

# Covid - 19 Pandemic

## Standard Operating Procedures for Management of Patients



ESIC DENTAL COLLEGE & HOSPITAL

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## FROM THE DEAN'S DESK

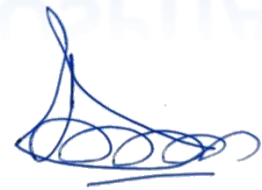
The World Health Organization declared Covid-19 a Pandemic on March 11, 2020. This declaration was met with stringent responses to curb the spread of the virus from different countries including India. The Govt. of India announced a Nationwide lockdown which is still in force. However, gradually this lockdown is being lifted. Many experts believe we will soon have to 'Learn to Live with the Virus'.



The Covid- 19 disease spreads primarily through respiratory droplets of infected persons or carriers. The nature of Dental Treatment is such that it puts the dentist and paradental staff at higher risk of contracting the disease.

The ESIC Dental College and Hospital, Rohini, Delhi is a state-of-the-art institution which caters to the dental needs of Insured Persons under the ESIC scheme. We are also a premier dental teaching institute of the Country. Thus, we have to protect the interests of our patients as well as our students. Treatment of insured persons cannot be deferred indefinitely. At the same time, we have to ensure the safety of our healthcare personnel.

In an effort to establish effective means of dental care delivery during the Covid-19 pandemic, we have developed certain standard operating procedures which aim to guide and enable the entire dental workforce of ESIC Dental College to function smoothly without jeopardizing the safety of patients or Healthcare Workers.

A handwritten signature in blue ink, appearing to be 'Dharendra Srivastava'.

Dr. Dharendra Srivastava

Dean

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## Introduction

The Covid 19 pandemic, a highly infectious disease, finds its main mode of transmission through droplet infection. Dental professionals are considered at high risk owing to the nature of their work. Patient management in such a scenario can be a challenge and certain precautions have to be followed. It is not possible to defer treatment for indefinite period as it will amount to succumbing to the fear created by the pandemic. Hence, we have to proceed with caution, keeping in mind the principle that the **virus cannot be destroyed but it can be disintegrated.**

The Government of India and other relevant governing bodies such as the Dental Council of India have given guidelines to this effect. Taking lead from such guidelines, the ESIC Dental College and Hospital finds it important to establish its own protocol while keeping in mind the financial and infrastructural challenges and the socio-economic strata to which the ESI Corporation caters.

A vaccine for this disease is still awaited hence at present it is prudent to proceed with certain precautions and **consider every individual as a Covid 19 carrier** till the instructions are issued for testing facility for each and every patient attending the OPD.

From time to time guidelines issued from Government of India and DCI shall be followed wherever applicable.

## Section I – General Considerations

### 1.1 General Principles:

- Waiting area to be adequately prepared for proper queue maintenance and to ensure social distancing till the time ESIC develops online appointment.
- All personnel and patients entering the premises to strictly wear masks.
- Patients to practice hand hygiene before entering hospital and clinics
- All patients (new and old) to first report to triage area.
- Social Distancing to be maintained at all times among patients, staff and students
- Accompanying person to be permitted only with children and senior citizens or in case of patient undergoing minor/major surgical procedure.
- Adequate ventilation to be maintained and exhaust to be operated intermittently in all areas. Usage of Air Conditioner in clinical area is not allowed as per regulatory guidelines till the installation of HEPA Filters and Air purifiers
- Procurement and installation of air purifiers and exhaust will be made a priority for enhanced air quality.
- All faculty, students and staff to undergo training for correct procedure of donning and doffing PPE and infection control (Kindly refer Section 3)
- All dental personnel should preferably change from personal clothing to scrubs and vice versa before entering and returning home. Upon arriving home, Faculty, students and paramedical staff should take off shoes, remove and wash clothing separately and immediately shower prior to any contact with family members.

### 1.2 Patient triage and Registration:

- Hall-A, OPD registration area, patient waiting adjoining Hall-A is currently being designated as the fever clinic for screening of COVID-19.
- Considering the infectivity of COVID-19 on inanimate surfaces for up to 9-days with incubation period ranging from 02-24 days with an average of 14 days; it is prudent to disinfect the area with ultraviolet radiation/fumigation before resuming routine dental OPD services in Hall-A including registration and patient waiting area.

- Areas will also be sprayed with any disinfectant containing 2,000mg/L of effective chlorine.
- Registration counter will also be used as a Triage area and will be managed by Department of Oral Medicine and Radiology with the help of Interns/Tutors.
- Personnel at registration counter will comprise of 2 interns and 2 registration clerks.

### 1.2.1 Duties and responsibilities of interns:

- Interns to be the first contact point of both new and old patients.
- Record temperature using thermal scanner.
- Record clinical, travel and contact history of all patients as per prescribed Performa (Appendix 1) and Classify patients as Covid **suspect/ non-suspects** based on criteria mentioned in (Appendix 2).
- Online registration to be done for all patients.
- Appendix 1 to be duly filled for Covid 19 suspects and referred to Medical Hospital for further procedure and **suspected Covid 19** history to be mentioned in online record.
- Separate Covid register to be maintained for entering details of Covid suspects.
- In case a Covid19 suspect has a dental emergency, history to be recorded and antibiotics and analgesics to be prescribed as required. Emergency treatment protocol to be decided by the HOD/ Senior most faculty of concerned department.
- Such patients to be considered for comprehensive examination and further dental care if they are found to be negative for Covid 19 as per the criteria of ESIC Hospital Rohini.
- New non suspected patients to be sent to Hall A for examination and old to the concerned departments.
- Oral Medicine department should prioritise the treatment plan according to chief complaint and send the patient to different departments, so that in a particular day patient is not shifted from one department to another.
- Refer appendix 3 for patient management flowchart.
- Written informed consent to be obtained from all patients with regards to possible risk of cross infection during Covid Outbreak (Appendix 4).

### 1.3 Patient Education:

- All patients attending ESIC Dental College and Hospital OPD to be educated regarding prevention and control of Covid 19 outbreak by means of Lecture, Demonstrations and pamphlets ( Public Health Dentistry Department).
- Patients to be encouraged to avail only essential treatment and defer all non essential procedures till the outbreak ceases to be a Public Health Emergency.

