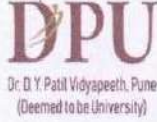


Dr. D.Y.Patil Dental College & Hospital,
Pimpri, Pune



COVID 19 Task Force Recommendations

The following are the SOPs which are compiled after going through the recommendations given by each department. (Disclaimer :- These are initial sets of SOPs and can change/modify as per the modifications in the guidelines from various competent authorities and published evidence from time to time)

The advisory and observations in this document are based on whatever evidence is available at present

GOI and State Govt guidelines are being repeatedly updated and one needs to keep oneself abreast with the latest developments and follow the same

We have made an attempt to compile the existing guidelines and protocols with points relevant to the dental practice based on current available evidence

This document will be revised after logical time duration by properly analysing the current evidences, advisories and directives from governing and statutory bodies as well as from speciality organisations.

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COVID 19 Task Force Recommendations

Date:- 15/05/2020

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Definition:-

As per World Health Organisation (WHO) case definitions of case of COVID -19 are as follows-

Suspect Case

- a. Patient with acute respiratory illness (fever and cough/shortness of breath) and history of travel to a location reporting community transmission of COVID- 19 in the past 14 days or
- b. Patient with acute respiratory illness and contact with confirmed or probable COVID- 19 case or
- c. Patient with acute respiratory illness and requiring hospitalisation and absence of alternative diagnosis to fully explain the clinical presentation

Probable Case

A suspect case with

- 1. Inconclusive COVID- 19 test
- 2. Testing could not be performed for any reason

Confirmed Case

A person with laboratory confirmation of COVID- 19 infection irrespective of clinical signs and symptoms

Definition of Contact

A person experiencing any one of the following exposures during 2 days before of 14 days after the onset of symptoms of a probable or confirmed case

- 1. Face to face contact – less than 1 meter, more than 15 min
- 2. Direct physical contact
- 3. Direct care for a patient without proper personal protective equipment (PPEs)
- 4. Any other situation as indicated by local risk assessment

We are all aware of the current COVID-19 pandemic and the manner in which it has affected healthcare systems worldwide. The mode of transmission of COVID-19 is through fomite and droplet infection. Dental procedures are known to generate significant aerosols which has the risk of transmission of infection. In view of the surge of COVID positive cases in Pune and surroundings, it is important that we formulate and strictly adhere to the guidelines to minimize the risk of transmission of infection to patients as well as our co-HCW's.

WE MAY HAVE TO CONSIDER EACH PATIENT AS SUSPECTED CARRIER OF SARS Cov 2 AND TREAT WITH UNIVERSAL PRECAUTIONS.

As per the current guidelines only emergency procedures should be performed. Based on current estimates, it is likely that these current guidelines may be in force till end of September 2020. Which can be reviewed again by the expert committee.

Standard Operating Procedures for Preprocedural screening

- No patient should be allowed entering the premises on the campus without mouth mask or cover over his/her mouth in any form.
- Every patient entering in the hospital should be screened for temperature at the entrance using smart non-contact thermometers.
- This work will be carried out by assigned health care professionals who would be wearing a protective suit with headcap, suitable mouthmask, full body protective gown, surgical gloves, footwears, protective eyewares and face shields.
- At the entrance, an everyday updated document should be kept on the table about the places falling in different zones (red, orange, green) of Pimpri-Chinchwad areas which will help the health care professionals to divide the patients into risk groups with respect to the areas they belong to.
- Every patient should be checked for any identity document which has address proof to null out the possibility of wrong information given to the hospital.
- During this whole procedure, the patients should be made to stand 6 feet away by making markings for every patient.
- A detailed history should be taken about the visit in past 14 days to infected areas or attending any kind of program.
- For a history a risk assessment form should be used. (Annexure-1)
- The status of every patient should be checked on Arogya Setu App as well which should be updated with the present information of the patient.
- Only patient without any symptoms of fever, cough and cold and marked as safe on Arogya Setu App to be sent inside the Hospital for further procedures.
- Certain screening techniques can be adopted like, checking of oxygen level by using pulse oximeter. This method can be the cheapest method for initial screening of all the patients coming to the Dental Hospital.

