will allow the patient to travel from their home/residence to the treating dental practice and back again only.

If a high risk patient requires medication they will need to make arrangements for this to be collected for them, or the dental practice may arrange pick up/delivery of the prescription via the pharmacy if the medication is not available at their practice already.

Steps to follow for dental practices to see their own high risk patients

1. The Practice will have already established the patient as being high risk and requiring emergency dental treatment via the triage process.
2. The Practice is to email dental@gov.im with a completed request form (Appendix 1). As this form will contain the patient's personal information the practice must gain consent from the patient prior to sending the information to the Primary Care Dental Team and must password protect the document before emailing it.
3. The practice may provisionally book the appointment for the patient and must await confirmation from the Primary Care Dental Team that the patient has received their exemption letter (sample exemption letter Appendix 2).
4. On arrival for their appointment the patient must be advised to call the practice on arrival and will be instructed when they are permitted to enter the building.
5. The patient must wear a face mask at all times (other than when actually receiving their treatment) and be asked to use handwashing facilities before and after their appointment.
6. The practice must be mindful of the areas the patient has come into contact with during their visit and ensure stringent cleaning of surfaces once the patient has left the premises.
7. The practice must ensure the patient's appointment is the last of the day, with no patient cross-over and minimal staff contact at the practice (i.e. the treating dentist and nurse only where possible). Social distancing and all staff wearing masks is a must within the practice.
8. If a prescription from Pharmacy is required the practice can send it direct to the pharmacy of the patient's choice so that the patient may arrange for someone to collect it on their behalf. If the patient is unable to have their prescription collected, the practice should make every endeavour to assist the patient by contacting the pharmacy and requesting delivery of the prescription if possible to the patient's home address.
9. For NHS patients the emergency fee (£18.50) will be payable (unless the patient is exempt from charges) and all payments should be made via contactless card payment (wherever possible).

10. Once treatment has finished the patient must be advised to go straight home/to their place of residence without stopping elsewhere along the way.
11. The practice must ensure all areas within the practice have been cleaned prior to closing for the day.

Process for referring high risk patients for treatment

1. The Practice is to email dental@gov.im with a completed referral form (Appendix 3). As this form will contain the patient's personal information the practice must gain consent from the patient prior to sending the information to the Primary Care Dental Team and must password protect the document before emailing it.
2. The Practice must inform the patient that the information will be shared with the Primary Care Dental Team so that a formal letter can be sent to them to allow them to travel to the treating dental practice and that the information will be shared with the treating dental practice.
3. The patient should be advised by the dental practice that if they are an NHS patient already they will be expected to pay a fee of £18.50 to the treating dental practice (unless they are exempt from payment) and all payments, where possible, should be made via contactless card payment. If the patient is a private patient, a private fee for an emergency appointment will be charged by the treating practice. If the patient is part of a payment scheme already (i.e. Denplan) with the practice then the treating practice will invoice the patient's dental practice for reimbursement of the emergency fee. If the patient does not already have a regular dentist then they will be considered as an NHS patient and the treating dentist will retain the details of the patient as a temporary patient and treatment delivered.
4. The treating dental practice is **The Tracey Bell Clinic, Kensington Road, Douglas.**
5. The Primary Care Dental Team will liaise with the treating dental practice for a suitable appointment for the patient and the patient will be advised:
 - a. When to attend the clinic and guidelines to follow (i.e. to wear a mask and only travel between the practice and home/their residence only)
 - b. To wait in their vehicle and call the treating dental practice on arrival to make their arrival known and a member of staff will collect them and take them straight into the surgery.
 - c. That if medication from the pharmacy is required that cannot be supplied by the treating dental practice, the patient is responsible to make arrangements for their

prescription to be collected on their behalf. The treating dental practice will make their best endeavours to assist patients wherever possible.

- d. That following treatment a report will be sent to the patient's own dentist to inform of the treatment that took place and any further advice given to the patient for their ongoing care.

6. The Primary Care Dental Team will keep track of patients who have been referred with relevant UDA activity being accepted for the treating dental practice.

Guidance written 11 January 2021

Primary Care Services

High Risk Patient Exemption Request Form

(Dental Practice to see/treat their own patient)

Dental Practice	
Dental Practice Address	
Patient Title	Choose an item.
First Name	
Surname	
Patient Address (including Post Code)	
Patient Contact Telephone Number	
Patient's Email Address	
Patient Appointment	Click or tap to enter a date.
Patient Appointment Time	
<i>For Child/Vulnerable Adult Appointments Only:</i>	
Accompanying Adult's Full Name	
Accompanying Adult's Address <i>(if different from above)</i>	

Please ensure you complete each section and password protect this form prior to sending it to dental@gov.im. The Primary Care Dental Team will inform you once the exemption letter has been sent to the patient.



Department of Health and Social Care

Rheynn Slaynt as Kiarail y Theay

Department of Health and Social Care
 Primary Care Services
 Crookall House
 Demesne Road, Douglas
 Isle of Man, IM1 3QA
 Contact: Primary Care Dental Team
 Email: Dental@gov.im
 Telephone: (01624) 642694

11/01/2021

Name
 Address
 Address
 Address
 Post Code

Dear X

Approval for Emergency Dental Care during Self-Isolation Period

This letter gives you formal approval from the Department of Health and Social care to attend ***Dental Practice / Address*** for emergency dental treatment on ***day/date***. If this is for a child to attend an appointment they may be accompanied by one adult only and conditions below are applicable to both the child and the parent/guardian.

You must only travel from your place of residence to the above dental practice and back again. If you are in receipt of a direction notice already you must continue to follow the relevant instructions. You cannot make any stops on your journey to and from the dental practice. If you require a prescription, the above practice will assist you in how you can receive your medication (you are not permitted to travel to a pharmacy to collect your prescription yourself).

The above dental practice has made arrangements to see you at the end of the working day when contact with members of public or staff at the practice is at a minimum. You must make contact with the practice on arrival on ***telephone number*** and the practice will let you know when they are ready for you to enter the building. You must wear a mask at all times other than when you are actually receiving dental treatment.

The usual requirement for payment for an emergency dental appointment will be expected (unless you are exempt from charges). All payments, where possible should be made via contactless card payment at the time of your appointment.

Yours Sincerely

xxxx
 Primary Care Services

High Risk Patient Referral for Treatment

Referring Dental Practice	
Referring Dental Practice Address	
Patient Title	Choose an item.
First Name	
Surname	
Patient Address (including Post Code)	
Patient Contact Telephone Number	
Patient's Email Address	
<i>For Child/Vulnerable Adult Appointments Only:</i>	
Accompanying Adult's Full Name	
Accompanying Adult's Address (<i>if different from above</i>)	
Describe the dental issue the patient has and any treatment/intervention already given as well as relevant medical history.	
Patient Payment Status (please click relevant box)	
<input type="checkbox"/> NHS <input type="checkbox"/> NHS Exempt <input type="checkbox"/> Private <input type="checkbox"/> Practice Plan (i.e. Denplan)	

Please ensure you complete each section and password protect this form prior to sending it to dental@gov.im. The Primary Care Dental Team will inform you once the exemption letter has been sent to the patient.