### 1.4 General Treatment Considerations:

- All personnel to wear Personal Protective Equipment as per the procedure being performed as described in Table 1.
- Aerosol generating treatments to be replaced by non-aerosol generating alternatives for same procedure as far as possible.
- Use of airtor and ultrasonic scaler to be avoided altogether. Limit use of 3-way syringe as it generates aerosols.
- Hi evacuation suctions to be used for aerosol generating procedures.
- No patients to be referred for IOPA X ray. Extra-oral dental radiographies like panoramic imaging are appropriate alternatives till the outbreak of COVID-19 subsides.
- Patients should be scrubbed with Isopropyl alcohol extra orally prior to any dental procedure followed by pre-operative antimicrobial mouth rinse to reduce the number of microbes in the oral cavity.
- Pre rinsing using Povidone iodine to be done by patient prior to any procedure including examination.
- Dental teams should use Instadam/optradam/instant placement rubber dams (as their entire assembly is disposable). to help minimize aerosol or spatter. Since there is no provision of online appointments in ESIC Corporation, all appointments to be regulated manually.
- Scheduling of patients is very essential; hence avoiding interaction of vulnerable patients (medically compromised or elderly patients) with general patients.
- Avoid crowding of patients and schedule them based on treatment types (emergency or nonemergency). Attend to 4-5 patients per day and maximize the amount of work so as to reduce patient visits. Educate patients as much as possible.



- Maintenance of instruments, sterilization and disinfection to be stringently followed as per standard infection control protocols (CDC 2003).
- Models and impressions should be effectively disinfected.
- Post splatter treatment strict fumigation or sanitization of operatory to be done. Fumigation with a quaternary ammonium compound to be performed everyday preferably.
- Patient is advised to keep their hands in their pockets and not to touch anywhere while sitting on dental Chair. Ensure minimal follow-ups.



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## Section II – Guidelines to Faculty, Staff, Students, Paramedical Staff and House Keeping staff

### 2.1 General Guidelines to HOD's and Faculty:

- All HOD's to ensure that appropriate infection control measures, cleaning practices and social distancing norms are being followed all the times.
- Every department's HOD to locate an area where emergency management of Covid positive/Covid suspect can be carried out.
- HODs to ensure that four handed dentistry is being practiced at all times in their departments.
- Every department to segregate patients according to aerosol generating or non-aerosol generating procedure.
- HODs to designate separate areas for aerosol generating and non- aerosol generating procedures.
- Distance between 2 dental chairs to be maintained at 1 meter. In case distance is less HODs should manage the situation in order to follow appropriate distancing criteria.
- HODs to designate separate area for donning and doffing PPE and ensure proper disposal of the same (Kindly refer relevant section).
- Faculty members to enforce appropriate infection control and cleaning practices in their departments as mentioned in section 3
- All departments to ensure hand hygiene by patients before entering the clinics. HODs to ensure availability of hand sanitizer at department entrance and/or installation of wash basin at entrance.
- Maintenance of instruments, sterilization and disinfection to be ascertained by HOD as per standard infection control protocols (CDC 2003).
- A rotation system may be established at the discretion of the HOD for faculty, students and staff so as to avoid exposure of all personnel together. However, it is to be ensured that staff remains physically present during working hours.

### 2.2 General Guidelines to Students & Interns:

- All students and interns to adhere to appropriate infection control, cleaning practices and social distancing norms at all times. **A fine will be levied if protocol is violated.**

- Students and interns working in clinics to practice four handed dentistry at all times.
- Ensure hand hygiene by patients before entering the clinics.
- Aerosol generating procedures are to be done only with permission from HOD's/ Senior faculty member.
- Interns should complement all dental services in the Institute and assist in all activities after adequate training like recording detailed case history and Identification of vulnerable age groups and participating in capacity building and training for basic COVID-19.
- Any history of fever, cough and difficulty in breathing should be reported and notified to faculty member. Proper medical opinion has to be taken before attending college and clinics.

### 2.3 General Guidelines to Paramedical staff:

- All staff to adhere to appropriate infection control, cleaning practices and social distancing norms at all times. Violation of protocol not only results in self damage but to others also.
- Appropriate PPE to be worn by all personnel working in clinics (Refer table 1).
- Staff should wash their hands with soap and water immediately after removing the PPE, and when cleaning and disinfection work is completed.
- Ensure hand hygiene by patients before entering the clinics.
- Nursing orderly/Chair side assistant to ensure cleaning and sanitization of dental chairs after each patient
- Nursing orderly/CSA to assist in practicing four handed dentistry whenever necessary.
- Nursing orderly/CSA to ensure cleaning sterilization and disinfection of instruments including hand pieces after each use.
- Nursing Orderly/CSA to ensure disinfection and sterilization of instruments as per standard infection control protocols (CDC 2003). Training of same shall be taken from HOD's / Senior faculty members.
- Discard all used PPE as per general guidelines of bio-waste disposal.
- The staff should be aware of the symptoms of Covid 19 and must report to the HOD and occupational health service if they develop symptoms.

#### 2.4 General Guidelines to staff nurse/nursing sisters:

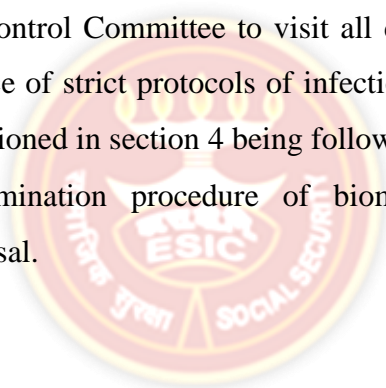
- All staff to adhere to appropriate infection control, cleaning practices and social distancing norms at all times.
- Appropriate PPE to be worn by all personnel working in clinics (Refer table 1).
- To ensure timely availability of PPE and consumables.
- To ensure adherence to strict infection control and sterilization & disinfection practices.
- To ensure that floor mopping is done at least twice daily and high touch surfaces cleaning every 3 hours.
- To ensure dental chair is cleaned after each patient.
- To ensure appropriate Bio Waste disposal practices are adhered to in the clinics.
- To check & maintain record of cleaning, mopping and sterilization and disinfection.
- Refer to Appendix IV for cleaning schedule and maintain the same.

#### 2.5 General Guidelines to Housekeeping staff:

- All staff to adhere to appropriate infection control, cleaning practices and social distancing norms at all times (Training of same shall be taken from HOD's / Senior faculty members).
- Appropriate PPE to be worn by all personnel working in clinics (Refer table 1).
- Staff should wash their hands with soap and water immediately after removing the PPE, and when cleaning and disinfection work is completed.
- Housekeeping staff to clean all High touch surfaces like (doorknobs, telephone, call bells, stair rails, light switches, wall areas around the toilet) every 3-4 hours.
- Low-touch surfaces (floor, walls, mirrors, etc.) mopping should be done at least twice daily.
- Discard all used PPE as per general guidelines of bio-waste disposal.
- The staff should be aware of the symptoms and should report to their occupational health service if they develop symptoms.