Note:

- Patient with travel history to affected areas without any symptoms should be advised to home quarantine for 14 days and then come for the treatment.
- Patients with any symptoms should be referred to the Medical Hospital and a compulsory follow-up of these patients should be taken.
- All the healthcare professionals working on the patients can be on prophylactic therapy of hydroxychloroquine, after proper consultation and recommendation from their personal physician. It will not be a compulsion on anyone; it will be their own informed decision.

At Departmental level

- All the departmental staff including Teaching Staff, Residents, Interns and Auxiliary Staff has to wear mask for complete time due that they are in department.
- Every individual to wash hands as they arrive in department and before leaving.
- All the members of department to maintain social distancing strictly.

- Every patient reporting to the department must register their name and contact details at the reception.
- Every patient should fill the self-declaration form.
- A separate COVID Consent must be taken from the patient. If the patient is not ready to fill this COVID consent then treatment can be refused for that patient.
- Patient should sit on alternate chairs (odd or even numbers) in the waiting area outside respective departments.
- All unnecessary items should be removed from the waiting room and surfaces kept clear and clean
- Post visual alerts (signs/posters) at the entrance and in strategic places to provide patients and health care practitioners with instructions (in local language) about hand hygiene, respiratory hygiene and cough etiquette. Instructions should include how to use tissues to cover nose and mouth when coughing/sneezing, to dispose of tissues and contaminated items in waste receptacles and how and when to perform hand hygiene
- The chair should be cleaned with disinfectant before and after every patient.
- A separate entry and exit door should be made for the patients so that there is least interaction and chance of infection spread if any.
- The dental chair should be disinfected before and after every patient's dental check-up.
- The OPD person should wear protective suit having headcap, suitable mouthmask, full body protective gown, surgical gloves, footwears, protective eyewares and face shields
- Every time a new set of instrument should be brought rather than keeping a multiple sets of instrument near the OPD chair.
- Patients have habit of putting finger inside mouth to show the tooth with pain. Thus before making the patient seat on the dental chair, patient should be informed to keep his/her hands crossed and folded and not touch anything.
- Once informed, the patient should be then asked to remove the mask covering their mouth.
- The removed mask should be hold by the patients and should not be kept anywhere in the dental area.
- The oral and dental findings should be written by a separate person while check-up should be done by another.
- The surgical gloves should be worn for dental check-up and disposed off according to biomedical waste guidelines after every patient.
- Hand washing should be done after every patient or an alcohol based sanitizer/handsrub should be used.
- Following check-up, the treatments should be categorised according to the following criteria: High Risk, Medium Risk, Low Risk

Standard Operating Procedures during treatment

Every department will categorise each of their treatment procedure in three categories (Low risk, Medium risk, High risk). This list can be added here or can be kept separately.

Level 1 barriers will be used for **Low risk procedures**

Level 2 barriers will be used for **Medium risk procedures**

Level 3 barriers will be used for **High risk procedures**

Individual Department protocol links are as follows :

1. Oral & Maxillofacial Surgery & Oral Implantology

<https://dental.dpu.edu.in/dept-oral-maxillofacial-surgery.aspx>

2. Oral Medicine & Radiology

<https://dental.dpu.edu.in/dept-oral-medicine-radiology.aspx>

3. Pedodontics & Preventive Dentistry

<https://dental.dpu.edu.in/dept-pedodontics-preventive-dentistry.aspx>

4. Prosthodontics, Crown & Bridge, Esthetics & Oral Implantology

<https://dental.dpu.edu.in/dept-prosthodontics.aspx>

5. Periodontology & Oral Implantology

<https://dental.dpu.edu.in/dept-periodontics-oral-Implantology.aspx>

6. Orthodontics & Dentofacial Orthopedics

<https://dental.dpu.edu.in/dept-orthodontic-dentofacial-orthopedics.aspx>

7. Conservative, Endodontics & Esthetic Dentistry

<https://dental.dpu.edu.in/dept-conservative-endodontics-esthetic-dentistry.aspx>

