



भारतीय दन्त परिषद

DENTAL COUNCIL OF INDIA

(A STATUTORY BODY CONSTITUTED UNDER THE DENTISTS ACT, 1948)

Speed Post - Email
Circular

No.DE-14-Academic-2019/ 8855

Dated the 17 March, 2020

To

The Principal/ Deans of all the Dental Colleges in India

Sub: Precautionary and preventive measures to prevent spreading of Novel Coronavirus (COVID- 19) - Regarding

Sir / Madam,

The Dental Council of India, in addition to the advisory issued by Ministry of Health & Family Welfare, Govt. of India/ State Government/UGC (copy attached), in order to combat the threat of Coronavirus (COVID-19), has also decided to issue this advisory to all the Dental Colleges of the Country to take the following necessary precautions and preventive measures.

1. All the faculty and students of the dental colleges shall avoid their Biometric Attendance till 31.3.2020 and mark their attendance in the attendance register only.
2. The classes of first year to fourth year BDS Course at all the Dental Colleges of the Country shall remain suspended till 31.3.2020 and this period of vacation shall be compensated either from the summer vacation or from any other vacation as the concerned affiliated university may decide in this regard.
3. In wake of COVID-19 outbreak going on in the country, the Dental Colleges shall not hold any seminars, workshops, conferences, camps etc.
4. All the Dental Colleges shall strictly comply with all the advisory issued by Central Government/State Government and UGC from time to time including universal precautions for infection control.
5. Clinical procedures involving aerosol generation (Air rotor/Ultrasonic Scalers) to be avoided/minimized for the time being and only emergency procedures to be performed.
6. A copy of interim guidance dated 25th January, 2020 issued by WHO on Infection prevention and control during health care when novel coronavirus (nCoV) infection is suspected, is attached herewith for ready reference and for strict compliance.

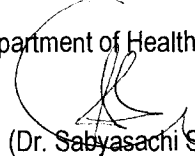
Recommendations for safe clinical practice in dental clinics/hospitals in view of the Covid-19 outbreak, are as under:-

- a) 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. Surgical scrubbing of hands is recommended. Disposal gloves to be used routinely as usual.
- b) Staff and doctors should avoid touching their face specially the ear, nose and mouth.
- c) Every patient who enters and exits the clinic should be provided hand sanitizers.
- d) 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.
- e) Thorough Medical & Travel history of each Patient should be recorded before any clinical procedures.
- f) Patients should be scrubbed with Iso Propyl alcohol extra orally.
- g) Pre-procedural rinse with Povidone Iodine is recommended.
- h) Wearing of N95 or atleast 3 ply masks and suitable head caps, productive eye wear and face shield is recommended.
- i) Fumigation of clinics periodically is advised.


(Dr. Sabyasachi Saha)
Secretary
Dental Council of India

Copy to:

The Secretary to the Govt. of India, Ministry of Health & Family Welfare, Department of Health (DE Section), Maulana Azad Road, Nirman Bhawan, New Delhi-110011 - for information.


(Dr. Sabyasachi Saha)
Secretary
Dental Council of India

C.C.:

1. The President, DCI
2. Act & Regulations Section
3. Server Section- for uploading on website



प्रो. रजनीश जैन
सचिव
Prof. Rajnish Jain
Secretary



विश्वविद्यालय अनुदान आयोग
University Grants Commission
(मानव संसाधन विकास मंत्रालय, भारत सरकार)
(Ministry of Human Resource Development, Govt. of India)
बहादुरशाह जफर मार्ग, नई दिल्ली-110002
Bahadur Shah Zafar Marg, New Delhi-110002
Ph.: 011-23236288/23239337
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D.O. No.F.No.1-14/2020 (Website)

5th March, 2020

Dear Madam/Sir,

This is in reference to communications received from Secretary, Department of Health and Family Welfare and Joint Secretary (HE), MHRD regarding taking preventive measures to combat the threat of the Novel Coronavirus (COVID-19), as some cases of the virus have been reported in the country. Towards this, a coordinated and collective effort in a mission mode is needed, therefore all universities and their affiliated colleges are requested to take necessary precautions and follow the advisory given below to help in prevention /reduction of the transmission of the virus.

