Respiratory Tract Infections SOP

1. **Purpose**
   Respiratory tract infections can easily spread from an infected person through direct and indirect contact or droplets and aerosols produced from coughing, sneezing, and AGPs. For the safety of our patients, visitors, and team members, the practice adheres to the latest guidance and has implemented control measures outlined below, which must be followed by all team members when caring for a respiratory pathway patient.

2. **Responsibilities**

   2.1. All team members in NHS practices are responsible for adhering to the procedures outlined in this document.

   2.2. Agilio strongly recommends private practices adopt these procedures as control measures to protect team members and patients in line with the practice risk assessment and government guidance.

3. **Definitions**

   3.1. *Respiratory tract infections (RTIs)*
   Infections of body parts involved in breathing e.g., throat, airways, lungs. They can be caused by viruses or bacteria that spread through contact, coughs, sneezes, and actions that produce droplets or aerosols such as aerosol-generating dental procedures. Examples of these are coronavirus (COVID-19), measles, pneumonia, and mumps. A full list of RTIs can be found by following the links under References at the bottom of this SOP.

   3.2. *Respiratory pathway*
   This is the management route for patients identified as having a known or suspected respiratory tract infection. All control measures outlined in this SOP need to be followed in addition to the standard operating procedures in the infection control policy and procedure.

4. **Risk assessment**
   The practice health and safety risk assessment identifies the control measures required in addition to those in this SOP and the infection control policy to mitigate the risk of team members, patients, and visitors from coming into contact with respiratory tract infections.

   To identify if a team member is at higher risk of becoming seriously ill from contracting a respiratory tract infection, a personal risk assessment is required for all team members to identify the control measures needed to mitigate risks for those who may be more vulnerable.

   Where a team member has been absent due to a confirmed or suspected respiratory tract infection, a return-to-work risk assessment is completed before they resume working.

5. **Control measures**
   Where a patient is identified on the respiratory pathway, all team members need to adhere to the additional control measures (transmission-based precautions) as outlined below to reduce the risk to patients, visitors, and team members.

   5.1. Patients

      a. Upon arrival and exiting a treatment room, patients are asked to perform hand hygiene
      b. Patients are physically distanced from others by at least 1 metre

c. Wherever possible, respiratory pathway patients attend their appointments alone
d. Wherever possible, AGP treatments are avoided until the patient has recovered
e. Whilst visiting the practice patients are asked to wear a surgical face mask (type I/II/IIR) if possible
f. When emergency treatment cannot be provided, the patient must be referred to an appropriate dental centre

5.2. Team members

a. Receptionists will take payment over the telephone where possible
b. Enhanced cleaning measures are followed in line with the domestic cleaning schedule
c. Appointments for respiratory pathway patients are prioritised to be at the end of the session
d. Single-use disposable gloves, and an apron, along with eye/face protection are required for any team member at risk of coming into face-to-face contact, or those who will spend more than 15 minutes in a confined area, with a confirmed or suspected RTI
e. Fluid-resistant surgical facemasks (FRSMs) are required for routine care and FFP3

5.3. AGPs

Where an AGP is performed, the control measures below are also required:

a. Clinical team members to wear higher-tier PPE e.g., an FFP3 respirator and gown
b. Post-AGP downtime (fallow time) is observed before the treatment room is decontaminated
c. Downtime is determined by the number of air changes in each treatment room and is calculated using SDCEP guidance.
d. A 'DO NOT ENTER' sign is displayed outside the treatment room when the patient enters and remains until post-AGP downtime and disinfection are completed

6. **Alert levels and monitoring**

The practice regularly monitors national and local alert levels for outbreaks, and operational capacity based on absence to ensure a safe service is provided. Alert levels indicate the level of threat, therefore allowing the practice or individual team members to consider adopting greater levels of PPE protection for lower-risk AGPs if the alert level is high.

7. **Medical emergencies**

The practice follows guidance from the UK Resuscitation Council (RCUK) on conducting basic life support, and team members are required to wear FFP3 masks and eye protection in addition to standard PPE when providing CPR/defibrillation on a patient with a known or suspected RTI.