### 2.6 General Guidelines for Dental College Infection Control Committee:

- Dental College Infection Control Committee to conduct routine lectures and seminars for faculty, interns, students, para-medical and administrative staff about infection control and hand hygiene.
- Committee to hold periodic practical training of all health care personnel - Faculty, Para Medical, Nursing and Housekeeping staff for infection control , PPE Donning and Doffing and proper use and disposal of masks and Gloves
- Hospital Infection Control Committee to visit all clinics daily to record & report to Dean about adherence of strict protocols of infection control, cleaning and bio waste management as mentioned in section 4 being followed or not.
- To ensure decontamination procedure of biomedical waste generated till its processing and disposal.



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**Section III - Hand Hygiene & Personal Protective Equipment Guidelines:**

**3.1 Hand Hygiene**

- Health Care Personnel should perform hand hygiene using alcohol-based hand rub (minimum 20 seconds) or by washing with soap and water (minimum 40 seconds). If hands are visibly soiled, use soap and water for hand wash.
- Perform before and after using bathroom, before, during and after preparing food, before and after eating /drinking, after coughing, blowing or sneezing, after touching garbage, after touching mask or soiled PPE.
- Do not share towels or wipes as it may spread infection.
- Sanitizers should be put outside elevators, OPDs, screening areas and wards.



Figure 1: Hand hygiene technique

### 3.2 Mask etiquette:

- If masks are worn, appropriate use and disposal is essential to ensure they are effective and to avoid any increase in risk of transmission associated with the incorrect use and disposal of masks.
- Place mask carefully to cover mouth and nose and tie securely to minimize any gaps between the face and the mask.
- While in use, avoid touching the mask
- Remove the mask by using appropriate technique (i.e. do not touch the front but remove the lace from behind).
- After removal or whenever you inadvertently touch a used mask, perform hand hygiene.
- Replace masks with a new clean, dry mask as soon as they become damp/humid
- Do not re-use single-use masks
- Discard single-use masks after each use and dispose-off them immediately upon removal
- Repeated use of N95/N99/FFP2/FFP3 masks.
  - You will be provided 5 N95 masks which are to be used over the period of 1 month.
  - Mark no. 1 to no.5 o masks and their cover.
  - Use these masks periodically in such a manner that no. 1 mask will be used on day 1 and thereafter on day 6.
  - Similarly other masks are also to be repeated every 6th day.
  - Continue this method until each mask has been used minimum 5 times.
  - Store these masks in a proper cover and clean area/in a UV Chamber.
  - Fresh set of masks will be issued only after submission of all used masks at the end of one month.
  - Sister In charge to ensure proper disposal of submitted used masks.

### 3.3 Steps of donning PPE:

- Donning of the PPE must be performed in designated area.
- Remove home clothes, jewellery, watches, electronic etc. and wear clean hospital scrubs
- Wash hands with soap and water.
- Wear shoe covers – tie lace in front of the shin.

- Wear Head Cap.
- Wear first set of gloves – should be smaller than second pair, comfortable size, can be sterile or unsterile
- Gown –arm sleeves of gown should cover the gloves at the wrists; tie the lace behind snugly without wrapping all around the waist. Decontaminate the gown if it becomes soiled. Remove gown only in designated doffing area and discard the gown before leaving patient care area.
- Wear the N-95 respirator – cup the mask in hand, place the lower strap behind the neck passing below ears , then place the upper strap over back of head passing above ear. Check for snug fit of mask. There should be no more than minimal air leak from sides
- Wear eye piece/face shield – adjust according to required size.
- Wear 2nd pair of the gloves – should be of larger size than 1st pair, should cover free end of arms of gown. Change gloves if they become torn or heavily contaminated. Remove and discard gloves when leaving the patient room or care area, and immediately perform hand hygiene
- Gown fitness check: Take help of companion for fitness check.
- Soiled PPE to be changed immediately.
- During Surgical Procedure, PPE to be changed immediately after surgery.

#### 3.4 Steps of doffing PPE:

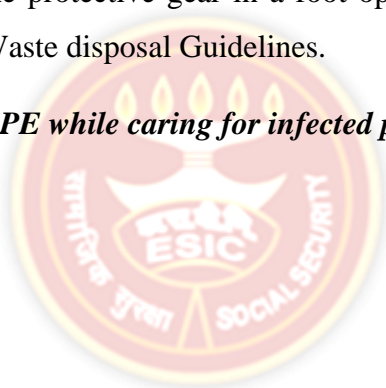
Doffing to be performed only in the designated area, check for any leak or soiling in PPE before doffing. If any, disinfect the area before doffing. All the PPE must be discarded as per routine protocol for handling biomedical waste. Hand hygiene MUST be performed after every step.

- Disinfect the hands wearing gloves by following hand hygiene procedure.
- Remove shoe covers only by touching the outer surface, and perform hand hygiene.
- Remove outer gloves and perform hand hygiene.
- Remove gown slowly by holding the gown at the waist and pulling. Without touching the outer surface, remove with a rolling inside out technique. Perform hand hygiene again.



- Remove eye piece, and perform hand hygiene.
- Remove inner gloves and perform hand hygiene.
- Remove mask – Do not touch exposed surface of mask. First remove lower strap of mask, remove mask holding upper strap in a slow and steady pace (as to not generate aerosols)
- Perform hand hygiene
- Sit over clean chair and clean your shoes with alcohol swabs
- Remove last pair of gloves and perform hand hygiene
- Discard all the protective gear in a foot operated closed Biowaste bin as per Biomedical Waste disposal Guidelines.

*If any leak is found in PPE while caring for infected patients, caring HCPs should self-quarantine.*



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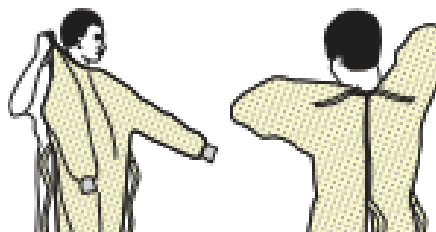
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## SEQUENCE FOR PUTTING ON PERSONAL PROTECTIVE EQUIPMENT (PPE)

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.