Advisory for Universities and Colleges – Novel Coronavirus (COVID19)

Universities and Colleges are advised to:

- Avoid large gatherings on campus.
- Any student/ staff with travel history to any COVID-19 affected country or in contact with such persons in last 28 days, should be monitored and home quarantined for 14 days.
- Faculty should be alert towards any student with signs and symptoms i.e. fever, cough and difficulty in breathing, and should immediately have the student tested.
- Till advised by the treating doctor the student should not join campus.
- Faculty staff and students should also be advised about simple public health measures of hand and respiratory hygiene.

Hand hygiene: Wash hands frequently and thoroughly with soap & water or use alcohol based hand sanitizer, even when hands are visibly clean.

Respiratory hygiene:

1. Everyone should cover their mouth with a tissue/handkerchief (or their sleeve if there are no tissues available) when they cough or sneeze and wash their hands afterwards.
 2. Do not touch your eyes, nose and mouth.
 3. Everyone should throw away used tissues in a bin and wash their hands after contact with coughing/sneezing.
- Frequently touched surfaces – door knobs, switches, desk tops, hand railings etc, should be disinfected.
 - Provide alcohol based hand cleaners/sanitizers in frequented spots of the universities/colleges.
 - Ensure availability of soap and water in rest rooms at all times.
 - Foot operated pedal bins lined with plastic bag should be provided in each classroom & rest room.
 - In hostels, health status of students as well as the other ancillary staff should be monitored on regular basis. In case, there are suspected cases, the authorized local medical authority should be called for examination.
 - Anybody with signs & symptoms (cough, fever or difficulty in breathing) should call State/UT helpline number or Ministry of Health & Family Welfare's 24X7 helpline at 011-23978046 or visit public health facility with a mask or mouth covered

An information pamphlet received from the Ministry of Health & Family Welfare to sensitize the students is enclosed.

With regards,

Yours sincerely,

Encl: As above

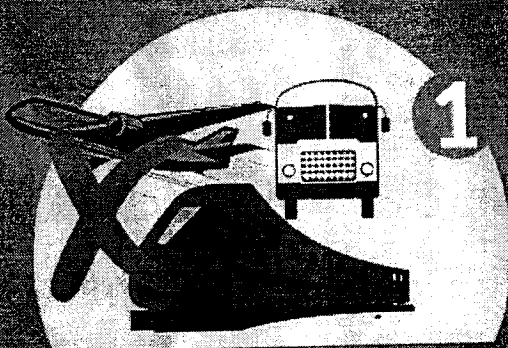
(Rajnish Jain)

The Vice-Chancellors of all Universities

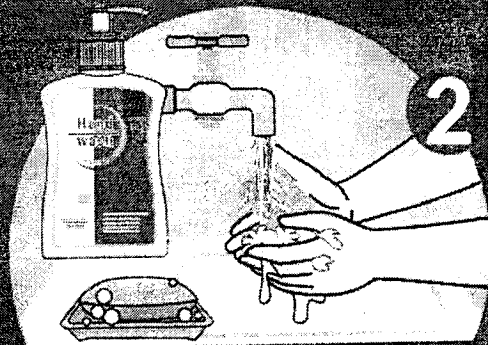


Ministry of Health & Family Welfare
Government of India

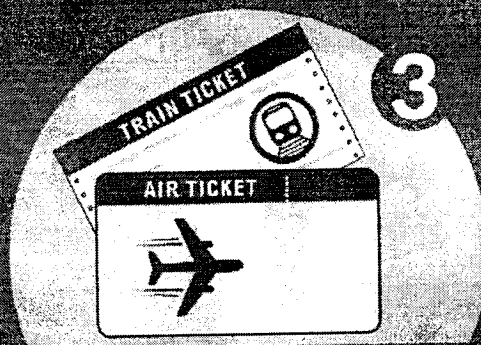
Reduce the risk of Coronavirus infection Follow these important precautions



