



भारतीय दन्त परिषद

DENTAL COUNCIL OF INDIA

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

BY EMAIL / DCI WEBSITE

No.DE-22-BDS(Academic)-2020/16042020

Dated the 16th April, 2020

ADVISORY

COVID-19 GUIDELINES FOR DENTAL COLLEGES, DENTAL STUDENTS AND DENTAL PROFESSIONALS BY DENTAL COUNCIL OF INDIA.

The mission of the Dental Council of India (DCI) is to ensure quality dental education and standard of dental care across the country. The Council is hereby issuing the following guidelines on COVID-19 for dental colleges, dental students and dental professionals.

ACADEMIC ADVISORY FOR UG, INTERNS AND POST GRADUATES

UNDER GRADUATES AND INTERNS

1. All Dental Colleges should abide to current situation and work from home, which is based on various Office orders or notifications of the Government of India, State Governments, Statutory Bodies and District administration. Professional Educational Institutions have been asked to close completely or asked to suspend classes and offer teaching learning using technology and working from home.
2. Similarly several guidelines have been given by the Government of India and its autonomous bodies to use various learning resources, technology platforms and innovative teaching approaches. The students have been advised to study from home, maintain social distancing and restrict their movements from their present place of stay.
3. The Principals / Heads of the Institutions of Dental Colleges are hereby advised to take essential steps and put up the necessary schedule and structure in place so that the faculty are able to engage in online teaching to the dental students and complete the curriculum through remote teaching for as long as the Institutions have been asked to remain closed by the Government and the District authorities in different parts of the country.
4. The Principals / Heads of the Institutions of Dental Colleges may share the learning resources in advance through their website, email to students and other learning apps / platforms that are available in this regard. The Institutions / Faculty may document the details of classes taken, the students engaged, the percentage of attendance, assignments given and their assessment.
5. The Principals / Heads of the Institutions of Dental Colleges may develop standardised video demonstration materials using various virtual platforms for all dental students.
6. The examining authorities are also advised to take cognizance of the same towards fulfilment of academic requirements for allowing a student to take up examination.
7. The Principals / Heads of the Institutions of Dental Colleges may direct all departments to maintain attendance and record of assignments given to the students.
8. Dental Colleges should encourage students to engage in self-learning, make full use of online resources and learn about the latest academic developments.
9. The Principals / Heads of the Institutions of Dental Colleges should facilitate and provide access to E-library facility to all dental students.
10. During this period, it is easy for students to be affected by disease associated fear and pressure, dental colleges should be prepared to provide professional psychological services to those who need them.

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11. The Principals and the Head of the Institutions are required to submit the details of the efforts taken by them in extending teaching modules which have been utilised during this time in an objective manner.

INTERNS RELATED POSTINGS

1. All Interns may not have the opportunity to complete their compulsory rotary one year internship in compliance with regulations due to the prevailing health emergency conditions and decisions may be taken in accordance to various Office orders or notifications of the Government of India, State Governments, Statutory Bodies and District administration.
2. This recommendation is proposed with the objective of letting the passing out graduates to pursue career ambitions without loss of time and delay in obtaining the academic qualifications.
3. During this period, all interns are assessed for disease associated fear and pressure. Dental colleges should be prepared to provide psychological services to those who need them.
4. Dental Colleges should encourage Interns to engage in self-learning, make full use of online resources like webinars and learn about the latest academic developments.

POST GRADUATE STUDENTS

ACADEMIC ACTIVITIES:

1. All routine academic activities like Seminars, Journal Clubs and other discussions may be carried out using various learning resources, technology platforms and innovative teaching approaches.
2. The Department may document the details of academic activities conducted, the students engaged, the percentage of attendance and assignments given and their assessment.

CLINICAL ACTIVITIES

1. All routine clinical activities of all specialities are deferred and for emergency dental care, follow the guidelines mentioned below.
2. Reappoint previous ongoing patients till further notice and keep a record of the same.

THESIS RELATED WORKS:

Keeping in view that the students who are registered for M.D.S. Course and are in the process of conducting their thesis and may not, be able to submit in time or able to appear for examination before the examiner in person in the present circumstances the Dental Council of India recommends that-

1. The student and the Guide may determine whether the work done for the thesis is in compliance with regulatory requirements and complete the follow up as remotely as possible. Any clinical follow up should be deferred and organised at a more appropriate time. The same should be noted and mentioned in all records.
2. The submission of thesis will be deferred in accordance to the existing situation and the local examining university or authority will decide upon and provide necessary timelines.