### 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



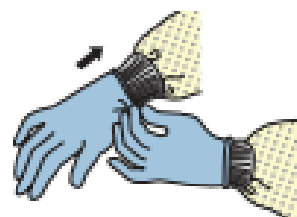
### 3. GOGGLES OR FACE SHIELD

- 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 surfaces touched
- Change gloves when torn or heavily contaminated
- Perform hand hygiene



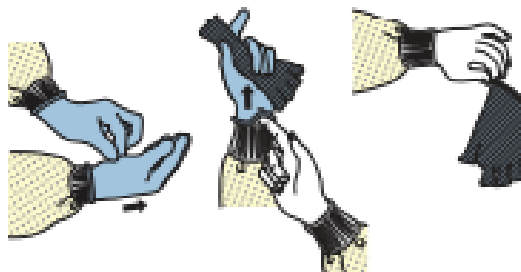
Figure 2 Steps of donning PPE

## 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:

### 1. 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 a waste container



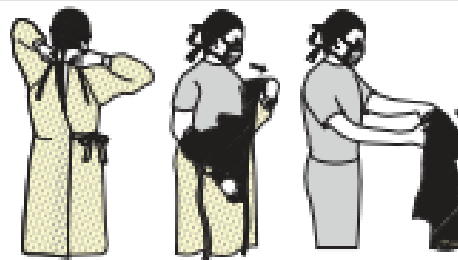
### 2. GOGGLES OR FACE SHIELD

- 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 a waste container



### 3. 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 a waste container

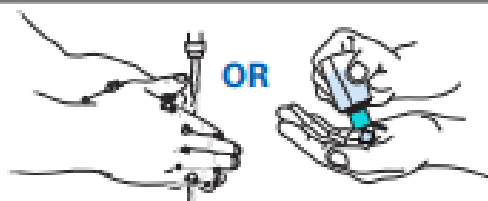


### 4. MASK OR RESPIRATOR

- 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 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**



Figure 3 Steps of doffing PPE

## Section IV - Guidelines for cleaning, disinfection and waste management:

### 4.1 Cleaning agents and disinfectants:

- 1% Sodium Hypochlorite can be used as a disinfectant for cleaning and disinfection.
- The solution should be prepared fresh.
- Leaving the solution for a contact time of at least 10 minutes is recommended.
- Alcohol (e.g. isopropyl 70% or ethyl alcohol 70%) can be used to wipe down surfaces where the use of bleach is not suitable, e.g. metals.

### 4.2 Cleaning guidelines:

- Where possible, seal off areas where the confirmed case has visited, before carrying out cleaning and disinfection of the contaminated environmental surfaces. This is to prevent unsuspecting persons from being exposed to those surfaces
- When cleaning areas where a confirmed case has been, cleaning staff should be attired in suitable PPE.
- Disposable gloves should be removed and discarded if they become soiled or damaged, and a new pair worn.
- All other disposable PPE should be removed and discarded, after cleaning activities are completed.
- Hands should be washed with soap and water immediately after the PPE is removed.
- Mop floor with routinely available disinfectant.
- Wipe all frequently touched areas (e.g. lift buttons, hand rails, doorknobs, arm rests, tables, air/ light controls, keyboards, switches, etc.) and toilet surfaces with chemical disinfectants and allow to air dry. 1% sodium hypochlorite solution can be used. Alcohol can be used for surfaces, where the use of bleach is not suitable.
- Clean toilets, including the toilet bowl and accessible surfaces in the toilet with disinfectant or 1% sodium hypochlorite solution.
- Wipe down all accessible surfaces of walls with disinfectant or bleach solution.

- It is advisable to remove all the potential source of fomites like blinds, upholstery or any other clutter near the operatory.
- Disinfect buckets by soaking in disinfectant or bleach solution, or rinse in hot water before filling.
- Disinfectant or 1% sodium hypochlorite solution should be applied to surfaces using a damp cloth. They should not be applied to surfaces using a spray pack, as coverage is uncertain and spraying may promote the production of aerosols. The creation of aerosols caused by splashing liquid during cleaning should be avoided. A steady sweeping motion should be used when cleaning either floors or horizontal surfaces, to prevent the creation of aerosols or splashing.
- Cleaning methods that might aerosolize infectious material, such as the use of compressed air, must not be used.
- Biohazard bags should be properly disposed-off, upon completion of the disinfection work.

#### 4.3 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.
- With all probabilities decontamination is recommended at source. However, strict protocol need to be developed and followed by the department to avoid/ minimal cross contamination during transfer and further processing.
- 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.

## Section V – Department specific protocols

### 5.1 Department of Oral Medicine & Radiology:

- Department to comply strictly General guidelines of Section I & II.
- HOD's of the Departments shall ensure that minimum requirement of Quota system of students and interns are followed.
- Department will ensure that patient enters the clinic only after due triage process and with a valid consent form.

#### 5.1.1 – Management of OPD

- Department will ensure strict adherence to triage protocol.
- Department will supervise social distancing in waiting area and queue management.
- Examination and history writing of patient to be conducted in pairs. The person recording findings must be seated at 1-meter distance from dental chair.
- Patient should be referred to appropriate department based on his chief complaint and attending multiple departments on same day by patient to be discouraged.
- Patients will be counselled and advised to defer non-essential treatment.

#### 5.1.2 - Radiology

- IOPA radiograph should be avoided as far as possible and need for IOPA should be replaced by other extra oral radiographic methods such as OPG.
- Extra-oral dental radiographies like panoramic imaging are appropriate alternatives till the outbreak of COVID-19 subsides.

### 5.2 Department of Public Health Dentistry

- Department to comply strictly General guidelines of Section I & II.
- HOD's of the Departments shall ensure that minimum requirement of Quota system of students and interns are followed.
- Department will ensure that patient enters the clinic only after due triage process and with a valid consent form.

### 5.2.1 Management of OPD

- OPD and procedures to be conducted in pairs. The person recording findings must be seated at 1-meter distance from dental chair.
- Patient should be referred to appropriate department based on his chief complaint and attending multiple departments on same day by patient to be discouraged.
- Patients will be counselled and advised to defer non-essential treatment.
- Examination and history writing of patient to be conducted in pairs. The person recording findings must be seated at 1-meter distance from dental chair.
- **Ensure consent form has been filled and signed by the patient**

### 5.2.2 Public Outreach Programs (Camps)

- Public Outreach Programs lead to gathering of crowd which increases the risk of contracting infection.
- Contact tracing can also become difficult in such settings.
- Thus, all Public Outreach Programs will be suspended till such time that the outbreak ceases to be a Public Health Emergency.

### 5.2.3 Narela Dispensary

- Narela Dispensary services will be continued with adequate precaution and necessary PPE kits should be made available to the team.
- Strictly no aerosol based procedure.
- Standard instructions for infection control to be followed.
- Patient attendant not permitted in the Clinic.
- Coordinate with dispensary in charge for queue management.

### 5.2.4 Patient Education

- The Department of Public Health Dentistry will carry out Covid Awareness in the Hospital on a Daily Basis.
- All patients attending ESIC Dental College and Hospital OPD to be educated regarding prevention and control of Covid 19 outbreak by means of Lecture, Demonstrations and pamphlets.
- Patient education will also focus on modes of infection of Coronavirus and the risk of undergoing dental procedure amidst Covid crisis.

- Patients to be encouraged to avail only essential treatment and defer all non essential procedures till the outbreak ceases to be a Public Health Emergency.
- The Department will develop suitable Information-Education-Communication (IEC) material for mass distribution.