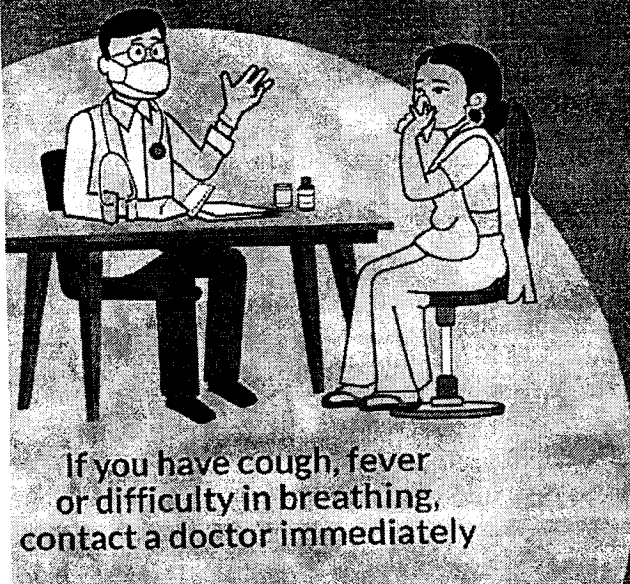
1
Avoid travel if you are
suffering from fever and cough



2
Wash your hands frequently
with soap and water



3
Share your travel history with
your health worker (ASHA/ ANM)



If you have cough, fever
or difficulty in breathing,
contact a doctor immediately

**Stay
protected!**

**Stay safe from
Coronavirus!**

If you have returned
from Wuhan/China after
January 23, then go to
your nearest health
centre to know
how to protect
yourself. Call the
Ministry of Health and Family
Welfare Helpline.

If you have returned
from China/India after
January 23, then go to
your nearest health
centre to know
how to protect
yourself. Call the
Ministry of Health and Family
Welfare Helpline.

If you develop fever,
cough and difficulty
in breathing with
other symptoms, then
immediately call
the Ministry of Health
and Family Welfare
Helpline.



+91-11-23978046

or email at ncov2019@gmail.com

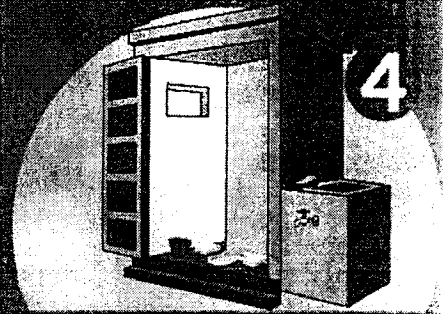


Ministry of Health & Family Welfare
Government of India

Reduce the risk of Coronavirus infection Follow these important precautions



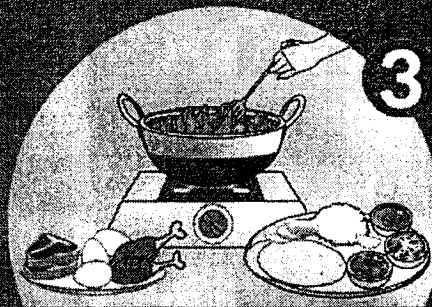
After coughing and sneezing



After using toilet



Clean your hands before and after caring for sick person



Before cooking, after cooking and before eating food



If you have cough, fever or difficulty in breathing, contact a doctor immediately

Stay protected!

Stay safe from Coronavirus!

If you have returned from Wuhan in China or any other place where the disease is spreading, inform your local health authorities immediately.

If you have returned from China in the last 14 days or have been in contact with anyone who has returned from China, inform your doctor or local health authorities immediately.

If you have returned from any other place where the disease is spreading, inform your local health authorities immediately.



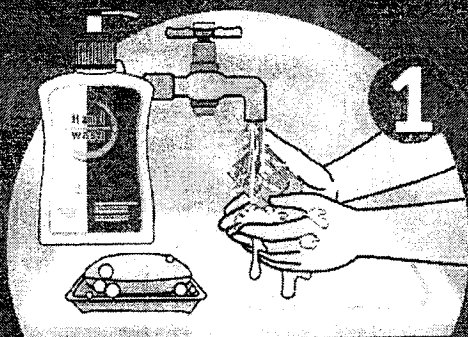
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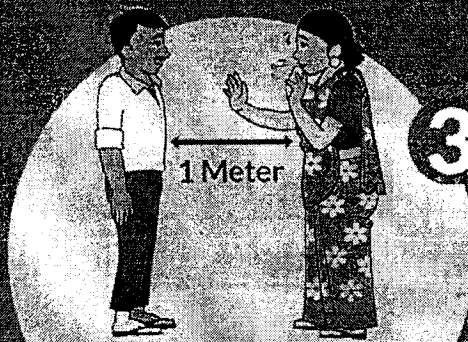
Reduce the risk of Coronavirus infection Follow these important precautions