All post graduates should be encouraged to work and complete their academic records, documentation, library dissertation, term papers and publications during this time with the help of faculties.

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INSTRUCTIONS FOR DENTAL COLLEGES: GENERAL AND COMPREHENSIVE CLINICAL CARE

Dental Colleges should ensure that patients are managed according to the dental needs; which could be from Emergency dental care to elective dental care.

Every Dental College should have a pre-screening triage area and comprehensive dental clinic functional classified to attend to all patients. Further the Comprehensive Clinic should be classified into further sections to address specific dental problems for better infection control management and **avoid** cross contamination.

All Dental Colleges should provide general as well as specific information to all visiting the Dental Colleges.

GENERAL INFORMATION:

1. Appeal to non-emergency patients to postpone their treatment plans to avoid cross-infection caused by clustering in Dental Colleges.
2. In case of any dental emergency; patients should wear masks for protection and minimize the number of accompanying persons as much as possible.
3. Patients should be encouraged to take appointments or register online or telephonically in all out-patient clinics to reduce gathering of people;
4. Enhance oral health education through the different media like internet, newspapers and social media.
5. The body temperature of all employees must be taken before entering the workplace, and it is forbidden to work with illness.
6. Strengthen training of faculty and staff in infection control, and equip dental teams with sufficient protective equipment which strictly complies with the protection requirements.
7. Display of posters of hand hygiene, infection control and other preventive strategies should be displayed at different and important locations of the dental colleges.
8. In wake of COVID-19 outbreak going on in the country, the Dental Colleges shall not hold any workshops, conferences, dental screening camps etc.

SPECIFIC INFORMATION:

1. Upon arrival, all patients in Pre-screening area, will be screened for signs and symptoms of COVID-19 and current dental complain.
2. Every patient who upon screening further classified as Emergency or Non-emergency. Emergency dental problems can be into severe dental pain, trauma, swelling, excessive bleeding and any other condition that is deemed appropriate.
3. Develop a standard reporting system with
 - a. Patient contact details,
 - b. History of fever, cold/cough and
 - c. Shortness of breath etc to report the same as per standard Government guidelines.
4. Dental Colleges should have a protocol for referral for patients and employees to fever clinic either in the attached Medical College or Affiliated Hospital.
5. Patient classified as emergency and non-emergency/elective procedures have to be managed accordingly.
6. Medical management of patients should be promoted until dental procedures are unwarranted.

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PRE-VIEWING AND TRIAGE AREA

1. Pre-viewing and triage dental team should wear adequate personal protective equipment. (Table No:1)
2. Prepare thermometers/thermal scanners (forehead or ear thermometer) for temperature measurement, and ask patients regarding their epidemiological contact history, fever, and respiratory symptoms.
3. If the following conditions are encountered during triage, advise patients to leave and instruct them to go to the government hospital or designated hospital, and clean and disinfect the pre-screening triage area as soon as possible.
4. Maintain at least a 1 metre (3 feet) distance between yourself and anyone who is coughing or sneezing.
5. Patients with body temperature ≥ 37.3 °C, with symptoms of a cough, runny nose, fatigue, etc may be referred to fever clinic and follow protocol.
6. A history of travel or local contact with somebody who has a fever may be identified, referred to fever clinic and follow protocol.
7. The patient's living or working area has confirmed cluster cases of SARS-CoV-2 infection may be identified, referred to fever clinic and follow protocol.