8. Oral Pathology Microbiology

<https://dental.dpu.edu.in/dept-oral-pathology-microbiology.aspx>

9. Public Health Dentistry & Preventive Dentistry

<https://dental.dpu.edu.in/dept-public-health-dentistry.aspx>

Hand washing technique



Barriers :-

- **Level 1 Barriers:-** Full sleeves apron, Head cap, Eye wear with side protectors, surgical mask, nitrile examination gloves, Face shield if N 95 mask is not worn
- **Level 2 Barriers:-** Apron/Scrubs (Shirt + Trousers), Surgical gown with elastic cuffs, Disposable plastic apron, Head cap, Eye wear with side protectors, N 95 and Surgical mask, Nitrile Examination Gloves 2 pairs and face shield
- **Level 3 Barriers:-** Apron / Scrubs (Shirt + Trousers), Jump suit with hood (made up of impermeable material), disposable plastic apron, head cap, eye wear with side protectors, N95+surgical mask, examination gloves 2 pairs (Surgical / Nitrile + Latex), Face shield, Shoe covers

Currently recommended are as follows –

- a. N95 mask – reuse after disinfection
- b. Cap – cloth cap – wash & reuse (individually) or disposable cap – use full-day & discard
- c. Z-kit or Green cotton gown (washable) or disposable gown – Z-kit – discard after each procedure, green gown – use full-day, wash & reuse, disposable gown – use full-day & discard
- d. Plastic gown over gown as per c. – discard after each procedure
- e. Eye protection – goggles, glasses – use full-day, disinfect & reuse
- f. Face shield – to be worn over eyewear – reuse fixed components after disinfection, disinfect disposable component after every procedure, use full-day & then discard
- g. Gloves – discard after every procedure – after completing full activity related to procedure like patient shifting, endoscope cleaning / disinfecting etc.
- h. Shoe cover – can be used for one session

The above options have been presently listed after assuming the current availability of PPE equipment in the college and the potential equipment that is expected. Based upon availability or non-availability of PPE, suitable modifications in the above may have to be considered.

The donning and doffing sequence is as follows:-

DONNING SEQUENCE AND DOFFING SEQUENCE FOR PPE

Donning sequence	Doffing sequence
<p>Hand wash</p> <p>↓</p> <p>Cap</p> <p>↓</p> <p>Shoe cover</p> <p>↓</p> <p>Hand rub</p> <p>↓</p> <p>Inner glove</p> <p>↓</p> <p>Cover all/ Gown</p> <p>↓</p> <p>Mask (surgical or N95)</p> <p>↓</p> <p>Goggles</p> <p>↓</p> <p>Hood</p> <p>↓</p> <p>Outer gloves</p>	<p>Outer gloves</p> <p>↓</p> <p>Hood</p> <p>↓</p> <p>Coverall/ Gown</p> <p>↓</p> <p>Shoe cover</p> <p>↓</p> <p>Hand rub (gloved hand)</p> <p>↓</p> <p>Goggles</p> <p>↓</p> <p>Mask (surgical or N95)</p> <p>↓</p> <p>Cap</p> <p>↓</p> <p>Inner glove</p> <p>↓</p> <p>Hand wash</p>

*Before donning- remove all external wearing such as watches, jewellery, ear rings, bangles, pen, ID card etc

**Mask should be removed only outside patient room

Donning PPE for OR

Color Legend:
Hot room = OR
Warm room = Anteroom

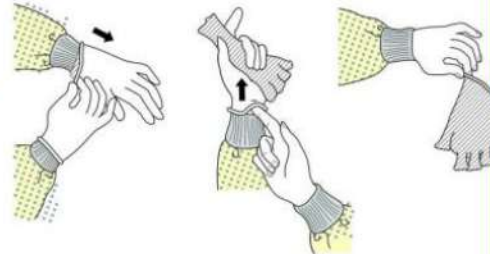


SEQUENCE FOR REMOVING PERSONAL PROTECTIVE EQUIPMENT (PPE)

Except for respirator, remove PPE at doorway or in anteroom. Remove respirator after leaving patient room and closing door.