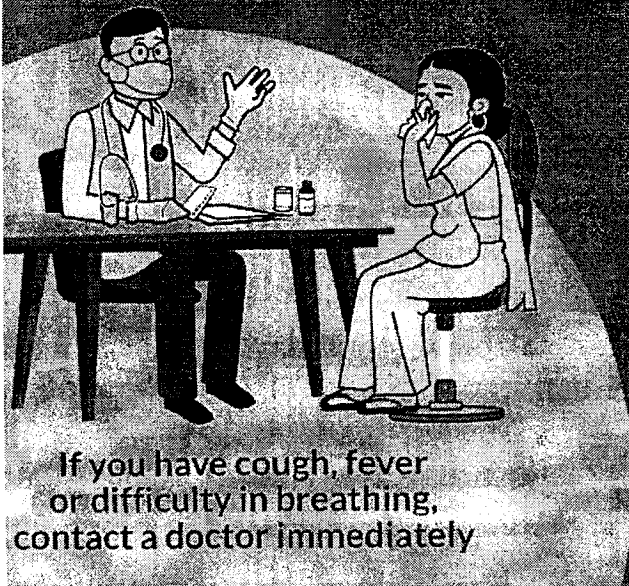
1
Wash hands with soap
and water frequently



2
When coughing and sneezing,
cover mouth and nose with
handkerchief, tissue or elbow



3
Avoid close contact with anyone with
cold, cough or flu like symptoms



If you have cough, fever
or difficulty in breathing,
contact a doctor immediately

**Stay
protected!**

**Stay safe from
Coronavirus!**

If you have returned
from Wuhan China, self-
isolate and monitor
yourself for 14 days.
If you develop any
symptoms, contact the
Ministry of Health and Family
Welfare, Delhi.

If you have returned
from other countries, self-
isolate and monitor
yourself for 14 days.
If you develop any
symptoms, contact the
Ministry of Health and Family
Welfare, Delhi.

If you develop any
symptoms, contact the
Ministry of Health and Family
Welfare, Delhi.



+91-11-23978046

or email at ncov2019@gmail.com

Infection prevention and control during health care when novel coronavirus (nCoV) infection is suspected

Interim guidance

25 January 2020



Introduction

This is the first edition of guidance on infection prevention and control (IPC) strategies for use when infection with a novel coronavirus (2019-nCoV) is suspected. It has been adapted from WHO's *Infection prevention and control during health care for probable or confirmed cases of Middle East respiratory syndrome coronavirus (MERS-CoV) infection*,¹ based on current knowledge of the situation in China and other countries where cases were identified and experiences with severe acute respiratory syndrome (SARS)-CoV and MERS-CoV.²

WHO will update these recommendations as new information becomes available.

This guidance is intended for healthcare workers (HCWs), healthcare managers and IPC teams at the facility level but it is also relevant for the national and district/provincial level. Full guidelines are available from WHO.²

Principles of IPC strategies associated with health care for suspected nCoV infection

To achieve the highest level of effectiveness in the response to an 2019-nCoV outbreak using the strategies and practices recommended in this document, an IPC programme with a dedicated and trained team or at least an IPC focal point should be in place and supported by the national and facility senior management.³ In countries where IPC is limited or inexistent, it is critical to start by ensuring that at least *minimum requirements* for IPC are in place as soon as possible, both at the national and facility level, and to gradually progress to the full achievement of all requirements of the IPC core components according to local priority plans.⁴

IPC strategies to prevent or limit transmission in healthcare settings include the following:

1. ensuring triage, early recognition, and source control (isolating patients with suspected nCoV infection);
2. applying standard precautions for all patients;
3. implementing empiric additional precautions (droplet and contact and, whenever applicable, airborne precautions) for suspected cases of nCoV infection;
4. implementing administrative controls;
5. using environmental and engineering controls.