### 5.3 Department of Oral & Maxillofacial Surgery

- **Department to comply strictly General guidelines of Section I & II.**
- **Procedures chosen by the Departments in Departmental SOP's mentioned below at table shall remain in force till the Covid 19 pandemic is over.**
- **Once the pandemic is over all category of treatment should be offered to patients as per DCI curriculum to impart adequate training to students and Interns. HOD's of the Departments shall ensure that minimum requirement of Quota system of students and interns is followed.**
- **Ensure consent form has been filled and signed by the patient.**

#### 5.3.1 Procedural Classification

Procedure type	Details	Essential	Non – essential
<b>Soft tissue laceration</b>	Laceration Suturing	E	x
<b>Bleeding socket /gums</b>	Hemostasis	E	x
<b>Extraction</b>	Intraalveolar extraction – grade II, III mobile	E	x
	Intraalveolar extraction –	E	
	Surgical extraction - grossly decayed tooth painful	E	x
	Surgical extraction – Asymptomatic fractured tooth	x	NE
<b>Impaction</b>	Soft tissue impaction – painful	E	x
	Bony impaction	x	NE



<b>Alveoloplasty</b>	Painful bony spicule	E	x
	Non painful bony spicule	x	NE
<b>Biopsy</b>	Soft tissue	E	x
	Hard tissue	x	NE
<b>Fracture of jaws</b>	Interdental wiring /bridle wiring	E	x
	Closed reduction with arch bars	E	X
	Intermaxillary fixation	E	x
	Arch bar removal	E	x
	Open reduction and internal fixation	x	NE
<b>Dental implant placement</b>	Single or multiple	x	NE
<b>Excision biopsy</b>	soft tissue tumor	E	x
<b>Benign tumor resection</b>	without reconstruction	E	x
<b>OSMF treatment</b>		E	x
<b>Maxillary sinus treatments</b>	Oroantral fistula	E	x
<b>Cyst enucleation</b>	Odontogenic	E	x
<b>Jaw resection procedures</b>	Mandibular / Maxillary	X	NE
<b>Jaw osteotomies</b>	Mandibular / Maxillary	X	NE
<b>Jaw distraction</b>	Mandibular/ Maxillary	X	NE
<b>Ankylosis</b>		X	NE
<b>Bony reconstruction with plates or autogenous bones</b>	Mandibular/ Maxillary	X	NE

### 5.4 Department of Conservative Dentistry

- **Department to comply strictly General guidelines of Section I & II.**
- **Procedures chosen by the Departments in Departmental SOP's mentioned below at table shall remain in force till the Covid 19 pandemic is over.**
- **Once the pandemic is over all category of treatment should be offered to patients as per DCI curriculum to impart adequate training to students and Interns. HOD's of the Departments shall ensure that minimum requirement of Quota system of students and interns are followed.**
- **Ensure consent form has been filled and signed by the patient.**

#### 5.4.1 Treatment considerations specific to Department of Conservative Dentistry and Endodontics:

- Classify patients into emergency and non-emergency dental care and plan well before initiating any dental procedures.
- Primary care dental triage should focus on the provision of the three A's:
  - Advice;
  - Analgesia;
  - Antimicrobials (where appropriate).
- Patients should be advised that elective treatment options are restricted and they should call back only if their dental symptoms have not resolved.
- Differentiate between essential and non-essential dental procedures and accordingly attend to patients (refer to Table below).
- Only urgent and emergency procedures will be carried out in the department. However, Dentists are encouraged to make professional judgement calls on the urgency of any procedure during emergencies. Please note: All procedures should also consider risk factors associated with demographics more susceptible to COVID 19, such as elderly patients.
- 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. Working length estimation will be done by using Apex locators.

- During aerosol producing procedures if FFP-3 mask is not available, N-95 mask covered with outer surgical mask should be worn.

**5.4.2 Procedural Classification**

Treatment	Procedure Type	Essential	Non-essential
Restorative  (Pulp capping procedures, ART, Excavation and review)	Fillings/ Restorations		
	Incipient Decay		√
	Symptomatic Moderate Decay	√	
	Symptomatic Severe Decay	√	
	<b>Fracture tooth repair</b>		
	Pain	√	
	No Pain (If patient feels uncomfortable, consider that patient in pain)		√
Cosmetics	Cosmetic procedures		√
Endodontics:  (Access opening to relieve pain immediately & efforts will be made	Active infection	√	

to complete the treatment in minimum visits)			
	Patient in severe pain	√	
	Swelling or cellulitis	√	

#### **5.4.3 Covid-19 clinical guidelines specifically for dental students and interns in addition to general guidelines mentioned above:**

- Students and interns should attend to 2-3 patients per day and maximize the amount of work so as to reduce patient visits. Maintain proper records and update regularly.
- Used instruments should be mandatorily kept in soap solution in a kidney tray before scrubbing them.

#### **5.5 Department of Orthodontics and Dentofacial Orthopaedic**

- Department to comply strictly General guidelines of Section I & II.
- Procedures chosen by the Departments in Departmental SOP's mentioned below at table shall remain in force till the Covid 19 pandemic is over.
- Once the pandemic is over all category of treatment should be offered to patients as per DCI curriculum to impart adequate training to students and Interns. HOD's of the Departments shall ensure that minimum requirement of Quota system of students and interns are followed.
- Ensure consent form has been filled and signed by the patient.

#### **5.5.1 Treatment Protocol from an Orthodontic perspective:**

- Procedures that are likely to induce coughing would be avoided or performed cautiously. Aerosol-generating procedures, such as the use of a 3-way syringe, would be minimized as much as possible.
- Use of the broken removable/functional appliances should be suspended/withheld for the moment, in order to reduce emergencies that cannot be managed directly
- For all emergencies, the patient should send photos or videos to confirm the accident.

<b>Orthodontic procedures to be undertaken during the Corona-19 Pandemic</b>	
1.	Fabrication of ideal removable appliances
2.	Activation of appliances (both extraoral and intraoral)
3.	Repair of broken appliances leading to tissue impingement, severe pain and infection

- All elective orthodontic procedures shall be deferred.
- Unavoidable emergency treatments that cannot be managed remotely or over phone/WhatsApp shall be provided following a contingency plan founded on effective communication and triage to confirm a negative history of Covid-19 symptoms, no contact with an infected individual and no recent travel.

### 5.6 Department of Paediatric and Preventive Dentistry

- Department to comply strictly General guidelines of Section I & II.
- Procedures chosen by the Departments in Departmental SOP's mentioned below at table shall remain in force till the Covid 19 pandemic is over.
- Once the pandemic is over all category of treatment should be offered to patients as per DCI curriculum to impart adequate training to students and Interns. HOD's of the Departments shall ensure that minimum requirement of Quota system of students and interns are followed.
- Ensure consent form has been filled and signed by the patient.