8. **Domiciliary care**

Where provided, the control measures in this SOP also apply to domiciliary care in addition to the standard procedures and risk assessments in place for treating patients in their homes.

9. **Respiratory tract infections and team members**

9.1. *COVID-19 testing*

In line with government guidance, asymptomatic team members are not asked to carry out routine COVID-19 testing. Symptomatic team members are not required to take a COVID-19 test unless they have been identified as higher risk and would benefit from specific anti-viral treatment if they contract a respiratory tract infection.

9.2. *Team members with symptoms of a respiratory tract infection*

All team members need to report their symptoms as soon as possible when feeling unwell by following the practice sickness reporting procedures. Team members who have symptoms of a respiratory tract infection and a high temperature, or do not feel well enough to go to work, are required to stay at home and avoid contact with other people until they feel well enough to return to work and their temperature has returned to normal.

9.3. *Team members with a positive COVID-19 test result*
All team members need to report a positive test result as soon as possible following the practice sickness reporting procedures.

Team members aged over 18 years who have tested positive for COVID-19 are strongly advised to stay at home and avoid contact with other people for 5 days after the test result and avoid meeting people at higher risk of becoming seriously unwell from COVID-19 for 10 days after a positive test result. Most people are no longer infectious after 5 days, but some may be infectious for up to 10 days.

Team members aged 18 years and under with a positive COVID-19 test are strongly advised to stay at home for 3 days after the test result. Once they feel well enough to work and do not have a high temperature they can return to work.

If symptoms persist, the practice manager, Bridget Kolonko, will carry out a Respiratory Tract Infection Return to Work Risk Assessment, and discuss ways with the team member to reduce the risk of transmission on their return to work.

9.4. *Team members who are contacts of confirmed cases of COVID-19*
Team members who are identified as a household or overnight contact of someone with a positive COVID-19 test result need to inform the practice manager who will discuss ways to minimise the risk of onward transmission to others. The control measures that will be considered for this scenario include:

a. Redeploying the team member to a lower-risk area if they work with vulnerable people
b. Wearing a well-fitting face mask whilst in the practice
c. Enabling the team member to work from home if possible
d. Limiting close contact with others

9.5. *Exposure to measles (Vaccinated team members)*
Vaccinated team members (those who have received 2 doses of MMR) who have been exposed to a confirmed or suspected case of measles, and were not wearing PPE at the time, can continue to work, but in the event they develop symptoms of a fever or rash, they need to remain at home until 4 full days after the onset of the rash has passed.

9.6. *Exposure to measles (Unvaccinated team members)*
Unvaccinated, or partially vaccinated team members (those without documented evidence of 2 doses of MMR, or a positive antibody test) who have been exposed to a confirmed or suspected case of measles, and were not wearing PPE at the time, are required to speak to their GP and arrange to have a test within 7 days of exposure:

a. Team members can return to work following the testing if found to have immunity to measles (IgG positive)
b. If provided with MMR vaccine post-exposure, team members can return to work after 14 days have passed, if they have remained symptom-free
c. Team members that have not been tested within 7 days of exposure, or do not have suitable evidence of protection, need to stay at home from the 5th day after

the first exposure, and not return to work until 21 days have passed. Should they be exposed to another case of measles during the absence, the 21 days is reset from this point. If symptoms of a fever or rash develop towards the end of the 21-day absence, team members need to inform their line manager and remain off work for a further 4 days following the onset of the rash

10. **Related documents**
    Sickness Absence Policy (M 233-SAA)
    Respiratory Tract Infection Return to Work Assessment (M 257B-RWA)
    Health and Safety Risk Assessment (M 250B)
    Respiratory Tract Infections Personalised Risk Assessment (M 257B-RRA)
    Infection Prevention and Control Procedures (M 257B)
    Domestic Cleaning Plan for Dental Practice (M 257I)

11. **References**
    NHS England: NIPCM