

GUJARAT STATE DENTAL COUNCIL

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Gujarat (India)

GSDC/5/8956 /2020

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ADVISORY COVID 19 GUIDELINES FOR DENTAL PROFESSIONALS BY GUJARAT STATE DENTAL COUNCIL

In the light of **covid 19 pandemic**, Gujarat State Dental Council recommends following advisory for dental professionals to minimize transmission through contact and dental procedures & for improvements in infection control, risk assessment, and disease management.

Route of transmission of COVID-19

- [a] Aerosolised droplets expelled during sneezing, coughing & breathing
- [b] Possible airborne transmission
- [c] Faeco-oral transmission also reported

Who should avoid practicing

- [1] Doctors and paramedical staff above 60 years of age
- [2] Individuals with following medical conditions [immunocompromised/infection prone] like DM, Chronic liver, heart and kidney diseases, lung conditions like asthma, COPD, ILD etc, Cancer on chemotherapy or steroid treatments, pregnant women

Patients to be avoided

- [a] All asymptomatic individual with history of international travel during last 15 days
- [b] All asymptomatic contact of laboratory confirmed positive cases
- [c] All asymptomatic healthcare personnel [HCP]
- [d] All patients with symptoms of acute respiratory illness, cold, cough, fever & shortness of breath.
- [e] All asymptomatic direct and high risk contact of confirmed cases [should be tested once between 5th and 14th day of contact]

Board outside Entrance Mentioning

- [a] Leave all belongings outside
- [b] Remove shoes
- [c] Wash hands / Hand Sanitizer
- [d] Wear mask
- [e] Don't bring hard paper copies, instead use digital platform
- [f] Avoid touching anything inside
- [g] Attendant only with kids or elderly patients
- [h] Please disclose full information & medical history to your doctor
- [i] Download Arogya Setu app

Reception Area

- [a] Staff should wear gloves triple layered mask and face shield
- [b] Take temperature using non touch infrared thermometer and ask for symptoms
- [c] If any one symptom present recall the patient after at least 3 weeks or after covid negative test, Patients with body temperature ≥ 37.3 °C, with symptoms of a cough, runny nose, fatigue, etc. maybe referred to fever clinic and follow protocol.
- [d] Separate pen for each individual
- [e] Consent letter with full contact details and detailed history after writing put the pen in a closed container not to be touched for a week
- [f] Separate box for collecting money or preferable use digital transfer
- [g] Alcohol swabs on table
- [h] Maintain social distance in reception and waiting area
- [i] Provide tissues to each patient dispose it directly in a closed container
- [j] No coffee machines, no water dispensers, no newspapers & magazines in reception area
- [k] Keep the reception area door open
- [l] Remove all educational models
- [m] No carpet or rugs in area
- [n] Supply mask and face shield to patient before entering the operatory
- [o] Be aware of the local health authority protocol or testing laboratories and report any patient with relevant history for further necessary medical care

Hand Hygiene

- [a] Alcohol based rub for minimum 20 seconds or soap water minimum 40 seconds as per guidelines of WHO
- [b] Use hand sanitizers every 1 hour, before and after every patient & after disposing ppe
- [c] After coming in contact of any contaminated surface or equipment

Measures for doctors and staff

- [1] No outside shoes
- [2] Separate cloths for clinic
- [3] In reception 3 layered mask head cap and gloves
- [4] Personal protective equipment is mandatory now and would comprise of the following:
 - [a] Goggles / face shield (Both to be used , fitting goggles with a soft tissue seal)
 - [b] Triple layer surgical mask
 - [c] N95 respirator during routine dental procedures