#### 5.6.1 Procedural Classification

Speciality		Precautions/ Technique	Additional Precautions
Endodontic	Active infection	Antibiotics and analgesics to be prescribed.  Once active infection subsides, access opening to be done with micromotor and suction.	
	Patient in pain	Access opening to be done preferably with micromotor and suction.	

		Air rotor will not be used till end of Covid 19 pandemic. In case of severe pain/ cellulitis air rotor maybe be used with rubber dam isolation for emergency access opening if access with micromotor too cumbersome. This to be done preferably at the end of the day with full complete disposable PPE.	For this one chair in the department to be designated and fumigation/ disinfection of department to be done after the procedure.
		For removal of temporary filling during RCT subsequent appointments, micromotor and suction to be used.	
Trauma	Dentoalveolar Fracture	Splinting to be carried out	
	Tooth Avulsion	Replantation and splinting to be done	
	Tooth fracture requiring endodontic management	Antibiotics and analgesics to be prescribed. Once active infection subsides, access opening to be done with micromotor and suction.	
	Tooth fracture requiring restorative management	Micromotor and suction to be used	
Restorations	Incipient decay	ART or fluoride application to be done.	
	Moderate decay	For caries removal, spoon excavator or micromotor with suction to be used.	
	Severe decay	For caries removal, spoon excavator or micromotor with suction to be used.	
	Secondary decay or fractured restoration removal/ repair	Micromotor with suction to be used.	
Scaling		Hand scaling to be done, no ultrasonic scaling	
Extraction		To be done	

Interceptive Orthodontics	Cross bite correction or other essential interceptive procedures	Removable orthodontic treatment to be undertaken. Care to be taken during impression taking to avoid gagging. Medication/counselling to avoid gag reflex	Strict disinfection of impressions to be followed.
	Habit breaking appliance	Correction avoided	

### 5.7 Department of Periodontology

- Department to comply strictly General guidelines of Section I & II.
- Procedures chosen by the Departments in Departmental SOP's mentioned below at table shall remain in force till the Covid 19 pandemic is over.
- Once the pandemic is over all category of treatment should be offered to patients as per DCI curriculum to impart adequate training to students and Interns. HOD's of the Departments shall ensure that minimum requirement of Quota system of students and interns are followed.
- Ensure consent form has been filled and signed by the patient.

#### 5.7.1 Recommendations for Periodontal procedures:

##### Essential Procedures:

1. Periodontal examination & diagnosis to categorize patients under essential & non-essential treatment procedures
2. Only Hand scaling for severely periodontally involved teeth
3. Pericoronal abscess drainage
4. Management of Pericoronitis/Operculectomy
5. Gingival & Periodontal Abscess Drainage
6. SRP & Maintenance treatment of medically compromised patients with periodontal problems
7. Management of Pregnancy tumors (gingival overgrowth in pregnant patient)
8. Management of Spontaneous / significant gingival bleeding cases

**Non-Essential Procedures:**

1. Routine oral prophylaxis for a simple gingivitis or early periodontitis patient
2. Ultrasonic scaling/Oral prophylaxis using ultrasonic scalers
3. Regenerative Osseous surgical procedures (bone grafts, GTR, PRF etc)
4. Resective osseous surgery (use of surgical hand pieces not recommended)
5. Root coverage procedures

**Can be Performed but are not Essential (Procedures not using Aerosol generating device)**

1. All minor surgical procedures using soft tissue laser and/or Electrocautery:
  - Frenectomy
  - vestibular deepening
  - gingival depigmentation
  - laser assisted curettage
2. Local drug delivery incase of periodontitis patients
3. Gingival curettage using hand instruments

**5.8 Department of Prosthodontics**

- **Department to comply strictly General guidelines of Section I & II.**
- **Procedures chosen by the Departments in Departmental SOP's mentioned below at table shall remain in force till the Covid 19 pandemic is over.**
- **Once the pandemic is over all category of treatment should be offered to patients as per DCI curriculum to impart adequate training to students and Interns. HOD's of the Departments shall ensure that minimum requirement of Quota system of students and interns are followed.**
- **Ensure consent form has been filled and signed by the patient.**



**5.8.1 Special Treatment Considerations for elderly:**

- Majority of the patients reporting to Department of Prosthodontics are Senior Citizens.
- Such patients more often than not have certain debilitating conditions in addition to dental ailments.
- As we are aware that this population is more susceptible to symptomatic Covid 19 infection.
- All attempts will be made to minimize appointments for such patients.
- Elective treatments will be postponed till the Covid 19 outbreak ceases to be a Public Health Emergency.

**5.7.1 Procedural Classification:**

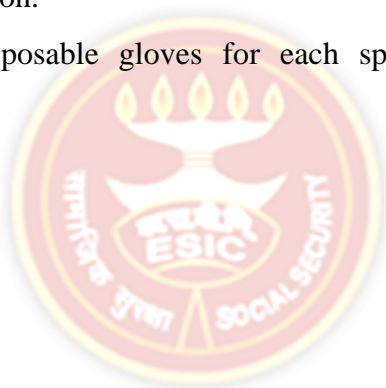
Procedure	Types of prosthesis	Procedure Type	Essential	Non-essential
<b>Removable Prosthodontics</b>	Complete dentures	Impression making	<input checked="" type="checkbox"/>	
		Jaw relation	<input checked="" type="checkbox"/>	
		Try-in of prosthesis	<input checked="" type="checkbox"/>	
		CD delivery	<input checked="" type="checkbox"/>	
		CD adjustment	<input checked="" type="checkbox"/>	
	Removable partial dentures	Impression making	<input checked="" type="checkbox"/>	
		Bite registration	<input checked="" type="checkbox"/>	
		Try-in of prosthesis	<input checked="" type="checkbox"/>	
		RPD delivery	<input checked="" type="checkbox"/>	
		RPD adjustment	<input checked="" type="checkbox"/>	
<b>Fixed Prosthodontics</b>	Crowns & bridges	Tooth preparation & impression	x	NE
		Crown cementation	<input checked="" type="checkbox"/>	
		Faulty prosthesis removal	<input checked="" type="checkbox"/>	

### 5.9 Department of Oral & Maxillofacial Pathology

- Department to comply strictly General guidelines of Section I & II.
- HOD's of the Departments shall ensure that minimum requirement of Quota system of students and interns are followed.

#### 5.9.1 Handling Biopsy

- Fresh instrument set to be used for each specimen received.
- The instruments to be dipped in 2 % Sodium hypochlorite solution following which they will be sent for sterilization.
- Usage of sterilized disposable gloves for each specimen and appropriate PPE as mentioned in Table 1.