1. Ensuring triage, early recognition, and source control

Clinical triage includes a system for assessing all patients at admission allowing early recognition of possible 2019-nCoV infection and immediate isolation of patients with suspected nCoV infection in an area separate from other patients (source control). To facilitate the early identification of cases of suspected nCoV infection, healthcare facilities should:

- encourage HCWs to have a high level of clinical suspicion;
- establish a well-equipped triage station at the entrance of health care facility, supported by trained staff;
- institute the use of screening questionnaires according to the updated case definition ([https://www.who.int/publications-detail/global-surveillance-for-human-infection-with-novel-coronavirus-\(2019-ncov\)](https://www.who.int/publications-detail/global-surveillance-for-human-infection-with-novel-coronavirus-(2019-ncov))) and
- post signs in public areas reminding symptomatic patients to alert HCWs.

The promotion of hand hygiene and respiratory hygiene are essential preventive measures.

2. Applying standard precautions for all patients

Standard precautions include hand and respiratory hygiene, the use of appropriate personal protective equipment (PPE) according to risk assessment, injection safety practices, safe waste management, proper linens, environmental cleaning and sterilization of patient-care equipment.

Ensure that the following respiratory hygiene measures are used:

- ensure that all patients cover their nose and mouth with a tissue or elbow when coughing or sneezing;
- offer a medical mask to patients with suspected 2019-nCoV infection while they are in waiting/public areas or in cohorting rooms;
- perform hand hygiene after contact with respiratory secretions.

HCWs should apply the WHO's My 5 Moments for Hand Hygiene approach before touching a patient, before any clean or aseptic procedure is performed, after exposure to body fluid, after touching a patient, and after touching a patient's surroundings.⁵

- hand hygiene includes either cleansing hands with an alcohol-based hand rub (ABHR) or with soap and water;
- alcohol-based hand rubs are preferred if hands are not visibly soiled;
- wash hands with soap and water when they are visibly soiled.

The rational, correct, and consistent use of PPE also helps to reduce the spread of pathogens. The use of PPE effectiveness strongly depends on adequate and regular supplies, adequate staff training, appropriate hand hygiene and specifically appropriate human behaviour.^{2,5,6}

It is important to ensure that environmental cleaning and disinfection procedures are followed consistently and correctly. Thoroughly cleaning environmental surfaces with water and detergent and applying commonly used hospital-level disinfectants (such as sodium hypochlorite) are effective and sufficient procedures.⁷ Medical devices and equipment, laundry, food service utensils and medical waste should be managed in accordance with safe routine procedures.^{2,8}

3. Implementing empiric additional precautions

3.1 Contact and droplet precautions

- in addition to using standard precautions, all individuals, including family members, visitors and HCWs, should use contact and droplet precautions before entering the room where suspected or confirmed nCoV patients are admitted;
- patients should be placed in adequately ventilated single rooms. For general ward rooms with natural ventilation, adequate ventilation is considered to be 60 L/s per patient;⁹
- when single rooms are not available, patients suspected of being infected with nCoV should be grouped together;
- all patients' beds should be placed at least 1 m apart regardless of whether they are suspected to have nCoV infection;
- where possible, a team of HCWs should be designated to care exclusively for suspected or confirmed cases to reduce the risk of transmission;
- HCWs should use a medical mask ^a (for specifications, please see references 2);
- HCWs should wear eye protection (goggles) or facial protection (face shield) to avoid contamination of mucous membranes;
- HCWs should wear a clean, non-sterile, long-sleeved gown;
- HCWs should also use gloves;
- the use of boots, coverall and apron is not required during routine care;
- after patient care, appropriate doffing and disposal of all PPE's and hand hygiene should be carried out.^{5,6} Also, a new set of PPE's is needed, when care is given to a different patient;
- equipment should be either single-use and disposable or dedicated equipment (e.g., stethoscopes, blood pressure cuffs and thermometers). If equipment needs to be shared among patients, clean and disinfect it between use for each individual patient (e.g., by using ethyl alcohol 70%);⁸