- [d] FFP3 – Standard mask should be used during treatment of COVID19 positive patients.
 - [e] Surgical gloves
 - [f] Disposable coverall / gown with hood /waterproof lining (to be changed daily).
 - [g] Coverall / gown outer; maybe improvised but will need to be changed after each patient
 - [h] Shoe covers
- [5] In operatory full ppe while performing and procedure
 - [6] PPE should be judiciously used and disposed as per govt. protocol
 - [7] No meals/food inside clinic
 - [8] Personal water bottles
 - [9] No mobile phones and charging inside
 - [10] Avoid use of public transport by staff
 - [11] Avoid leather bags and purses
 - [12] No exchange of pens, paper etc.
 - [13] Don't touch any documents of patients [don't allow physical documents like files old prescriptions, reports etc. inside the clinic]
 - [14] Use New prescriptions for each patient
 - [15] Use only one pen & phone decontaminate them every 1 hour or after contact
 - [16] Tie your hairs and Use head cap all the time
 - [17] Use full sleeve scrubs
 - [18] Empty your bladder and bowel before wearing ppe
 - [19] Wear goggles or Face Shield
 - [20] Wear foot wear fully covering your feet and are easy to disinfect preferable plastic or rubber
 - [21] Follow Minimal touching protocol
 - [22] Disinfect surface door handle, desk, work station every hour with alcohol based disinfectant
 - [23] After each patient repeat disinfection protocol
 - [24] Preferably use single unit air conditioners instead of central ACs
 - [25] Use high power exhaust fans these will encourage 12 air exchanges per hour
 - [26] Keep ac flow at minimum
 - [27] dentist and their staff are advised to take educational courses of covid 19 on <https://diksha.gov.in/igot/>

As per [CDC] Centre for Disease Control and Prevention

- [a] PPE protocol of wearing and removal should be followed and clearly designated rooms should be assigned.
- [b] Change the surgical mask after every dental procedure after every dental procedure.
- [c] All instruments pertaining to dental procedures to be disinfected, cleaned and sterilized as per standard infection control (CDC, 2003)
- [d] All instruments should be mandatorily disinfected, cleaned, packaged in color changing
- [e] Sterilization autoclave pouches and proper storage to be done.
- [f] All biomedical waste pertaining to patient care should be carefully disposed as per the Bio-Medical Waste (Management and Handling) Rules, 1998 amended from time to time through an authorized biomedical disposal agency by the State Pollution Control Board

Sequence for putting on and removal of PPE

SEQUENCE FOR PUTTING ON PERSONAL PROTECTIVE EQUIPMENT (PPE)

The type of PPE used will vary based on the level of precautions required, such as standard and contact, droplet or airborne infection isolation precautions. The procedure for putting on and removing PPE should be tailored to the specific type of PPE.

- GOWN**
 - Fully cover torso from neck to knees, arms to end of wrists, and wrap around the back
 - Fasten in back of neck and waist
- MASK OR RESPIRATOR**
 - Secure ties or elastic bands at middle of head and neck
 - Fit flexible band to nose bridge
 - Fit snug to face and below chin
 - Fit-check respirator
- GOGGLES OR FACE SHIELD**
 - Place over face and eyes and adjust to fit
- GLOVES**
 - Extend to cover wrist of isolation gown

USE SAFE WORK PRACTICES TO PROTECT YOURSELF AND LIMIT THE SPREAD OF CONTAMINATION

- Keep hands away from face
- Limit surfaces touched
- Change gloves when torn or heavily contaminated
- Perform hand hygiene



HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE) EXAMPLE 1

There are a variety of ways to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. Here is one example. **Remove all PPE before exiting the patient room** except a respirator, if worn. Remove the respirator **after** leaving the patient room and closing the door. Remove PPE in the following sequence:

- GLOVES**
 - Outside of gloves are contaminated!
 - If your hands get contaminated during glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
 - Using a gloved hand, grasp the palm area of the other gloved hand and peel off first glove
 - Hold removed glove in gloved hand
 - Slide fingers of ungloved hand under remaining glove at wrist and peel off second glove over first glove
 - Discard gloves in an infectious* waste container
- GOGGLES OR FACE SHIELD**
 - Outside of goggles or face shield are contaminated!
 - If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
 - Remove goggles or face shield from the back by lifting head band or ear pieces
 - If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in an infectious* waste container
- GOWN**
 - Gown front and sleeves are contaminated!
 - If your hands get contaminated during gown removal, immediately wash your hands or use an alcohol-based hand sanitizer
 - Unfasten gown ties, taking care that sleeves don't contact your body when reaching for ties
 - Pull gown away from neck and shoulders, touching inside of gown only
 - Turn gown inside out
 - Fold or roll into a bundle and discard in an infectious* waste container
- MASK OR RESPIRATOR**
 - Front of mask/respirator is contaminated — DO NOT TOUCH!
 - If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
 - Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front
 - Discard in an infectious* waste container
- WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE**