कर्मचारी राज्य बीमा निगम  
Employees' State Insurance Corporation

ESIC DENTAL COLLEGE & HOSPITAL

***Table 1***

Health Care Personnel	Activity	PPE
<b>Triage Area:</b>		
<b>Interns</b>	Screening of Patients (Old and New)	Gloves N95 mask Gown Shoe cover Head cap
<b>Registration clerk</b>	Online registration of patients and offline entry of suspected cases in register	Gloves N95 mask Shoe cover Head Cap
<b>Clinics:</b>		
<b>Students/Interns/Faculty</b>	Examination only	Gloves N95 mask Gown Face shield/ Eye gear Shoe cover Head cap
<b>Students/Interns/Faculty</b>	Non aerosol generating Treatment	Surgical Gloves N95 mask with additional surgical mask. Surgical mask to be changed after each patient Coverall / Disposable gown with waterproof lining Face shield/ Eye gear Shoe cover Head cap
<b>Students/Interns/Faculty</b>	Aerosol generating Treatment	Surgical Gloves N99/FFP3 mask with additional surgical mask. Surgical mask to be changed after each patient Coverall / Disposable gown with waterproof lining Face shield/ Eye gear Shoe cover Head cap

<b>Students/Interns/Faculty</b>	Not involved in treatment or examination of patient but present in clinic for observation/supervision/paperwork	Gloves N95 mask Gown Shoe cover Head cap
<b>Nursing Orderly</b>	Patient entry, cleaning of dental chair, handling of soiled instruments	Gloves N95 mask Gown Shoe cover
<b>Nursing Orderly</b>	Assisting Dentist in 4 handed dentistry	Surgical Gloves N95* mask with additional surgical mask. Surgical mask to be changed after each patient. Disposable gown with waterproof lining Face shield/ Eye gear Shoe cover Head cap *N99/FFP3 mask to be worn in case of aerosol generating procedure.
<b>Nursing Staff</b>	No contact with patient, management of registers and material (stores etc)	Gloves N95 mask Gown Shoe cover Head Cap
<b>Faculty/ Lab Technician</b>	Handling of Biopsy Specimen	Surgical Gloves N95 mask Face Shield / Eye gear Head Cap
<b>Housekeeping Staff</b>	Cleaning and disinfection of all surfaces and mopping	Gloves N95 mask Gown Shoe cover
<b>Oral Pathology Laboratory:</b>		
<b>Doctor / Technician</b>	Handling Biopsy	Surgical Gloves N95 mask Face Shield / Eye gear Head Cap

**APPENDIX I**

Date:

**TRIAGE FOR COVID 19**

Temperature:

- Name: \_\_\_\_\_ 2. Age/Sex: \_\_\_\_\_
- 3. IP No.: \_\_\_\_\_ 4. Phone number: \_\_\_\_\_
- 5. Address: \_\_\_\_\_
- 6. Hotspot Area:  Yes  No
- 7. Have you had any of the following symptoms in the past 1 month?
  - Fever  Dry Cough  Fatigue
  - Shortness of Breath  Sputum production  Sore throat
  - Myalgia or Arthralgia  Dry Cough  Chills
  - Loss of sense of smell or taste  Any rash in the body  Conjunctivitis
- 8. Have you travelled within India or abroad in the past 1 month?
  - Yes  No
  - If Yes, give details \_\_\_\_\_
- 9. Have you come in contact with a suspected/confirmed case of Covid 19 in the past 1 month?
  - Yes  No
  - If Yes, give details \_\_\_\_\_
- 10. Any other co- morbidities: \_\_\_\_\_

**APPENDIX II – SUSPECT CLASSIFICATION**

**Please classify the individual as a Suspect case if any of the following criteria are met:**

A. A patient with acute respiratory illness (fever and at least one sign/symptom of respiratory disease, e.g., cough, shortness of breath), **AND** a history of travel to or residence in a location reporting community transmission of COVID-19 disease during the 28 days prior to symptom onset;

OR

B. A patient with any acute respiratory illness **AND** having been in contact with a confirmed or probable COVID-19 case (see definition of contact) in the last 28 days prior to symptom onset;

OR

C. A patient with severe acute respiratory illness (fever and at least one sign/symptom of respiratory disease, e.g., cough, shortness of breath; **AND** requiring hospitalization) **AND** in the absence of an alternative diagnosis that fully explains the clinical presentation.

**Definition of a Contact:**

A contact is a person who experienced any one of the following exposures during the 2 days before and the 28 days after the onset of symptoms of a probable or confirmed case:

1. Face-to-face contact with a probable or confirmed case within 1 meter and for more than 15 minutes including air travel.
2. Direct physical contact with a probable or confirmed case; Living in the same household as a Covid 19 case
3. Direct care for a patient with probable or confirmed COVID-19 disease without using proper personal protective equipment or breach of PPE.