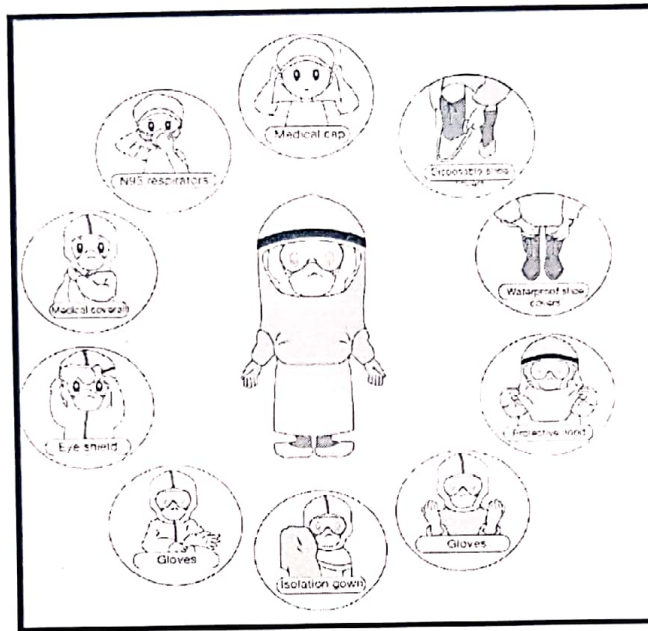
COMPREHENSIVE DENTAL CLINIC: GENERAL CONSIDERATIONS AND DENTAL TREATMENT CONSIDERATION

1. All emergency dental treatment should be carried out after detailed dental and medical history of the patient.
2. All members of the dental team should be trained and minimum exposure of members should be planned.
3. All members of the dental team should follow a rotatory roster to avoid unnecessary exposure.
4. All dental equipments should be in proper condition along with adequate power back up for managing dental procedures.
5. **Personal Protection for Doctor and Staff:**
 - a. Hand hygiene is already well emphasised and stated for all concerned by alcohol based hand rub or use of soap and water for washing with standard steps recommended by WHO.
 - b. Personal protective equipment is mandatory now and would comprise of the following:
 - Goggles / face shield (Both to be used , fitting goggles with a soft tissue seal)
 - Triple layer surgical mask
 - N95 respirator during routine dental procedures
 - FFP3 – Standard mask should be used during treatment of COVID19 positive patients.
 - Surgical gloves
 - Disposable coverall / gown with hood /waterproof lining (to be changed daily).
 - Coverall / gown outer; maybe improvised but will need to be changed after each patient
 - Shoe covers

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- c. PPE should be judiciously used and appropriately disposed as per protocol.

List of Personal



Protective Equipment

SEQUENCE FOR PUTTING ON PERSONAL PROTECTIVE EQUIPMENT (PPE)

The type of PPE used will vary based on the level of infectious agent, such as standard and contact, splash or airborne infection, isolation precautions. The general sequence for putting on and removing PPE should be followed to protect the person wearing PPE.

1. 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.



2. 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.



3. GOGGLES OR FACE SHIELD

- Place over face and eyes and adjust to fit.



4. 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 surface touched.
- Change gloves when they become 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. This 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:

1. GLOVES

- Grasp of gloves at wrist (not hands).
- If your hands get contaminated during glove removal, immediately wash hands or use an alcohol-based hand sanitizer.
- Using gloved hand, grasp the palm area of the other glove's hand and peel off both gloves.
- Hold removed gloves in your fist.
- Take fingers of your free hand, grasp remaining glove at wrist and peel off second glove into fist.
- Discard gloves in a waste container.



2. GOGGLES OR FACE SHIELD

- Grasp of goggles or face shield by contaminated band.
- If your hands get contaminated during removal, immediately wash hands or use an alcohol-based hand sanitizer.
- Remove goggles or face shield from the back by the back band or ear pieces.
- If you remove your face shield or goggles, immediately place them in a waste container.



3. GOWN

- Grasp of gown at wrist (not hands).
- If your hands get contaminated during gown removal, immediately wash hands or use an alcohol-based hand sanitizer.
- Grasp gown ties, pulling them away from the back and peel off gown into fist.
- Hold gown away from face and skin, then throw inside of gown into waste container.
- Hold gown in fist and discard in a waste container.

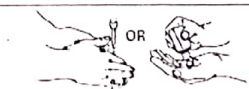


4. MASK OR RESPIRATOR

- Do not touch the front of the respirator.
- If your hands get contaminated during removal, immediately wash hands or use an alcohol-based hand sanitizer.
- Grasp by the top of the headband or the top of the mask (if the top of the mask is the only part touching the front).
- Discard in a waste container.



5. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE



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



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SEQUENCE FOR PUTTING ON AND REMOVAL OF PERSONAL PROTECTIVE EQUIPMENT (PPE)
Source: Centre for Disease Control and Prevention

- d. PPE protocol of wearing and removal should be followed and clearly designated rooms should be assigned.
- e. Change the surgical mask after every dental procedure after every dental procedure.
- f. All instruments pertaining to dental procedures to be disinfected, cleaned and sterilized as per standard infection control (CDC, 2003)
6. All instruments should be mandatorily disinfected, cleaned, packaged in colour changing sterilization autoclave pouches and proper storage to be done.
7. 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 authorised biomedical disposal agency by the State Pollution Control Board.

**DETAILED PLAN FOR USE OF PERSONAL PROTECTIVE EQUIPMENT
 IN DENTAL COLLEGES**

Personal Protective Equipment	Level 1	Triage Area	Level 2	Non-aerosol Generation area	Level 3	Aerosol Generation area
Overall for Dental Personnel	✓	✓	✓	✓	✓	✓
Medical/Surgical Cap	✓	✓	✓	✓	✓	✓
Surgical Mask	✓	✓	✓			
N95 or High Level Respirators				✓	✓	✓
Eye Shield		✓	✓	✓	✓	✓
Surgical Gown		✓	✓	✓	✓	✓
Surgical Gloves	✓	✓	✓	✓	✓	✓
Face shield			✓	✓	✓	✓
Disposable Shoe Cover			✓	✓	✓	✓

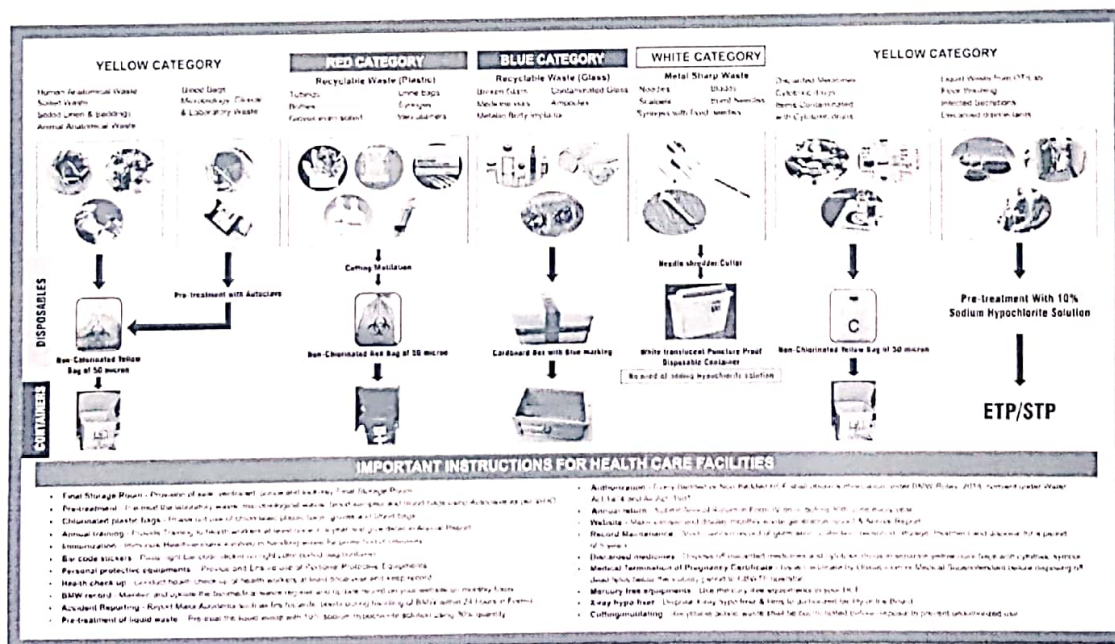
LEVEL 1: PRE-SCREENING AND TRIAGE AREA
LEVEL 2: NON-AEROSOL GENERATION PROCEDURES
LEVEL 3: AEROSOL GENERATION PROCEDURES

Source: Zhang, W, Jiang, X. Front Oral Maxillofac Med 2020;2:4 | <http://dx.doi.org/10.21037>

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DENTAL TREATMENT CONSIDERATIONS:

