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| **5.1 Introduction** |
| Date | Reviewer | Designation | Comment | Incorporated into final doc Y/N | Rationale |
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| **5.7 Respiratory screening assessment to determine transmission risk (dental section and any text highlighted in yellow only)** |
| Date | Reviewer | Designation | Comment | Incorporated into final doc Y/N | Rationale |
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| **5.8 Placement and Management of a service user with respiratory symptoms (dental section and any text highlighted in yellow only)** |
| Date | Reviewer | Designation | Comment | Incorporated into final doc Y/N | Rationale |
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| **5.9.1 COVID-19 testing (dental section and any text highlighted in yellow only)** |
| Date | Reviewer | Designation | Comment | Incorporated into final doc Y/N | Rationale |
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| **5.9.2 Testing for other respiratory pathogens(dental section and any text highlighted in yellow only)** |
| Date | Reviewer | Designation | Comment | Incorporated into final doc Y/N | Rationale |
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| **5.15.1 Extended use of face masks for staff, visitors and outpatients (dental section and any text highlighted in yellow only)** |
| Date | Reviewer | Designation | Comment | Incorporated into final doc Y/N | Rationale |
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| **5.15.2 Sessional use of FRSMs, FFP3 respirators and/or eye/face protection (dental section and any text highlighted in yellow only)** |
| Date | Reviewer | Designation | Comment | Incorporated into final doc Y/N | Rationale |
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| **5.15.3 PPE worn when caring for service users on the respiratory pathway (dental section and any text highlighted in yellow only)** |
| Date | Reviewer | Designation | Comment | Incorporated into final doc Y/N | Rationale |
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| **5.15.6 PPE for AGPs (dental section and any text highlighted in yellow only)** |
| Date | Reviewer | Designation | Comment | Incorporated into final doc Y/N | Rationale |
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| **5.17 Safe Management of Care Environment (dental section and any text highlighted in yellow only)** |
| Date | Reviewer | Designation | Comment | Incorporated into final doc Y/N | Rationale |
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| **5.18 Safe Management of linen (dental section and any text highlighted in yellow only)** |
| Date | Reviewer | Designation | Comment | Incorporated into final doc Y/N | Rationale |
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| **Any other comments (dental section and any text highlighted in yellow only)** |
| Date | Reviewer | Designation | Comment | Incorporated into final doc Y/N | Rationale |
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