1. GLOVES

- Outside of gloves is contaminated!
- Grasp outside of glove with opposite gloved hand; peel off
- Hold removed glove in gloved hand
- Slide fingers of ungloved hand under remaining glove at wrist
- Peel glove off over first glovet
- Discard gloves in waste container



2. GOGGLES OR FACE SHIELD

- Outside of goggles or face shield is contaminated!
- To remove, handle by head band or ear pieces
- Place in designated receptacle for reprocessing or in waste container



3. GOWN

- Gown front and sleeves are contaminated!
- Unfasten ties
- Pull away from neck and shoulders, touching inside of gown only
- Turn gown inside out
- Fold or roll into a bundle and discard



4. MASK OR RESPIRATOR

- Front of mask/respirator is contaminated — DO NOT TOUCH!
- Grasp bottom, then top ties or elastics and remove
- Discard in waste container



**PERFORM HAND HYGIENE BETWEEN STEPS
IF HANDS BECOME CONTAMINATED AND
IMMEDIATELY AFTER REMOVING ALL PPE**



CS250672-A

Decontamination and waste management:

- Any surface or material known to be, or potentially be, contaminated by biological agents during laboratory operations must be correctly disinfected to control infectious risks.
- Proper processes for the identification and segregation of contaminated materials must be adopted before decontamination and/or disposal.

- Where decontamination cannot be performed in the laboratory area or onsite, the contaminated waste must be packaged in an approved (that is, leak proof) manner, for transfer to another facility with decontamination capacity.
- Biomedical waste-Disposed in dustbin with hypochlorite and removed from bin only after 24 hours

Infected Waste



Standard Operating Procedures after treatment

- The patient should be advised to wear his mask immediately after the procedure.
- After the procedure is completed the dentist and assistants should thoroughly wash the gloved hands with soap and alcohol-based disinfectant.
- After every patient's treatment the healthcare professional should clean the reusable protective equipment like face shields and eye wares using soap and water or with alcohol based solution. (1% NaOCl)
- Waterlines should be disinfected by 0.1% NaOCl
- The foot control should be pressed and water should be drained out for some time before through the handpiece after every treatment.
- Same should be done with the suction, wherein the suction should be placed in a fresh water container so as to clean the water lines.
- The chair bottles should be cleaned and changed after every patient.
- The handpiece and burs should be cleaned to remove debris and should be then autoclaved after each patient.
- Non disposable equipment like handpiece, dental chair, light cure unit should be disinfected using disinfection solution.
- All the disposable equipment and materials should be disposed according to biomedical waste guidelines.
- The personal protective equipment should be removed starting with headcap, gown gloves and face mask.
- After each patient, all the surfaces in the treatment room/section should be disinfected using disinfection solution. This should be done after 20 minutes of the procedure so the aerosol will be settled by that time.
- The door knobs and the taps near the sink should also be disinfected.
- The whole department should be fumigated on everyday basis.

- The patients should be prescribed with analgesics in case of pain which may occur post treatment.
- For prescription any of the following analgesic should be advised-
 - Diclofenac Sodium (50 mg) with or without paracetamol (500 mg) TID
 - Ketorolac Tromethamine 10 mg QID
 - Acetaminophen [Paracetamol] 1000 mg TID
- Prescribing Ibuprofen should be abstained.
- Once the treatment is done the patient should leave the department immediately through a separate exit door and should be asked not to interact with other patients.