- HCWs should refrain from touching eyes, nose or mouth with potentially contaminated gloved or bare hands;
- avoid moving and transporting patients out of their room or area unless medically necessary. Use designated portable X-ray equipment and/or other designated diagnostic equipment. If transport is required, use predetermined transport routes to minimize exposure for staff, other patients and visitors, and have the patient using a medical mask;
- ensure that HCWs who are transporting patients perform hand hygiene and wear appropriate PPE as described in this section;
- notify the area receiving the patient of any necessary precautions as early as possible before the patient's arrival;
- routinely clean and disinfect surfaces which the patient is in contact;
- limit the number of HCWs, family members and visitors who are in contact with a suspected and confirmed 2019-nCoV patient;
- maintain a record of all persons entering the patient's room, including all staff and visitors.

3.2 Airborne precautions for aerosol-generating procedures

Some aerosol-generating procedures have been associated with an increased risk of transmission of coronaviruses (SARS-CoV and MERS-CoV), such as tracheal intubation, non-invasive ventilation, tracheotomy, cardiopulmonary resuscitation, manual ventilation before intubation, and bronchoscopy.^{10,11}

Ensure that HCWs performing aerosol-generating procedures:

- perform procedures in an adequately ventilated room – that is, natural ventilation with air flow of at least 160 L/s per patient or in negative pressure rooms with at least 12 air changes per hour and controlled direction of air flow when using mechanical ventilation;⁹
- use a particulate respirator at least as protective as a US National Institute for Occupational Safety and Health (NIOSH)-certified N95, European Union (EU) standard FFP2, or equivalent.^{2,12} When HCWs put on a disposable particulate respirator, they must always perform the seal check.¹² Note that if the wearer has facial hair (i.e., a beard) it may prevent a proper respirator fit;¹²
- use eye protection (i.e., goggles or a face shield);
- wear a clean, non-sterile, long-sleeved gown and gloves. If gowns are not fluid resistant, HCWs should use a waterproof apron for procedures expected to have high volumes of fluid that might penetrate the gown;²

^a Medical masks are surgical or procedure masks that are flat or pleated (some are like cups); they are affixed to the head with straps²

- limit the number of persons present in the room to the absolute minimum required for the patient's care and support.

4. Implementing administrative controls

Administrative controls² and policies for the prevention and control of transmission of 2019-nCoV infections within the healthcare setting include, but may not be limited to: establishing sustainable IPC infrastructures and activities; educating patients' caregivers; developing policies on the early recognition of acute respiratory infection potentially caused by 2019-nCoV; ensuring access to prompt laboratory testing for identification of the etiologic agent; preventing overcrowding, especially in the emergency department; providing dedicated waiting areas for symptomatic patients; appropriately isolating hospitalized patients; ensuring adequate supplies of PPE; ensure the adherence of IPC policies and procedures for all facets of health care.

4.1. Administrative measures related to healthcare workers

- provision of adequate training for HCWs;
- ensuring an adequate patient-to-staff ratio;
- establishing a surveillance process for acute respiratory infections potentially caused by nCoV among HCWs;
- ensuring that HCWs and the public understand the importance of promptly seeking medical care;
- monitoring HCW compliance with standard precautions and providing mechanisms for improvement as needed.

5. Using environmental and engineering controls

These controls address the basic infrastructure of the health care facility.¹³ These controls aim to ensure there is adequate ventilation⁹ in all areas in the healthcare facility, as well as adequate environmental cleaning.

Additionally, spatial separation of at least 1 meter should be maintained between all patients. Both spatial separation and adequate ventilation can help reduce the spread of many pathogens in the healthcare setting.¹⁴

Ensure that cleaning and disinfection procedures are followed consistently and correctly.⁸ Cleaning environmental surfaces with water and detergent and applying commonly used hospital disinfectants (such as sodium hypochlorite) is an effective and sufficient procedure.⁷ Manage laundry, food service utensils and medical waste in accordance with safe routine procedures.

Duration of contact and droplet precautions for patients with nCoV infection

Standard precautions should be applied at all times. Additional contact and droplet precautions should continue until the patient is asymptomatic. More comprehensive information about the mode of 2019-nCoV infection transmission is required to define the duration of additional precautions.