OR

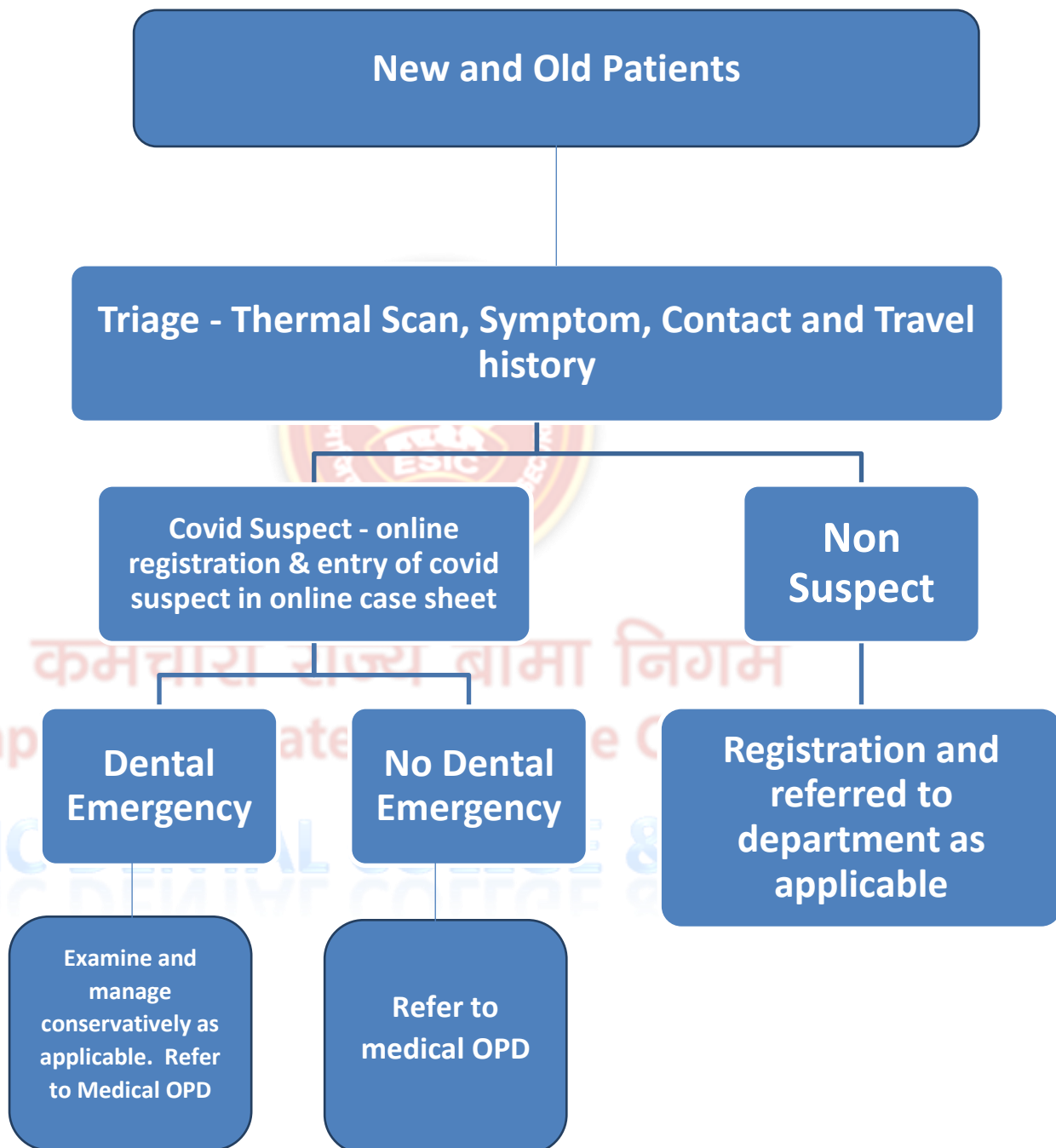
4. Other situations as indicated by local risk assessments.

Note: Case to be considered confirmed only after a positive lab report.

**List of Hotspots in Delhi NCR as per Government Guidelines**

**APPENDIX III**

**Flowchart for patient management**



## APPENDIX - IV

### Consent Form / सहमति पत्र

Date:/ दिनांक: \_\_\_\_\_

In spite of current COVID-19 pandemic situation, I have come to ESIC Dental College for my dental treatment. I understand that doctors of this institute would render or advice best treatment as deemed fit for my illness. I hereby declare that they reserve the rights to treat /defer /refer me as per their clinical judgment.

I am well aware that asymptomatic carrier or an undiagnosed patient with COVID-19 disease may endanger doctors and clinic staff. The same applies to me also if I happen to be asymptomatic/undiagnosed patient of COVID-19. It is my utmost duty and responsibility that I shall take appropriate precautions and will strictly follow the protocols prescribed by attending doctor/staff.

I also know the nature of its spread and infectivity of this disease and am aware that I may get infection from dental hospital or from doctor/staff and also from any other outside source. I ensure that I will take every precaution to prevent spread of this disease and shall not hold ESI Corporation, ESIC Dental College & Hospital or any doctors or staff accountable if such infection occurs to me or person accompanying with me.

I verify and confirm the details given by me are true to my best of knowledge and I shall be sole accountable for any misinformation/representation from my side. I have explained pros and cons of dental treatment suited to me in the language understandable to me and hereby give my consent willingly and voluntarily that I shall abide with all the terms and conditions mentioned above.

वर्तमान कोरोना (कोविड-19) महामारी की स्थिति के बावजूद, मैं अपने दंत चिकित्सा उपचार के लिए ईएसआईसी डेंटल कॉलेज आया हूँ। मैं समझता हूँ कि इस संस्थान के डॉक्टर मेरी बीमारी के लिए सबसे उपयुक्त उपचार प्रस्तुत करेंगे या सलाह देंगे। मुझे संज्ञान है कि वे अपने निर्णय अनुसार मेरा इलाज करने का या कुछ समय के लिए टाल देने का या मुझमें पाए गए लक्षणों के अनुसार मुझे किसी अन्य जगह रेफर करने का अधिकार रखते हैं।

मैं अच्छी तरह से जानता हूँ कि कोरोना बीमारी के साथ स्पार्शोन्मुख वाहक या एक अपरिवर्तित रोगी, डॉक्टरों और क्लिनिक के कर्मचारियों को खतरे में डाल सकता है। यही बात मुझ पर भी लागू होती है, यदि मैं कोरोना के स्पार्शोन्मुख / अपरिवर्तित रोगी हुआ तो यह मेरा परम कर्तव्य और जिम्मेदारी है कि मैं उचित सावधानी बरतूँ और डॉक्टर / स्टाफ के निर्धारित सलाह / प्रोटोकॉल का सख्ती से पालन करूँगा।

मैं इस बीमारी के फैलने और संक्रमित होने की प्रकृति को भी जानता हूँ और इस बात से अवगत हूँ कि मुझे दांतों के अस्पताल से या डॉक्टर / स्टाफ से या और किसी अन्य बाहरी स्रोत से भी संक्रमण हो सकता है। मैं यह सुनिश्चित करता हूँ कि मैं इस बीमारी को फैलने से रोकने के लिए हर एहतियात बरतूँगा और ईएसआई कॉर्पोरेशन, ईएसआईसी डेंटल कॉलेज और अस्पताल या किसी भी डॉक्टर या स्टाफ को जिम्मेदार नहीं ठहराऊँगा, यदि इस तरह का संक्रमण मुझे या मेरे साथ आने वाले व्यक्ति को होता है।

मैं अपने द्वारा दिए गए विवरणों को सत्यापित करता हूँ और पुष्टि करता हूँ कि यह मेरे जानकारी के अनुसार सही है और मैं अपनी तरफ से किसी भी गलत सूचना / प्रतिनिधित्व के लिए पूरी तरह से जिम्मेदार हूँ। मुझे मेरी अनुकूल भाषा में चिकित्सा तथा उपचार के बारे में अच्छी तरह से अवगत कराया गया है। मैंने उपरोक्त उल्लेखित सहमति अपनी स्वेच्छा अनुसार दी है और मैं सभी नियमों और शर्तों का पालन स्वेच्छा अनुसार करूँगा।

Patient's Name & Sign/Thumb Impression (मरीज का नाम और हस्ताक्षर / अंगूठे का निशान):

Witness Name & Sign (साक्षी का नाम और हस्ताक्षर) :

Doctor's Name & Sign (डॉक्टर का नाम और हस्ताक्षर)



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