Training and practices :-

Every department will plan training procedures for the staff members, Post Graduate students and Under graduate students before they start working on patients. There will be a repetition of these training sessions after a regular interval so the protocols will be reinforced in all the Health Care Workers.

This document will be revised after logical time duration by properly analysing the current evidences, advisories and directives from governing and statutory bodies as well as from speciality organisations.

References:

- 1) Meng L, Hua F, Bian Z. Coronavirus Disease 2019 (COVID-19): Emerging and Future Challenges for Dental and Oral Medicine [published online ahead of print, 2020 Mar 12]. J Dent Res. 2020;22034520914246. doi:10.1177/0022034520914246
- 2) To, K. K.-W. et al. Consistent detection of 2019 novel coronavirus in saliva. Clin. Infect. Diseases 10.1093/cid/ciaa149 (2020).
- 3) Centers for Disease Control and Prevention. Coronavirus Disease 2019. Interim U.S. Guidance for Risk Assessment and Public Health Management of Healthcare Personnel with Potential Exposure in a Healthcare Setting to Patients with Coronavirus Disease (COVID-19). Available from: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html> [accessed on 9th April, 2020]
- 4) Government of India. 2020. March 17. Guidelines on clinical management of COVID-19. Available from: <https://www.mohfw.gov.in/pdf/GuidelinesonClinicalManagementof COVID1912020.pdf> [accessed on 6th April, 2020]
- 5) Centers for disease control and prevention. 2020. ‘Coronavirus disease 2019 (COVID-19)’ (Testing for COVID-19). Available from: <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/testing.html> [accessed on 6th April, 2020]
- 6) Indian Council of Medical Research. 2020. March 20. ‘Revised Strategy of COVID19 testing in India (Version 3, dated 20/03/2020)’. Available from: https://icmr.nic.in/sites/default/files/upload_documents/2020-03-20_covid19_test_v3.pdf [accessed on 6th April, 2020]
- 7) ADA Interim Guidance for Management of Emergency and https://www.ada.org/~media/CPS/Files/COVID/ADA_Int_Guidance_Mgmt_EmergUrg_Dental_COVID19.pdf
- 8) World Health Organization. Rational use of personal protective equipment (PPE) for coronavirus disease (COVID-19): interim guidance, 19 March 2020. World Health Organization; 2020.

9) World Health Organization, Pandemic and Epidemic Diseases, World Health Organization. Infection prevention and control of epidemic- and pandemic-prone acute respiratory infections in health care: WHO guidelines. [Internet]. 2014 [cited 2020 Apr 8]. Available from: http://apps.who.int/iris/bitstream/10665/112656/1/9789241507134_eng.pdf?ua=1

10) Australian Dental Council. ADA Dental Council Restrictions. Available from:

<https://www.ada.org.au/Campaign/COVID-19/Managing-COVID-19/Practice-Resources/Dental-restriction-Levels/ADA-dental-restriction-levels-in-COVID-19-Publishe.aspx> [accessed on 9th April, 2020]

11) World Health Organization. 2020. Mental health and psychosocial considerations during the COVID-19 outbreak. Available from: <https://www.who.int/docs/default-source/coronaviruse/mental-health-considerations.pdf> [accessed on 9th April, 2020].

12) World Health Organization. Coronavirus disease (Covid-19) outbreak: rights, roles and responsibilities of health workers, including key considerations for occupational safety and health. Available from: https://www.who.int/docs/default-source/coronaviruse/who-rights-roles-respon-hw-covid-19.pdf?sfvrsn=bcabd401_0 [accessed on 9th April, 2020].

13) American Dental Association. Coding and billing interim guidance. Available from:

[https://success.ada.org/~media/CPS/Files/COVID/ADA_COVID_Coding_and_Billing_Guidance .pdf](https://success.ada.org/~media/CPS/Files/COVID/ADA_COVID_Coding_and_Billing_Guidance.pdf)