Collecting and handling laboratory specimens from patients with suspected 2019-nCoV infection

All specimens collected for laboratory investigations should be regarded as potentially infectious. HCWs who collect, handle or transport any clinical specimens should adhere rigorously to the following standard precaution measures and biosafety practices to minimize the possibility of exposure to pathogens.^{15,16,17}

- ensure that HCWs who collect specimens use appropriate PPE (i.e., eye protection, a medical mask, a long-sleeved gown, gloves). If the specimen is collected with an aerosol-generating procedure, personnel should wear a particulate respirator at least as protective as a NIOSH-certified N95, an EU standard FFP2, or the equivalent;
- ensure that all personnel who transport specimens are trained in safe handling practices and spill decontamination procedures;⁷
- place specimens for transport in leak-proof specimen bags (i.e., secondary containers) that have a separate sealable pocket for the specimen (i.e., a plastic biohazard specimen bag), with the patient's label on the specimen container (i.e., the primary container), and a clearly written laboratory request form;
- ensure that laboratories in health care facilities adhere to appropriate biosafety practices and transport requirements, according to the type of organism being handled;
- deliver all specimens by hand whenever possible. DO NOT use pneumatic-tube systems to transport specimens;
- document clearly each patient's full name, date of birth and suspected nCoV of potential concern on the laboratory request form. Notify the laboratory as soon as possible that the specimen is being transported.

Recommendation for outpatient care

The basic principles of IPC and standard precautions should be applied in all health care facilities, including outpatient care and primary care. For 2019-nCoV infection, the following measures should be adopted:

- triage and early recognition;
- emphasis on hand hygiene, respiratory hygiene and medical masks to be used by patients with respiratory symptoms;
- appropriate use of contact and droplet precautions for all suspected cases;
- prioritization of care of symptomatic patients;
- when symptomatic patients are required to wait, ensure they have a separate waiting area;
- educate patients and families about the early recognition of symptoms, basic precautions to be used and which health care facility they should refer to.

Acknowledgements

The original version of the MERS-CoV IPC guidance¹ was developed in consultation with WHO's Global Infection Prevention and Control Network and Emerging Diseases Clinical Assessment and Response Network, and other international experts. WHO thanks those who were involved in developing and updating the IPC documents for MERS-CoV.

This document was developed in consultation with the WHO Global Infection Prevention and Control Network and other international experts. WHO thanks the following individuals for providing review (in alphabetical order):

- Abdullah M Assiri, Director General, Infection Control, Ministry of Health, Saudi Arabia
- Michael Bell, Deputy Director of Division of Healthcare Quality Promotion, Centers for Disease Control and Prevention, Atlanta, USA
- Gail Carson, ISARIC Global Support Centre, Director of Network Development, Consultant in Infectious Diseases & Honorary Consultant Public Health England, United Kingdom
- John M Conly, Department of Medicine, Microbiology, Immunology and Infectious Diseases, Calvin, Phoebe and Joan Synder Institute for Chronic Diseases, Faculty of Medicine, University of Calgary, Calgary, Canada
- Barry Cookson, Division of Infection and Immunity, University College, London, United Kingdom
- Babacar N Doye, Board Member, Infection Control Network, Dakar, Senegal
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- Moi Lin Ling, Director, Infection Control Department, Singapore General Hospital, Singapore and President of Asia Pacific Society of Infection Control (APSIC)
- Fernando Otaiza O'Ryan, Head, National IPC Program Ministry of Health, Santiago, Chile
- Diamantis Plachouras, Unit of Surveillance and Response Support, European Centre for Disease Prevention and Control
- Wing Hong Seto, Department of Community Medicine, School of Public Health, University of Hong Kong, Hong Kong, People's Republic of China
- Nandini Shetty, Consultant Microbiologist, Reference Microbiology Services, Colindale, Health Protection Agency, United Kingdom

WHO: Benedetta Allegranzi, April Baller, Ana Paula Coutinho, Janet Diaz, Christine Francis, Maria Clara Padoveze, Joao Paulo de Toledo, Maria Van Kerkhove

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WHO continues to monitor the situation closely for any changes that may affect this interim guidance. Should any factors change, WHO will issue a further update. Otherwise, this interim guidance document will expire 2 years after the date of publication.

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