* An infectious waste container is used to dispose of PPE that is potentially contaminated with Ebola virus.

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



Disposal of PPE

PPE has all the risk of contamination, It should be disposed properly to avoid spread of infection

[a] Mask : carefully put it in a plastic bag and then dispose in yellow bag and sanitize your hands immediately as it has chances of having maximum viral load.

[b] Gown/foot cover : Spray hypochlorite inside the plastic bag, put the gown, cover it, spray hypochlorite outside the yellow bag and dispose

[c] Face shield/goggles : Clean with hypochlorite and dispose in yellow bag

[d] Gloves: Dispose in yellow bag

[e] Sanitize immediately after disposing

Cleaning

[a] Fumigation at the end of day

[b] Chlorine dioxide sachets which can cover 450 sq fits & requires 2 hours time to disinfect

[c] Only cleaning with liquids

1% sodium hypochlorite

1% bacillocid

Cleaning with soap water

Surfaces with 70% alcohol

benzalkonium chloride

[d] Cleaning to be repeated every one hour for floor and door handles

[e] Cleaning of walls up to 9 feet

[f] Minimum contact time for surface disinfection is 1 minute

Daily Care

[a] Soak your all clothes in 0.5 % sodium hypochlorite for 15 minutes then immediately with soap and water, Dry in open area or preferably sun dry

[b] Face shield to be dipped in soap for 10 minutes and then washed & dried and use it after 4-5 days

[c] Reuse of mask minimum after 5 days as per CDC guidelines set of 5 masks can be issued to each person, along with 4 breathable paper bags. After use of 1st mask, it should be placed in the paper bag and allowed to dry for 4 days. It should be reused on day 6.

Use the 5 masks sequentially and once all masks have been used 5times, they should be discarded

[d] Vaporous hydrogen peroxide and UV germicidal radiation (UVC 254nm:200-270), if available can be used for decontamination of the N-95 mask

[e] Face shield: clean inside first then outside —>air dry.

[f] Gown: Dry or wet heat

[g] Reuse of PPE

Alternatively, vaporous hydrogen peroxide and UV germicidal radiation (UVC 254nm:200-270), if available can be used

COVID-19 CLINICAL GUIDELINES FOR DENTAL PROFESSIONALS BY DENTAL COUNCIL OF INDIA

Dentists should take strict personal protection measures and avoid or minimize operations that can produce droplets or aerosols. Four-handed technique is beneficial for controlling infection. The use of high vacuum intra oral suction can reduce the production of droplets and aerosols.

1. After the outbreak/lockdown of COVID-19, dental clinics are recommended to establish pre-check triages to measure and record the temperature of every staff and patient as routine procedures and elicit relevant medical history.

2. Classify patients into emergency and non-emergency dental care and plan well before initiating any dental procedures.

3. Primary care dental triage should focus on the provision of the three As:

a. Advice;

b. Analgesia;

c. Antimicrobials (where appropriate).

4. Patients should be advised that elective treatment options are severely restricted and to call back in 48-72 hours if their dental symptoms have not resolved.

5. All dentists and support staff should wash their hand thoroughly with soap and water and follow up with alcohol based hand sanitizers before and after every patient screening or interaction. Surgical scrubbing of hands is recommended. Disposal of gloves to be done routinely as per protocol.

6. Staff and doctors should avoid touching their face specially the ear, nose and mouth.

7. Every patient who enters and exits the clinic should be provided hand sanitizers.

8. The waiting room/clinic including the handles and doors as well as dental chairs and other surfaces should be wiped several times in a day with alcohol based disinfectant.