1. Carry out only emergency dental treatments in a single treatment room. Preferably designate separate clinical areas for Aerosol and Non-aerosol Control dental treatments.
2. Use 1.5% hydrogen peroxide or 0.2% povidine as a pre-procedural mouth rinse.
3. Wherever warranted, use extraoral dental radiographs such as panoramic radiographs as alternatives to intra oral radiographs during the outbreak of COVID-19, as the latter can stimulate saliva secretion and coughing.
4. Reduce aerosol production as much as possible, as the transmission of COVID-19 occurs via droplets or aerosols, and dentists should prioritize the use of hand instrumentation.
5. Dental teams should use rubber dams if an aerosol-producing procedure is being performed to help minimize aerosol or spatter.
6. Dentist may use a 4-handed technique for controlling infection.
7. Most of the Dental care should be performed with the use of high-volume suction or saliva ejectors mainly aerosol based procedures.
8. Dental care teams should "minimize the use of a 3-in-1 syringe as this may create droplets due to forcible ejection of water/air."
9. Restrict the number of para-dental staff and patients who enter the clinical as well as waiting area of the clinics.
10. Pre-operative and Post operative Infection Control protocols should be followed and regular fumigation of clinics should be carried out.



Source: Biomedical Waste Segregation, BMW Rules, 2016, Punjab Pollution Control Board.

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COVID-19 CLINICAL GUIDELINES FOR DENTAL STUDENTS AND INTERNS

1. Understand the basics of infection control and apply them at all times of clinical care.
2. Take proper patient history with regard to fever, cough and travel prior to initiation of all dental procedures.
3. Report any patient with positive history for further medical attention
4. Disinfect your dental chair, use sterile instruments and maintain hand hygiene at all times as per Institutional protocol.
5. Wash your hand with soap or use hand sanitizers frequently as per WHO guidelines.
6. If one has signs of fever, cough and difficulty in breathing, inform your concerned faculty and seek medical attention well in advance.
7. In case you, yourself are having a history of Fever, Cough and difficulty in breathing visit your doctor and report the same to your faculty.
8. Maintain proper records and update regularly.
9. Don't Panic rather spread awareness among communities.
10. Interns should complement all dental services in the Institute and assist in all activities after adequate training.
 - a. Recording detailed Case history and Identification of vulnerable age groups
 - b. Participate in capacity building and training for basic COVID-19.

COVID-19 CLINICAL GUIDELINES FOR DENTAL PROFESSIONALS

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 saliva ejectors 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 Propyl alcohol extra orally prior to any dental procedure.

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11. Wearing of 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.
12. 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.
13. Preoperative antimicrobial mouth rinse could reduce the number of microbes in the oral cavity.
14. Pre-operative and Post operative Infection Control protocols should be followed.
15. Rubber dams and high-volume saliva ejectors can help minimize aerosol or spatter in dental procedures.
16. Scheduling of patients is very essential; hence avoid interaction of vulnerable patients (medically compromised or elderly patients) with general patients.
17. Fumigation of clinics periodically is advised.
18. Clean and disinfect public areas frequently, including door handles, chairs and bathrooms.
19. All dental clinics should display health awareness posters regarding COVID-19, Hand and Respiratory hygiene at prominent locations of the clinical area.
20. Alcohol based Hand Rubs should be made accessible in common clinical areas.
21. Avoid crowding of patients and schedule them based on treatment types (emergency or non-emergency)
22. 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.
23. 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.
24. All patient details and records should be maintained properly and if need arises should be shared with local health authorities or administration.
25. Be aware of the local health authority protocol or testing laboratories and report any patient with relevant history for further necessary medical care.


As per appeal of President, Dental Council of India wherever any opportunity arises, Dental Faculties, Dental Students and Dental Professionals should volunteer to contribute and serve in this national calling and march in unison with the Government to curb the menace of COVID-19.

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(Dr. Sabyasachi Saha)
Secretary
Dental Council of India

Copy for information and necessary action to, if any:-

1. The Secretary to the Government of India, Ministry of Health and Family Welfare, Dental Education Section, New Delhi.
2. The Principal Secretary (Medical Education) of all State/UT Governments.
3. The Principal/Dean of all the Dental Colleges in the country.
4. The Registrar of all the State Dental Council's/Dentists Registration Tribunal's in the country.
5. All the Registrars of the Universities to which any recognised dental college(s) is affiliated.

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