9. Thorough Medical, travel and contact history of each Patient should be recorded before any clinical procedures.

10. Patients should be scrubbed with ISO Properly alcohol extra orally prior to any dental procedure.

11. Preprocedural mouth rinse using 1.5% hydrogen peroxide or 0.2% povidine
12. Wearing of at least 3 ply masks, suitable head caps and shoe covers at all times when in clinical are Protective eye wear and face shield are also recommended.
13. Wearing of N95, suitable head caps, protective eye wear, face shield, disposable gowns and shoe cover are recommended during all aerosol and non-aerosol based dental procedures, if carried out.
14. Preoperative antimicrobial mouth rinse could reduce the number of microbes in the oral cavity.
15. Pre-Operative and Post-Operative Infection Control protocols should be followed.
16. Rubber dams and high-volume saliva ejectors can help minimize aerosol or spatter in dental procedures.
17. Scheduling of patients is very essential; hence avoid interaction of vulnerable patients (medically compromised or elderly patients) with general patients.
18. Fumigation of clinics periodically is advised.
19. Clean and disinfect public areas frequently, including door handles, chairs and bathrooms.
20. All dental clinics should display health awareness posters regarding COVID-19, Hand and Respiratory hygiene at prominent locations of the clinical area.
21. Alcohol based Hand Rubs should be made accessible in common clinical areas.
22. Avoid crowding of patients and schedule them based on treatment types (emergency or nonemergency)
23. Dental Clinics should have adequate ventilation, as it can reduce the risk of infection through dilution and removal of infectious particles through air exchange. Improved ventilation in Clinics is essential in preventing transmission of airborne infections.
24. Dental Team members should change from personal clothing to scrubs and vice versa before entering and returning home. Upon arriving home, dentists and dental staff should take off shoes, remove and wash clothing separately and immediately shower prior to any contact with family members.
25. All patient details and records should be maintained properly and if need arises should be shared with local health authorities or administration.

Dental Students including under graduates, interns & post graduates, and dental colleges should follow the guidelines issued by dental council of india.

References:-

National Centre Of Disease Control
Indian Council Of Medical Research
Dental Council Of India
Centre For Disease Control & Prevention

Acknowledgement

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Dr Girish Parmar [additional director and dean GDCH, Ahmedabad]

Dr Viral Patel [MDS]

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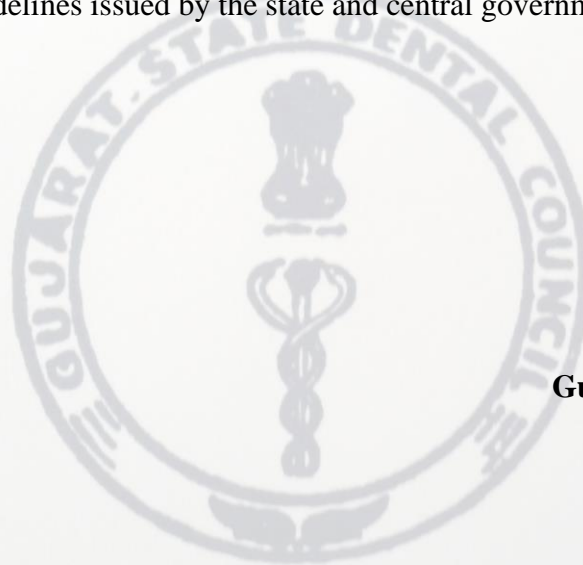
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DISCLAIMER

This document is a compilation of relevant scientific data extracted from guidelines issued by institutes, associations of international repute & governing bodies to help oral health care providers. The oral health care providers need to use their personal judgement based on universal standards for health care provision on each case according to the clinical findings and decide to treat patient. Any guidelines issued by the state and central government will be final.



A handwritten signature in blue ink, appearing to read 'Viral', is placed on a white rectangular background.

Dr Viral I Patel
President
Gujarat State Dental Council